

SCHOOLS - Recommended Priority Area Goals
for 2022 - 2024

1. Increase meaningful participation in Adi's Act* from school districts and increase the use of best practices in school districts.
2. Organizations and agencies are equipped to provide trainings that are trauma informed.

*Adi's Act requires all school districts to have a suicide prevention policy including procedures relating to suicide prevention, intervention, and postvention. It also addresses populations at higher risk for youth suicide, including LGBTQ youth, youth of color, youth with disabilities and foster youth.

Adi's Act is vital to making sure that all kids, no matter how they identify or who they love, are protected, supported, and see a future for themselves in Oregon.

1 Students
need to
be trained

1 Students
need to
be aware

1 Students
being aware
will encourage
parental
involvement

1 Prioritize teachers
getting trained -
advocate for
including in
curriculum

1 Mandatory
training for
students

Improving Suicide
Prevention Through
Evidence-Based
Strategies: A
Systematic Review
John Mann 1, Christina
A Michel 1, Randy P
Auerbach 1
Educating
youths on depression
and suicidal behavior
prevents suicidal

Using bulletin
boards in
schools to
"advertise"
training
options.

Data,
data,
data...

MEANS SAFETY - Recommended Priority Area Goals for 2022 - 2024

- 1. Clackamas County will reduce fire arm related suicide deaths.**
- 2. Any Clackamas County resident experiencing a behavioral health crisis will have access to safe storage for medicine and firearms.**
- 3. Clackamas County will promote safe storage practices and link these practices to suicide prevention.**

Making sure folx are aware of safe storage options -- especially meds, sharps

Increase transparency around what it means for safe storage -- being clear about loss of gun rights, loss of weapons

everyone who purchases a gun is safety trained

Include warning signs and risk factors in firearm safety training

Create relationships buy-in from gun owners, range workers, sales. More peer to peer with prevention trainings

Ask firearm safety trainers include suicide prevention info and safe storage options in the training

Need to work more closely with gun stores and firing ranges.

Recruit folx from firearm owners and run firearm businesses for representation on the coalition and as trainers

Messaging campaign: You know those radio ads against drunk driving that say "I'm PROBABLY ok to drive" - I'm imagining billboards that say "You're PROBABLY right that your child doesn't know how to access your gun - -"

1. Ensure healthcare entities have an understanding of the scope and practice of peers and how to access them

1. Ensure that all partners are aware of peer supports and how people can access them or how to make a referral.

RE: 3. - change meaningful places to other places to go other than jails and hospitals when folx

4. Clarify training needs for healthcare sector

4. Rate of suicide high in medical profession -- are colleagues trained to notice warning signs and is there a protocol for support

4.
Introduce eCPR training

4. Train pediatricians and gerontologists on warning signs

7. Work closely with CC office of diversity. the also committed to creating equity in the community, not just in the county offices.

Peer
Respite

HEALTH CARE – Recommended Priority Goal Areas for 2022 – 2024

1. Increase access to peer support specialists, peer recovery mentors and traditional health workers as an alternate or supplement to traditional behavioral health care for those at increased risk of suicide.
2. Peer support specialists, peer recovery mentors and traditional health workers will represent the cultural and linguistic diversity of the county.
3. All community members have access to meaningful places and spaces to experience positive connection.
4. All staff at organizations/agencies that serve individuals known to be at increased risk for suicide will receive the appropriate level of training for suicide prevention (basic awareness, enhanced, and/or advanced) and are retrained at regular intervals.
5. Increase utilization of universal screening for suicide risk using tools such as the Columbia C-SSRS.
6. The number of 45 year old and older men who access behavioral health care will increase
7. Increase Cultural Competence across Activities and Sectors (this could include strategically engaging men, improving outcomes for BIPOC individuals who engage in behavioral health services by increasing culturally responsive healthcare)

add to 1 & 2 --
increase support groups for suicide prevention across communities in Clackamas make it as common as 12 step

5. Educating HC staff of importance of screening

Concerned about #5 -- are they NOT being universally used?? In County clinics, they are being used. But not in private health care?? Maybe sometimes yes, sometimes no?

5. If folks are not screening, why, what are the barriers

COMMUNITY -- Recommended Priority Area Goals for 2022 - 2024

1. Suicide prevention training will be provided at no cost to Clackamas County residents, faith based communities, businesses and other local entities.
2. The trainer pool in Clackamas County for suicide prevention programming will represent the cultural and linguistic diversity of the county.
3. Increase awareness on how to access and register for suicide prevention training.
4. Clackamas County residents will regularly receive safe messaging about suicide, wellness, connection and resources.
5. Clackamas County will promote programming and partnerships for historically underserved communities and higher risk populations (e.g. people who are transgender, rural, Latinx, tribal, LGBTQ2SIA+, young adults, people with schizophrenia, people with substance use disorders, people with depression, people who identify as male, etc)
6. Community members with lived experience have a meaningful voice in Clackamas' suicide prevention, including programming decisions, and links to key leaders.
7. Increase Cultural Competence across Activities and Sectors (this could include strategically engaging men, improving outcomes for BIPOC individuals who engage in behavioral health services by increasing culturally responsive healthcare)
8. Increase Meaningful Data Collection to Guide Prevention Efforts.

1. Training needs to be a fundamental part of the work

1 Not enough training - trainings often full

1 Central location for trainings in Clackamas County

1 Trainings for community at large, not just at-risk groups

1 Don't forget family of adults who may notice changes in behaviors or be able to help navigate resources

2 More train the trainers

2 Intentional sustainability plans

3 Access a wider population through advertising, outreach

4 Training parents/encouraging to attend (first line of defense)

1. Educating youths on depression and suicidal behavior, as well as active outreach to psychiatric patients after discharge or a suicidal crisis, prevents suicidal behavior. Education of gatekeepers about

Fold 5 into 6, utilizing the voice of people with lived experience

Improving Suicide Prevention Through Evidence-Based Strategies: A Systematic Review
John Mann 1, Christina A Michel 1, Randy P Auerbach
1AbstractObjective: The authors sought to identify scalable

8 Data collection every step of the way

8. Data collection - demographics, should follow CLAS standards as much as possible.