

Coalition for Suicide Prevention in Clackamas County (CSPCC)

Meeting Highlights (in blue)

Tuesday March 19, 2019 4:30 p.m. to 6:30 p.m.

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, Connect, Suicide Prevention Conference
Discussion and Prioritization of Draft Work Plan Goals

- I. Welcome** Co-chair Michael 4:30 p.m.
- A. If you feel activated, support is available
 - B. Meeting notes on the website, side table – submit any changes by 03.26.19 - <https://www.clackamas.us/behavioralhealth/suicideprevention.html>
 - C. Meeting guidelines are on the reverse of the agenda
 - D. Resource Table
 - E. Intros – connectedness to others is an important protective factor – what's one way you are connected that's meaningful for you;
 - F. Is this the first meeting for anyone tonight? If so, a special welcome
 - G. Announce Steering Committee Members
 - H. Agenda Overview for tonight
 - I. Brief Background of the SPC if we have people new to the Coalition Kathy Turner

Michael Ralls, Co-Chair opened the meeting, identified where participants could review minutes, identified the resources table, led introductions, and introduced the agenda purpose and major items for the meeting.

Michael also introduced the steering committee:

1. Michael Ralls, Director of Social Services, North Clackamas Schools
2. Janie Gullickson, Executive Director, Mental Health and Addiction Association of Oregon (MHAAO)
3. Carlos Benson Martinez, Youth Peer Support Specialist, Youth Era
4. Mindy Rocha-Barella, General Manager; Funeral Director/Embalmer, Sunnyside Little Chapel of the Chimes
5. Maria Harmon, Community Volunteer
6. Stephanie Herro, Manager, Department of Human Services Aging & People with Disabilities
7. Captain Scott Thran, Lake Oswego Police Department
8. Jennifer Fraga, Behavioral Health Compliance Specialist, Youth Villages
9. Galli Murray, Suicide Prevention Coordinator, Clackamas County Health, Housing & Human Services

Kathy gave a brief background about the CSPCC – in 2015, launched the Zero Suicide Initiative and made significant changes in the way that people who come to Clackamas with thoughts of suicide are assessed, treated and supported between 2015 and 2018, listened to over 250 people in 2018 about risk and protective factors in 2018, launched the Coalition in October 2018. Developed major themes from the listening sessions and presented them in January 2019; cross walked themes to goals patterned after the National Suicide Prevention Strategy and tonight will identify draft priorities for the Coalition.

- II. Updates** Co-chair Michael 5 p.m.
- 5-7 minutes each with questions
- A. Legislative Session Jennifer Fraga

Jennifer updated us on the status of legislation associated with suicide prevention. She explained that if bills had not passed out of committee and been voted on by either the senate or house soon, that they would not go any further.

The following bills have passed out of the senate:

- SB 52 – includes funding for mental health specialists in schools; requires adoption of policies re: risk and associated action and formalizes the Oregon State Alliance to Prevent Suicide in statute
- 485—developing a plan of postvention communication

Other bills that had not yet passed out of the senate or house, include:

- 707—establish advisory committee
- 2267—create an adult statewide suicide prevention coordinator
- 2813 – require reporting on CEU's on suicide prevention, treatment, etc.
- 141/2161—require OHA to create mental health crisis line for hospital staff

Other areas of interest

- Not a bill number for the three digit crisis line—talking to FCC
- Get involved? Google OLIS.gov—look up current bills, submit testimony, search by # or topic, sign up to receive newsletter; contact Angela Perry angalaperry.bethevoice@gmail.com – Board Chair of Oregon Chapter of the AFSP

B. Connect Training

Jennifer Fraga

Spencer, Jennifer, Kathy and Galli participated in the CONNECT postvention training – Spencer, Jennifer and Kathy are certified as CONNECT trainers. The training taught participants about how to interact at the individual, family, organizational and community levels after a death by suicide

C. Gap Analysis

Spencer Delbridge

Spencer was part of the team that met with University of Oregon Graduate Students to put together an analysis of assets and gaps of the suicide prevention array in Clackamas County. Everyone completed a form and an online survey form is being developed so we can circulate it further. Please circulate the survey as you see appropriate so we can gather additional information.

Here is the link: https://oregon.qualtrics.com/jfe/form/SV_6g5ahEUppPg1Fbv

D. Suicide Prevention Conference

Kathy Turner

Kathy and Maureen attended the Oregon State Suicide Prevention Conference in Bend in March – lots of emphasis on the role of lived experience for messages of hope and recovery and to build systems.

III. Draft Plan

Co-chairs Janie & Michael

5:30 p.m.

A. Introduce Plan-

Kathy

1. In your agenda packet
2. Incorporated the local voices themes into draft goals/any text in blue is from the themes from the local voices–
3. Goals & Objectives adapted from the National SP Strategy of 2012
4. We will focus on prioritizing **goal areas** this evening; these will be the areas that we will make a more detailed plan of action

B. Overview of Goals

Co-chairs Janie & Michael

C. Prioritization

Co-chairs Janie & Michael

1. Too much for us to take on all seven goals at the same time, instead start with three key goals as a starting place
2. Prioritize your top three goals – each of you will have 5 dots – 3 for your top choice, 2 for your 2nd choice and 1 for your third priority;
 - a. Take five minutes to review the document and make your choices
 - b. Then vote on the large pieces of paper on the walls

D. Results and thanks everyone; Next Steps – Objectives and plan of action
 refined by Steering Committee Co-chair Janie

Everyone reviewed the draft set of seven goals. These goals will become the priority areas for the Coalition. Beneath the goals were objectives intended to give folks a sense of what might be done if a goal was prioritized. Janie talked about how we needed to narrow our focus and it wasn't feasible to take on all the goals at once. Michael and Janie walked everyone through the goals. The group discussed whether or not we were addressing people with certain kinds of insurance vs. addressing all people regardless of insurance. Medicare was raised as a barrier to adequate mental health services for older adults and people with disabilities. The group clarified that our work was for everyone, regardless of insurance.

Here are the results of the voting; the full list of the seven goals is available at the end of these meeting highlights. The priorities will now go to the steering committee for further development and next steps.

Coalition for Suicide Prevention in Clackamas County - Draft Plan for Prioritization
03.19.19 Meeting

Goal	Obj	Phase I Draft 03.13.19 (Local Voices Phrases in Blue)
2		Encourage outreach and communication for suicide prevention
27 Votes	Description	Facilitate, influence, encourage and conduct outreach, communication and messaging designed to prevent suicide by changing knowledge, attitudes and behaviors
	2.1	Facilitate outreach and messaging designed to reach specific segments of the population, such as age, gender identity, sexual preference, race, ethnicity, impacts of poverty and geography
	2.2	Promote general messaging that encourage help seeking and help giving.
	2.3	Promote messages of hope and recovery.
	2.4	Increase knowledge of how to connect individuals and families in crisis with assistance and care.
	2.5	Promote available proven and reputable services. Make resources visible and accessible.
	2.6	Encourage storytelling and stories of lived experience that create hope and healing.
5	Description	Improve Equitable Access & Coordination for Treatment, Services & Supports

26 Votes	5.1	Identify gaps in equitable service availability including limited access and availability , lack of coordination in conventional treatments , and lack of access to supports for the bereaved in the short and long term .
	5.2	Strengthen coordination, practices and system of comprehensive county and local suicide prevention programs across the lifespan
	5.3	Encourage equitable delivery , increase access to , address access to rural communities and enhance coordination of services, treatment and supports
	5.4	Address risk factors individually and systematically through action such as promoting protective factors , suicide risk screening , connection with suicide treatment and support pathways and reducing access to lethal means
	5.5	Encourage innovation to deliver services, treatment and supports in new ways such as greater use of peers, peer respite, mobile outreach and services, new settings and an emphasis on coordinated follow up
4		Increase awareness of risk factors and warning signs
17 Votes	Description	Promote Prevention and Early Intervention by increasing awareness of suicide risk factors
	4.1	Increase understanding about social & interpersonal dynamics such as loneliness, isolation, not belonging and factors that potentially increase lack of human connection such as overuse of technology
	4.2	Increase understanding about individual experiences such as trauma, abuse, suicide loss survival, suicide attempts, higher risk professions, access to means
	4.3	Increase understanding about health issues such as physical health issues such as chronic pain, disease, and mental illness, substance abuse, and gambling and other addictions .

IV. Closing

Co-chair Michael

6:25 p.m.

Next Coalition Meeting:

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

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.

Coalition for Suicide Prevention in Clackamas County - Draft Plan for Prioritization 03.19.19 Meeting

Goal	Obj	Phase I Draft 03.13.19 (Local Voices Phrases in Blue)
1		Encourage and sustain suicide prevention activities across the County
3 votes	Description	Convene, explore and encourage suicide prevention activities across multiple sectors and settings
	1.1	Establish and sustain effective and collaborative suicide prevention programming in Clackamas County
	1.2	Establish and sustain collaboration across Clackamas County organizations and agencies to advance suicide prevention
	1.3	Keep informed about and coordinate efforts with Clackamas County Zero Suicide Initiative to increase collective impact and avoid duplication
	1.4	Establish communication pathways to related initiatives such as the CHIF, prevention coalition, etc.
2		Encourage outreach and communication for suicide prevention
27 Votes	Description	Facilitate, influence, encourage and conduct outreach, communication and messaging designed to prevent suicide by changing knowledge, attitudes and behaviors
	2.1	Facilitate outreach and messaging designed to reach specific segments of the population, such as age, gender identity, sexual preference, race, ethnicity, impacts of poverty and geography
	2.2	Promote general messaging that encourage help seeking and help giving.
	2.3	Promote messages of hope and recovery.
	2.4	Increase knowledge of how to connect individuals and families in crisis with assistance and care.
	2.5	Promote available proven and reputable services. Make resources visible and accessible.
	2.6	Encourage storytelling and stories of lived experience that create hope and healing.

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Goal	Obj	Phase I Draft 03.13.19 (Local Voices Phrases in Blue)
3		Promote Wellness and Recovery
10 Votes	Description	Promote Wellness and Recovery by increasing awareness of protective factors
	3.1	Reduce the impact of societal influences associated with suicidal behaviors and mental and substance use disorders, such as stigma, prejudice and discrimination, limited awareness, lack of training & education, and fear of accessing treatment.
	3.2	Promote understanding that recovery is possible for all - a culture of recovery
	3.3	Promote Protective Factors that reduce suicide risk
	3.4	Promote Connection through multiple channels such as use of peers, capitalizing on existing gatekeepers (meals on wheels, senior companions),
	3.5	Encourage open discussion of mental health and suicide risk to normalize and destigmatize these topics
4		Increase awareness of risk factors and warning signs
17 Votes	Description	Promote Prevention and Early Intervention by increasing awareness of suicide risk factors
	4.1	Increase understanding about social & interpersonal dynamics such as loneliness, isolation, not belonging and factors that potentially increase lack of human connection such as overuse of technology
	4.2	Increase understanding about individual experiences such as trauma, abuse, suicide loss survival, suicide attempts, higher risk professions, access to means
	4.3	Increase understanding about health issues such as physical health issues such as chronic pain, disease, and mental illness, substance abuse, and gambling and other addictions.

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5	Description	Improve Equitable Access & Coordination for Treatment, Services & Supports
26 Votes	5.1	Identify gaps in equitable service availability including limited access and availability, lack of coordination in conventional treatments, and lack of access to supports for the bereaved in the short and long term.
	5.2	Strengthen coordination, practices and system of comprehensive county and local suicide prevention programs across the lifespan
	5.3	Encourage equitable delivery, increase access to, address access to rural communities and enhance coordination of services, treatment and supports
	5.4	Address risk factors individually and systematically through action such as promoting protective factors, suicide risk screening, connection with suicide treatment and support pathways and reducing access to lethal means
	5.5	Encourage innovation to deliver services, treatment and supports in new ways such as greater use of peers, peer respite, mobile outreach and services, new settings and an emphasis on coordinated follow up
6		Promote widespread training on suicide prevention
6 votes	Description	Promote Training for gatekeepers, and community and clinical service providers on suicide prevention
	6.1	Promote widespread training on suicide prevention to lay and professionals such as community organizations, institutions and groups that have a role in suicide prevention
	6.2	Encourage postvention training through Clackamas County CONNECT
7		Promote limiting access to lethal means
1 votes	Description	Promote efforts to temporarily remove means of suicide for those at risk
	7.1	Encourage those with who interact with individuals at risk (such as veterans' support and service organizations, older adult services, youth services, domestic violence services, etc.) to ask about access and promote safety
	7.2	Partner with firearm dealers and owners to incorporate suicide awareness as a basic principle of safety and responsible ownership
	7.3	Incorporate means safety into messaging

