



a. Overview of findings –

Erin Schwartz, H3S – 15 min

Erin presented the summary of the themes (see presentation) from the local voices listening sessions held from July through November 2018 with over 250 people and twenty sessions around the county.

b. In small groups review discuss following questions – Co-chairs – Galli, Michael & Janie - 25 min

- What is your reaction to the visual for the themes? Does it make sense?
- What connections/synergies/common threads do you see between the risk categories
- What connections/synergies/common threads do you see between the prevention categories
- Report Backs 15 min

Michael facilitated the participants to discuss the themes in small groups on three topics

- **Does the visual work as a way to present the themes?**
- **What common threads were observed in the risk categories?**
- **What common threads were observed in the prevention categories?**

The groups reported back:

Question #1: Does it Make Sense?

- The headings make sense with the underlying topics, but not without them/details are super important and strengthens meaning
- Consider a “Prezi” style presentation where the details pop up
- Interconnect the rings to show interconnectedness
- Consider a “you” bubble in the middle – how these impact the individual
- Have flexibility to change wording depending upon the audience
- Consider “addiction” as a separate category
- Needs to reflect the system and the individual
- Make the “most talked about” more prominent
- Include “Access to” the services, supports and treatment category in risk
- Why aren’t we doing more with 45+ year old White Males? Or kids at four times greater risk if a parent dies by suicide; need a way to convey the ripple effects

Question #2: Risk/Prevention - Common Threads/Overlap

Michael facilitated the group reports. He asked which comments applied to both Risk and Prevention. The ones that were are checked.



- ✓ If folks won't acknowledge a death by suicide, hard to reach them; how will we overcome that as a barrier
- ✓ Barriers to services, connections, access and availability is a common thread
- ✓ None of the categories stand alone.
- Question: where on the continuum do the triggers and thoughts of suicide become acute?
- ✓ We are all impacted by thoughts of suicide – could help normalize the topic
- ✓ More remote or removed, the higher the risk of access to lethal means
- Risk/Prevention factors compound each other – some are systematic and some individual
- Socio-economic themes runs through many of the risk categories
- Many populations at risk face barriers because of care/insurance – vets in crisis on a waiting list, older adults insurance doesn't cover certain services; others can't afford insurance or their insurance has gaps
- Connection is a common thread and not just between humans
- Social determinants of health could be an overarching framework
- ✓ Score Health Equity Zones, how do they compare? Would we see more stigma and/or discrimination in one over another? Would there be a difference between access and availability to timely and appropriate services?
- Lots of things have to come together for prevention to be successful
- Look at access to prevention
- Making training available
- Ensure cultural responsive services
- When we prioritize something we seen time, talent and treasure invested

IV. Low Hanging Fruit - Action Items for the Coalition Co-chair Galli 6:30 pm

Galli presented low hanging fruit as some immediate next steps for coalition participants to become involved with.

a. Help with Suicide Prevention Inventory

Include in the environmental scan:

- Elementary age data (include those below 10 years of age)
- Early Childhood perspective
- Middle Age Information and data

Inventory Work Group



- Jennifer F.
- Cara
- Spencer
- Maria
- Michele B.

b. Do Calm Training Online -

<https://training.sprc.org/enrol/index.php?id=20>

Will Take CALM Training (Report back at next meeting)

- Sarah
- Michele Olsen
- Maria
- Janie
- Robin
- Cara
- Mindy
- Michele (NAMI)
- Jennifer

c. Did anyone hear about the idea of a 9-1-1 for mental health & suicide?

Will bring report to next meeting:

- Jenn
- Mary D.

d. Did anyone hear about AFSP lobbying day?

- **The date is February 19; Jennifer Fraga will report back**

V. Closing Galli 6:50 pm

a. Next meeting: Meet in February or meet in March?

- i. If in February on Feb 19, place TBD – we could meet here (reserve DSB 115) but the Oregon City Library is not available on the third Tuesday for February and March

The group decided the next meeting will be on:

Tuesday, February 19, 2019 from 4:30 to 6:30 pm in Room 115, Clackamas County Development Services Building, 150 Beaver Creek Road, Oregon City OR 97045.



Going forward we will meet in Room 115, Clackamas County Development Services Building, 150 Beaver Creek Road, Oregon City OR 97045 on the 3rd Tuesday of each month from 4:30 to 6:30 pm, unless otherwise notified.

- b. Steering Committee Applications – due on January 18 - <https://www.surveymonkey.com/r/XD89DBC>
- c. Connect Training – focus on youth and schools
 - i. In the process of inviting folks in schools and connected to schools in the 10 districts – some folks on the coalition will be involved and others
- d. Oregon Suicide Prevention Conference in Bend March 13 – 15 – Communities Build Hope Together - <https://www.linesforlife.org/2019-oregon-suicide-prevention-conference/>

VI. Adjourn and Thanks

Galli

7:00 pm

Respectfully submitted,

Kathy Turner

Kathy Turner 01.22.19



WORKING MEETING GUIDELINES (revised)

1. Show each other respect.
2. Start and end on time.
3. Listen to others and be open to hearing others' perspectives.
4. Share the airtime and self-regulate your participation; please don't interrupt others while they are speaking.
5. Please keep to one conversation and avoid sidebar conversations.
6. Create a safe environment.
7. We value stories of lived experience and we want to communicate about the topic safely.
 - a. We recognize the value of stories of lived experience and welcome them as an essential part of our discourse.
 - b. We also recognize that certain words, statistics and details about suicide attempts or deaths can activate emotions and feelings. To communicate safely, we will strive to be mindful about sharing details of a suicide attempt or death, discussion of statistics, discussion about means or other topics that may have potentially dangerous content.
 - c. Please don't share personal stories that are told in the meeting outside the meeting.
 - d. How we say it matters. We suggest using the phrase "died by suicide" instead of "commit," because "commit" is a word associated with a crime or a sin. We also suggest avoiding the use of the terms "successful" or "unsuccessful" when talking about attempts/suicides; as an alternative we suggest saying "attempts" or "died by suicide," so that we avoid attributing positives or negatives.
8. Please place mobile phones on vibrate during the meeting and take important calls outside the room. Thank you for your cooperation.
9. The role of the co-chairs and meeting facilitators is to manage the agenda, the discussions and the time we have together; please cooperate with their requests.
10. Please raise your hand to be recognized by the facilitator if you want to contribute to the full group.
11. There are often many possible solutions to complex issues; when generating ideas about solutions, please strive to speak about interests not positions.
12. Identify next steps that foster commitment to the goals.
13. Resource Table – please share information about other upcoming events, programs, or trainings by providing written materials for the resource table which will be available at all meetings of the Coalition; because of time limitations we request no verbal announcements; thank you for your cooperation.