

Suicide Prevention Coalition

Meeting Highlights

Tuesday, October 19, 2021 - 4:30 to 5:30 pm

<https://clackamascounty.zoom.us/j/84854577613?pwd=Q28xYoRuL2lwNThkWkdpaogBVnU4UT09>

Meeting ID: 848 5457 7613 Passcode: 352620 One tap mobile: +16699006833

#	Agenda Item	Facilitator(s)	Time
1.	<p>Welcome, Agenda Overview, Intros</p> <p>Anti-Racism Statement</p> <p>The Suicide Prevention Coalition of Clackamas County condemns all forms of discrimination including racism, institutional violence and system inequities that negatively impact people of color. To be truly dedicated to suicide prevention, we must be committed to addressing systems that create and perpetuate trauma, pushing people to the brink and even ending their lives in despair and hopelessness.</p> <ul style="list-style-type: none">✦ We acknowledge the land we occupy and from which we work, recognizing we have benefited from this stolen land. We respectfully acknowledge the original caretakers. Oregon was the historical land of at least nine tribes who made their homes in traditional village sites along the Columbia River and throughout Oregon. Many tribes also traveled and traded throughout Oregon and the plentiful natural resources of this area. As we move forward, we recognize these original peoples upon whose backs this state was built, as well as their ongoing stewardship of this land.✦ We acknowledge the experience of Black and Brown community members and the reality and threat of institutionalized violence authorized by a white culture. We cannot ignore a shared history where racism justifies and sustains centuries of atrocities against African, Native, Hispanic, and Asian Americans.✦ We recognize that systematic inequities, particularly those based on race and ethnicity, are major obstacles for families, individuals, and communities. Health and behavioral health systems have contributed to that systematic inequity. Structural discrimination continues to limit access and opportunity and traumatize those who are not part of and/or do not identify with the dominant culture.	Galli Murray	4:30 pm
2.	<p>Strategic Plan</p> <p>1. Review Findings and Drafted Goals</p> <p>Galli presented a high level overview of the findings from the surveys and interviews compiled by the University of Oregon; she also brought in findings from the Clackamas County Blueprint for a Healthy</p>	Galli Murray	4:40 pm

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	<p>Community and some items that align us with the State Youth and Adult Suicide Prevention Plans (still in drafted form)</p> <ol style="list-style-type: none">2. Refine Goals by Domains in Small Groups Participants were asked to comment on and add goals to the domains;<ol style="list-style-type: none">a. Galli/Carlos – led small group discussions around the Community & Schools Domainsb. Joan/Kathy – led small group discussions around Healthcare and Means Safety Domains3. Facilitators reported on the results of the feedback from small groups (see below)4. The group decided to elevate Equity, Diversity and Inclusion to be an overarching lens and consideration for the entire plan.5. The group also decided that data and evaluation should be part of the implementation of every goal.6. Next Steps:<ol style="list-style-type: none">a. Between meetings, others will be invited to share additional feedbackb. The steering committee will refine the goals for the next meeting7. Next Meeting: Discuss objectives – “how” to achieve the goals.		
3.	<p>Thank you and next meeting date and time</p> <ul style="list-style-type: none">• Tuesday, November 16, 2021, 4:30 pm• Virtual (use same Zoom address) or in person – watch for notices	Galli Murray	5:30 pm

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10.19.21 Draft Goals and Coalition Feedback

COMMUNITY -- Recommended Priority Area Goals for 2022 - 24

1. Suicide prevention training will be provided at no cost to Clackamas County residents, faith based communities, businesses and other local entities.
 - a. Training needs to be a fundamental part of the work
 - b. Training Capacity
 - i. More train the trainers
 - ii. Intentional sustainability plans
 - iii. Not enough training - trainings often full
 - c. Who should be trained?
 - i. Trainings for community at large, not just at-risk groups
 - ii. Explore trainings for youth
 - iii. Don't forget family of adults who may notice changes in behaviors or be able to help navigate resources
 - iv. Training parents/encouraging to attend (first line of defense)
 - v. Are we doing outreach to existing groups like AA/NA to offer trainings? Are we leveraging the huge existing infrastructure of existing support/social groups? Neighborhood Associations? Groups that are specifically created to focus on suicide prevention are essential, but I think there are a lot more opportunities out there (like the kinds that you've done trainings for...) to connect with existing networks instead of trying to recruit people into an entirely new setting/group....
 - d. Maintain a mix of in-person and virtual trainings, post-pandemic
 - e. Consider expanding describing trainings to be broader than just "suicide prevention trainings" Referring to trainings/efforts solely as suicide prevention may cause some folks to turn away rather than lean in.
 - f. Central location for trainings in Clackamas County
2. Increase awareness on how to access and register for suicide prevention training.

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- a. Bring trainings out into the community
- 3. Clackamas County residents will regularly receive safe messaging about suicide, wellness, connection and resources.
 - a. Access a wider population through advertising, outreach

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SCHOOLS - Recommended Priority Area Goals for 2022 - 24

1. Increase meaningful participation in Adi's Act* from school districts and increase the use of best practices in school districts.
2. Ensure outreach includes the home schooling and charter school communities
3. Organizations and agencies are equipped to provide trainings that are trauma informed.
 - a. Train students
 - i. Educating youths on depression and suicidal behavior prevents suicidal behavior
 - ii. Get feedback about what kind of training students want
 - iii. Use bulletin boards in schools to advertise training
 - iv. Students being aware will encourage parental involvement
 - v. Students need to be aware
 - b. Make training teachers a priority

*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.

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MEANS SAFETY - Recommended Priority Area Goals 2022 -

24

1. Clackamas County will reduce firearm 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.
 - a. Ensure people are aware of all safe storage options -- including meds, sharps
 - b. Increase transparency around what it means for safe storage -- being clear when it means a loss of gun ownership rights or loss of weapons
 - c. 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 - - probably." Then list some relevant statistics (e.g. % of attempted or completed that accessed firearms from their homes, etc.).
4. Create relationships buy-in from gun owners, range workers, sales.
 - a. Recruit firearm owners and people who run firearm businesses for representation on the coalition and as trainers
5. Firearm safety and suicide prevention training
 - a. More peer to peer with prevention trainings
 - b. Include warning signs and risk factors in firearm safety training
 - c. Ask firearm safety trainers include suicide prevention info and safe storage options in the training
 - d. Everyone who purchases a gun is safety trained

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HEALTHCARE – Recommended Priority Goal Areas for 2022

– 24

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.
 - a. Increase support groups for suicide prevention across communities in Clackamas make it as common as 12 step
 - b. Are we doing outreach to existing groups like AA/NA to offer trainings? Are we leveraging the huge existing infrastructure of existing support/social groups? Neighborhood Associations? Groups that are specifically created to focus on suicide prevention are essential, but I think there are a lot more opportunities out there (like the kinds that you've done trainings for...) to connect with existing networks instead of trying to recruit people into an entirely new setting/group....
 - c. Ensure healthcare entities have an understanding of the scope and practice of peers and how to access them
 - d. Ensure that all partners are aware of peer supports and how people can access them or how to make a referral.
2. All community members have access to meaningful places and spaces to experience positive connection.
 - a. Change meaningful places to other places to go other than jails and hospitals when people need a safe place during an emotional crisis
 - b. Peer Respite
3. 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.
 - a. Clarify training needs for healthcare sector
 - b. Introduce e-CPR training
 - c. Train pediatricians and gerontologists on warning signs

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- d. Rate of suicide high in medical profession -- are colleagues trained to notice warning signs and is there a protocol for support
 - e. Educating youths on depression and suicidal behavior, as well as active outreach to psychiatric patients after discharge or a suicidal crisis, prevents suicidal behavior.
4. Increase utilization of universal screening for suicide risk using tools such as the Columbia C-SSRS.
- a. Consider other tools in addition to the C-SSRS (i.e., the UCLA Loneliness Screening Tool)
 - b. 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?
 - c. If clinicians are not screening, why, what are the barriers?
 - d. Educate HC staff of importance of screening
5. The number of 45 year old and older men who access behavioral health care will increase
6. 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)

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OVERARCHING PRINCIPLES AND PRACTICES

Equity, Diversity and Inclusion

1. 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)
2. Community members with lived experience have a meaningful voice in Clackamas' suicide prevention, including programming decisions, and links to key leaders.
3. Fold a into 6, utilizing the voice of people with lived experience
4. 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)
5. The trainer pool in Clackamas County for suicide prevention programming will represent the cultural and linguistic diversity of the county.
6. Peer support specialists, peer recovery mentors and traditional health workers will represent the cultural and linguistic diversity of the county.
7. Work closely with CC office of diversity. They are also committed to creating equity in the community, not just in the county offices.

Increase Meaningful Data Collection to Guide Prevention Efforts.

1. Data collection every step of the way
2. Data collection, demographics should follow CLAS standards as much as possible
3. Make sure that the voices of lived experience (across ages and cultures) are at the tables where decisions are made about data collection; metrics often determine/support how dollars are invested

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4. Improving Suicide Prevention Through Evidenced-Based Strategies