



Meeting Notes

Coalition for Suicide Prevention in Clackamas County – Launch Meeting

Tuesday October 16, 2018 4:30 pm to 6:30 pm

Oregon City Library

606 John Adams Street † Oregon City OR 97045 † Community Room

4:30 pm **1. Welcome & Opening**

Welcome! Please register, help yourself to refreshments and find a seat. Thank you.

A. Welcome & Convene – Acting Co-Chairs

- † Galli Murray, Clackamas County Suicide Prevention Coordinator
- † Janie Marsh, Executive Director, Mental Health Association of Oregon
- † Michael Ralls, Director of Social Services, North Clackamas Schools

B. Purpose and Context

- † Background and our Starting Place – Galli Murray
- † Safety First, Meeting Guidelines & Logistics
- † Opening Remarks – Mary Rumbaugh, Director Clackamas County Behavioral Health

Galli Murray, Clackamas County Suicide Prevention Coordinator

Why is this coalition being formed? Behavioral Health historically worked in Suicide Prevention. The idea of this coalition is that it is everyone's responsibility. Everyone must come together to make it work better, be more effective

What will the coalition do? We will use local voices from the community to guide our work. So far we have listed to 205 people over the last 4 months in our listening sessions. Coalition monthly meetings will also guide this work. We are also using the Surgeon General's 2012 National Suicide prevention Strategy and the CDC's 20117 Preventing Suicide publications. We will use State and Local data as well. We will build a plan of action based on themes found in our listening sessions. We will create a Charter and a Steering Committee. We will explore the "low hanging fruit"—things that work and are easy to implement.

We will use all of this information to look at Prevention, Services and System Care, and leadership needed.

Safety First. Suicide is a hard topic. Everyone is affected. Everyone in the room is the support system for everyone else in the room. Ally, Nina, and Lauren are specifically available to those participating who feel the need for support throughout this process and these meetings.

Meeting Guidelines—These are listed on the Back of the agenda, but specifically, we will start and end on time. We will listen and be open to others' perspectives. We will communicate about the topic's safely—don't share too many details about specific incidents. We will say "died by suicide" instead of "committed suicide" because died by suicide is less blaming. The participants in the room agreed to these guidelines.

Mary Rumbaugh, Director Clackamas County Behavioral Health

This Coalition is an opportunity to bring diverse perspectives together. Rich Swift and Commissioner Fischer are supporting the creation of this coalition. The goal is to provide hope, health and recovery to those who struggle against death by suicide.



Michael Ralls, Director of Social Services, North Clackamas School District.

Through both his work in schools and as a parent he sees an increase on anxiety among youth and staff. He had already wanted to train everyone in the school district about dealing with suicide at the same time Galli started this with the county. The timing of both efforts coincided and fit well together.

Janie Marsh Gullickson—Executive Director of the Mental Health Association of Oregon

Janie is participating for both professional and personal reasons. She wants us to get suicide to zero.

C. Coalition – Initial Expectations & Opportunities for Involvement

- ✦ Participation – All are Welcome – Kathy Turner, SPC Project Manager
- ✦ Consistent Group of Participants
- ✦ First Year Work and Meetings & Interest Form

Kathy Turner—Clackamas County Behavioral Health Special Project Coordinator

We need everyone's commitment to make this happen. The Coalition is asking for a one year commitment to attend monthly meetings, or engagement as much as you can be if monthly meetings aren't doable. Commitment forms were passed out, participants are asked to complete the forms and put them in the blue box before they left the meeting.

5:10 pm **2. Initial Themes of Local Voices & Small Group Discussions**

Local Voices Listening Sessions & Preliminary Themes

- ✦ Local Voices Listening Sessions – Erin Schwartz, Senior Policy Analyst, Clackamas County Health, Housing & Human Services
- ✦ Preliminary Themes
- ✦ Small Groups

Discussion in Small Groups & Report Out

Summary and Next Steps – Kathy Turner

Erin Schwartz from Health, Housing and Human Services

Listening Sessions—Coalition knew they needed to talk to the community. There were 17 listening sessions, involving 205 people. There are still more sessions to go. All were recorded and must be transcribed and analyzed. Only 22% have been transcribed and analyzed so far.

Preliminary Information—We listened to diverse groups, most groups had participants with lived experience. The following questions were asked of the groups: What puts people at risk? What are protective factors that keep people safe? What works, or might work? These are the following preliminary themes:

1. Lack of connection. We need to promote/facilitate connectedness, and/or lack of connectedness disrupted connections.
2. Access to services and Support/System barriers—We need to promote service coordination and collaboration. Suicide risk needs to be addressed in emerging and new ways.
3. Decrease/Eliminate Stigma/Discrimination/Fear
4. Promote Education/Training

The information and themes gotten from the listening sessions aligned with the National Suicide Prevention strategy.

Small Group Discussions, Notes and Report Outs

Meeting participants were asked to form 4 smaller groups around each of the themes. They brainstormed/discussed what was working now, what ideas could be added from National Strategy/CDC,



what new ideas they had and identifying low hanging fruit that might be started/expanded right now. Below are the notes and the report outs from each of the groups.

GROUP 1 - Janie and Galli, Facilitators

INCREASE CONNECTEDNESS

WHAT PROGRAMS OR INITIATIVES DO YOU KNOW OF NOW THAT WORK TO PROMOTE CONNECTEDNESS?

- ✦ Peer support
- ✦ Support groups (NAMI, Continue to Find Kindness)
- ✦ Support staff who are doing the work/self-care programs
- ✦ Do things to really listen and show compassion

ARE THERE ARE IDEAS FROM THE NATIONAL STRATEGY AND CDC STRATEGIC DIRECTIONS THAT WOULD BE GOOD TO INCLUDE FOR CONNECTEDNESS?

- ✦ Training for community members/increase education for educators
- ✦ Promote responsible reporting about suicide
- ✦ Promote research about suicide
- ✦ Teach coping skills across the lifespan

WHAT IDEAS DO YOU HAVE THAT COULD PROMOTE CONNECTEDNESS?

- ✦ Teach emotional literacy and problem solving and make it a part of the school curriculum
- ✦ Facilitate and promote groups such as yoga in the park
- ✦ Use existing resources such as mail carriers, Primary care doctors, law enforcement, meals on wheels staff, adult community centers to reach isolated or lonely people
- ✦ We can't just focus on youth – need to focus across the life span

WHAT IDEAS DO YOU HAVE THAT ARE “LOW HANGING FRUIT”?

- ✦ Take care of ourselves first before taking care of others
- ✦ Use existing resources such as mail carriers, Primary care doctors, law enforcement, meals on wheels staff, adult community centers to reach isolated or lonely people
- ✦ Swag helps (buttons, etc.)
- ✦ Reach out to others
- ✦ Connect with others via “meet up” type groups such as yoga, walking groups, etc.
- ✦ Use older adults as peers to identify other older adults who can connect with those that are lonely
- ✦ Use funeral homes to sponsor events and bring people together

CONNECTIONS REPORT OUT

- ✦ **What works**—peer support, support groups, do things to listen and show compassion, self-care, training and education for schools and community members, responsible recording of death by suicide.
- ✦ **Low hanging fruit**—creating spaces for discussion. Training for primary care providers, Meals on Wheels providers, mail carriers, law enforcement and first responders. Swag, public events, funeral homes, having older adults learn to identify high risk peers



GROUP 2 – Ally & Erin, Facilitators

INCREASE ACCESS TO SERVICES & SUPPORTS

WHAT CURRENTLY WORKS?

- ✦ Peers at Riverstone
- ✦ Students on IEP with assigned caseworker
- ✦ Response curriculum in classrooms
- ✦ Youth Line
- ✦ Screenings for suicide risk juvenile department & corrections, if needed
- ✦ Texting Line
- ✦ Crisis # on the back of student ID cards
- ✦ Laminated posters
- ✦ Mental Health Association of Oregon (Peers)
- ✦ Threat of Harm Protocols (schools)
*Level 2
- ✦ Peer Support Groups
- ✦ Access to school counselors (Mental Health (MH) trained)
- ✦ NAMI
- ✦ School based Mental Health Centers

WHAT IDEAS FROM THE NATIONAL STRATEGY & CDC?

- ✦ Promote Suicide Prevention (SP) as part of health services (e.g. peers in health centers, especially for older adults)
- ✦ Advocacy (in context of the legislature – need to reach out, testify, send letters)

OTHER IDEAS?

- ✦ Walk in Cafes
- ✦ Increase access to (Dialectical Behavior Therapy) DBT in schools
- ✦ Advocacy (in context of the legislature – need to reach out, testify, send letters)
- ✦ Billboards/Marketing/Yard Signs/Commercials
- ✦ Responders available 24/7 to go to where individual is (individuals who are certified by the state-mental health professionals and peers)
- ✦ Project Respond program – multigenerational interventions
- ✦ Volunteers

- ✦ Eliminate social services & create functional facilities (roll back to 1950s & examine how we got there)
- ✦ School Based Health Centers in middle schools
- ✦ Deep dive on what's missing/look at what is missing in terms of access to services
- ✦ Mandatory all school staff training in suicide prevention (sp).

LOW HANGING FRUIT

- ✦ Crisis #'s on back of student id cards
- ✦ Walk in cafes (treatment & peer support)
- ✦ Something similar (walk in cafes) for parents needing support
- ✦ Information into Clackamas Review, into newspapers and schools
- ✦ Social Media to get information out (e.g. Next Door) – resources, 24-hour support, after hours services
- ✦ Gap analysis related to access & services
- ✦ Expanding/building capacity for peer support
- ✦ Suicide prevention training in schools

SERVICES AND SUPPORTS

REPORT OUT

- ✦ **What works**—peers, crisis lines, threat of harm level 2 meetings in schools. Having a National Strategy to promote suicide prevention.
- ✦ **Other ideas**—walk in cafes, responders available 24/7, school-based resources. Need to look for what's missing, have school training
- ✦ **Low hanging fruit**—printing crisis numbers on the back of school ID's. Utilize Social media to push information/resources, gap analysis, capacity for peer suicide prevention in schools.



GROUP 3 – Maria & Nina, Facilitators

ELIMINATE STIGMA

PROGRAMS STIGMA REDUCTION?

- ✦ Ask the Question
- ✦ American Foundation for Suicide Prevention Social Media “Talk”
- ✦ NAMI – In our own Voice
- ✦ Lines for Life
- ✦ Youth Era
- ✦ Schools-programs MH Awareness – Boys Council & Girls Circle
- ✦ S.P. Coalition
- ✦ Swag - buttons, bracelets, t-shirts
- ✦ Safe Oregon
- ✦ Trainings – Mental Health First Aid – Adult & Youth
- ✦ Provide safe spaces for youth

WHAT IDEAS FROM THE NATIONAL STRATEGY & CDC?

- ✦ Promote Communication/Connectedness
- ✦ Peer Support Programs
- ✦ Training Community Members, Organizations, Institutions
- ✦ Education “CR Model”, Positive message re: access to treatment, peer support
- ✦ Resources for parents

IDEAS

- ✦ Workforce development – increase providers
- ✦ Services for youth 18-20+

LOW HANGING FRUIT

- ✦ Trainings – Applied Suicide Intervention Skills Training (ASIST) & Mental Health First Aid (MHFA)
- ✦ Celebrate Recovery Model
- ✦ Community Events
- ✦ School Students ask at least 2 peers “how are you doing?”
- ✦ Resources on ID Badges
- ✦ Lunch buddy program for all groups
- ✦ Self-Care – walk meetings/breaks

STIGMA REPORT OUT

- ✦ **What works**—Ask the Question initiative, NAMI, school programs, safe spaces, swag sparks conversations—for example, buttons, t-shirts, etc, Mental Health First Aid
- ✦ **Other ideas**—training/support for parents, peer supports, institution and community training, campaigns to normalize treatment, increase the number of providers, 18-20-year-old support.
- ✦ **Low hanging fruit**—community events, resource information on ID’s, lunch buddy programs, lunch groups at workplaces, Self-care options like walking meetings, breaks



GROUP 4 – Elise & Kim, Facilitators

INCREASE EDUCATION & TRAINING

WHAT'S WORKING, OUT THERE, NEEDED?

- ✦ Mental Health First Aid (MHFA)
 - Youth
 - Older Adults
 - Veteran's
 - Use Trainers with Lived Experience
- ✦ Applied Suicide Intervention Skills Training (ASIST)
 - Need training for youth
- ✦ Youth Line
- ✦ Peer Plus (YE thru OHA)
- ✦ Mental Health Awareness at school assemblies
- ✦ Dougy Center (kids & families)
- ✦ Value of Lived Experience in presenters
- ✦ Podcasts
- ✦ Safe Oregon
- ✦ Kevin Hines

WHAT TRAINING, WHERE/HOW DELIVERED AND TO WHOM

- ✦ Home based like "open table"
- ✦ Citizen Academy
- ✦ Stress First Aid (especially for military, first responders) – Maureen P.
- ✦ Sources of Strength (need resources)
- ✦ Schools/Student Councils
- ✦ Oregon City Together
- ✦ School District Suicide Prevention Protocol
- ✦ Campaign to start owning the word "suicide" – use it more often, like 'cancer' used to be
- ✦ Sports' teams
- ✦ School theater
- ✦ Making trainings more accessible (both \$ and location) – include how to access services
- ✦ Resource guides widely available (schools, libraries, etc.)

LOW HANGING FRUIT

- ✦ Start with training people whose professions would make them likely to hear/observe suicidal ideation
- ✦ Start education with younger kids to reduce stigma around suicide
- ✦ Peer support in workplaces and schools
- ✦ Trainings in the park

EDUCATION AND TRAINING REPORT OUT

- ✦ **What works**—Formal—MH First Aid, QPR and other programs. Informal—podcasts, lived experience presenters, Dougy Centers and other informal training. Opportunities in school in existing settings like assemblies, other classes than just Health.
- ✦ **Other ideas**—training in the park for families and community members. Peer support in workplaces and school. Starting suicide education earlier in school.



Summary and Next Steps--Kathy Turner

Lots of good ideas, some could be started now, others will require commitment by the Coalition.

6:15 pm **3. Closing**

Upcoming Meetings – Kathy Turner

- ✦ November Meeting – November 13, 2018 Same Time, Same Location
- ✦ Second Tuesdays of the month as a consistent day to meet?
 - Dec 11, Jan 8, Feb 12, March 12 - **YES**
 - Morning, Afternoon or Evening? – **SAME TIME**
 - Consistent or Rotating Location? – **SINGLE RATHER THAN ROTATING LOCATION**

Next Meeting, Tuesday, November 13, 2018 from 4:30 pm to 6:30 pm at the Oregon City Library. Based on group response, future meeting will be the second Tuesday, during the same hours. Location may change.

Meeting Feedback & Closing – Michael & Galli

Feedback—Michael Ralls & Galli Murray

Group discussion on ***what worked:***

- ✦ Small Groups
- ✦ Agenda
- ✦ Everyone had a voice
- ✦ Facilitated well
- ✦ Group Guidelines
- ✦ Narrowed down themes
- ✦ Snacks
- ✦ Handouts
- ✦ Not targeting one age group
- ✦ Value placed on lived experience
- ✦ Kept light/good humor
- ✦ Safe space
- ✦ Different perspectives
- ✦ Learned about others

- ✦ Youth present
- ✦ Hope
- ✦ Law enforcement, schools, Social Services represented
- ✦ Clear on expectations of commitment

Group discussion on what ***we want more of/what could be improved/added***

- ✦ Room temperature
- ✦ Less abbreviations/acronyms
- ✦ Introductions
- ✦ Invite/notify members of the legislature and other elected officials
- ✦ More young people
- ✦ More people from Public Health
- ✦ Primary Care providers

A synopsis of this meeting will be available on the website; participants will be notified

www.GetTrainedtoHelp.com has free suicide prevention and mental health first aid trainings available.

The group was asked to write on a sticky note 'what keeps you here'—alive—and put it on the big paper in the back.

6:30 pm **4. Thank you and Adjourn**

Meeting adjourned.

Notes submitted ddg/kgt 10.27.18