

Clackamas County Coalition to Prevent Suicide Agenda
January 17th, 2023
4:30 pm to 6:00 pm (virtual)

1. **Open**

- a. Welcome
- b. Intros in chat – name, pronouns, role
- c. Agenda Overview

2. **Legislative Overview of Suicide Prevention Related Bills**

- a. There are currently 3 bills Jenn Fraga shared with us:
 - i. Senate Bill 514
 - ii. House Bill 2643
 - iii. House Bill 2757
- b. If you would like to get involved with advocacy, connect with Annette Marcus amarcus@aocmhp.org or Jennifer Fraga from the Oregon Alliance to Prevent Suicide.
- c. American Foundation for Suicide's OR State Capitol Day is Mon Feb 13, 2023, from 8am – 4. Registration is required. This is another way to get involved. If you have questions about registering, please contact Angela at AFSP via email angelaperry.bethevoice@gmail.com
- d. Jenn Fraga shared a slide deck on how to use Oregon Legislative Information System (OLIS):
<https://docs.google.com/presentation/d/1Fi-8f2zFZbWADZJm9XzhZrYXJu5UOAE9/edit?usp=sharing&oid=103828087565689428048&rtpof=true&sd=true>

3. Presentation on Use of an Equity Assessment Tool

Annette Marcus, Policy Manager for the [Oregon Alliance to Prevent Suicide](#) presented on the Equity Assessment that was created for Oregon's first Adult Suicide Intervention and Prevention Plan (ASIPP). It is a tool designed for small groups to assess how power in society impacts populations identified with the highest rates of suicide. The Coalition to Prevent Suicide will be using this same Equity Assessment in our Action Team meetings to ensure that equity remains at the forefront of our work.

- a. Everyone has a shared mission to address the issue of suicide, but that doesn't mean we won't do/say things that can harm others.
- b. Focus Recommendations from UPRISE Collective:
 - i. The transparency in internal process
 - ii. Collaboration & collective impact
 - iii. Demystifying systems & breaking down barriers
 - 1. Don't do things just to make it look good or better, but actually make a difference
- c. Though the suicide rate has "gone down" that is not the full truth for all groups.
- d. Galli will share the Equity Assessment Tool with the Coalition
- e. Six Core Concepts When Thinking about Suicide Prevention & Equity:
 - i. The reasons people die by suicide are complex and rooted in a cultural context.
 - ii. Suicide prevention is about changing our beliefs, values, practices, and policies from an individual lens on suicide to a culturally contextualized lens.
 - iii. Disparities strongly and systematically exist for individuals and groups with certain social identities and/or group characteristics.

- iv. Social identities are gender, race, ethnicity, social class, wealth, educational attainment, religion, sexual orientation, ability, age, language, housing status, immigration status, veteran status, geographical location, and specific professions i.e., military/service members, police officers/first responders, etc.
- v. While high-risk populations may be identified as the groups with the largest represented demographic in suicide, it is not the same as identifying groups that have been impacted by forms of oppression, including racism, sexism, classism, ageism, ableism, homo-and transphobia, and linguicism.
- vi. Most importantly, in an equity lens, we must consider high-risk populations in the context of their social identities and systems that have impacted their risk for suicide, rather than individual characteristics alone.

- vii. Five Equity Principles:
- viii. Build: What do we want to create?
- ix. Spot check: How is it going? Can we do better? Is change needed?
- x. Reflect: What is next?

- 1. Principle 1 - Resource Allocation: Forms of oppression and exclusion exist, impacting how programming and human and financial resources are distributed, how people are treated, and how suicide is viewed in communities. An equity and liberation focus requires assessing the "common sense assumptions" and institutional barriers in the field. It may require changing the status quo.
- 2. Principle 2 – Social Context and Strengths Perspective: Suicide risk factors are not treated strictly as individual traits and shortcomings, but rather are understood in the context of social determinants, oppression, and community cultural assets based on social identities. Cultural

assets like knowledge, skills, abilities, and contacts possessed by oppressed groups are protective factors against suicide. Effective suicide prevention requires understanding the norms, strengths, and local contexts of communities developed over time as a response to oppression.

3. Principle 3 – Intersectionality: Intersections are important. Understanding how social identities overlap with each other, individual lived experiences, and social group characteristics impacts individuals' ability to access appropriate resources and interventions is imperative to equity. The harm and lack of access to help that occurs is not about one social identity, but how an individual has multiple social identities. This is important because prevention and intervention based on one social identity may not address the barriers experienced by an individual at their intersections. This does not mean that small groups must account for all intersections, but rather, think about what social identities are prevalent in their groups that deserve attention.
4. Principle 4 – Multi-level Lens: Preventing suicide requires working across individual, interpersonal, institutional, and societal levels. A lens towards equity is defined by evaluating the harm and lack of access at each of these levels. Addressing inequities in suicide prevention needs to focus on contexts of systematic power and social identities rather than individual characteristics alone.
5. Principle 5 – Institutional Accountability: Holding institutions accountable for the harm they cause is essential to promote positive outcomes and prevent suicide for historically marginalized individuals and communities. The language, communication, and policies of institutions often create confusion and disempowerment, and it takes active work to communicate in a way that benefits those they serve. It's important to acknowledge that negative impacts of institutions can occur despite positive intent of individuals working within systems.

4. Coalition to Prevent Suicide Action Team Report Outs

These teams meet to advance the work identified by the community in the Suicide Prevention Strategic Action Plan – all are welcome to attend!

- a) **Youth and Young Adults** – Chairs Carlos Benson Martinez & Jenn Fraga
*Next meeting is 2/16 from 4 – 5pm

Strategic Directions:

- 1a. Increased awareness of how to identify a peer who may be struggling, how to be of support, and when to involve a trusted adult.
- 1b. Increase parent/caregiver awareness about suicide warning signs and other areas of suicide prevention such as intervention, postvention and how to navigate accessing help.
- 1c. Improve safe transitions from hospital to home and school.
- 1d. Increased awareness on the issue of suicide prevention and improve engagement in, and implementation of, effective suicide prevention activities.
- 1e. Increase utilization of prevention strategies such as universal suicide risk screenings and early prevention curriculum.

Report outs:

- i. Focusing and honing in on priority areas 1a & 1b
- ii. Hoping to utilize QPR for youth
- iii. Prioritizing mental health applications

- iv. Hope to increase the availability of training
- v. Hoping to host health & awareness fairs
- vi. Currently reviewing digital safety trainings
- vii. Making sure info is presented in an equitable way

b) **Means Safety** – Chair Donna-Marie Drucker

*Next meeting is 2/15 from 1 – 2pm

Strategic Directions:

- 2a. Engage the firearm community in this work and let them lead versus telling them what to do.
- 2b. Increased awareness about access to secure storage items such as rifle cases, gun cable locks and medication lock boxes and why using them can save lives.
- 2c. Provide suicide prevention trainings within the firearm community.
- 2d. Increase firearm cultural competence for behavioral, physical health and substance use providers and those who may not identify as part of the firearm community.

Report outs:

- i. Focusing on priority area 2b
- ii. Discussed a law that allows friends to temporarily hold firearm if someone is in crisis
- iii. Will continue to provide suicide prevention trainings in firearm community, if you have connections for places where firearm QPR might be of interest, please reach out Donna-Marie Drucker donnamarie.ofsc@gmail.com

- iv. Would like to develop relationships to acquire offsite storage for firearms, if you have connections, please reach out Donna-Marie Drucker
- v. Want to make sure devices are available for everyone
- vi. Is in the process of developing videos about how to install a gun cable lock in multiple languages

c) **Community** – Chairs Elisa Gerber & Monica Parmley-Frutiger

*Next meeting is 2/9 from 4 -5pm

Strategic Directions:

- 4a. Increase and sustain mental health awareness and suicide prevention training trainer capacity.
- 4b. Increased awareness of suicide prevention related resources and make information accessible to all Clackamas County residents.
- 4c. Develop strong social networks and connections to reduce isolation

Report outs:

- i. Would like to create info in different languages
- ii. Would like to have trainings available
- iii. Partnering with CBOs that are already doing the work

d) **Health Care** – Chair Joan Hoff (report out done by Galli Murray)

*Next meeting is 2/7 from 11 – 12pm

Strategic Directions:

3a. Increase lived experience and other related support groups that increase hope, connection, and resiliency.

3b. Training for, and materials to, healthcare providers will highlight universal suicide risk screening and treatment for suicidality.

3c. Diversify and increase utilization of mental health and suicide prevention trainings available to health care providers.

Report outs:

i. There's been a lot of discussion around 3a & 3b

ii. Looking to provide intervention/prevention for middle-aged men

iii. Met with Clackamas NAMI's Executive Director Dave Hunt to discuss a possible partnership in this work

iv. Upcoming meeting with AFSP on 1/30 to discuss a possible partnership on the development of a toolkit for health care providers.

5. **Next Coalition Meeting**: April 18th, 2023 – 4:30 pm to 6:00 pm; virtual

Action Team Name	Facilitator(s)	Recurring Date		
Youth & Young Adult	Carlos Benson Martinez and Jenn Fraga	3 rd Thursday from 4 – 5pm	2/16/22	3/16/2023
			https://clackamas-us-countyhealth.zoom.us/j/85337374877	https://clackamas-us-countyhealth.zoom.us/j/85337374877
Health Care	Joan Hoff	1st Tuesday from 11 – 12pm	2/7/23 https://clackamas-us-countyhealth.zoom.us/j/83109652657	3/7/2023 https://clackamas-us-countyhealth.zoom.us/j/83109652657
Community	Elisa Gerber and Monica Parmley Frutiger	2nd Thursday from 4 - 5pm	2/9/23	3/9/2023

			https://clackamas-us-countyhealth.zoom.us/j/82808775723	https://clackamas-us-countyhealth.zoom.us/j/82808775723
Means Safety	Donna-Marie Drucker	3 rd Wednesday from 1 – 2pm	2/15/23 https://clackamas-us-countyhealth.zoom.us/j/84081756186	3/15/2023 https://clackamas-us-countyhealth.zoom.us/j/84081756186

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Health Care	Joan Hoff	1st Tuesday from 11 – 12pm	2/7/23	3/7/2023
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