

Clackamas County Suicide Prevention Action Plan

Health Care Action Team Minutes

December 6, 2022 | 11 – 12pm
Virtual Meeting

Attendees: Joan Hoff (facilitator and Chair); Donna-Marie Drucker (OR Firearm Safety Coalition President), Galli Murray (Suicide Prevention Coordinator)

1) Welcome to the first meeting of the health Care Action Team & introductions

Reviewed purpose of this action team which is to: Promote suicide prevention as a core component of health care services and implement best or promising practices for identifying and supporting individuals at risk for suicide.

2) Reviewed Suicide Prevention Action Plan (SPAP) strategic directions for the Health Care Action Team:

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

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

Do groups to foster connection already exist in Clackamas? Not really. We would love to see groups occur for all ages, from an upstream lens. Groups could normalize discussion about lived experience, community, reaching out to others. NAMI offers peer support – would NAMI be willing to consider developing something like this?

Joan provides suicide loss support groups and suggests the possibility of using this curriculum for other groups as it's a good model.

Discussion about the groups that Didi Hirsch offers and if we would want to replicate something similar here <https://didihirsch.org/training/suicide-prevention-training/> ? Ask Folktime if they would share with us how they established their suicide attempt/those that experience suicidal ideation group so we can hear about lessons learned and other info?

Discussed how do we better support white middle-aged men? This is the group that is dying the most frequently in Clackamas. Canby Task Force is also trying to target this group. Joan will ask them if they would like to partner with the Coalition (she is actively working with them). Perhaps we hold listening sessions to learn more? How do we access them? We know they are parents of school aged kids and show up in places such as – sporting events, sports bars where they go to watch, little league events. Perhaps asking the zero suicide list serve - where do you find middle aged men and what resources exist to support them? Joan will ask some men that she knows if they would be willing to help us gather med. DM will put together a list of contacts.

[Connecting to 3b\) Training for, and materials to, healthcare providers will highlight universal suicide risk screening and treatment for suicide.](#)

Discussion about who uses universal screening and that most of these tools were normed on white people. What about the smaller clinics? Do they use universal screenings? What about other screening tools that weren't normed on white people? What are these? Ask OHA and the Zero Suicide List serve. Discussion about making this more of a conversation versus something that just happens on an iPad or form. Team discussed using videos as a way to demonstrate how folks might be approached differently for universal screening – older adults, veterans, youth, BIPOC folks, etc. Suggestion was to make a list of all the videos we want to make and have people sign up for being the voice of these videos. Have folks follow a loose “script” (make sure to cover certain points), using safe messaging etc.

Would AFSP partner with us to develop a toolkit to support health care providers in using universal screening?

[Connected to 3c\) Diversify and increase utilization of mental health and suicide prevention trainings available to health care providers](#)

Discussed recording a QPR training as something that health care providers could have access to (we would need to check if this is allowed). Team had a conversation about “is QPR the best training to provide to health care providers”? What about using ground rounds as a place for a 30-minute training opportunity? How do we get to nurses trained up?

Discussed creation of a performance measure for this action team - access to a virtual or in person group for every community member in the County. Measure – how many groups exist and how many are attending these groups?

Action Items

- A. NAMI offers peer support – would NAMI be willing to consider developing something like this? Galli will follow up.
- B. Galli will send resources that she discovered about programs that increase connection and decrease isolation to the team.
- C. Galli will ask OHA and the Zero Suicide List serve about what other universal screening tools exist that are not normed on white folks.
- D. Joan will investigate Didi Hirsch materials.
- E. Galli to ask Folktime if they can provide an overview of their group, lessons learned, etc.
- F. Would AFSP partner with us to develop a toolkit to support health care providers in using universal screening? Galli will follow up.
- G. Galli will post on the zero suicide list serve - where do you find middle aged men and what resources exist to support them?
- H. Joan will ask some men that she knows if they would be willing to help us.
- I. Donna-Marie will put together a list of contacts who may be able to help address being able to better support white middle aged men.
- J. Sally Spencer, consultant, does a lot of work with men, workforce and construction. Joan will reach out to her to ask about middle aged men.

us-countyhealth.zoom.us/j/83109652657

Meetings are open to anyone. All are welcome!