

>> Youth Suicide Intervention and Prevention Plan



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Dear Oregonians,

Suicide remains a persistent, pervasive, and yet largely preventable cause of death. Every death by suicide in Oregon carries a substantial and long-lasting ripple effect into our communities. The important work to prevent youth suicide (ages 5-24) remains a top priority for OHA. This work includes initiatives as broad as creating connection and meaningful experiences and as narrow as training providers to treat suicide ideation confidently and effectively.

This document builds upon the work included in the Youth Suicide Prevention and Intervention Plan 2016-2020 (YSIPP). Since 2016, a robust amount of work has been done to increase safety for Oregon's children and youth. Oregon has seen some positive momentum in the fight against youth suicide, but our work is not done. Oregon's rate remains higher than the national average for youth suicide deaths. We know more must be done, and we must adjust our approach to make a positive difference.

The process of building this iteration of the YSIPP included input from hundreds of people with relevant lived experience, providers of behavioral health and physical health services, experts, evidence informed practices, and a rigorous research review. If COVID19 taught us anything, it is that our systems can and must adapt to meet the moment. Oregon's Framework for Suicide Prevention's Pathways will serve as a roadmap for meaningful progress over the next five years. It was built both to withstand the test of time and to be flexible enough to remain relevant.

While this document outlines the strategies to address youth suicide, Oregon's Framework for Suicide Prevention can be used for addressing suicide across the lifespan. We know more than ever about what is protective against suicide, and Oregon's YSIPP 2021–2025 outlines ways to increase protective factors and mitigate risk factors for Oregon's youth.

Lastly, I want to remind you that suicide prevention is everyone's business. If we are going to make a difference for our youth, we need each other. Our collective impact will make the difference. What will you bring to the table? Where can you make a difference, where you can get involved, give support, or get trained? How can you add your voice to the team of suicide prevention champions in our state? And, as always, if you or someone you know is thinking about suicide please take that seriously and be relentless about getting help. You can start by calling the National Lifeline for Suicide Prevention at (800)273-8255 or text OREGON to 741741 where help is available 24/7 in English and Spanish.

Respectfully,

Pat Allen

Oregon Health Authority Director

Executive summary

In many ways, Oregon is leading the nation in suicide prevention efforts. Our strength is evident in local suicide prevention leaders, in 18 regional suicide prevention coalitions across the state, in a dedicated and effective Alliance to Prevent Suicide and in a strengthened team of OHA suicide prevention coordinators. In the past five years, we have gone from a vision to a robust [menu](#) of programming options for suicide prevention, intervention and postvention. We have unique legislation for postvention response (after a suicide death). This allows Oregon to ensure that communities and families who experience a devastating loss to suicide receive outreach and resources. We adjusted quickly to the unique needs COVID-19 brought to our work. Our contractors and advocates put in many hours to create as much protection as possible for our state’s children, youth and young adults.

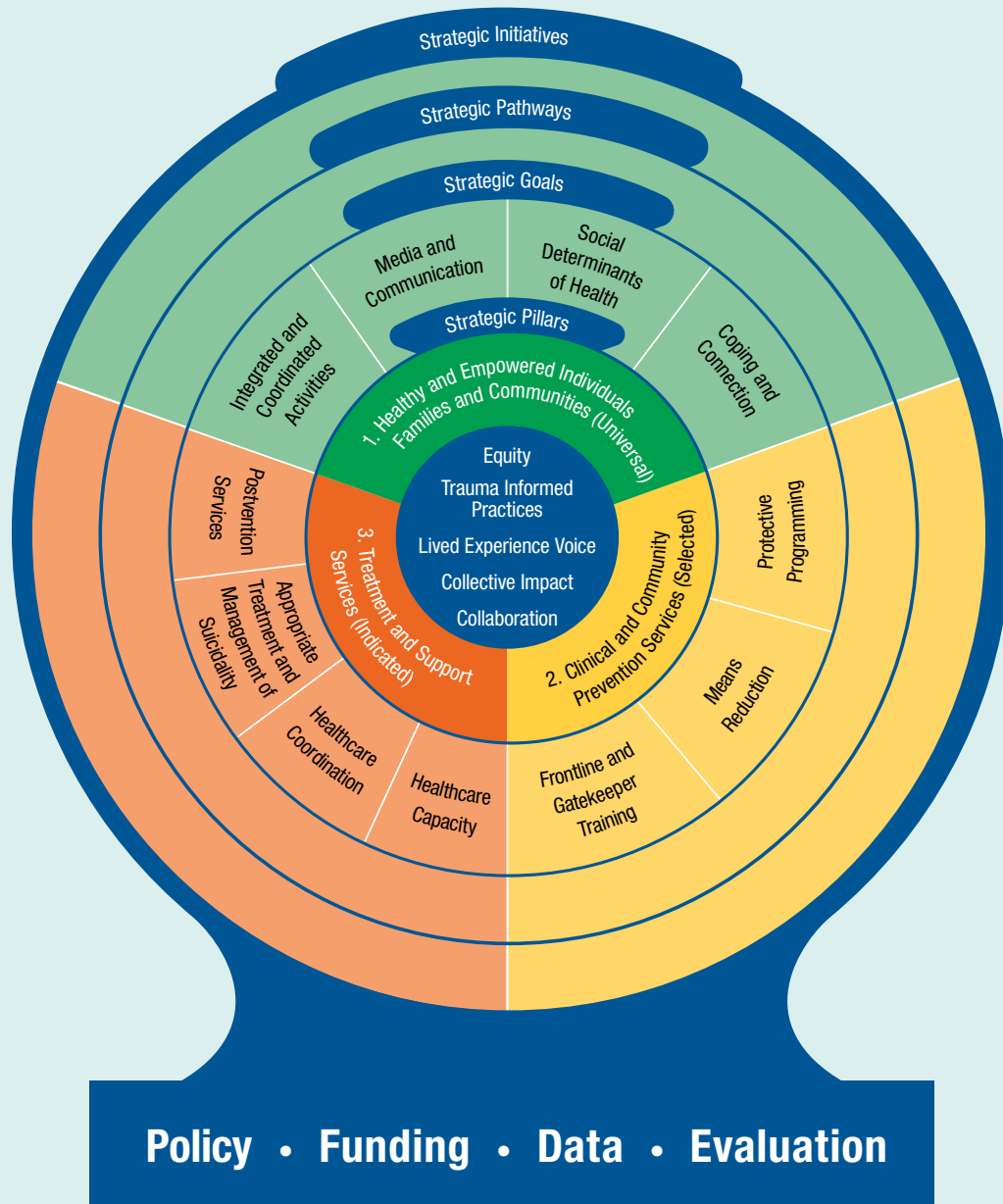
But our work is far from done. Oregon’s rate started well above the national average for youth suicide rates. We saw rising youth suicide rates from 2011 to 2018. In 2019 and 2020, Oregon’s youth suicide rate decreased – the first two-year decrease since 2008. Even with these recent decreases, Oregon’s youth suicide rate remains higher than the national average. Our work persists in:

- Organizing our current infrastructure
- Addressing equity gaps
- Adding culturally responsive programming and treatment options
- Addressing workforce issues, and
- Finding meaningful ways to integrate the voices of youth and those with relevant lived experience into our work.

Not a new plan

This document is not “the new” Youth Suicide Intervention and Prevention Plan (YSIPP). The YSIPP 2021–2025 represents and honors the incredible work done for years by suicide prevention champions across Oregon. This plan is the natural continuation of that work. It continues many initiatives we know are working. It captures the lessons we have learned over five years and lays out a vision for what else we must address to keep moving toward health and wellness for Oregon’s youth. While the YSIPP 2021–2025 has some new and innovative pieces, it is firmly rooted in rich soil.

Oregon Suicide Prevention Framework



PUBLIC HEALTH DIVISION
HEALTH SYSTEMS DIVISION
SUICIDE PREVENTION TEAM



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OHA 3636A (9/3/2021)

Oregon Suicide Prevention Framework

The Oregon Suicide Prevention Framework is a big part of this plan. OHA developed this framework with the University of Oregon Suicide Prevention Lab under the leadership of Dr. John Seeley. It is grounded in the National Strategy for Suicide Prevention and the CDC Technical Package for Suicide Prevention. The framework was informed by the San Diego Suicide Prevention Plan and hundreds of pieces of feedback from collaborators and partners across Oregon.

The format of this plan looks different than the YSIPP 2016–2020. It is built upon the new state framework for suicide prevention, which includes the following:

- **Strategic pillars, strategic goals, centering values and foundation** — These will not change over the five-year lifespan of the plan. They are the starting point for all suicide prevention work in Oregon.
- **Strategic pathways** — These are not likely to change over five years and are rooted in the values and foundations. They represent measurable areas of focus and are more specific to populations or settings. For example, under the goal of “means reduction,” one pathway is “All Oregonians experiencing behavioral health problems will have access to safe storage of lethal means.”
- **Strategic priority initiatives** — These will be adapted, adjusted and added to annually. They are specific actions designed to support the broader pathways and goals. For example, a strategic priority initiative might be “Every local mental health authority will receive information on the availability of low or no cost medicine lock boxes and gun safes through the Association of Oregon Community Mental Health Programs (AOCMHP) by Dec. 15, 2021.”

Choosing strategic pathways

Each strategic pathway in the YSIPP is supported by evidence and expert opinion. In addition to extensive collaborator feedback and guidance from people with relevant lived experience, many strategic pathways also encompass goals from Oregon’s current state health improvement plan ([Healthier Together Oregon](#)) and the Children and Family Behavioral Health vision [paper](#) around suicide prevention efforts.

The table in Appendix one shows which source, expert group or collaborator type named each strategic pathway as vital to suicide prevention work.

Unifying suicide prevention work

The Oregon Suicide Prevention Framework strategic pillars and goals represent the long-term vision for suicide prevention in Oregon. The OHA suicide prevention team currently includes five dedicated coordinators working in three scopes — youth suicide, adult suicide, and Zero Suicide initiatives in healthcare settings. These coordinators will use the framework's strategic pillars and goals to guide their work. Each coordinator will work on specific strategic pathways and related strategic priority initiatives within their scope of work.

The framework and the YSIPP

Building on the framework strategic pillars and goals, the youth-focused strategic pathways and strategic priority initiatives outline the state plan for addressing youth suicide. Strategic pathways are not likely to change over the five-year lifespan of this plan. The strategic priority initiatives will be adjusted, refined and added to each year. These changes will be made in response to ongoing evaluation and in collaboration with the Oregon Alliance to Prevent Suicide (the OHA advisory body for youth suicide prevention). Each initiative will have a work plan that outlines:

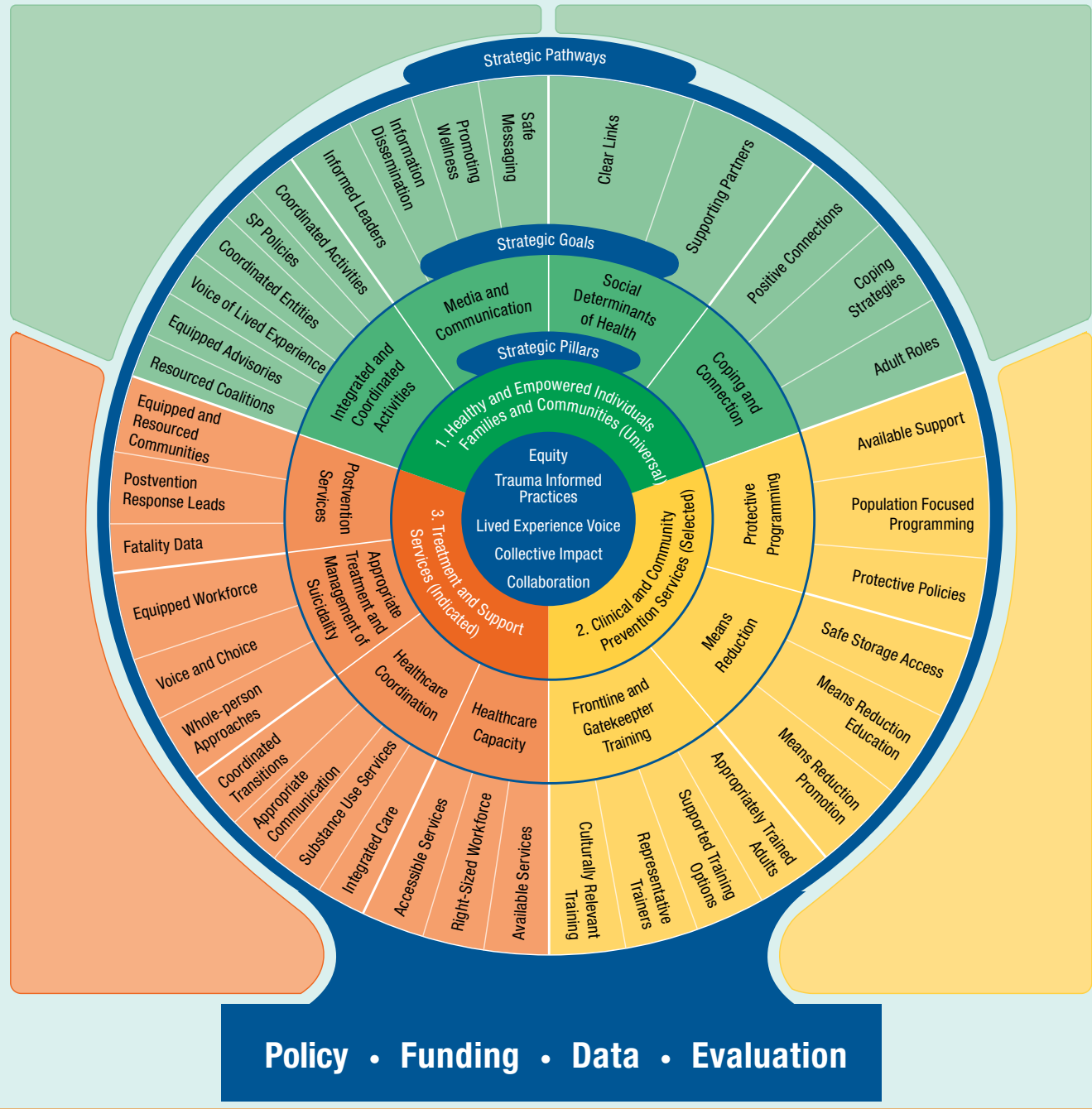
- Assigned roles and responsibility, and
- Metrics to be used to evaluate and track progress.

The strategic pathways and strategic priority initiatives together make up the five-year YSIPP. The strategic goals, strategic pillars, center and base are the foundation on which the five-year YSIPP is built.

Timeline delay

The YSIPP 2021–2025 was originally to be published in January 2021. Due to the COVID-19 pandemic, OHA could not carry out the planned collaborator feedback process from March 2020–September 2020. This, along with COVID-19-related work reassignments within OHA, caused the delay.

Youth Suicide Prevention Framework



PUBLIC HEALTH DIVISION
HEALTH SYSTEMS DIVISION
SUICIDE PREVENTION TEAM



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How to use the framework

Preventing suicide cannot be accomplished by one group, government or sector. OHA believes the most effective suicide prevention happens in local communities. It also believes statewide infrastructure and equitable access to programs and resources are vital to local efforts. The intention of creating a statewide framework is to equip and focus many sectors and groups to have the greatest collective impact.

It is our goal that communities and sectors can use the framework's centering values, foundation, pillars and goals to guide their local suicide prevention work. We hope that communities and sectors will see their work in the YSIPP's pathways and also create their own pathways to suit their needs.

Within Oregon Health Authority, each suicide prevention coordinator will use this framework's centering values, foundation, pillars and goals to guide and organize their work. The pathways section of the YSIPP framework is tailored to the youth population. For example, the pathways language includes references to "youth-connected adults."

Choosing annual strategic priority initiatives

One death by suicide is too many. Therefore, the work of suicide prevention is never done. Annual strategic priority initiatives are meant to enable those doing the work to focus their time, energy and resources strategically to make meaningful progress.

“ We can do anything, but not everything. ”

—David Allen, Author

The statewide strategic priority initiatives in the YSIPP are specific to youth suicide prevention.

Annual strategic priority initiatives are chosen using the following criteria:

- What is working that needs to be sustained?
- What is the data telling us we need improve?
- What is new work added by legislative mandates?
- What previous legislative initiatives need improvements, monitoring or support?
- What did collaborators and partners name as important next steps?

Each statewide annual priority initiative will ideally have the following:

- An assigned agency or organization that is taking the lead (for example, OHA Public Health Division, Injury and Violence Prevention)
- An assigned lead person within that agency or organization (for example, Meghan Crane, Zero Suicide Coordinator)
- A workplan that outlines tasks, target dates for completion and persons responsible for each task
- A metric for tracking progress (for example, how many people have been trained in Youth SAVE compared to our goal?)
- A metric for tracking the effectiveness of the initiative (for example, how do we measure the difference in knowledge and behavior in providers that have taken Youth SAVE?)

OHA invites any group working to prevent youth suicide to use this framework, including:

- Local leaders
- School districts
- Educational service districts
- Youth-serving entities
- Suicide prevention coalitions
- Healthcare systems
- Tribal governments, and
- County governments.

The framework can help groups organize their work and choose their own annual priorities based on the needs of their community, government or organization. OHA acknowledges that local priorities may not be the same as the statewide annual strategic priority initiatives. Some will likely match, but some communities will have different needs within the framework's pillars, goals and pathways.

Evaluation and collective impact

OHA and the University of Oregon Suicide Prevention Lab will develop robust ways to evaluate and track how well initiatives are working. The goal is to create an evaluation plan for each statewide annual priority initiative so statewide data can be gathered and analyzed. This information can then be given to local leaders to inform to local initiatives. The evaluation team will also ensure meaningful inclusion of local and non-traditional suicide prevention activities to thoroughly measure Oregon's suicide prevention landscape.

Statewide strategic priority initiatives for 2021–2022 (to be updated annually each fall)

Framework levels	YSIPP initiatives 2021–2022
1. Healthy and empowered individuals, families and communities	
Integrated and coordinated activities	New strategic initiative for 21–22: Organize the people, staff and infrastructure of suicide prevention across the state.
“Coordinated activities” — Youth suicide prevention programming is coordinated between Tribes, state, county and local leaders to maximize reach and ensure equitable access for all Oregonians.	
	<p>Big River statewide coordinators meet monthly to align work, give program updates, connect and learn.</p> <p>Big River statewide coordinators are equipped to bridge interested organizations and people to related suicide prevention work including other Big River programs and statewide suicide prevention efforts.</p> <p>The OHA Suicide Prevention, Intervention and Prevention team (SPIP) is established and each subgroup meets monthly. The four subgroups are:</p> <ul style="list-style-type: none"> • OHA Suicide Prevention Coordinators • OHA Partners — Youth Focused • State Agency Partners — Youth Focused, and • OHA Partners — Adult Focused. <p>Fall coordination meetings between contracted coordinators and specialists supporting Adi's Act implementation, Oregon Department of Education (ODE) and OHA coordinators are scheduled with each Educational Service District.</p> <p>Garrett Lee Smith grant recipients have staff for suicide prevention (Multnomah, Lane and Deschutes counties).</p> <p>New: The Oregon Alliance to Prevent Suicide (The Alliance) will organize committees, advisory groups and workgroups to align with YSIPP 2021–2025.</p> <p>New: Big River statewide coordinators will make local training data available to local leaders, including a "heatmap" of Big River trainers.</p>
"SP policies" — Youth-serving entities have suicide prevention policies for clients and staff that are known and utilized.	

Framework levels	YSIPP initiatives 2021–2022
	New: Rules for SB 563 (2021) will be written through OHA's rulemaking process. The Alliance will assign representation to participate in this process.
"Coordinated entities" — Youth-serving entities are coordinated and understand their role in suicide prevention.	
	OHA hosts a monthly meeting with state agencies to discuss suicide prevention initiatives and needs (called SPIP – State Agency Partners– Youth Focused), including State agency representatives from Oregon Youth Authority (OYA), ODE, Oregon Department of Human Services – Self Sufficiency, Oregon Department of Human Services – Child Welfare.
	OHA and The Alliance continue to build connections with youth-serving community-based organizations to invite participation in the Alliance and youth suicide prevention trainings and work.
"Voice of lived experience" — Youth and people with lived experience have a meaningful voice in Oregon's suicide prevention, including programming decisions and links to key leaders.	
	Stipends are provided for youth representatives and people with lived experience that are not paid to attend state advisory committees.
	Youth representatives (including at least one person that has not yet reached age 18) serve on The Alliance.
	The Alliance will maintain youth representatives on each committee and ensure the following populations are represented whenever larger feedback is gathered: member(s) 18 or younger, rural youth, youth of color, LGBTQIA2S+ youth.
	New: OHA will require diverse youth engagement and a meaningful feedback loop in all relevant OHA suicide prevention contracts.
	OHA will contract specifically for youth engagement and meaningful feedback including Youth and Young Adult Engagement Advisory (YYEA), focus group stipends and facilitation, including in program planning and evaluation efforts.
"Equipped advisories" — Advisory groups are well supported, equipped, and function efficiently to make meaningful change.	
	The Alliance will continue to be staffed at 2.0 FTE.
	YYEA receives OHA support for .5 FTE staff.
	OHA will continue to provide coordination for the System of Care Advisory Council and the Children's System Advisory Council.
"Resourced coalitions" — Regional suicide prevention coalitions are informed and resourced to address their local needs and priorities.	

Framework levels	YSIPP initiatives 2021–2022
	The Alliance staff hosts a quarterly webinar to provide networking support for regional suicide prevention coalitions and other local suicide prevention champions.
	The Alliance staff hosts a quarterly learning collaborative for regional suicide prevention coalition leaders.
	Statewide resources, educational opportunities, and programming options are shared to the regional suicide prevention coalition leaders.
Media and communications	
"Safe Messaging" — All Oregonians receive safe messaging about suicide and self-injury.	
	American Foundation for Suicide Prevention (AFSP) and Suicide Prevention Resource Center (SPRC) national safe messaging projects are promoted on OHA's Suicide Prevention listserv and The Alliance listserv.
"Promoting wellness" — Youth-serving entities routinely and strategically promote wellness, emotional strength, mutual aid examples, and protective factors.	
	New: OHA will maintain a statewide calendar of press releases and media events for various populations of focus.
	Oregon AFSP will continue social media campaigns to promote wellness and bolster protective factors.
	Oregon Sources of Strength will continue to promote positive culture change in Oregon K-12 and post-secondary schools and will continue to grow program reach to other youth-serving spaces.
"Information dissemination" — Suicide prevention programming, information and resources are widely advertised and centrally located on one website. Information is kept up to date.	
	Youth Suicide Prevention listserv messages are sent by OHA regularly with trainings, resources, conferences and announcements relevant to youth suicide prevention statewide.
	The Safe + Strong website will continue to be a reliable place to find Oregon resources and supports.
	The Oregon suicide prevention website will continue to develop as a place to find current information about Oregon suicide prevention work for behavioral health providers, schools and community members.
	The Alliance to Prevent Suicide website will continue to make information available regarding Alliance activities, legislative work, opportunities for community members to be involved and resources.
	New: OHA Public Health Division and Health Systems Division websites will be accurate and offer updated information.

Framework levels	YSIPP initiatives 2021–2022
	Oregon Suicide Prevention Conference will be held annually in diverse areas of Oregon and be led by a collaborative and representative advisory group.
	New: OHA issues a press release related to suicide prevention quarterly.
"Informed leaders" — Key decision-makers are kept well informed and up to date about suicide activity and prevention efforts (includes legislators, Oregon Health Authority leaders, Oregon Department of Education leaders, and county commissioners).	
	Within the OHA Recovery Report, suicide prevention work is highlighted at least quarterly.
	The Annual YSIPP report is published and disseminated widely by March.
	The Alliance will schedule presentations with key lawmakers prior to each legislative session.
Social determinants of health	
"Clear links" — The link between economic factors and risk of suicide is highlighted outside of typical suicide prevention work.	
"Supporting partners" — Suicide prevention advocates and experts support the work of those decreasing disparities and inequities.	
Coping and connection	
"Positive connections" — All Oregonian young people have access to meaningful places and spaces to experience positive connection and promote mutual aid.	
	Sources of Strength programming will be available statewide for all students from grade 3 to post-secondary.
	YouthERA, Youthline and Oregon Family Support Network (OFSN) are available and advertised widely.
	Statewide partners in building positive youth connections are identified and receive communication from OHA suicide prevention coordinators and the Alliance, including Oregon After School & Summer for Kids Network, ODHS, Oregon Foster Youth Connection, and Oregon Alliance for Safe Kids, Healthy Families, and Strong Communities.

Framework levels	YSIPP initiatives 2021–2022
"Coping strategies" — All Oregonian youth people are taught and have access to positive, healthy coping strategies. All Oregon youth and young adults are taught to understand affect of potentially harmful/negative coping strategies.	
	Sources of Strength elementary (grades 3–5) suicide prevention programming is available statewide.
	New: Explore possibilities for K-2 suicide prevention programming.
"Adult roles" — Youth-serving adults understand and feel equipped to fulfill their role as a trusted adult and understand their important impact on suicidality.	
	Sources of Strength makes adult advisor training available widely for youth-connected adults in areas with Sources of Strength programming.
	Mental Health First Aid has a version created for youth-serving adults and training for trainers in youth curriculum is widely available.
2. Clinical and community prevention services	
Frontline and gatekeeper training	
"Appropriately trained adults" — Youth-serving adults (including the peer support workforce) receive the appropriate level of training for suicide prevention (basic awareness, enhanced or advanced) and are retrained appropriately.	
	The K-12 school sector-based resource called the "Suicide Prevention, Intervention, Postvention: Step By Step" will be available at no cost. This resource outlines recommendations for appropriate level of training and retraining recommendations.
	New: All OHA-funded school based mental health providers will receive recommendations and tracking tools for retraining for appropriate level of suicide prevention, intervention and postvention training.
	New: HB 2315 rulemaking process will include recommendations from OHA defining continuing education opportunities that are applicable and relevant to meet the suicide prevention training requirement for relicensure.
"Supported training options"— Suicide prevention frontline and gatekeeper training is widely available at low or no cost in Oregon for youth-serving adults.	

Framework levels	YSIPP initiatives 2021–2022
	OHA will support Big River programming by providing low or no cost access to Train-the-Trainer events, statewide coordination, evaluation support, course availability and limited course support for the Big River programs.
	Basic suicide prevention training options are available statewide and include Question, Persuade, Refer (QPR), Youth Mental Health First Aid, and Adult Mental Health First Aid.
	Enhanced suicide prevention training options are available statewide for mental health providers, including Youth Suicide Assessment in Virtual Environments (Youth SAVE), Collaborative Assessment and Management of Suicidality (CAMS), Cognitive Behavioral Therapy - Suicide Prevention (CBT-SP) and Assessing and Managing Suicide Risk (AMSR).
	New: University of Oregon and OHA will explore internet-based options for local community members and youth-serving adults to locate and register for suicide prevention trainings.
<p>"Representative trainers" — The trainer pool in Oregon for suicide prevention programming represents the cultural and linguistic diversity of the communities in which they train.</p>	
	All Big River statewide coordinators will continue to assess the gaps in availability of culturally and linguistically diverse trainers and trainings and will recruit accordingly and in collaboration with other Big River statewide coordinators.
<p>"Culturally relevant training" — Suicide prevention programming is regularly evaluated and updated to ensure equity, cultural relevance and responsiveness, and linguistic needs are addressed.</p>	
	All OHA Youth Suicide Prevention contracts will require all contractor's staff to be trained in cultural agility or anti-racism.
	Big River statewide coordinators are equipped to assess and evaluate the gaps in the cultural relevance and availability of their programs. Big River statewide coordinator meetings engage in regular and ongoing assessment of opportunities to increase cultural relevance and availability.
	New: The K-12 school-based resource called the "Suicide Prevention, Intervention, Postvention: Step By Step" will go through equity-focused, anti-racist revision.
<p>Means reduction</p>	New: The Alliance will create a workplan for lethal means work that includes safe storage, collaboration between stakeholders, and policy recommendations.
<p>"Safe storage access" — All Oregonian young people experiencing a behavioral health crisis have access to safe storage for medicine and firearms.</p>	
	A limited pilot project through the Association of Oregon Community Mental Health Programs is carried out to provide no-cost lock boxes for medication to local mental health authorities.

Framework levels	YSIPP initiatives 2021–2022
	A limited pilot project through the Association of Oregon Community Mental Health Programs is carried out to provide no-cost secure storage for firearms to local mental health authorities.
"Means reduction education" — Youth-serving adults and caregivers are equipped with means reduction strategies and resources.	
	Counseling on Access to Lethal Means (CALM) course is available online at no cost.
	New: Train-the-Trainer event for in-person Counseling on Access to Lethal Means (CALM) course held in fall 2021 and statewide coordination added.
	Means reduction promotion" — Oregon regularly promotes safe storage practices and links it to suicide prevention.
	New: Representatives from OHA's Suicide Prevention team and the Alliance will participate in the rulemaking process for SB 554 (2021).
Protective programming	
"Available support" — Oregonians who need immediate support or crisis intervention have access to it.	
	Crisis Text Line is available 24/7 and data is tracked using code "Oregon."
	LifeLine through Lines for Life is available 24/7.
	Teen-to-teen text and phone support is available through YouthLine from 4 p.m.– 10 p.m. PST
	Emotional Support Lines are widely available (including David Romprey Warmline, ReachOut Oregon Parent Warmline, COVID-19 and wildfire support lines, Behavioral Health Access support lines).
	A comprehensive website to identify behavioral health needs, supports and providers called "Here For You Oregon" to launch in 2021.
	New: A federally mandated project to transition the National Suicide Prevention Lifeline number to "9-8-8" will be ready to implement by July 2022.
	New: Mobile Response and Support Services (MRSS) system is being developed in Oregon, including a children's specific system.
"Population focused programming" — Young people within populations at greater risk for suicide have access to positive and protective programming in their community.	
	OHA and the Association of Community Mental Health Programs will support 16 LGBTQIA2S+suicide prevention projects with mini- grants, evaluation support and learning collaborative meetings.
	OHA will support the development of Youth SAVE for young adults (ages 18–24).
	Oregon Sources of Strength will continue to focus on diversity and equity within its program of positive culture change.

Framework levels	YSIPP initiatives 2021–2022
	Each of Oregon's nine federally recognized Tribes and Native American Rehabilitation Association (NARA) receive suicide prevention programming funding from OHA. Each Tribe and NARA will submit a plan for the funding unique to their population.
"Protective policies" — Youth-serving entities have policies and procedures that increase protection against suicide risk (including passive risk, active risk and crisis intervention) and those policies are implemented.	
	Adi's Act plans are legislatively mandated for each school district in Oregon. District plans are due in October 2021 to ODE.
	School Suicide Prevention and Wellness Specialists (also called the Adi's Act support team) provide support to school districts for writing, implementing and updating Adi's Act plans (5.0 FTE).
	School Safety and Prevention Specialists are housed in Educational Service Districts (ESD) and funded by ODE to support ESDs regarding Sect 36 of the Student Success Act, which includes suicide prevention (11.0 FTE).
	New: Annual coordination meetings (starting September 2021) to align communication and coordination for Adi's Act implementation between ESDs, LFL, OHA and ODE.
	New: ODE will proceed with rulemaking for SB 52 (2021) to outline protective policies for the LGBTQ2SIA+ population.
	New: University of Oregon Suicide Prevention Lab will lead a pilot project for evaluating and monitoring implementation of Adi's Act plan. Advised by ODE, OHA and representation from Big River coordinators.
	New: Build capacity to monitor implementation of plans for Adi's Act, increase meaningful participation in Adi's Act from school districts and increase the use of best practices in school districts. Begin by organizing infrastructure and clarifying roles and responsibilities.
3. Treatment and support services	
Healthcare coordination	
"Coordinated transitions" — All Oregonian young people who access healthcare for behavioral health crises or suicidal ideation receive coordinated care in transitions between levels of care.	
	Results from the HB 3090 (2017) Resurvey Project of Oregon hospitals regarding emergency department policies and behavioral health crises will be published by OHA in fall 2021. This report will include recommendations to the legislature.
	The Alliance will respond to OHA's HB 3090 Resurvey Project report (due fall 2021) and develop a work plan to monitor next steps.

Framework levels	YSIPP initiatives 2021–2022
	The Crisis and Transition Services (CATS) program provides short-term, intensive support to children and adolescents who have had a mental health crisis and presented to an emergency department or crisis center. The program serves as a bridge from emergency department discharge to connection to long-term outpatient supports.
	New: Identify infrastructure needs for mobile crisis response and stabilization services for statewide access.
	New: Caring Contacts billing code activated in Medicaid.
"Appropriate communication" — There is formal communication between healthcare providers, behavioral healthcare providers and youth-serving adults (such as school counselors).	
"Substance use services" — Substance use disorder and mental health services are integrated when possible and coordinated when not fully integrated.	
	Recommendations for suicide risk assessment and treatment included in the Measure 110 requirements for Addiction Recovery Centers established by this law.
"Integrated care" — Oregonian young people will receive integrated models of healthcare in primary care settings and schools (that is, behavioral health is available and accessed through primary care, school-based health centers or school based mental health care).	
	New: ODE and OHA will publish a toolkit for universal suicide risk assessment, screenings and safety planning.
Healthcare capacity	
"Accessible services" — Oregonian young people can access the appropriate services on the continuum of behavioral healthcare at the right time for the right amount of time, regardless of health insurance.	
"Right sized workforce" — There is adequate behavioral healthcare workforce to meet the need.	
"Available services" — There are enough available services to provide all Oregonian young people access to care when they need it.	

Framework levels	YSIPP initiatives 2021–2022
Appropriate treatment and management of suicidality	
"Equipped workforce" — The behavioral healthcare workforce is well- equipped to help children, youth and families heal from suicidal ideation (including understanding variations of risk and protection levels and current risk and protective conditions).	
	Behavioral health providers (including peer support workforce) in Oregon have access to low or no cost courses in evidence- based treatment of suicidality that address various levels of risk of suicide and teach interventions accordingly.
	Oregon Pediatric Society with OHA funding develops and delivers custom behavioral health and suicide prevention trainings for pediatricians and clinics.
	Enhanced training options in Big River programming menu available statewide, including Youth SAVE, Collaborative Assessment and Management of Suicidality (CAMS), and Assessing and Managing Suicide Risk (AMSR).
	Advanced training options in Big River programming menu available statewide, including Cognitive Behavioral Therapy – Suicide Prevention (CBT-SP) and Dialectic Behavioral Therapy – Skill sand Suicide Prevention modules (DBT).
	New: Oregon Pediatric Society will add development of Youth SAVE training modules for those serving young adults (ages 18–24) and for primary care providers.
	New: Presentation of universal suicide risk assessment, screening and safety planning toolkit and case examples will be given at the Oregon Suicide Prevention Conference to equip school-based youth-serving adults.
"Voice and choice" — Clients, consumers, parents and caregivers have voice and choice in treatment.	
	Emergency department guide for children and families is available and distributed regularly to hospitals in Oregon.
"Whole-person approaches" — Whole-person approaches are used to enhance treatment for suicide and to increase effectiveness of management of long-term symptoms.	
	New: Increase availability of culturally and linguistically appropriate and relevant approaches to treatment.
	New: Support effective approaches to treatment including suicide prevention training, body work, movement work, sleep therapy, tribal practices and other evidence-informed treatments for reducing suicidality.
Postvention services	

Framework levels	YSIPP initiatives 2021–2022
“Equipped and resourced communities” — Youth- serving entities and communities are equipped to provide trauma informed postvention care for those affected by a suicide death.	
	OHA will support Connect: Postvention training by providing low or no cost access to Train-the-Trainer events, statewide coordination for local training needs, evaluation support and limited course support.
	OHA will support youth-serving entities through the Suicide Rapid Response program through Lines for Life.
“Postvention response leads” — Postvention response leads (PRLs) (and teams) are supported and equipped to fulfill their legislative mandates.	
	Suicide Rapid Response program is accessible and responsive to community needs.
	OHA hosts quarterly statewide collaborative meetings with PRLs.
	New: Rulemaking for the enrolled HB 3037 (2021) will be led by the OHA Suicide Prevention team and will include the development of a statewide postvention response plan.
	New: Vicarious Trauma Pilot Project for PRLs with Trauma Informed Oregon will be completed in fall 2021 and replicated according to recommended next steps.
“Fatality data” — Youth suicide fatality data is gathered, analyzed and used for future system improvements and prevention efforts.	
	New: Psychological Autopsy (PA) project led by OHA will consider ways to increase availability of PA for youth suicide deaths in Oregon.
	Essence Suicide Surveillance Report released monthly by OHA and includes emergency department data, urgent care centers data, calls to poison control and calls to LifeLine.
	Death review teams meeting (county and state level) to analyze child fatalities, including suicide deaths, and produce system recommendations for prevention opportunities.
4. Foundations and centering lenses	
Data and research	
	The University of Oregon Suicide Prevention Lab is funded to support data and research efforts of OHA Suicide Prevention team and the priorities named by the Alliance's executive committee.
Evaluation	
	The University of Oregon Suicide Prevention Lab is funded to support evaluation efforts of OHA Suicide Prevention team and the priorities named by the Alliance's executive committee.
	New: The University of Oregon Suicide Prevention Lab will create a central database for tracking Big River program evaluations.

Framework levels	YSIPP initiatives 2021–2022
	Limited evaluation is contracted to Portland State University to support Garret Lee Smith grant activities and other pilot projects.
Policy needs and gaps	
	The Alliance will name policy recommendations for 2023 legislative session.
Funding needs	
	OHA's Suicide Prevention team will maintain a list of funding needs related to YSIPP strategic initiatives.
	New: OHA Suicide Prevention team will propose a policy options package to management in February 2022 for consideration to be included in OHA's 2023–2025 budget to address suicide prevention funding needs.
	Each of Oregon's nine federally recognized Tribes will receive suicide prevention specific funding from the Oregon Health Authority.
Equity	
	The Alliance will continue focus on equity and anti-racism work and will continue to make recommendations to OHA.
	New strategic initiative for 21–22: Promote programming, partnerships and funding for historically underserved communities and groups at higher risk of suicide (for example: transgender people, those who live in rural areas, Latino/Latina/Latinx people, American Indian or Alaska Native people, LGBTQ2SIA+ people, young adults, people living with schizophrenia, people with substance use disorders, people living with depression, people who identify as male).
Trauma informed practices	
	Trauma Informed Oregon will continue to be available for consultation and special projects related to suicide prevention.
Lived experience voice	
	See "Voice of Lived Experience" initiatives.
Collective impact	
Collaboration	

Appendix one: Pathways evidence and expert crosswalk

Terms and links from the pathways crosswalk

YSIPP 21-25 - Pathways Crosswalk Evidence/Experts (View Only) | smartsheet

Framework Levels	National Strategy for Suicide Prevention	CDC- Technical Package	SPRC- State Infrastructure Tool	San Diego County Plan	Literature Review	States with Lowest Rates	Tribal Behavi... Health Plan	Healthier Together Oregon	CFBH Vision Paper	Stakeholders/... Experience Feedback	Subject Matter Experts Feedba...	Crisis de Nuestro Bienestar
1. Links to each national body, evidence base, or report	NSSP	CDC	SPRC	San Diego			Tribal	HIO	CFRH			Latex
1. Healthy & Empowered Individuals, Families and Communities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrated & Coordinated Activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordinated Activities* Suicide prevention programming is coordinated between tribes, state, county, and local leaders to maximize reach & ensure equitable access for all Oregonians.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SP Policies* Youth serving entities have suicide prevention policies for clients and staff that are known and utilized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordinated Entities* Youth serving entities are coordinated and understand their role in suicide prevention.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Voice of Lived Experience* Youth and folks with lived experience have meaningful voice in OR's suicide prevention, including programming decisions and links to key leaders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Equipped Advisories* Advisory groups are well supported, equipped, and function efficiently to make meaningful change.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Resourced Coalitions* Regional Suicide Prevention Coalitions are informed and resourced to address their local needs and priorities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Media & Communications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Safe Messaging* All OR's receive safe messaging about suicide and self-injury.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Promoting Wellness* Oregon routinely and strategically promotes wellness, emotional strength, mutual aid examples and protective factors.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Information Dissemination* SP Programming, information and resources are widely advertised and centrally located on one website. Information is kept up-to-date.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informed Leaders* Key decision-makers are kept well informed & up-to-date about suicide activity and prevention efforts (i.e. legislators, Oregon Health Authority leaders, Oregon Department of Education leaders, county commissioners).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Social Determinants of Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Clear Links* The link between economic factors and risk of suicide is highlighted outside of typical suicide prevention work.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Supporting Partners* SP advocates and experts support the work of those decreasing disparities and inequities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Coping & Connection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Positive Connections* All OR's have access to meaningful places and spaces to experience positive connection & promote mutual aid.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coping Strategies* All OR youth are taught positive (and understand harmful/negative) coping strategies.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Adult Roles* Youth serving adults understand and feel equipped to fulfill their role as a trusted adult and understand its important impact on suicide risk.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Clinical & Community Prevention Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frontline & Gatekeeper Training	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Example of [YSIPP 21-25 - Pathways Crosswalk Evidence](#).

National Strategy for Suicide Prevention: This was developed by the U.S. Surgeon General and the Action Alliance as a guide for U.S. suicide prevention efforts. It includes 13 goals and 60 objectives for suicide prevention which inform state and local plans, including the Oregon YSIPP. It is available at <https://theactionalliance.org/our-strategy/national-strategy-suicide-prevention>.

CDC Technical Package: A report from the Centers for Disease Control summarizing evidence-based state- and community-level strategies with the greatest potential to prevent suicide. It is available at <https://www.cdc.gov/violenceprevention/pdf/suicidetechnicalpackage.pdf>.

SPRC State Infrastructure Tool: A website that offers a summary of the critical infrastructure elements states need to have in place for effective and sustained suicide prevention efforts, as well as tools for implementation and advocacy. It is available at <https://www.sprc.org/stateInfrastructure/tools>.

San Diego County Plan: The suicide prevention plan for San Diego County. It is available at http://www.sdchip.org/wp-content/uploads/2018/06/6-5-18-FINAL-BIGSPCSPAPUupdate2018FINAL_rev1.pdf.

Literature review: In the context of the Pathways Crosswalk, “literature review” refers to a summary of research related to youth suicide prevention topics outlined in ORS 481.733, Section 2. It is not an exhaustive review of research related to suicide prevention and is limited in scope.

States with lowest rates: These are the five states that reported the lowest age-adjusted raw rates of suicide deaths for youth 5–24 years old according to the latest statistics (2019). These statistics were accessed using the CDC Web-based Injury Statistics Query and Reporting System (WISQARS). The number of deaths comes from the CDC National Center for Health Statistics (NCHS) Vital Statistics System. The population estimates are from the Bureau of Census. This information is available at <https://wisqars-viz.cdc.gov>.

Tribal Behavioral Health Strategic Plan 2019-2024: This plan was written by The Oregon Native American Behavioral Health Collaborative, which works to improve behavioral health for tribal communities in Oregon. Representatives from the nine federally recognized Tribes in Oregon, Native American Rehabilitation Association of the Northwest, OHA, the ODHS Office of Tribal Affairs and the Northwest Portland Area Indian Health Board form the Oregon Native American Behavioral Health Collaborative. The plan is available at <https://www.oregon.gov/oha/HSD/AMH/docs/Tribal-BH-Strategic-Plan-2019-2024.pdf>.

Healthier Together Oregon: An initiative that serves as the basis for collective action on key health issues in Oregon by identifying population-wide priorities and strategies for improving the health of people in Oregon. The latest plan is available at <https://www.oregon.gov/oha/PH/ABOUT/Documents/ship/2020-2024/Healthier-Together-Oregon-full-plan.pdf>.

Child and Family Behavioral Health (CFBH) Vision Paper: In September 2020, the Oregon Secretary of State released a report outlining the gaps and needed improvements in the CFBH system in Oregon. This paper incorporates the recommendations of that report and outlines both current and envisioned work of the CFBH unit. The paper is available at <https://www.oregon.gov/oha/HSD/BH-Child-Family/CSAC/draft-vision-paper2020.pdf>.

Stakeholder/Lived experience feedback: Stakeholder feedback includes input from the University of Oregon Suicide Prevention Lab members, Alliance committees and members from the community who are knowledgeable on Oregon youth suicide prevention services, legislature and youth-led and youth-serving organizations. Lived experience feedback includes information collected from people who are survivors

of a suicide attempt, have had suicidal thoughts and feelings or have experienced a suicide loss. For further details on sources of feedback, see the “Stakeholder input methodology” section.

Subject matter experts focus group feedback: Feedback from focus groups with Oregon Health Authority, Oregon Department of Education, Oregon Youth Authority and the Oregon Council of Child and Adolescent Psychiatry.

Crisis de Nuestro Bienestar: A Report on Latino Mental Health in Oregon: This report, issued in 2020, highlights concerns related to Latino/a/x mental health in Oregon and issues recommendations for improving the mental health care delivery system. It was a joint project between Oregon Commission on Hispanic Affairs, Oregon Health Authority, and Oregon Department of Human Services. The full report is available at [https://www.oregon.gov/oac/Documents1/Crisis_de_Nuestro_Bienestar - Latino Mental Health in Oregon.pdf](https://www.oregon.gov/oac/Documents1/Crisis_de_Nuestro_Bienestar_-_Latino_Mental_Health_in_Oregon.pdf).

Appendix two: Stakeholders Input Methodology

YSIPP 2.0 Stakeholders Input Methodology

University of Oregon summary of methodology

Summary

This report summarizes how the University of Oregon Suicide Prevention Lab (UO-SPL) collected information from key stakeholders to guide developing the latest Youth Suicide Prevention Plan (YSIPP) 2021-2025. The main aim of the information gathered was to learn about past and current suicide prevention activities and future priorities from stakeholders and community members. The following content is organized into two sections: (a) Information Gathering Procedures, which describe the sources of information and how information was gathered; and (b) Data Extraction Procedures, which documents the approach to extracting and organizing the collected information. All methods discussed result from the UO-SPL's collaboration with the Oregon Alliance to Prevent Suicide (The Alliance) and the Oregon Health Authority (OHA). Due to limited space, this report records general descriptions of our procedures; details and data (e.g., surveys, interview transcripts) are available upon request to UO-SPL. There are other sources of stakeholder information that the UO-SPL was associated with but did not directly plan, collect, or manage (e.g., The Alliance's workgroups for LGBTQ+ and Lethal Means) and are therefore not described in this document.

Information Gathering Procedures

We used qualitative and quantitative methods, including discussion groups, semi-structured formative interviews, and online surveys. The majority of information collected was qualitative (e.g., via group discussion and interview), with occasional quantitative procedures (i.e., survey) as a means of validating and clarifying themes derived from the former. All interactions between UO-SPL members and stakeholders were in English and used virtual meeting software (e.g., Zoom and GoToMeeting). With verbal consent from interviewees, video and audio were recorded and transcribed when possible. The following content briefly describes the information gathering processes and all sources of information (i.e., key stakeholders). See Table 1 for the total number of participants who were included in the information gathering process.

Focus groups

We held several discussion groups to get feedback from stakeholders who share membership of a specific interest group – which we define in this report as focus groups. These focus groups followed a similar protocol that addressed three main areas of interest for planning the YSIPP: Participants' experiences, opinions, and recommendations for future priorities. Groups ranged from 4-10 participants, lasted from 45-90 min, and were hosted by at least two UO-SPL staff who facilitated discussion and took notes.

The Alliance's Executive Committee assisted the UO-SPL team with determining which interest groups to contact for focus groups and designing appropriate questions for those groups' members. The final decision for hosting focus groups was based on the interest groups' availability and preferences and the UO-SPL team's capacity to facilitate. Ultimately, UO-SPL hosted focus groups with the Alliance's Schools committee, OHA's Emergency Medical Services for Children (EMSC) advisory committee, OHA agency and state partners, Youth Era's Youth and Young Adult Engagement Advisory (YYEA; two focus groups), and Oregon Council of Child and Adolescent Psychiatrists (OCCAP; one focus group). These focus groups were coded according to the steps outlined below under “Data Extraction Procedures.”

UO-SPL also held focus groups at Alliance quarterly meetings with all attendees. While following a similar protocol to those discussed above, these focus groups also explore more general themes around Oregon's youth suicide prevention rather than inform specific initiatives and directions. The procedures for this unique collection of focus groups are described in more detail in the following paragraph. Due to the Alliance's diverse membership and the broad range of expertise among attendees (~70 participants), the purpose of the quarterly meeting focus groups was to explore general topics related to the YSIPP and the UO-SPL team did not code these conversations.

For these three sizeable events (June '20 – June '21), which are open to the Alliance's entire membership and the general public, focus groups generally followed the same procedure with slight variations in content, depending on the information gathering stage over the year. Participants were split into 45-minute-long break-out sessions during each quarterly meeting, facilitated by staff from the UO-SPL team or the Association of Oregon Community Mental Health Programs (AOCMHP). These break-out sessions were designed to focus on high-level perspectives of strengths, issues, and priorities within sectors (i.e., community and professional contexts for suicide prevention of youth suicide). Sectors for discussion included: K-12 Education, Higher Education, Communications and Media, Physical Healthcare, and Behavioral Healthcare.

Formative interviews

Potential contacts to interview were identified in collaboration between OHA, the Alliance, and UO-SPL. Contacts were identified based on their expertise and knowledge of state suicide prevention initiatives for youth and their potential for providing specific information across youth suicide prevention and intervention sectors. In total, 45 contacts were named, and 30 individuals were interviewed. Interviewees represented a diverse group of entities, including the Alliance committee chairs, Oregon Department of Education, Oregon Department of Human Services, Early Assessment and Support Alliance, Oregon Youth Authority, Basic Rights Oregon, Lines for Life, Children’s System Advisory Council, Healthy Transitions Project, legislators, and relevant professionals in specific counties. Interviews were conducted by a trained facilitator from the UO-SPL, lasting between 30-45 minutes, according to a semi-structured format. Questions focused on the participant's experience working in youth suicide prevention, their perception of primary barriers/challenges in this field, and their suggestions for future state initiatives.

Surveys

The UO-SPL employed surveys with The Alliance's Lived Experience workgroup and Youth and Young Adult Engagement Advisory (YYEA) focus groups. With the Lived Experience workgroup, UO-SPL members worked with members of the workgroup to design the survey and provided technical assistance with creating the survey using Qualtrics software. The Lived Experience group took responsibility for disseminating and summarizing the survey information. For the YYEA survey, the UO-SPL designed the survey based on the small group discussions and distributed it using Google forms.

Table 1: Number of individuals from stakeholder groups who participated in focus groups, surveys, and interviews.

Stakeholder group	Focus group participants	Survey participants	Interview participants	Total participants
YYEA	16	10	–	16*
Alliance’s Schools committee	29	–	–	29
OHA EMSC advisory committee	21	–	–	21
OCCAP	9	–	–	9
OHA agency and state partners	7	–	–	7
Lived experience workgroup	–	99	–	99
Individual stakeholders	–	–	30	30
Total participants	82	109	30	211

Note: *All participants from the YYEA focus groups were also invited to participate in the survey, so the survey participants were not included in the totals. The ‘Total participants’ numbers are approximations as some individuals contributed to multiple surveys, focus groups, and interviews. For example, at least one YYEA member who participated in their group’s survey and focus group may have also completed the lived experience workgroup survey. Due to the methods used, it is not possible to cross-reference participants.

Data Extraction Procedures

All data reports that the UO-SPL team produced for the YSIPP were extracted from the information collected using qualitative methods. First, UO-SPL team members coded themes from interviews and discussion groups (described below under ‘Thematic Coding’). Next, they organized the themes in a repository of stakeholder feedback. Finally, they combined the codes with records of YSIPP 2016-2020 updates and activities according to specific sectors and the YSIPP framework.

Thematic Coding

UO-SPL staff processed the qualitative data using a thematic analysis methodology adapted from Braun & Clarke's seminal article, "Using thematic analysis in psychology" (2006). Specifically, UO-SPL staff used a three-stage approach to extract themes from interviews and discussions:

1. Read through notes and transcripts highlighting sections that mention these subjects:
 - » Specific youth suicide-related activities and organizations
 - » Youth suicide-related contexts and special populations (e.g., military; LGTBQIA+)
 - » Barriers, solutions, observations related to youth suicide prevention and intervention
2. Create thematic codes by writing descriptive summaries of the themes from highlighted content
3. Label thematic codes according to YSIPP sectors, levels of the framework



**Provided by the University of Oregon
Suicide Prevention Lab**

Appendix three: Terms defined

Terms defined

Please note: These are not necessarily defined terms in Oregon Administrative Rules or Oregon Revised Statutes. The purpose of this list of definitions is to have a common understanding among those implementing the YSIPP.

Centering values or lenses

A list of terms located in the center of the Suicide Prevention Framework. These terms represent themes that all suicide prevention work, planning and decision-making should consider, elevate, integrate and prioritize.

Collaboration

To work together towards a common goal. The OHA Suicide Prevention team believes that the most effective suicide prevention activities happen locally and where strong relationships can thrive. It is also true that not all Oregon communities or populations have access to the same resources, so statewide resources are critical. Collaboration was included as a centering value in the suicide prevention framework to elevate the need for initiatives that are locally grounded and accessible to all.

Collective impact

According to the Collective Impact Forum, the collective impact approach is designed to “bring people together, in a structured way, to achieve social change.” It is one the foundations of the YSIPP 2021–2025. The Collective Impact Forum describes the five elements of the approach as:

- **Common agenda** — coming together to collectively define the problem and create a shared vision to solve it.
- **Shared measurement** — agreeing to track progress in the same way, which allows for continuous improvement.
- **Mutually reinforcing activities** — coordinating collective efforts to maximize the end result.
- **Continuous communication** — building trust and relationships among all participants.
- **Strong backbone** — having a team dedicated to orchestrating the work of the group.

The OHA Suicide Prevention team believes that by working together with shared goals, measurements and resources, we can make a bigger difference in suicide prevention. Therefore, collective impact was chosen as a centering value in the suicide prevention framework. Find more information about collective impact models at <https://www.collectiveimpactforum.org/what-collective-impact>.

Cross-sector approach within strategic pathways

A cross-sector approach occurs when initiatives are identified by more than one sector within a single strategic pathway. Youth are often in spaces where sectors naturally overlap. It is likely that education, healthcare, behavioral healthcare, youth-serving organizations and juvenile justice would all have relevant initiatives within a strategic pathway. The specific strategic priority initiative to address that strategic pathway might be different depending the sector.

Ease/Impact

Ease/Impact refers to a process by which leaders organize possible strategic priority initiatives by:

- **Ease** (How much work and resources will this take? Do we already have the talent or resources that we need or will we have to find them?), and
- **Impact** (What reach will this have? How effective would this be for Oregon? How much difference would this make to the big picture of suicide prevention?).

Equity

Oregon’s state health improvement plan ([Healthier Together Oregon](#)) defines equity as, “the effort to provide different levels of support based on an individual’s or group’s needs in order to achieve fairness in outcomes. Equity acknowledges that not all people, or all communities, are starting from the same place due to historic and current systems of oppression. Equity empowers communities most affected by systemic oppression and requires the redistribution of resources, power and opportunity to those communities.”

Equity is when all people can reach their full potential and well-being and are not disadvantaged by any of the following:

- Race
- Ethnicity
- Language
- Disability
- Age
- Gender
- Gender identity
- Sexual orientation
- Social class
- Intersections among these communities or identities, or
- Other socially determined circumstances.

With the knowledge that equity is cornerstone to effective suicide prevention and in support of OHA's stated goal to [eliminate](#) health inequities by 2030, equity was included as a centering value in the suicide prevention framework.

Foundation

“Foundation” refers to the foundation on the Suicide Prevention Framework. Research, data, evaluation and policy are included in the foundation of the suicide prevention framework. This represents that the whole framework is supported and grounded in these efforts.

Framework or the Oregon Suicide Prevention Framework

Oregon Health Authority developed the Oregon Suicide Prevention Framework in close collaboration with the UO Suicide Prevention Lab under the leadership of Dr. John Seeley. It is grounded in the National Strategy for Suicide Prevention and the CDC Technical Package for Suicide Prevention. The framework was informed by the San Diego Suicide Prevention Plan and hundreds of pieces of feedback from collaborators and partners across Oregon.

The Oregon Suicide Prevention Framework includes the following:

- **Strategic pillars, strategic goals, centering values and foundation** — are the starting point for all suicide prevention work in Oregon.
- **Strategic pathways** — represent measurable areas of focus and are more specific to populations or settings. For example, under the goal of “means reduction,” one pathway is “All Oregonians experiencing behavioral health problems will have access to safe storage of lethal means.”
- **Strategic priority initiatives** — These will be adapted, adjusted, and added to annually in the YSIPP and other specific plans. They are specific actions designed to support the broader pathways and goals of the framework. For example, a strategic priority initiative might be “Every local mental health authority will receive information on the availability of low or no cost medicine lock boxes and gun safes through the Association of Oregon Community Mental Health Programs (AOCMHP) by Dec. 15, 2021.”

Levels of interventions/strategies

Universal or Primary Level — These interventions have broad, community-wide reach. All people in Oregon will benefit from these interventions. They are similar to Tier 1 in a Multi-Tiered Systems of Support (MTSS) model in education.

Selected or Secondary Level — These interventions are given to specific, targeted sectors, or populations to strengthen their benefit. They are similar to Tier 2 in a MTSS model in education. These interventions happen alongside universal interventions.

Indicated or Tertiary Level — These interventions are given to a very narrow scope of sectors or populations that have higher risk or need more intervention. These represent things like treatment for suicide thoughts and care coordination between levels of care. They are similar to Tier 3 in an MTSS model in education. These interventions are given alongside all other levels of intervention.

Lived experience voice

Lived experience generally refers to a person who has direct and relevant experience with a social issue or combination of issues. In suicide prevention, this term includes those who have:

- Experienced suicidal thoughts or behaviors
- Attempted suicide
- Supported a friend, family member, or other important person through a suicidal crisis, or
- Lost a loved one to suicide.

For more information on lived experience voice, the Suicide Prevention Resource Center's toolkit can be found at <https://www.sprc.org/livedexperiencetoolkit/about>.

RASCI model

This is a model used to assign the roles and responsibilities in carrying out a strategic priority initiative. The model is organized by level of involvement. The levels are:

- Responsible
- Accountable
- Supporting
- Consulted, and
- Informed.

The OHA suicide prevention team has agreed to assign strategic priority initiatives using this model as much as possible. Learn more at https://www.valuebasedmanagement.net/methods_raci.html.

Sector or sector-based approach

The term sector is used here to describe an area where youth suicide prevention can happen. A sector-based approach means that the framework will include distinct strategic priority initiatives for certain sectors. Some sectors have multiple subsectors. While there are many more sectors that could be included in this work, the highlighted sectors are:

- Education
 - » K-12
 - » Colleges/Universities/Community colleges
 - » Apprenticeship programs
- Physical healthcare
 - » Emergency departments and urgent care centers
 - » Hospitals
 - » Primary care providers/clinics

- Behavioral healthcare
 - » Outpatient services
 - » Crisis response and stabilization services
 - » In-patient services
- Youth-serving entities
 - » Community based organizations
 - » Social service organizations
- Juvenile Justice
 - » Oregon Youth Authority
 - » Juvenile departments
 - » Law enforcement

Strategic pillars

Strategic pillars are the first level of the Oregon suicide prevention framework. These match the National Strategy for Suicide Prevention and represent what were called the four “strategic directions” of the YSIPP 2016–2020. These do not change over time. The strategic pillars in the YSIPP 2021–2025 are:

1. Healthy and empowered individuals, families and communities (universal level)
2. Clinical and community prevention services (selected level)
3. Treatment and support services (indicated level)

Research, data, evaluation and policy are the foundation of the suicide prevention framework. The whole framework is supported and grounded in these efforts.

Strategic goals

Each pillar has 3–4 strategic goals. These goals are not likely to change over time and are based on the National Strategy for Suicide Prevention, the CDC Technical Package for suicide prevention and Oregon’s suicide prevention landscape. These goals are measured using the next level down (strategic pathways). The strategic goals are the “what” — What needs to happen? The strategic pathways are the “how”— How will we do this work?

Strategic pathways

Strategic pathways are the measurable way we will know that we’ve succeeded in our strategic objectives. Each goal has 2–5 strategic pathways. For example, under the goal of “means reduction,” one pathway is “All Oregonians experiencing behavioral health problems will have access to safe storage of lethal means.” Strategic pathways may change over time, or new strategic pathways may be added, based on how effective the efforts are. These pathways were chosen based on the themes that emerged from feedback, literature and best practices. For more information, see the [Pathways Crosswalk](#) on page 28.

Strategic priority initiatives

Strategic priority initiatives are the “project plan” for how Oregon will achieve success within each strategic pathway. They represent the steps we will take. These initiatives will be SMART (specific, measurable, achievable, realistic and timely). They should reflect what’s needed next, so they will change over time. They will likely be edited yearly based on success, new needs, changing resources and other factors. For example, a strategic priority initiative might be “Every local mental health authority will receive information on the availability of low or no cost medicine lock boxes and gun safes through the Association of Oregon Community Mental Health Programs (AOCMHP) by Dec. 15, 2021.”

Themes

Themes are common subjects that emerged from the collaborator feedback done by the University of Oregon Suicide Prevention Lab. Collaborator feedback was gathered through surveys, focus groups, committee meetings and key interviews. Themes represent common topics that were repeated across feedback types and groups. Themes became recommendations to OHA for strategic pathways in the framework.

Trauma-informed practices

There is no single common definition for this term. Generally, the term trauma-informed refers to actions that:

- Recognize the prevalence of adverse childhood experiences
- Demonstrate understanding that many behaviors and symptoms are the result of traumatic experiences, and
- Treat those who have experienced trauma with kindness and choice to avoid re-traumatization.

The OHA Suicide Prevention team uses the Standards of Practice document developed by Trauma Informed Oregon as a guide. It is available at https://traumainformedoregon.org/wp-content/uploads/2018/08/Guidelines-and-Standards-of-Practice-for-Trauma-Informed-Care_March-2018.pdf.

Upstream or upstream prevention

“Upstream is a broad term referring to interventions or strategies put in place at the universal or primary level. The goal of “upstream prevention” is to equip all people with coping skills, wellness supports and opportunities to thrive **before** any warning signs of suicidal risk.

Youth Suicide Prevention and Intervention Plan (YSIPP)

The Oregon legislature mandated the creation of the YSIPP. The first YSIPP was written in 2015 for the timeframe of 2016–2020. The 2016–2020 plan is available at <https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SAFELIVING/SUICIDEPREVENTION/Pages/plan>. Annual reports on the progress of this plan are available at <https://www.oregon.gov/oha/HSD/BH-Child-Family/Pages/Youth-Suicide-Prevention.aspx>.

The YSIPP 2021–2025 was developed between March 2020 and August 2021. The original release date was scheduled for January 2021 but was rescheduled for Fall 2021 due to COVID-19.

Appendix four: Legislatively Mandated Reports

ORS 481.733, Section 2, No. 1 and No. 2

University of Oregon Supplemental Resources Completed May 2021

Introduction

This resource addresses requirements of ORS 481.733, Section 2, No. 1 and No. 2. No. 2 includes key points from recent research on this topic (Section A), as well as some additional pertinent resources (Section B). This is intended as a supplemental resource to inform YSIPP 2.0 recommendations and should be triangulated with relevant OHA/Alliance documentation as well as data collected from Oregon stakeholders as part of the YSIPP 2.0 update.

- (1) An assessment of current access to mental health intervention, treatment and support for depressed or suicidal youth, including affordability, timeliness, cultural appropriateness and availability of qualified providers
 - This remains a major gap in Oregon youth suicide prevention work to date. It is unclear how the Alliance and its partners can access information to inform on this point.
 - Recommendations:
 1. Identify appropriate sources of state- and local-level data regarding service utilization and access including:
 - » Affordability
 - » Timeliness
 - » Cultural appropriateness
 - » Availability of qualified providers
 2. Develop a plan for the entities identified in Step 1 to provide the Alliance and UO Suicide Prevention Lab with these data to use in future strategic planning.
 - Other evaluation resources:
 - » <https://oregonalliancetopreventsuicide.org/data-evaluation-resources/>
- (2) Recommendations to improve access to appropriate mental health intervention, treatment and support for depressed or suicidal youth, including affordability, timeliness, cultural appropriateness and availability of qualified providers

A. Recommendations and key points from extant literature

- Despite a number of evidence-based mental health interventions and growing public awareness of youth mental health issues, the majority of youth impacted by mental health challenges do not receive adequate services (Campo et al., 2018).
- Potential avenues for improving access to affordable, timely, and/or culturally appropriate care:
 - » Integrating mental health services into primary care settings can promote timely access to care
 - ◆ Especially via collaborative care models in which mental health specialists are available in-house (Brent, 2019; Campo et al., 2018).
 - ◆ This can reduce stigma associated with seeking mental health treatment and leverages existing health systems infrastructure to improve the reach of behavioral health services (Campo et al., 2018).
 - ◆ Youth more likely to have better outcomes after receiving integrated medical-behavioral treatment than after receiving usual primary care. Most promising are treatment interventions that targeted mental health problems and those that used collaborative care models (Arsawnow et al., 2015).
 - » Timely access to care also can be improved by providing services within the school context and utilizing telehealth models (Choi and Easterlin, 2018).
- Most research regarding culturally appropriate youth suicide prevention focuses on specific intervention design strategies; for example, the importance of grounding programs in cultural norms and values and involving the community directly in program development (Goebert et al., 2018) or, ideally, having suicide prevention efforts be community-led (Bennett et al., 2015).

B. Relevant resources

- OHA 2020 Child and Family Behavioral Health Policy Vision.
 - » <https://www.oregon.gov/oha/HSD/BH-Child-Family/Documents/draft-vision-paper2020.pdf>
- OHA, ODHS and OPIP 2020 Health Complexity in Children: Statewide Summary.
 - » <https://www.oregon.gov/oha/HPA/dsi-tc/ChildHealthComplexityData/Statewide-Report-2020-August.pdf>
- Re: Availability of qualified providers
 - » Suicide Prevention Training for the Oregon Workforce: Making the Case
 - ◆ <https://oregonalliancetopreventsuicide.org/wp-content/uploads/2020/06/2019June17-FinalWorkforceTrngPaper.pdf>
 - » OHA Report: Suicide-related training for medical and behavioral health providers. Data Report to the Legislature. October 2020.
 - ◆ <https://oregonalliancetopreventsuicide.org/wp-content/uploads/2020/10/SB-48-Report-October-2020.pdf>

- OHA 2015-2018 Behavioral Health System Strategic Plan
 - » https://www.oregon.gov/oha/hsd/bhp/Documents/I.%20Strategic%20Plan_10.2014.pdf
 - » Based on stakeholder input, the plan identified the following as key dimensions of care access:
 - ◆ “The right care – Behavioral health care should be culturally appropriate, person-centered and trauma informed;
 - ◆ In the right place – People should have access to behavioral health services regardless of where in they live, and they should receive services in their community whenever possible, keeping people out of emergency departments and the state hospital who do not need to be there.
 - ◆ At the right time – In addition to making sure that appropriate services are available when people need them, we must strive to catch illnesses early and prevent behavioral conditions from developing in the first place, through promotion and early intervention, especially with children, youth and families.” (p. 9)
- The Oregon State Health Improvement Plan (SHIP)
 - » <https://www.oregon.gov/oha/PH/ABOUT/Documents/ship/2020-2024/Healthier-Together-Oregon-full-plan.pdf>
 - » The SHIP identified access to equitable preventive healthcare as a state priority.
 - » In the behavioral health sector, access to equitable preventive healthcare involves the following, many of which, although not specific to youth, overlap with YSIPP goals (from SHIP, p. 24)
 - ◆ “Behavioral health describes the relationship between behaviors, physical health and overall well-being. Behavioral health includes, but is not limited to, mental health, substance use and gambling. Oregon has the highest prevalence of mental health conditions among youth and adults in the nation. Access to behavioral health care is a challenge. Communities describe many barriers related to provider shortages, long wait times, transportation challenges, and difficulty finding a culturally and linguistically responsive provider. The following strategies are specific to mental health. For strategies specific to alcohol and substance use, please see the Alcohol and Drug Policy Commission 2020-2025 Statewide Strategic Plan.
 - ◆ Conduct behavioral health system assessments at state, tribal and local levels.
 - ◆ Enable community-based organizations to destigmatize behavioral health by providing culturally responsive information to people they serve.
 - ◆ Implement public awareness campaigns to reduce the stigma of seeking behavioral health services.
 - ◆ Create state agency partnerships in education, criminal justice, housing, social services, public health and health care to improve behavioral health outcomes among BIPOC-AI/AN.
 - ◆ Improve integration between behavioral health and other types of care.

- ◆ Incentivize culturally responsive behavioral health treatments rooted in evidence-based and promising practices.
- ◆ Reduce systemic barriers to receiving behavioral health services, such as transportation, language and assessment.
- ◆ Use health care payment reform to ensure comprehensive behavioral health services are reimbursed.
- ◆ Continue to strengthen enforcement of the Mental Health Parity and Addictions Law.
- ◆ Increase resources for culturally responsive suicide prevention programs for communities most at risk.”

References

- Asarnow, J. R., Rozenman, M., Wiblin, J., & Zeltzer, L. (2015). Integrated Medical-Behavioral Care Compared With Usual Primary Care for Child and Adolescent Behavioral Health: A Meta-analysis. *JAMA Pediatrics*, *169*(10), 929. <https://doi.org/10.1001/jamapediatrics.2015.1141>
- Bennett, K., Rhodes, A. E., Duda, S., Cheung, A. H., Manassis, K., Links, P., Mushquash, C., Braunberger, P., Newton, A. S., Kutcher, S., Bridge, J. A., Santos, R. G., Manion, I. G., McLennan, J. D., Bagnell, A., Lipman, E., Rice, M., & Szatmari, P. (2015). A Youth Suicide Prevention Plan for Canada: A Systematic Review of Reviews. *The Canadian Journal of Psychiatry*, *60*(6), 245–257. <https://doi.org/10.1177/070674371506000603>
- Brent, D. A. (2019). Master Clinician Review: Saving Holden Caulfield: Suicide Prevention in Children and Adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, *58*(1), 25–35. <https://doi.org/10.1016/j.jaac.2018.05.030>
- Campo, J. V., Geist, R., & Kolko, D. J. (2018). Integration of Pediatric Behavioral Health Services in Primary Care: Improving Access and Outcomes with Collaborative Care. *The Canadian Journal of Psychiatry*, *63*(7), 432–438. <https://doi.org/10.1177/0706743717751668>
- Choi, K. R., & Easterlin, M. C. (2018). Intervention Models for Increasing Access to Behavioral Health Services Among Youth: A Systematic Review. *Journal of Developmental & Behavioral Pediatrics*, *39*(9), 754–762. <https://doi.org/10.1097/DBP.0000000000000623>
- Goebert, D., Alvarez, A., Andrade, N. N., Balberde-Kamalii, J., Carlton, B. S., Chock, S., Chung-Do, J. J., Eckert, M. D., Hooper, K., Kaninau-Santos, K., Kaulukukui, G., Kelly, C., Pike, M. J., Rehuher, D., & Sugimoto-Matsuda, J. (2018). Hope, help, and healing: Culturally embedded approaches to suicide prevention, intervention and postvention services with native Hawaiian youth. *Psychological Services*, *15*(3), 332–339. <https://doi.org/10.1037/ser0000227>

ORS 481.733, Section 2, No. 3

University of Oregon Supplemental Resources Completed May 2021

Introduction

This resource addresses requirements of ORS 481.733, Section 2, No. 3. It includes key points from recent research on this topic (Section A), as well as some additional pertinent resources (Section B). This is intended as a supplemental resource to inform YSIPP 2021-2025 recommendations and should be triangulated with relevant OHA/Alliance documentation as well as data collected from Oregon stakeholders as part of YSIPP 2021-2025.

- (3) Recommendations for best practices to identify and intervene with youth who are depressed, suicidal or at risk for infliction of self-injury

A. Recommendations and key points from extant literature

- Schools are key settings for multiple best practices for identifying and intervening with youth who are depressed, suicidal or at risk for infliction of self-injury.
 - » School based psychosocial interventions show strong promise of effectiveness in preventing suicidal ideation and attempts (Pistone et al., 2019), although research to date is limited due to methodological challenges (Robinson et al., 2018).
 - » School safety planning is also a key, but often overlooked element for intervention (Singer et al., 2019). Safety plans are most effective when they are developed by mental health staff in collaboration with the student and their family, are tailored to the school context, and include the student's triggers and warning signs, coping strategies, agreements regarding limiting lethal means access, and plans for if the student is in crisis (Singer et al., 2019).
 - » School-based identification and intervention efforts are best implemented as part of a comprehensive school suicide prevention plan that is "proactive and integrated with other school mental health initiatives" (Singer et al., 2019). Comprehensive suicide prevention school programs that include training, screening, and education have been associated with fewer suicide attempts (Garraza et al., 2015).
 - » Sustainment of school-based interventions: (Herlitz et al., 2020)

- ◆ Facilitators: commitment/support from senior leaders, staff observing a positive impact on students' engagement and wellbeing, and staff confidence in delivering health promotion and belief in its value.
- ◆ Barriers: the norm of prioritizing educational outcomes under time and resource constraints, insufficient funding resources, staff turnover and a lack of ongoing training.
- ◆ Adaptation of the intervention to existing routines and changing contexts is important element of sustainability process.
- » 10 recommendations for school-based adolescent suicide prevention programs (pulled directly from Surgenor et al., 2016)
 - ◆ Employ longer-term program models
 - ◆ Attend to contextual factors regarding context and manner in which suicide prevention programs are delivered
 - ◆ Clearly specified learning outcomes that state exactly what will change and/or be evident in the learner following the intervention
 - ◆ Preparatory phase prior to implementation, e.g. site visit, collaboration with stakeholders, clarification of aims and plan
 - ◆ Programs should be designed to be flexible and to accommodate issues as they arise within the specified structure. Inbuilt flexibility permits adoption of alternative strategies to reflect unique circumstances and to tailor the program to more accurately address the needs of the audience. Accordingly, this flexibility should be incorporated into the design and delivery of the program.
 - ◆ Use external, expert facilitators instead of staff
 - ◆ Given the complexity and interaction of factors that may lead to suicidal ideation, prevention programs should move beyond prioritizing and addressing single issues.
 - ◆ Don't over-emphasize risk factors. Instead, focus on building resilience in young people to enable them to cope with the various challenges they encounter.
 - ◆ Delivery should be varied, interactive, and engaging.
 - ◆ Re-evaluate program outcomes regularly.
- Gatekeeper trainings have strong potential as best practices for identification and intervention with youth at risk for suicidality, but the evidence for these is somewhat mixed and suggests this is highly dependent upon training model.
 - » For example, Torok et al. (2019) found that gatekeeper trainings, despite increasing gatekeeper knowledge, have limited evidence showing impacts on sustained gatekeeper behavior change.
 - » In their systematic review and meta-analysis, Pistone et al. (2019) found no significant effect of gatekeeper training on gatekeeper skills or youth suicide attempts; however, they caution that quality of evidence was low overall.

- » Evaluation of the Garrett Lee Smith Youth Suicide Prevention Grants found that gatekeeper training was associated with lower suicide rates (Walrath et al. 2015); however, these effects were not sustained beyond 1 year in the absence of suicide prevention programming, again pointing to the need for comprehensive, on-going program models (Singer et al., 2019).
- Healthcare settings also offer potential for implementation of best practices for identification and intervention.
 - » Primary care settings “may provide opportunity for intervention early in the suicidal trajectory” (Robinson et al., 2018).
 - » In their systematic review of reviews, intended to inform Canada’s Youth Suicide Prevention Plan, Bennett et al., 2015 found evidence from a randomized control trial that training primary care providers in depression treatment may reduce repeated attempts.
 - » Transitions of care out of emergency departments following a youth mental health crisis are also critical; evidence indicates that “emergency department transition programs may reduce suicide deaths, hospitalizations, and treatment nonadherence” (Bennett et al., 2015).

B. Additional relevant resources

- Suicide Prevention Resource Center Best Practices Registry for Suicide Prevention:
 - » <https://sprc.org/strategic-planning/finding-programs-practices>
- Resources for schools:
 - » <https://oregonyouthline.org/step-by-step/>
 - » http://www.aocmhp.org/wp-content/uploads/2020/05/Oregon-Schools-Resource-Catalogue_final_v1.pdf

References

- Bennett, K., Rhodes, A. E., Duda, S., Cheung, A. H., Manassis, K., Links, P., Mushquash, C., Braunberger, P., Newton, A. S., Kutcher, S., Bridge, J. A., Santos, R. G., Manion, I. G., McLennan, J. D., Bagnell, A., Lipman, E., Rice, M., & Szatmari, P. (2015). A Youth Suicide Prevention Plan for Canada: A Systematic Review of Reviews. *The Canadian Journal of Psychiatry*, *60*(6), 245–257. <https://doi.org/10.1177/070674371506000603>
- Herlitz, L., MacIntyre, H., Osborn, T., & Bonell, C. (2020). The sustainability of public health interventions in schools: A systematic review. *Implementation Science*, *15*(1). <https://doi.org/10.1186/s13012-019-0961-8>
- Pistone, I., Beckman, U., Eriksson, E., Lagerlöf, H., & Sager, M. (2019). The effects of educational interventions on suicide: A systematic review and meta-analysis. *International Journal of Social Psychiatry*, *65*(5), 399–412. <https://doi.org/10.1177/0020764019852655>
- Robinson, J., Bailey, E., Witt, K., Stefanac, N., Milner, A., Currier, D., Pirkis, J., Condrón, P., &

Hetrick, S. (2018). What Works in Youth Suicide Prevention? A Systematic Review and Meta-Analysis. *EClinicalMedicine*, 4–5, 52–91. <https://doi.org/10.1016/j.eclinm.2018.10.004>

Robinson, J., Cox, G., Malone, A., Williamson, M., Baldwin, G., Fletcher, K., & O'Brien, M. (2013). A Systematic Review of School-Based Interventions Aimed at Preventing, Treating, and Responding to Suicide- Related Behavior in Young People. *Crisis*, 34(3), 164–182. <https://doi.org/10.1027/0227-5910/a000168>

Singer, J. B., Erbacher, T. A., & Rosen, P. (2019). School-Based Suicide Prevention: A Framework for Evidence-Based Practice. *School Mental Health*, 11(1), 54–71. <https://doi.org/10.1007/s12310-018-9245-8>

Surgenor, P. W. G., Quinn, P., & Hughes, C. (2016). Ten Recommendations for Effective School-Based, Adolescent, Suicide Prevention Programs. *School Mental Health*, 8(4), 413–424. <https://doi.org/10.1007/s12310-016-9189-9>

Torok, M., Caezar, A. L., Smart, A., Nicolopoulos, A., & Wong, Q. (2019). Preventing adolescent suicide: A systematic review of the effectiveness and change mechanisms of suicide prevention gatekeeping training programs for teachers and parents. *Journal of Adolescence*, 73, 100–112. <https://doi.org/10.1016/j.adolescence.2019.04.005>

Walrath, C., Garraza, L. G., Reid, H., Goldston, D. B., & McKeon, R. (2015). Impact of the Garrett Lee Smith Youth Suicide Prevention Program on Suicide Mortality. *American Journal of Public Health*, 105(5), 986–993. <https://doi.org/10.2105/AJPH.2014.302496>



**Provided by the University of Oregon
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ORS 481.733, Section 2, No. 6

University of Oregon Supplemental Resources Completed May 2021

Introduction

This resource addresses requirements of ORS 481.733, Section 2, No. 6. It includes key points from recent research on this topic (Section A), as well as some additional pertinent resources (Section B). This is intended as a supplemental resource to inform YSIPP 2021–2025 recommendations and should be triangulated with relevant OHA/Alliance documentation as well as data collected from Oregon stakeholders as part of YSIPP 2021–2025.

(6) Recommendations regarding services and strategies to respond to schools and communities

following a completed youth suicide

C. Recommendations and key points from extant literature

- There is a dearth of empirical research regarding effectiveness of postvention:
 - » From 2013 review: lack of evidence regarding the efficacy of postvention activities in schools. In the absence of research evidence, schools could look to published toolkits to guide postvention activity (Robinson et al., 2013).
 - » Others have echoed this concern about lack of research regarding postvention effectiveness (Andriessen, 2014)
- In the school setting, core goals for suicide postvention include (Hart, 2012):
 - » (a) returning the focus of school to education;
 - » (b) facilitating natural coping responses of those affected;
 - » (c) providing resources for those affected; (d) preventing suicide contagion or imitative behaviors; and
 - » (e) identifying ongoing needs of the school community
- Cox et al. (2016) conducted a literature review and interviews with postvention experts (primarily from Australia) regarding recommendations for school-based postvention. Their recommendations included:
 - » (a) the development and response of crisis teams and protocols;
 - » (b) safe notification procedures
 - » (c) conducting suicide risk assessments for at-risk students;
 - » (d) managing media and social media response;
 - » (e) handling funerals and memorials;
 - » (f) evaluation of response efforts; and
 - » (g) continued monitoring and supports to prevent future suicides
- Responding to youth suicide clusters: preparation in community and institutional settings (Hawton et al., 2020)
 - » Identification of clusters in the community requires real-time monitoring of suicidal behavior.
 - » Effective intervention is more likely if a cluster response group is established than if no such group exists.
 - » The response should include
 - ◆ bereavement support
 - ◆ provision of help for susceptible individuals
 - ◆ proactive engagement with media interest
 - ◆ population-based approaches to support and prevention.

- » Social media can provide a powerful means for disseminating information and reaching young people at risk.
- Very little research found specifically regarding community-based postvention best practices; this is an area in need of further study.

D. Additional relevant resources

- Oregon specific:
 - » Schools districts should utilize guidelines provided by ODE/OHA in Draft SB52 Guidance for developing suicide postvention plans. See <https://oregonalliancetopreventsuicide.org/wp-content/uploads/2021/02/SB-52-Draft-Guidance-October-2020.pdf>
 - » OHA Supplemental Youth Suicide Postvention Guidance (2020). <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2322i.pdf>
 - » Lines for Life: Suicide Rapid Response Program. <https://www.linesforlife.org/srr/>
- Other resources for postvention best practices:
 - » American Foundation for Suicide Prevention, & Suicide Prevention Resource Center. (2018). *After a suicide: A toolkit for schools* (2nd ed.). Education Development Center. <https://doi.org/10.4135/9781412957403.n287>
 - » Moutier, C., Marshall, D. S., Gibson, N., Cannava, A. R., Gould, M., Harkavy-Friedman, J., Lieberman, R., Loudermilk, A., Miller, D. N., Cook, J., Ed, M., Strobach, K. V., Brinton, S., & Nash, D. (n.d.). *Model School District Policy on Suicide Prevention*. 37.
 - » Safe reporting guidelines: see Appendix at this link: https://supp.apa.org/psycarticles/supplemental/spq0000331/spq0000331_supp.html (Supplemental materials from O’Neill et al., 2020)

References

- Andriessen K. Suicide bereavement and postvention in major suicidology journals: lessons learned for the future of postvention. *Crisis*. 2014;35:338–48.
- Cox, G. R., Bailey, E., Jorm, A. F., Reavley, N. J., Templer, K., Parker, A., Rickwood, D., Bhar, S., & Robinson, J. (2016). Development of suicide postvention guidelines for secondary schools: A Delphi study. *BMC Public Health*, 16(1), 180. <https://doi.org/10.1186/s12889-016-2822-6>
- Hart, S. R. (2012). Student suicide: Suicide postvention. In S. E. Brock & S. R. Jimerson (Eds.), *Best practices in school crisis prevention and intervention* (2nd ed., pp. 525–548). Bethesda, MD: National Association of School Psychologists.
- Hawton, K., Hill, N. T., Gould, M., John, A., Lascelles, K., & Robinson, J. (2020). Clustering of suicides in children and adolescents. *The Lancet Child & Adolescent Health*, 4(1), 58-67.

O'Neill, J. C., Marraccini, M. E., Bledsoe, S. E., Knotek, S. E., & Tabori, A. V. (2020). Suicide postvention practices in schools: School psychologists' experiences, training, and knowledge. *School Psychology, 35*(1), 61–71. <https://doi.org/10.1037/spq0000331>

Robinson, J., Cox, G., Malone, A., Williamson, M., Baldwin, G., Fletcher, K., & O'Brien, M. (2013). A systematic review of school-based interventions aimed at preventing, treating, and responding to suicide-related behavior in young people. *Crisis: The Journal of Crisis Intervention and Suicide Prevention, 34*(3), 164.



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ORS 481.733, Section 2, No. 8

University of Oregon Supplemental Resources Completed May 2021

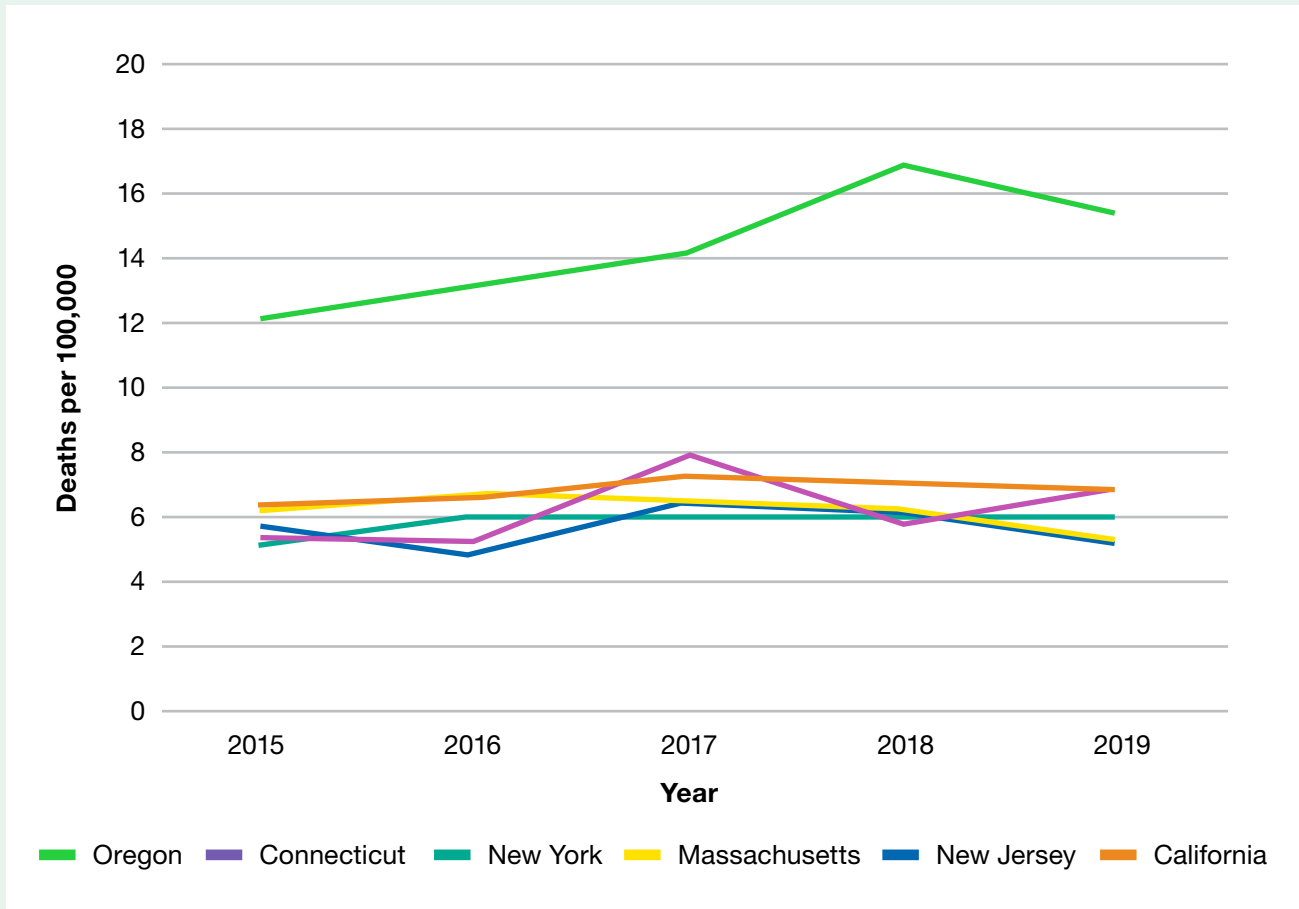
Introduction

This resource addresses requirement of ORS 481.733, Section 2, No. 8:

(8) A comparison of Oregon's youth suicide and self-inflicted injury rates with those of other states.

In 2019, among people ages 10-24 years old, Oregon had the 11th highest death rate by suicide among U.S. states, recording an age-adjusted rate of 15.3 deaths per 100,000. For comparison, the highest rate was 40.6 deaths per 100,000 (Alaska), and the lowest was 5.2 deaths per 100,000 (New Jersey). Compared to the states with the five lowest rates of youth suicide, Oregon's youth suicide rate has been roughly twice as high (see figure below), with a spike from 2017-2019.

Oregon compared to states with lowest rates of deaths by suicide 2015-2019



Source: NCHS Vital Statistics System for numbers of deaths. Bureau of Census for population estimates



Provided by the University of Oregon
Suicide Prevention Lab



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