

Coalition for Suicide Prevention in Clackamas County
Meeting Highlights in Blue

Tuesday June 18, 2019 4:30 pm to 6:30 pm

Clackamas County Development Services Building ✦ 150 Beavercreek Road, Room 115 ✦ Oregon City, OR 97045

Please sign in, make a nametag, take an agenda, help yourself to refreshments and check out the resource table.....and have a seat!

Goals: Updates/Reports –Legislative Session,
Work plan Development Next Steps: Communication Workgroup, Services Workgroup
Meeting Highlights: **Carlos Benson Martinez** (thank you!)

I. Welcome Michael 4:30 pm

Michael facilitated introductions. Galli welcomed first-time participants to the coalition.

- ✦ Support is available, Meeting Highlights and Changes, Meeting Guidelines on page 3, and resources
- ✦ Introductions
- ✦ Agenda Purpose for Tonight—1) talk about tabling opportunities, legislative updates and 2) building on the last meeting’s discussion about outreach materials and the coalition brand, we’re going to generate ideas about logos and infographics; going to review a draft letter to veterinarians, shelters, humane society, etc. as an outreach tool

II. Reports and Brainstorming Galli 4:45 pm

- ✦ Legislative Recap **Kathy**

Kathy gave legislative updates.

SB 52 --- Also known as “Adi’s Act.” Requires school district to adopt policies requiring comprehensive district plan on student suicide prevention. School districts to adopt policy by beginning of 2020 - 2021 school year. Passed - effective date May, 25, 2019. In 2019 Laws, Chapter 172

SB 485 --- Directs the Oregon Health Authority to collaborate with certain schools and facilities when developing plan for communication following a suspected death by suicide. Directs schools attended by individual at time of individual's death to report to authority regarding activities implemented following suicide. Passed - Effective January 1, 2020. 2019 Laws, Chapter 178

SB 707 --- Establishes Youth Suicide Intervention and Prevention Advisory Committee. Passed, effective on the 91st day following the last day of the 2019 Legislative Session. 2019 Laws, Chapter 341

HB 2667 --- Establishes Adult Suicide Intervention and Prevention Coordinator within Oregon Health Authority. Specifies responsibilities. Requires development of strategic plan to address suicides by adults and develop intervention strategies. Requires strategic plan to be updated every five years. The bill failed to make it through the process in February

HB 2813 --- Directs Oregon Health Authority and specified professional regulatory boards to require licensees regulated by authority or board to complete six hours of continuing education related to suicide risk assessment, treatment and management every six years and to report completion of continuing education to authority or board. The bill failed to make it through the process in February

SB 808/HB 2161 --- Directs Oregon Health Authority and specified professional regulatory boards to require licensees regulated by authority or board to complete continuing education related to suicide risk assessment, treatment and management and to report completion of continuing education to authority or board. SB 808 died in April. HB 2161. The bill failed to make it through the process in January

SB 1141 --- Requires Oregon Health Authority to issue grants to Oregon hospitals to establish and maintain, or contract with third party to provide, process for providing caring contacts to hospital patients who present in emergency department with suicidal ideation or attempted suicide. This bill failed to make it through the process in April.

✦ Connect Trainings

Kathy

Two in the works.

- ✦ July 24th Jennifer Fraga will host a Connect with Youth Villages.
- ✦ August 20th 8am-4pm Clackamas Developmental Services will host with Estacada, Canby and Colton school districts. Ask Kathy for more information!

✦ Tabling Presence

Kathy

Kathy directed the coalition's attention to the wall of hope, utilized at Peerpocalypse last month. The group would like to use the wall of hope at future tabling events. We can also continue to use hope rocks, maybe candy, dog treats, etc.

Tabling opportunities at community events to spread messages of hope and recovery across the community for the next several months; let's brainstorm additional opportunities. Sign up if you are interested in helping spread the word!

Tabling dates and opportunities:

- ✦ July 20th – OC Community Festival – Clackamas County Circle of Honor – 9 am to 2 pm - clackamas.us/diversity (deadline to apply July 1)
- ✦ July 27th – Downtown Estacada Community Festival – 10 am to 3 pm
- ✦ September 14th – OC Cruise to Downtown – 9 am to 4 pm downtown Oregon City (deadline September 1)
- ✦ September 28th – Celebrate Molalla (all day)
<https://www.cityofmolalla.com/community/page/celebrate-molalla-0>
- ✦ October 5th – AFSP Out of the Darkness Walk in Portland (8:30am – 1pm)
<https://afsp.donordrive.com/index.cfm?fuseaction=donorDrive.event&eventID=6162>

Kathy asked CSPCC members to sign up for tabling events if interested in attending. You will be matched with someone experienced with tabling so don't feel shy about giving it a try!

✦ Environmental Scan

Galli

What is happening with Suicide Prevention and Postvention in our community? Last month we completed the English Surveys and they were translated into Vietnamese, Spanish and Russian. Galli asked the group for help getting the survey out to everyone in the community.

Galli will send out the English version with blurb again. And here's the message to send with it (developed by Maria Harmon – THANKS MARIA)

Subject: How You Can Help Suicide Prevention in Clackamas County

Please Help Us Identify Gaps and Strengths

The Clackamas County Suicide Prevention Coalition needs your help identifying the gaps and strengths in the system of care and supports for suicide prevention in Clackamas County, with the goal to make them more equitable and responsive to people at risk across the county and across the lifespan.

The Clackamas County Suicide Prevention Coalition (CCSPC) is a community-led coalition that works collaboratively to prevent suicide and support people who have experienced suicide loss. Those participating decide the priorities for action. Examples of priorities from the CCSPC include:

- Encourage outreach and communication for suicide prevention
- Improve equitable access and coordination for treatment, services & supports
- Increase awareness of risk factors and warning signs

Here's how you can help:

1. **Fill out the online survey by July 12th, 2019**
2. Share this survey with organizations and individuals that are engaged in suicide prevention – either directly or indirectly and ask them to fill out the survey by July 12th, 2019.

Russian

- https://oregon.qualtrics.com/jfe/form/SV_eFr0rFoJ7be7Ped

Spanish

- https://oregon.qualtrics.com/jfe/form/SV_ehd6JA10LvSZoRT

Vietnamese

- https://oregon.qualtrics.com/jfe/form/SV_6GdeZB0wRBILFM9

English

- https://oregon.qualtrics.com/jfe/form/SV_6g5ahEUppPg1Fbv

Note: The data provided in this survey will be stored on a secure database and will not be shared outside of the CCSPC.

To find out more about the CCSPC, please click on the link below.
<https://www.clackamas.us/behavioralhealth/coalition-for-suicide-prevention>

Thank you,

Galli Murray, LCSW
H3S Suicide Prevention Coordinator
Clackamas County Health, Housing, and Human Services (H3S)
Direct 503.742.5373
Cell 971.201.8468

III. Education component

Galli

5:30 pm

- ✦ Steering Committee is proposing that we periodically add an education component to learn more about suicide prevention across the county.
- ✦ Next Month we want to begin with Zero Suicide Initiatives in Clackamas County
- ✦ In our breakout session, one of the groups will talk about what topics would be of interest

Asked how the coalition feels about Galli presenting about the Zero Suicide Initiatives in Clackamas County. The coalition communally decided it is a great idea. Who else should we invite to the table? Will be discussed further in smaller groups. Galli asked coalition members to be mindful that education opportunities offered are in line with the CSPCC's overall mission and goals.

IV. Workgroup - # off to form three groups **Michael** 5:45 pm

Michael asked the group to number off into three smaller groups.

- ✦ Build on the work done at previous meetings and brainstorm areas for education on three topics; participants numbered off by 3'2

A. #1 – logos and infographics – **Kathy** and **Mindy** and **Carlos**

Kathy brought enlarged examples for folks to look at:

1. In regards to a logo, the group preferred simplicity. Fewer names. The group liked the words “community partners and “alliance” in the examples. When brainstorming design, the idea of **hands** was a group favorite. Perhaps hands holding each other or hands oriented in a circle to represent community. Blue and yellow were colors that the group really liked.

As for infographics – simplicity was also favored. The group wanted to be able to see what the infographic had to say fairly easily and readily. Liked what to do/how to help at the beginning of the infographic. Add education piece and resources further down. The group liked bold symbols to add clarity. No text within symbols. The group did not want the CSPCC's infographic to be too clinical.

Talked about hashtags— #youmatter #clackamascares #clackamasforhope #itsnevertoolate #healinghappens

Talked about changing the name of the coalition to align with new logo

Next Steps: Develop a few logo ideas for the coalition to review and adopt.

B. #2 – letter to veterinarians, etc. – **Emily** and **Jenn** and **Ellen**

2. Ellen drafted letter and group went over it piece by piece. THANK YOU ELLEN!!!

Dear Animal Care Provider;

The Coalition for Suicide Prevention in Clackamas County is committed to educating the public on suicide prevention and seeks partners to work to eliminate this 10th leading cause of death in the United States. Two people die by suicide each day in Oregon. Research conducted in Washington County indicates that people planning suicide may surrender their pets to a shelter or seek euthanasia for a well pet prior to their suicide.

If you encounter a pet owner who is seeking to relinquish his or her animal, please consider the reason for the request. Stay calm, listen to the individual, and assess the situation. It may be easier to discuss the reason if you have a relationship with the individual, but even if you do not, ask the question: “Sometimes people feel life is not worth living. Have you ever felt this way?” Most people who are considering suicide will say “yes” if asked if they plan to commit suicide.

If the answer is affirmative, do not leave the individual alone. The Suicide Prevention Hotline, Lines for Life number is 800-273-8255, or text 273TALK to 839863.

It may be helpful to know that men die by suicide three and a half times more often than women, although women make the attempt more frequently. White males accounted for 70% of suicides in 2014. The rate of suicide is highest among middle-aged people, although youth and the elderly are also vulnerable.

We also recognize that the suicide rate is 2- 3.5 times the national average among male and female veterinarians respectively. Greater than 60% of veterinarians are women. People in this caring profession face high stress and potential burnout. We want you to know the warning signs so that you can support your colleagues and promote good self-care. For training or more information please call...

Comments on the letter.

Disclaimer at the beginning if a population is at risk. Acknowledging the seriousness of the content; that it is heavy material. Bringing up point that veterinarians are at risk. Bring up people that give up/euthanize pets are at risk. Mentioned that people who lose a long-time companion may be at risk.

How to help—resources included QPR trainings, crisis lines,

The group decided to put stats on the back specific to veterinarians or overall statistics for suicide.

Start with animal control

Swag idea put CSPCC logo or “ask the question” on leashes to get the conversation started.

- C. #3 – areas for education – **Galli and Michael**
3. Small but mighty group. Discussed culturally specific information and education around suicide prevention efforts across cultures. What about suicide do we need to know as it pertains to other cultures? What are the cultures of Clackamas County? There are many resources that could come in and educate the coalition

- ✦ Middle aged people and older adults in general are most at risk.
 - How do we reach them? Who are the gatekeepers?
 - Who do we need to train? Who do we need to identify?
 - For older adults, talk with Kati Tilton and Kim Whitely about ADRC, gatekeepers, etc.
 - Use existing supports as touchpoints
 - H3S Services/Social Services
 - Primary care providers and clinics
 - DHS
 - Lines for Life
 - Barber Shops
 - Mail Carriers
- ✦ People with mental health issues and at risk for suicide
- ✦ People with chronic health conditions & risk for suicide

Not recreating the wheel but bringing in people who are knowledgeable –exchanging information and offering training.

Who can we easily access? Where do we find those touchpoints? Can we work with them?

Report Backs & Next Steps

6:15 pm

Michael asked if the group had any other thoughts. Sierra suggested bringing in Physicians. Specifically training professionals that work with people with chronic illnesses. Katie brought up that we would need to tackle administration because doctors don't have time to address these issues. Kathy agreed that there are real institutional barriers. Kathy suggested bringing other staff in that get to spend more time with patients.

Michael suggested that it's helpful to know what hurdles exist because we can then strategize how to get around it. What other people can we bring into the conversation?

V. Next Meeting is July 16; shall we meet in August? **Michael** 6:25 pm

The group decided to meet in July, but to skip the August meeting

Thank you and have a good evening 6:30 pm

NEXT MEETING

Third Tuesday
 July 16, 2019 ✦ 4:30 to 6:30 pm
 Clackamas Development Services Building
 150 Beaver Creek Road, Room 115
 Oregon City OR 97045

Respectfully submitted, Carlos Benson Martinez and Kathy Turner 06.26.19

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.

LOGO & INFO GRAPHIC EXAMPLES:



JOHNSON COUNTY
SUICIDE PREVENTION COALITION



Partners
for Suicide Prevention



CENTRAL OREGON
SUICIDE
PREVENTION
ALLIANCE



Mid-Valley
Suicide Prevention
Coalition



Alliance for
SUICIDE PREVENTION
of Larimer County

SUICIDE PREVENTION

There is no single cause to suicide. It most often occurs when stressors exceed current coping abilities of someone suffering from a mental health condition.

SUICIDE PREVENTION DAY - SEPTEMBER 10TH
 SUICIDE PREVENTION WEEK - SEPTEMBER 5TH - 11TH

Facts & Statistics

OVER
800 000

people die by suicide every year.

1 DEATH
every
40
seconds

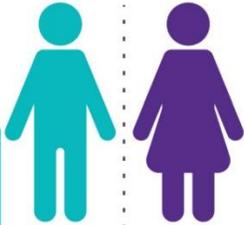
There are more deaths from suicide than from war and homicide together
57%

LEADING CAUSE OF DEATH | 15 TO 24 YEARS OLDS

#10 | Suicide is the 10th leading cause of death in the US.

20% | 20% of all suicide deaths are among 15 to 24 year olds.

Men are **4X** more likely to commit suicide than women.



FIREARMS are the most commonly used method of suicide for males.

POISON is the most commonly used method for females.



Women are **3X** more likely to have suicidal thoughts than men.

Warning Signs



Increased use of alcohol or drugs



Intense mood swings or unrelenting low mood



Showing rage or seeking revenge



Look for ways to kill oneself



Withdrawing or feeling isolated



Sleeping too much or too little

IN AN ACUTE CRISIS:

If a friend or loved one is threatening, talking or making plans for suicide, these are signs of an acute crisis.

DO NOT
leave the person alone

Remove dangerous items from the vicinity
Call 911 or the Suicide Prevention Lifeline

Show Your Support



AMAZINGWRISTBANDS.COM 1-800-269-0910

SUICIDE IN AMERICA: THE FACTS

THE PREVALENCE

Suicide is the
10TH LEADING
CAUSE
of death in the U.S.

More than
40,000
Americans die by
suicide each year.

500,000
Americans attempt
suicide annually.

117
The average number
of suicides per day.

THE DEMOGRAPHICS

3.5x
Men die
by suicide
3.5x more
often than
women.

White males accounted for
7 of 10 suicides in 2014.

The rate of suicide
is highest among
middle-aged people.

Suicide is the
8th leading
cause of death
for American
Indians/Alaska
Natives across
all age groups.

THE MEANS

50%
Firearms account for
more than 50% of all
completed suicides.

20%
Suffocation accounts for
more than 20% of all
completed suicides.

16%
Poisoning accounts for
more than 16% of all
completed suicides.

THE SURVIVORS

A survivor of suicide
is a family member or
friend of a person who
died by suicide.

Approximately **246,000**
Americans become
survivors of suicide
each year.

Survivors of suicide can experience grief
for an indefinite amount of time, and may
experience mental health problems like
post-traumatic stress disorder following
the loss of their loved one.

THE HOPE

90%
of people who die by suicide have
a mental disorder at the time of
their deaths. There are treatments
available that can help address
underlying health issues that put
people at risk for suicide.

More than 660,000
people in the U.S. have been
trained in Mental Health First
Aid and now have the ability to recognize when
someone may be in distress and the skills to
provide support and get people to the help they
may need.

To sign up for a Mental Health First Aid course near you, visit www.MentalHealthFirstAid.org

Sources: American Association of Suicidology | American Foundation for Suicide Prevention | Centers for Disease Control and Prevention | Mental Health First Aid USA



YOUTH SUICIDE AFFECTS US ALL EARLY INTERVENTION IS KEY

IN OTTAWA, 3730 HIGH SCHOOL STUDENTS SERIOUSLY CONSIDERED SUICIDE IN THE LAST YEAR. OF THESE!...

71% SAID THEY DON'T KNOW WHERE TO TURN

64% SELF-REPORTED DRUG USE OR HARMFUL DRINKING

87% SELF-REPORTED ANXIETY OR DEPRESSION

WANT TO TALK?

YSB: 613 260 2360, OR
DISTRESS CENTRE: 613 238 3311

AMONG UNIVERSITY STUDENTS IN ONTARIO²...

13% HAVE SERIOUSLY CONSIDERED SUICIDE IN THE LAST YEAR

11% SAID THEY HAVE ATTEMPTED SUICIDE OVER THEIR LIFETIME

NEED HELP?
GOOD2TALK:
1 866 925 5454

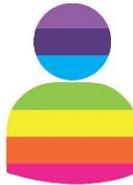
STIGMA, PREJUDICE, DISCRIMINATION AND SOCIAL INEQUALITY CAN LEAD TO HIGHER RATES OF SUICIDE.



IN CANADA, INUIT YOUTH ARE 11 TIMES MORE LIKELY, AND FIRST NATIONS YOUTH ARE 5-6 TIMES MORE LIKELY, TO DIE BY SUICIDE THAN THEIR NON-INDIGENOUS PEERS³⁻⁴. REACH OUT FOR SUPPORT: FIRST NATIONS AND INUIT HOPE FOR WELLNESS HELP LINE IS 1 855 242 3310



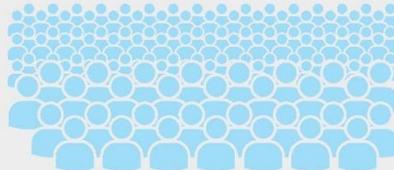
AMONG TRANS YOUTH IN ONTARIO, 51% SERIOUSLY CONSIDERED SUICIDE AND 19% ATTEMPTED SUICIDE IN THE PAST YEAR⁵



x3

LGBTQ YOUTH ARE 3 TIMES MORE LIKELY TO ATTEMPT SUICIDE THAN THEIR HETEROSEXUAL PEERS IN CANADA⁶. GET HELP LGBTQ YOUTHLINE: 1 800 268 9688

IN OTTAWA, EVERY YEAR 9 YOUTH AGED 15-24 DIE BY SUICIDE⁷. FOR EACH DEATH MANY PEOPLE ARE AFFECTED⁸.



WE'RE WORKING TOGETHER TO SAVE LIVES: KNOW WHAT TO DO

LEARN THE SIGNS
CSPN-RCPS.COM

SAY SOMETHING
ASK DIRECTLY IF THEY'RE THINKING OF SUICIDE

GET INVOLVED
GET **good2TALK** OR ASSIST TRAINING AT OTTAWA.CMHA.CA

LEARN MORE
EDUCATE YOURSELF; REDUCE STIGMA

SUICIDEPREVENTION.CA, TRC.CA
TRANSPLUSPROJEC.TCA
RAINBOWHEALTHONTARIO.CA,
SOURCESOFSTRENGTH.ORG

1 Ottawa Public Health, Ottawa Youth Drug Use and Health Report 2016, Ottawa, ON: Ottawa Public Health, 2016.
2 American College Health Association, American College Health Association-National College Health Assessment II, Ontario, Canada: Reference Group, Executive Summary, Spring 2016, Harrow, MD: American College Health Association, 2016.
3 Hahn, J., GTEO. Societal data on youth suicide by province from 1993 to 2014, Ottawa, ON: no email, 2016.
4 Yirmiya, E., Green, G.H., Huh, T., Paul, K., Simpson, T., Lee, C. (2015). Suicide among transgender people in Canada. Ottawa, Ontario: The Aboriginal Healing Foundation.
5 Grant, R.P., Pyle, J., Fraticello, M.C., Hammer, R. (2017). Stigmatization among Trans People in Ontario: implications for social work and social justice. *Int. Journal of Social Services*, 51(2), 35-52.

6 Taylor, C. & Flett, T., with McKillop, E.L., Clark, L., Dalton, S., Fergus, A., Green, Z., Hagan, S., & Schuchter, R. (2015). Every day in every school: The first national survey on homophobic, biphobic, and transphobic in Canadian schools. Final report. Toronto, ON: Egale Canada Human Rights Trust.
7 Deaths by suicide in Ottawa, 2010-2014: Average Office of the Chief Coroner for Ontario. Also released November 15, 2016.
8 Parnis, M., Cox, S., Nicholas, A., Smith, M., Madhu, A., Proctor, J., Prida, J. (2015) Suicide Prevention in Ontario: Announcements (PS) & Examples Around the World. *The Journal of Health Communication*, 15 (4) 1-9.

If someone is suicidal
DO YOU KNOW WHAT TO DO?

SUICIDE INTERVENTION

-  **1 Stay Calm**
-  **2 Listen. Do Not Preach!**
-  **3 Assess the situation**

4 ASSESS factors that increase RISK

Do they have:

- Previous suicide attempts
- A mental illness
- Abusive history
- Chronic pain or a physical illness
- Low self-esteem
- Impulsivity

5 ASSESS factors that are PROTECTIVE

Do they have:

- Effective problem-solving skills
- Impulse control
- Community connectedness (family, school, masjid)
- Motivation for the future
- Responsibility towards others (children, pets, family)

6 ASK about self-harm plans



If yes

Immediately take them to the ER. Do not leave them alone.

If unsure

Call the National Suicide Prevention Lifeline.
1-800-273-TALK

If no

Connect them to a mental health professional

7 ACT using these tips

-  **Convey Care**
-  **Use Hopeful Language**
-  **Follow Up**
-  **Make Du'a**

Additional Resources

- The FYI Suicide Prevention Toolkit
- The FYI Suicide Prevention & Intervention Community Action Guide
- Invite The FYI for a mental health & well-being workshop
- Additional resources can be found at www.TheFYI.org



For citations and information go to TheFYI.org/SuicideInterventionInfographic

Washington County discovers unlikely allies in suicide fight: animal shelters

Updated Dec 21, 2018; Posted Dec 21, 2018



Kimberly Repp, an epidemiologist, and Charles Lovato, a death investigator, teamed up to create a database that has led to better suicide prevention efforts in Washington County.

12

By [Molly Harbarger](#) | [The Oregonian/OregonLive](#)

The Washington County animal shelter is not often the first line of defense against suicide. But over the span of three months, shelter staff intervened with seven people who planned to kill themselves.

Most people who are considering suicide will say yes if asked if they plan to commit suicide. The problem is to know when to ask the question.

An unusual collaboration between the Washington County public health department and the medical examiner's office has figured out a simple way to do that. It appears to be paying off.

Kimberly Repp, an epidemiologist, has earned national praise for a form she developed that death investigators fill out when they determine the cause of a suspicious death. The information provides more recent data about suicides in Washington County than state or federal reporting systems. The database is then used to identify trends that can strengthen Washington County's suicide prevention services.

For instance, several death investigators in one month wrote that the subject gave up a pet to the shelter before dying.

Repp took that information to the animal shelter staff, volunteers and veterinarians, who agreed to be trained in identifying people who might want to hurt themselves and how to intervene.

Her model takes about two minutes to collect the data, and officials say it is saving lives.

A SEARCH FOR BETTER DATA

Five years ago, Repp was tasked with the annual statewide survey of health needs by each county.

Through that process, Washington County residents said again and again that suicide was one of their biggest concerns.

So Repp started to look at what she could glean from the state and national data to help suicide prevention efforts in the area. She was stymied.

Oregon is a founding member of the [Violent Death Reporting System](#), a national effort to provide states with information about violent deaths -- which include suicides -- to help craft health policy and guide law enforcement. But by the time a local public health worker could access that information, it's about 3 to 4 years old.

Vital statistics in death certificates only told Repp who is most likely to commit suicide, not why.

Plus, Washington County is not well-represented by state data, because its demographics tend to be superlative. The county has the most diverse population by race and ethnicity, the highest birth rate and the lowest death rate.

Repp needed better data -- a surprise in a state with among the highest suicide rates in the country.

A federal report released this summer said that, on average, two people a day die by suicide in Oregon. The rate increased by 17.8 people per 100,000 over the year before.



Suicide prevention a priority in Oregon, where 2 people a day die by suicide

That puts Oregon with the 16th-highest suicide rate in the country, but the trend is national. All but one state had an increase in suicide deaths, according to the U.S. Centers for Disease Control and Prevention.

The Oregon Health Authority has prioritized suicide prevention, especially among children and young adults.

Public health officials agree that suicide is largely preventable. But Repp wanted to figure out how.

AN UNUSUAL PARTNERSHIP

The answer sat across the hall.

Charles Lovato has been a medicolegal death investigator for 32 years. He joined Washington County's medical examiner's office seven years ago.

His job, along with a team of death investigators, is to show up to the scene of any violent or suspicious death and figure out the likely cause of death.

To do so, he examines the body and on-scene evidence, interviews witnesses and tracks down friends and family. He then writes up a report with a narrative of what he thinks happened and submits that to the medical examiner.

Much of that information is scraped into the state and federal databases and then aggregated.

But Lovato's work often extends beyond what shows up in the report. His job has traditionally been to evaluate all the information he collects in a binary way -- is it relevant to the cause of death or not? If not, then it usually doesn't end up in any of the resulting data sets.

Repp wanted to know what wasn't in there, so she approached the death investigation team and asked a question few people do -- could she tag along to some crime scenes?

Lovato was surprised that all that information that never makes it into reports could be useful beyond watercooler talk in the office. He knew that much of what he reports is used in state and national trend lines, but he had never worked with public health officials before and didn't know what could make his data better.

Repp ended up at about 200 crime scenes to observe the process.

She worked with the death investigators for about 16 months to come up with the form. It collects much of the information death investigators already asked about, but makes sure those answers are logged systematically.

The state medical examiner signed off on the whole project.

Now, the county has four years of data on whether someone who died of suicide was the perpetrator or victim of domestic violence in the last 30 days before death or was abused as a child; whether that person experienced a crisis of mental, physical, financial or family health in the last two weeks; whether they struggled with legal, school or job problem at the time.

The right bottom corner of the form allows death investigators to write notes or observations that aren't noted by the series of yes-or-no questions. That's where the animal shelter trend appeared.

Repp also found that 25 percent of people who killed themselves had an eviction two weeks before their death. So she worked with the Washington County Sheriff's Office to add the number of a suicide hotline to the eviction paperwork the county is legally required to deliver. In addition, a mental health worker now comes along to serve the paperwork.

The change took one meeting.

"These interventions don't cost a lot of money, and they work," Repp said. "We just had the right data to give them."

Kimberly Repp, an epidemiologist with Washington County, created a way to track real-time data about suicide and has found it useful to prevent suicides.

SUCSESSES SHOWN SO FAR

Repp's work has garnered national attention. In October, she won a prestigious award from the National Association of Medical Examiners.

Between the time she walked off the plane and got back to her Aloha office, she had 200 requests from states -- North Dakota and Utah -- or counties -- King in Washington and Humboldt in California -- interested in starting their own databases.

But Repp cautions that the form can only be useful if the local medical examiners' office is committed, because that team is the one that must collect the data.

"It's kind of a pressure release for us," investigator Lovato said. "We're always trying to look for things that you feel like you're doing that feels a little more community oriented."

The Multnomah County medical examiner's office does not use the form, and Oregon's state medical examiner said through a spokeswoman that she thinks Repp's plan is great but will leave the decision up to each county whether it wants to incorporate the form into its work.

For those that do, Repp is willing to send a copy of Washington County's form and database for a local jurisdiction to adapt. Many places have added opioid-related deaths to the data collection because many of the risk factors are the same.

Once it's utilized, changes also require buy-in. She has reached out to low-budget motel staff in Washington County to ask if they would participate in suicide prevention training, because the data show people often check in to kill themselves there.

Repp said even front desk employees could help prevent a suicide if they will take the time.

"It doesn't require some big production," Repp said. "You just have to have the courage to ask the question."

Because the data is local and real-time, it has also been embraced by Washington County's [suicide prevention council](#) and other groups that can tailor their efforts to the needs of the local population. Many parts of Oregon will see that older white men are a prime demographic, which is true of Washington County as well, but the growing Latino population means that suicide prevention efforts must be culturally specific and in Spanish.

"It works because it's local," Repp said. And, because it's relatively easy once the right people know who to ask. "I ask people all the time. They probably think I'm a weirdo. Which I am."

If you are interested in learning how to help prevent suicides, you can learn more about how to get trained at [Washington County's website](#).

If you or someone you know is considering suicide, Lines for Life is a nonprofit devoted to suicide prevention throughout the Pacific Northwest. It operates a suicide prevention line that is answered 24 hours a day, 365 days a year. It can be reached at 800-273-8255 or by texting "273TALK" to 839863.

There is also other help available:

National Suicide Prevention Lifeline: 1-800-273-8255

Multnomah County: 503-988-4888 or 1-800-716-9769

Clackamas County: 503-655-8585

Washington County: 503-291-9111

Southwest Washington: 1-800-626-8137 or 866-835-2755

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