2023

Youth Suicide Intervention and Prevention Plan Annual Report

Oregon Health Authority

BEHAVIORAL HEALTH DIVISION

PUBLIC HEALTH DIVISION

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Dear Oregonians:

The Oregon Health Authority has submitted a Youth Suicide Intervention and Prevention Plan (YSIPP) Annual Report to the Legislature since 2015. When I assumed the Behavioral Health director role in February 2023, it was as we worked to finalize this annual report. The team walked me through the findings, contextualizing it in what we'd seen since the report began in 2015. While we've continued to work dedicatedly to prevent death by suicide in the intervening months, you'll find that this report indicates suicide remains an all too persistent and largely preventable public health issue in Oregon.

This report includes updates on the initiatives that the Oregon Health Authority (OHA) and its partners have worked on in 2023. This is the most recent finalized youth suicide data for deaths, attempts and hospitalizations, and evaluation summaries and analysis. In the following pages, you will find evidence of hard work by Oregonians to create safety against suicide. This includes prevention programs that increase young people's feelings of belonging, the ability to learn coping skills, and that strengthen relationships between adults and youth.

You will see that thousands of parents, educators and other youth-serving adults were trained in suicide prevention and feel more equipped to recognize the signs that a young person in their life is thinking about suicide. You will discover that hundreds of trainers have stepped up across our state to make sure there is access to Big River suicide prevention training. In this report, you will read about how communities have thoughtfully and carefully equipped themselves to respond after a suicide death – which saves the lives of others at risk.

You will also read that from 2021 to 2022 the youth suicide rate increased. This is the first time this rate has increased since 2018. The changes marked in this report are concerning and give us a great deal to consider about where the greatest amount of need lies. We know that despite these increases, the overall youth suicide rate in Oregon remains lower than it was in 2018. However, we also know that decreases in the youth suicide rate have been limited to only white, non-Hispanic youth. Our state continues to face high rates of suicide among youth of color and continues to only see decreases for white non-Hispanic youth (more data on pg. 19 of this report).

Our suicide prevention team at OHA, alongside the hundreds of suicide prevention trainers, advocates, community members and champions around the state are working hard. In 2023, we co-launched several culturally specific initiatives to protect Oregonian youth — and we are continuing that work into 2024. Tribal prevention leaders continue to amplify culture as prevention and have hosted train-the-trainers for several of the Big River suicide prevention programs. Black, African, and African American youth-serving adults are hard at work to create and sustain a coalition of young people, lean into culturally specific ways of knowing and being to help communities heal and create spaces for young people to gather. In 2023, OHA infused an additional $500,000 towards increasing the availability of suicide prevention training and trainers who are Latinx or Spanish speaking or both. Oregon's network of suicide prevention leaders is meeting with Dr. Joyce Chu and Dr. Chris Weaver from Community Connections Psychological Associates to culturally infuse our existing training and initiatives using their cultural theory and model for suicide.

Oregon has invested in youth suicide prevention with funding, staff and infrastructure. We have made some progress to create a system of suicide prevention that is better connected and better resourced. Yet, the problem of youth suicide remains. We need to do more, particularly for young people of color.

Currently, the youth prevention plan this report references is funded at about 50 percent of the total needed. The adult suicide prevention plan does not have state funding. The OHA suicide prevention team has outlined recommendations for full implementation of the YSIPP and the launch of the adult plan.

In the work of suicide prevention, we often say that suicide prevention involves everyone — it's everyone's business. So, I will end by asking the same question: "How will you make suicide prevention your business?"

Sincerely,

Ebony Sloan Clarke

Behavioral Health Director

Oregon Health Authority

Executive summary

This is an executive summary of the Youth Suicide Intervention and Prevention Plan (YSIPP) report required by ORS 418.731 as directed in House Bill (HB) 4124 (2014). The report includes information about the progress of implementing the YSIPP as well as updated data on youth suicide in Oregon.

The data in the report shows:

- An increase in age 24 and younger youth suicides in Oregon in 2022. This is the first increase since 2018. Preliminary data show that youth suicide rates will be similar in 2023.
- In 2022, 109 Oregon youths died by suicide, compared to 95 in 2021. Despite this increase between 2021 and 2022, the three-year trend for youth suicide is still trending down from the peak in 2018 when 129 youths died by suicide.
- Suicide remains the second-leading cause of death among people ages 5 to 24.
- There continue to be racial disparities in the data. Specifically, deaths by suicide for youth identified as white have decreased overall since 2018. However, the number of suicides for youth of other races and ethnicities remained similar to 2018 levels or increased.
- The national rate for youth suicide decreased in 2022. The 2022 data show that Oregon had the 12th highest youth suicide rate in the United States.
- Oregon's rate of youth suicide in 2022 was 14.2 per 100,000. In 2018, Oregon's rate was 16.9 per 100,000. This remains above the national average (10.0 per 100,000).
- Preliminary data for 2023* indicate that Oregon will not see an additional increase in youth suicide rates.
- There is more work to do to ensure our progress in past years is not lost, as the risk of youth suicide continues to be a concern in Oregon.

The report details the progress that the Oregon Health Authority (OHA), OHA's contractors, the Oregon Alliance to Prevent Suicide, and youth-serving state agency partners have made on 159 initiatives in 2023. Initiatives went up from 117 in 2021-2022. These initiatives include work in suicide:

- Prevention
- Intervention, and
- Postvention (caring response after a suicide death).

* Data for 2023 will not be official until late spring 2025. This is when the Centers for Disease Control and Prevention (CDC) releases finalized data.

It also includes work led by OHA, the Oregon Alliance to Prevent Suicide, and youth-serving state agencies. In 2023, Oregon added 343 new trainers to Big River suicide prevention programs. The total number of active trainers statewide is 1,681. Eighteen counties in Oregon now have active trainers in all nine Big River programs.

These are the initiative statuses as of December 2022:

- 99 (63 percent) achieved
- 44 (28 percent) in progress
- 9 (6 percent) in the early action stage
- 1 (.5 percent) in the planning stage, and
- 1(.5 percent) not started.

Overall, 91 percent of the initiatives listed as priorities for 2023 were on track for expected progress. To learn more about YSIPP priority initiatives, please visit the OHA Youth Suicide Prevention website. There are 189 youth suicide prevention, intervention and postvention initiatives for 2024.

Oregon Suicide Prevention Framework

The Youth Suicide Intervention and Prevention Plan (YSIPP) (2021-2025) was built by using the Oregon Suicide Prevention Framework blueprint. OHA developed this framework with the University of Oregon Suicide Prevention Lab (UOSPL) under the leadership of Dr. John Seeley. The 2012 National Strategy for Suicide Prevention and the Centers for Disease Control and Prevention (CDC) Technical Package for Suicide Prevention provides the grounding for this plan. The San Diego Suicide Prevention Plan and hundreds of pieces of feedback from collaborators and partners across Oregon also informed the framework. OHA's suicide prevention team plans to align the framework to the newly released 2024 National Strategy for Suicide Prevention.

Framework components:

Strategic pillars, strategic goals, centering values and foundation

These will not change over the five-year lifespan of the plan. They are the starting point for all suicide prevention work in Oregon.

Strategic pathways

These are not likely to change over five years. These are rooted in the centering values and foundation. They represent measurable areas of focus and are more specific to populations or settings. For example, under the goal of "means reduction," one pathway is "All Oregonians experiencing behavioral health problems will have access to safe storage of lethal means."

Strategic priority initiatives

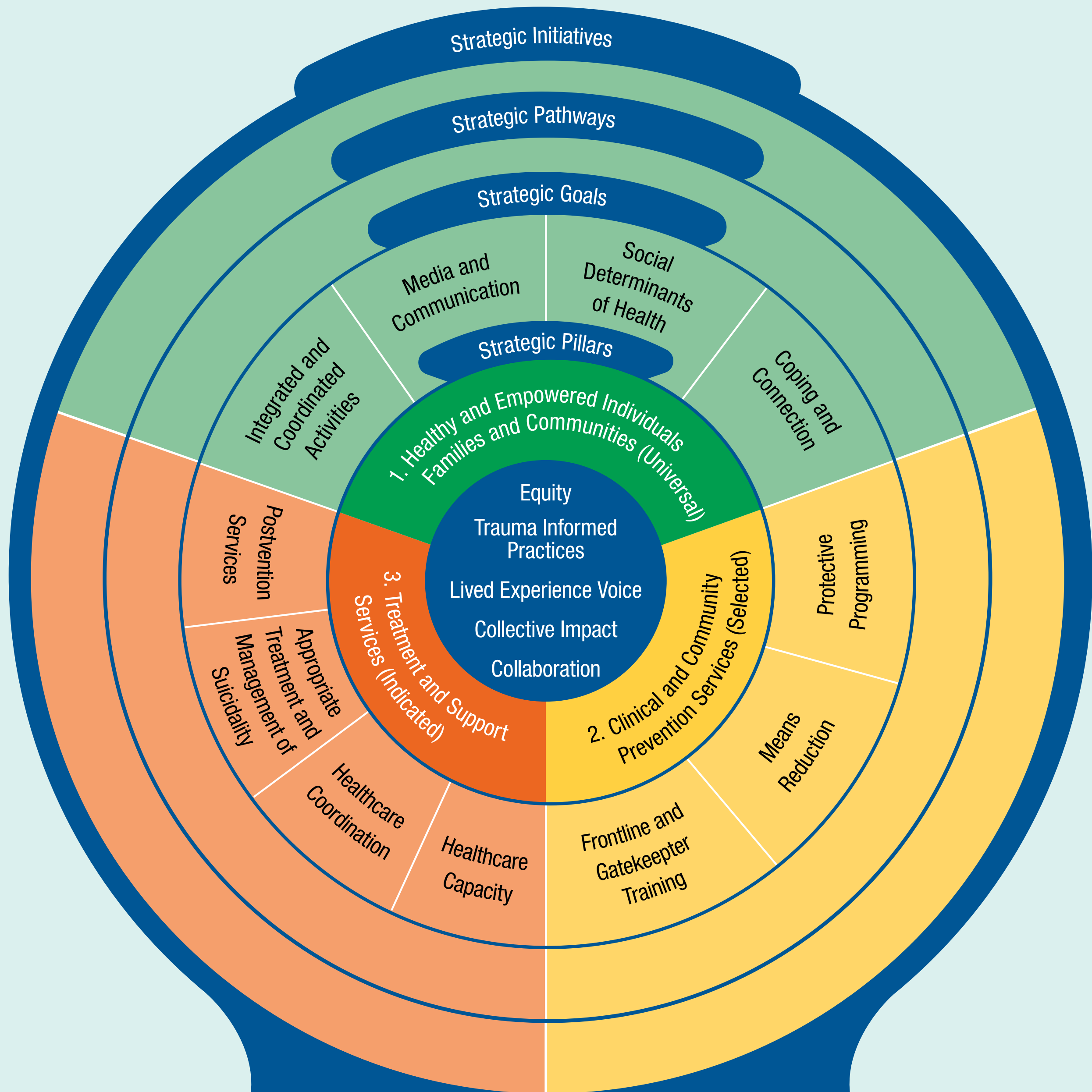
These will be adapted, adjusted and added to annually. They are specific actions designed to support the broader pathways and goals. In 2023, Oregon's youth suicide prevention efforts included 159 priority initiatives. To learn more about YSIPP priority initiatives, please visit the OHA Youth Suicide Prevention website.

The strategic pathways and priority initiatives together comprise the YSIPP 2021-2025. OHA built the five-year YSIPP on the foundation of the strategic goals, strategic pillars, centering values and foundation.

In previous reports, OHA included detailed updates of all initiatives included in the YSIPP. Based on feedback from the Oregon Alliance to Prevent Suicide, this report outlines and summarizes the overall progress. To learn more about YSIPP priority initiatives, please visit the OHA Youth Suicide Prevention website.

Click on this infographic for an interactive version

Oregon Suicide Prevention Framework



Policy • Funding • Data • Evaluation

The Big River programming summary

A large part of the youth suicide prevention work involves statewide programming for suicide:

- Prevention
- Intervention
- Treatment, and
- Postvention (after a suicide loss)

This programming is called the Big River. The suicide prevention team developed an interactive map of Big River Programming options and makes recommendations for school-related staff and non-school settings for training. OHA's suicide prevention team supports the programs listed below with:

- Contracted statewide coordination
- Hosted learning collaboratives, and
- Train-the-trainer support, when applicable.

Before 2019, OHA had limited support for these program options.

In addition to the core Big River training programs, in 2023 OHA offered stand-alone, no-cost training options (Table 1).

Table 1: Additional OHA-sponsored implementation training programs

Training	Details
Suicide Prevention and Intervention for Latine Communities	3-hour online course for any level of provider or youth-serving adult
Suicide Prevention: Responding with Care	3-hour online course for Traditional Health Workers
Counseling on Access to Lethal Means	2-hour online course offered through support from the Substance Abuse and Mental Health Services Administration (SAMHSA)
Addressing Firearm Safety with Patients at Risk of Suicide	A one-hour course for medical providers

The Big River programming added 343 trainers or coaches in suicide prevention, intervention and postvention training programs in 2023. This makes the total number of trainers statewide 1,681.

Table 2: Big River implementation 2023

Program name	Number of active trainers statewide	New trainers added in 2023	Number of counties with trainers	Available in Spanish	Tribal specific adaptations	Youth engagement efforts included
Sources of Strength: Elementary grades K-6	K-6: 269	62	25	Yes	No	Yes
Sources of Strength: Middle, high, and college	114	44	24	Yes	Yes	Yes
Mental Health First Aid	112	48	36	Yes	Yes	Yes
QPR (Question, Persuade, Refer)	891	133	36	Yes	Yes	Yes
ASIST (Applied Suicide Intervention Skills Training)	185	47	28	No	No	No
Youth SAVE (Suicide Assessment in Various Environments)	31	0	19	No	No	Yes
Youth SAVE (Suicide Assessment in Various Environments): Primary Care	4	0	4	No	No	No
Oregon CALM (Counseling on Access to Lethal Means)	10	0	7	No	No	No
Connect: Postvention (Oregon adaptation)	65	9	18	No	Yes	No
Total	**1,681**	**343**	**NA**	**4**	**4**	**5**

One of the centering lenses of the Oregon Suicide Prevention Framework is equity. Identified areas of needed improvement include culturally specific, responsive and appropriate training options for suicide prevention. There is more work to do. However, the Big River programs made significant progress in 2023.

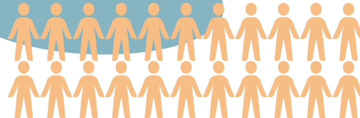
Another key component of youth suicide prevention is centering the voices of lived experience, especially from youth. In 2023, youth voice was sought out, centered, and listened to across youth suicide prevention programming.

2023
Big River Trainers

A brief look at the numbers for
Suicide Prevention programming in Oregon.

New trainers in 2023

343



Local Communities Equipped

Total active trainers statewide

1,681

In addition to training availability/ access in each of Oregon's 36 counties, 18 of them have active trainers in **ALL** Big River programs.

67

Trainers who speak langagues other than English.

22

Trainers who are Tribal or Indigenous trainers.

Equipped Workforce

11,718*

People trained in Big River programs this year.

* This number does not include the thousands trained in QPR by the 891 local trainers.

Working Toward Equity 2023 Highlights

Increased **Spanish** availability

82 Elementary schools received Spanish curriculum in 2023.

+

YMHFA
AMHFA
QPR

+

Traditional Health Worker (THW) training in Spanish

Adaptations available in 2023 included:

1. Young adult (ages 18-24)
2. Tribal specific health
3. Considerations for those with intellectual or developmental disabilities
4. Suicide prevention for students with autism
5. ODHS Child Welfare

Doing the work:

Sources of Strength Equity Intensive

+

White Accountability Learning Community

+

Equity Advisory Committee

Affinity spaces:
(with paid staff support)

BIPOC trainer learning collaborative

BIPOC caucus

Culturally specific work:

New Course

Latine Considerations for Suicide Prevention

+

Black youth suicide prevention coalition

+

Big River Latine and Spanish language initiative

+

Life-sustaining practices fellowship

+

Tribal training for trainers

YMHFA - Youth Mental Health First Aid • **AMHFA** - Adult Mental Health First Aid • **QPR** - Question, Persuade, Refer

Highlights
Youth Voice 2023

Focus groups:
- Alliance to Prevent Suicide
- Question, Persuade, Refer
- Sources of Strength

Peer educator positions:
Sources of Strength

QPR
for teens with youth trainers

Coalition youth members
State, local, population areas

YOUTHLINE
leadership development

Awards for youth-led projects
Sources Showcase

Grants for youth-led projects

Youth suicide prevention funding

The Behavioral Health Division (BHD), Child and Family Behavioral Health (CFBH) unit's budget for suicide prevention in 2023 was about $5 million in general funds. This unit also applied for and gained two awards of $250,000 each for culturally specific suicide prevention efforts. BHD leaders matched these using one-time federal funds.

The Public Health Division (PHD) Injury and Violence Prevention Program (IVPP) manages several federal grants contributing to YSIPP efforts. These are delivered through the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Centers for Disease Control and Prevention (CDC). IVPP staff who carry out the YSIPP initiatives outlined in these grants sit on the OHA suicide prevention team. They coordinate across state and federal funding streams to meet grant and YSIPP goals. These grants include the following:

SAMHSA Garrett Lee Smith Memorial Act (GLSMA) (Oregon GLS): This grant funding expires in June 2024. OHA intends to apply for the new round of GLSMA funds for September 2024 through September 2029. Oregon received $736,000 a year through this grant mechanism. Currently, this funding supports suicide prevention capacity grants in select Oregon counties and through the Oregon Department of Human Services (ODHS). It also supports community and clinical training to reduce suicides of youth 10-24 years old.

SAMHSA Zero Suicide in Health Systems Grant: OHA receives this funding stream for September 2020 through August 2025. Oregon gets $700,000 a year through this grant mechanism. This grant supports OHA working with Oregon health systems to provide safer specific suicide care for adults ages 25 and older using a nationally recognized model, Zero Suicide. This grant allowed IVPP to hire a dedicated Zero Suicide in Health Systems coordinator to develop a Zero Suicide program. The grant focuses on reducing suicide risk for adults 25 and older. Yet, the position also supports existing Oregon Zero Suicide work in health systems that focus on youth populations. It also expands learning and training opportunities for all health systems using Zero Suicide, including youth-focused initiatives. The Zero Suicide in Health Systems coordinator sits on the Alliance's Transitions of Care Committee to ensure coordination across programs.

Grant accomplishments include:

- Hosting a virtual Zero Suicide Summit for Oregon health systems featuring local and national presentations on practical applications of Zero Suicide and suicide safer care strategies.
- Providing five mini-grants totaling $139,737 to health systems implementing Zero Suicide and safer suicide care initiatives.

- Continued support for Community Counseling Solutions serving Gilliam, Grant, Morrow, Umatilla and Wheeler counties to advance their Zero Suicide Initiative.
- Providing a Zero Suicide plenary session and breakout session at the 2023 Oregon Suicide Prevention Conference.

CDC Firearm Injury Surveillance Through Emergency Rooms (FASTER): OHA received these funds for September 2020 through August 2023. It provided $225,000 in year one and $180,000 in year two. This grant provides funding for OHA PHD to partner with the Oregon Health & Science University-Portland State University School of Public Health (OHSU-PSU SPH) to demonstrate the feasibility of monitoring and gathering data on nonfatal firearm injuries. This includes suicide attempts and self-harm. Data on firearm injury in Oregon would allow the state to design ways to reduce injury and inform prevention efforts. Grant outcomes included:

- Developing the Oregon FASTER Project Data Dashboard. It provides a near real-time source of firearm injury data collected from emergency departments throughout Oregon. The dashboard was developed based on rigorous data validating and improving the quality of firearm injury data for state and community partner use.
- Convening a meeting with partners and journalists who report on firearm injury and violence in Oregon to:
  - » Share the dashboard and understand reporters' data needs and perspectives on how to make the FASTER data and dashboard easy to access, use and interpret.
  - » Release the Oregon FASTER Project Data Report, based on community partner feedback. This includes firearm injury emergency department data and information on prevention strategies.

CDC Advancing Violence Epidemiology in Real-Time (AVERT): OHA received this new funding stream for September 2023 through August 2028. It continues work established through the FASTER grant that:

- Increases the quality and timeliness of surveillance data on emergency department visits for firearm injuries.
- Adds new work focused on data related to other violence-related injuries and mental health conditions. The 2024 YSIPP Annual Report will include an update of grant activities.

CDC Comprehensive Suicide Prevention: OHA was one of six awardees in the second round of funding. The grant funds are for September 2022 through August 2027. It provides $855,000 a year. Led by the OHA PHD in partnership with the BHD, the grant provides funds to implement and evaluate a comprehensive public health approach to suicide prevention in Oregon. The aim is to reduce suicide attempts and deaths in rural areas and adults aged 55 and older by 10%. There is a focus on culturally responsive interventions to reduce the higher burden of suicide in firearm owners and service members, veterans and their families (SMVF). Additional grant activities include creating

awareness of the connection between suicide and alcohol use. The Adult Suicide Prevention coordinator actively coordinates grant work in the OHA Adult Suicide Intervention and Prevention Plan. The grant focuses on adults. However, grant activities contribute to creating protection for youth through well-informed adults and communities. Grant accomplishments include:

- Established a grant project advisory committee that meets regularly.
- Initial development of an alcohol outlet density map that will layer with suicide-related data.
- Provided culturally adapted suicide prevention community helper training to firearm owners, assisted living community members and their caregivers.
- Held 12 Oregon Counseling on Access to Lethal Means (OCALM) trainings and train-the-trainer events to increase the OCALM trainer pool.
- Provided mini-grants for a total of $84,000 to increase social connections for older adult Oregonians living in rural and remote communities.

YSIPP 2023 initiatives progress report

This section describes the progress and status of each of the YSIPP 2023 priority initiatives at the time of this report. A full and in-depth description of the progress of each of the 159 initiatives from 2023 and YSIPP priority initiatives for 2024 from the OHA suicide prevention team and the Oregon Alliance to Prevent Suicide can be found on the Youth Suicide Prevention website.

Status updates:

- **Planning or not started:** This is in the planning or preparatory stages. No action steps have been taken.
- **Early action:** One or two steps have been taken.
- **In progress:** Significant progress has been made. However, the initiative is not fully completed.
- **Achieved:** This has been fully completed or there is sustained ongoing work.

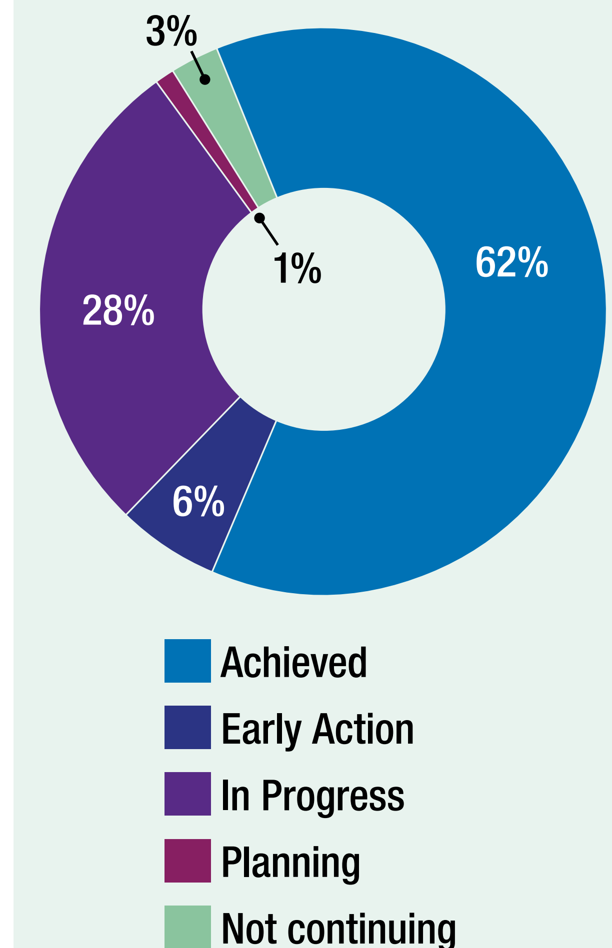
Progress summary

2023 YSIPP:

- 99 have been achieved
- 9 have received early action
- 44 are on track and in progress
- 2 are in planning
- 4 of the named initiatives for 2023 are not continuing into 2024.

There are 189 initiatives being implemented in 2024.

Figure 1: YSIPP 2023 status of all initiatives (159 count)



Data section

Finalized suicide death data for 2022 became available to OHA from the CDC in May 2024. This report contains program updates for 2023 and finalized data from 2022. Suicide numbers, rates and rankings by county or state vary by year. Tracking trends across time is the most effective way to study the data. Oregon youth suicide deaths and rates increased significantly between 2011 and 2018. Youth suicide deaths increased for the first time since 2018. In 2022, there were 109 deaths when compared with 95 deaths in 2021. Despite the increase in 2022 (109), there were 16% fewer deaths than 2018 (129). Oregon's suicide rate was 12th in the nation in 2022 (Table 3).

Table 3. Oregon suicide deaths and rates among those age 10 to 24 compared to the national rate

Year	Number of youth suicides	Suicide death rate (per 100,000)	Rank among 50 states (50 is lowest rate)
2014	97	12.9	12
2015	90	12	16
2016	98	13	15
2017	107	14.1	17
2018	129	16.9	11
2019	116*	15.3	11
2020	101†	13.3	18
2021	95	12.4	22
2022	109	14.2	12

** In addition to these deaths among youths in Oregon age 10–24, there were two suicide deaths among children younger than 10 in 2019.*

† In addition to these deaths among youth in Oregon age 10–24, there was one suicide death among children younger than 10 in 2020.

Sources: WONDER and Oregon Public Health Assessment Tool

Note: Due to significant delays in WISQARS data finalization in starting with 2021 finalized data, this report is using CDC Wide-ranging Online Data for Epidemiologic Research (WONDER) 2022 data. Data from previous years has been updated using WONDER data to allow for year-to-year comparison. WISQARS and WONDER data systems use the same data source. Yet, data definitions and data processing protocols vary between the two systems. This can lead to slight variations in suicide rates. These variations can influence state rankings. Therefore, previous YSIPP Annual Reports using WISQARS data should not be compared to this report

The following data analysis addresses Oregon Revised Statute 418.731.
Data presented are for Oregon residents ages 5-24 who:

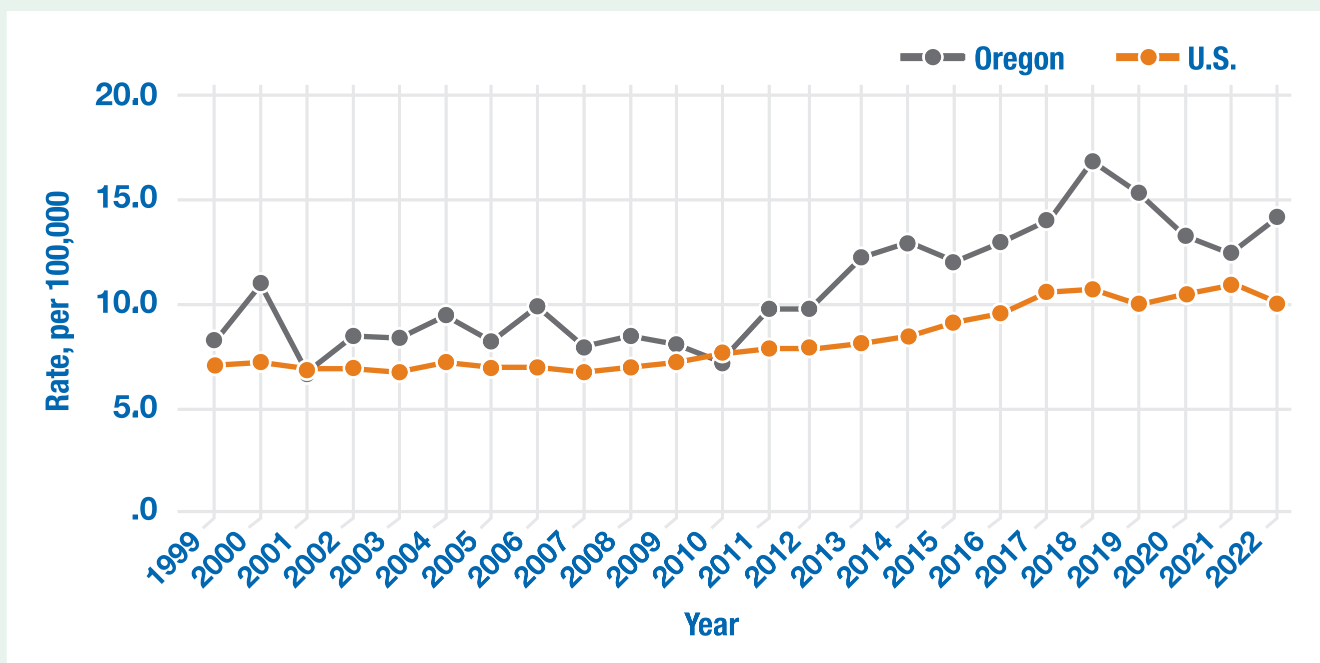
- Died by suicide
- Were hospitalized due to self-inflicted injury, or
- Had suicidal ideation and behaviors or both

Suicide was the second leading cause of death among youth younger than 25 in Oregon in 2021 (CDC WONDER, 2024).

Oregon suicide deaths and rates among youth younger than 25 increased significantly between 2011 and 2018. Oregon saw a decrease in youth suicide rates in 2019-2021. Youth suicide deaths increased for the first time since 2018. In 2022, there were 109 compared to 2021 when there were 95. Despite the increase in 2022, it was 16% less in 2022 than in 2018 when there were 127. Oregon youth suicide rates continue to be higher than the United States average. The rates have stayed that way over the past decade.

- Male youth were more than three times more likely to die by suicide than female youth (Figure 3).
- Among youth, suicide rates increased with age (Figure 3).
- From 2017 to 2021, the Oregon Violent Death Reporting System (ORVDRS) identified 21 suicides among transgender youth. Another nine suicides were identified among youth who identified as lesbian, gay, bisexual or who had a sexual orientation other than straight or heterosexual. These deaths accounted for 5 percent of Oregon youth suicides between 2017 and 2021. This is likely an undercount of LGBTQIA2S+ youth who died by suicide due to existing data collection methods. Oregon House Bill 3159 was passed in 2021. It requires OHA to build data collection systems to collect sexual orientation and gender identity (SOGI). Learn more about these efforts on the OHA website here.

Figure 2. Suicide rates among youth aged 10 to 24 years by year, Oregon vs. the United States, 1999-2022



Source: CDC WONDER and OPHAT

Note: This does not include deaths under age 10. There was 1 death in 2007, 2 deaths of children 2019 and 1 death in 2020 of children under age 10.

Table 4. Comparison of suicide death rates per 100,000 among youth age 24 and under in Oregon and the United States, 2003–2022*

Year	Oregon	United States
2003	8.4	6.7
2004	9.4	7.3
2005	8.3	7
2006	9.9	6.9
2007	7.9	6.8
2008	8.5	7
2009	8.1	7.2
2010	7.2	7.6
2011	9.8	7.9
2012	9.8	8
2013	12.3	8.1
2014	12.9	8.5
2015	12	9.2
2016	13	9.6
2017	14.1	10.6
2018	16.9	10.7
2019	15.3	10.2
2020	13.3	10.5
2021	12.4	11
2022	14.2	10

**Rates are deaths per 100,000*

Sources: CDC WONDER and OPHAT

Note: This does not include deaths under age 10. There was 1 death in 2007, 2 deaths in 2019 and 1 death in 2020 of children under age 10.

Figure 3. Age-specific rate of suicide by sex, Oregon, 2018-2022

	5–9	10–14	15–17	18–19	20–24	25–92	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69	70–74	75–79	80–84	>=85
All	0.3	3.2	10.7	20.3	24.3	23.8	26.0	21.9	21.8	26.2	29.3	26.5	24.2	24.4	23.6	28.2	27.7	38.8
Male	0.3	3.6	15.3	31.5	40.3	37.4	39.3	33.6	31.5	39.0	43.8	36.2	37.8	38.4	37.4	49.8	52.7	93.7
Female	0.2	2.8	5.8	8.6	7.6	9.0	12.1	9.8	11.7	12.8	14.3	17.1	11.5	11.7	11.1	9.4	7.8	6.5

Common circumstances for suicide

Table 5 highlights common circumstances surrounding suicide deaths for youth age 5-24. This information can inform prevention and intervention activities. Some of these circumstances vary by age subcategories. Between 2017–2021, the most common circumstances in Oregon for youth age 5-24 include:

- Mental health concerns or current depressed mood
- History of suicidal ideation and attempt
- Family stressors
- School problems, and
- A crisis in the past two weeks.

Table 5. Circumstances surrounding suicide incidents, by age group and sex, Oregon, 2017-2021

	Aged 5-17			Aged 18-24		
Circumstance	All sexes (n=136)	Males (n=91)	Females (n=45)	All sexes (n=440)	Males (n=368)	Females (n=72)
Diagnosed mental disorder, % of total suicides	49.3	41.8	64.4	43.9	38.9	69.4
Alcohol problem, % of total suicides	4.4	2.2	8.9	13.9	15.2	6.9
Non-alcohol substance use problem, % of total suicides	8.8	5.5	15.6	20.5	20.4	20.8
Current depressed mood, % of total suicides	24.3	26.4	20.0	31.4	30.2	37.5
Current treatment for mental health or substance use problem, % of total suicides	33.1	26.4	46.7	20.7	17.4	37.5
Recently disclosed intent to die by suicide, % of total suicides	15.4	14.3	17.8	20.9	20.1	25.0
History of suicide attempt, % of total suicides	20.6	15.4	31.1	24.5	19.6	50.0
Left a suicide note, % of total suicides	37.5	38.5	35.6	33.2	30.4	47.2
History of expressed suicidal thought or plan, % of total suicides	40.4	36.3	48.9	41.4	38.9	54.2
Intimate partner problem, % of total suicides	16.2	18.7	11.1	25.2	23.9	31.9
Family stressor or stressors, % of total suicides	23.5	20.9	28.9	7.7	7.9	6.9
Recent criminal or non-criminal legal problem, % of total suicides	3.7	4.4	2.2	5.9	6.8	1.4
Financial or job problem, % of total suicides	0.7	1.1	0.0	6.1	7.1	1.4
Physical health problem, % of total suicides	2.2	1.1	4.4	1.4	1.1	2.8
Death of family member or friend within past five years, % of total suicides	2.9	2.2	4.4	4.1	4.9	0.0
Suicide of family member or friend within past five years, % of total suicides	2.2	3.3	0.0	2.5	2.2	4.2
School problem, % of total suicides	19.1	22.0	13.3	2.3	2.4	1.4
Experienced a crisis within two weeks, % of total suicides	16.9	18.7	13.3	16.4	14.9	23.6
Crisis related to problem with intimate partner, % of total suicides	6.6	6.6	6.7	9.1	7.3	18.1
Crisis related to physical health problems, % of total suicides	0.0	0.0	0.0	0.0	0.0	0.0
Crisis related to recent criminal or civil legal problem, % of total suicides	0.7	1.1	0.0	1.8	2.2	0.0
Crisis related to family stressor or stressors, % of total suicides	4.4	5.5	2.2	2.5	2.4	2.8
Crisis related to financial or job problem, % of total suicides	0.0	0.0	0.0	0.5	0.5	0.0
Crisis related to eviction, % of total suicides	0.0	0.0	0.0	0.9	0.8	1.4
Suspected alcohol use prior to incident	8.8	12.1	2.2	21.8	22.6	18.1

Sources: ORVDRS

2022

Final data reported 109 suicides among Oregon youth younger than age 25. There were none among youth younger than age 10. Detailed characteristics and location are not available for six youth who were out of the state at the time of their death by suicide. As described in Table 6, most suicides occurred among:

- Males (82 percent)
- White Non-Hispanic persons (62 percent), and
- Persons age 18 to 24 (78 percent).

Twenty-four deaths were among middle school and high school students (Table 6). In 2022, the most often observed mechanisms of injury in suicide deaths among youth included:

- Firearms (52 percent)
- Suffocation or hanging (26 percent), and
- Poisoning (11 percent).

Table 6. The characteristics of youth suicides, Oregon 2022

		Deaths*	% of total
Age	5–17	23	22%
	18–24	80	78%
Sex	Male	84	82%
	Female	19	18%
Race or ethnicity§	White NH	64	62%
	African American NH (Non-Hispanic}	5	5%
	American Indian or Alaska Native NH	3	3%
	Asian NH	6	6%
	Pacific Islander NH	2	2%
	More than one race NH ‡	3	3%
	Other or unknown	3	3%
	Hispanic†	17	17%
Student status	Middle school	4	4%
	High school	20	19%
Mechanism of death	Firearm	54	52%
	Hanging or suffocation	27	26%
	Poisoning	11	11%
	Other	4	4%

** Six out-of-state deaths are not included because their death certificate information is not accessible.*

† Includes any race.

‡ Deaths are not counted in other race categories.

§ Please note that a new methodology to calculate 2022 deaths by race or ethnicity was used in 2022 to provide more detailed information. Therefore, 2022 data is not comparable to data in previous YSIPP reports. Refer to Table 7 to compare race/ethnicity data to previous years.

Sources: Oregon Violent Death Reporting System

Note: According to the CDC's WONDER, there were 109 suicides aged 10 to 24 in 2022.

There are racial disparities in the data. Specifically, deaths by suicide for youth identified as non-Hispanic white have decreased. However, deaths of youth of other races and Hispanic ethnicity have remained similar to 2018 level or have increased (Table 7).

Table 7. Numbers and percentages of suicides among youth aged under 25 years by year and race or ethnicity, Oregon 2015-2022

	2015		2016		2017		2018		2019		2020		2021		2022	
Race or ethnicity	**Death**	**% of total deaths**	**Death**	**% of total deaths**	**Death**	**% of total deaths**	**Death**	**% of total deaths**	**Death**	**% of total deaths**	**Death**	**% of total deaths**	**Death**	**% of total deaths**	**Death**	**% of total deaths**
American Indian or Alaska Native NH	3	3.5	1	1.0	3	3.0	3	2.5	2	1.5	2	2.0	2	2.0	3	3.0
Asian NH	4	4.5	3	3.0	4	3.5	4	3.0	1	1.0	3	3.0	3	3.0	7	6.5
Black NH	5	5.5	2	2.0	3	3.0	5	4.0	3	2.5	1	1.0	7	7.5	5	4.5
Hispanic*	8	9.0	16	16.5	10	9.5	19	14.5	19	16.0	13	12.5	16	17.0	17	16.0
Pacific Islander NH	1	1.0	1	1.0	1	1.0	0	0.0	0	0.0	1	1.0	0	0.0	2	2.0
Two or more races NH†	4	4.5	4	4.0	6	5.5	1	1.0	2	1.5	4	4.0	6	6.5	4	3.5
White NH	64	72.0	71	72.5	80	75.0	96	74.5	91	77.0	78	76.5	61	64.0	69	64.5
Total	**89**	**NA**	**98**	**NA**	**107**	**NA**	**129**	**NA**	**118**	**NA**	**102**	**NA**	**95**	**NA**	**107**	**NA**

** Includes any race.*

† Deaths are not counted in other race categories.

Source: OPHAT

The mechanism used in suicide deaths among youth varies by binary gender (male or female). Table 7 shows the mechanism of injury among suicide deaths by age group and sex in Oregon between 2017 and 2021. Among 10 to 17-year-olds, males died overwhelmingly by firearm (48.4 percent) or suffocation (42.9 percent). Among females age 10 to 17 years old, 62.2 percent died by hanging or suffocation followed by firearm suicide (17.8 percent). Among males 18-24, firearm suicide is the leading cause of death (61.1 percent) followed by hanging or suffocation (23.6 percent). Nearly half of females age 18-24 died by hanging or suffocation (43.1 percent) followed by poisoning (26.4 percent) and firearm (18.1 percent).

Table 8. Mechanism of injury among suicide deaths, by age group and sex, Oregon, 2017-2021

Age group	Mechanism of injury	Males	% Males	Females	% Females	All sexes*	% All
10–17 years	Firearm	44	48.4	8	17.8	52	38.2
	Other or unknown	0	0.0	0	0.0	0	0.0
	Sharp instrument	0	0.0	0	0.0	0	0.0
	Poisoning	1	1.1	6	13.3	7	5.1
	Hanging or suffocation	39	42.9	28	62.2	67	49.3
	Fall	2	2.2	0	0.0	2	1.5
	Drowning	0	0.0	0	0.0	0	0.0
	Fire or burn	0	0.0	0	0.0	0	0.0
	Motor vehicle or train	5	5.5	3	6.7	8	5.9
	Total	91	NA	45	NA	136	NA
18–24 years	Firearm	225	61.1	13	18.1	238	54.1
	Other or unknown	1	0.3	0	0.0	1	0.2
	Sharp instrument	6	1.6	2	2.8	8	1.8
	Poisoning	18	4.9	19	26.4	37	8.4
	Hanging or suffocation	87	23.6	31	43.1	118	26.8
	Fall	16	4.3	3	4.2	19	4.3
	Drowning	5	1.4	1	1.4	6	1.4
	Fire or burn	0	0.0	0	0.0	0	0.0
	Motor vehicle or train	10	2.7	3	4.2	13	3.0
	Total	368	NA	72	NA	440	NA

** Includes unknown sex.*

Source: ORVDRS

Suicide data by county

In 2022, there were a total of 4,229 youth younger than 25, compared to 4,536 in 2021, admitted to the emergency department or hospital related to a suicide attempt, suicide ideation or self-harm (Table 9). Females were far more likely to be hospitalized for suicide attempts, suicide ideation or self-harm than males. COVID-19 had a significant effect on emergency department and hospital admissions. There was a significant overall drop in both non-COVID-19 emergency department and hospitalization visits in 2020 and 2021. Consider any trending data with caution as these are still lower numbers compared to 2018 and 2019.

Table 9. Emergency department and hospitalization admission numbers for suicide attempt, suicide ideation or self-harm among youth younger than 25 by county, Oregon, 2022.*

County	Count	% of total
Baker	14	0.3
Benton	84	2.0
Clackamas	367	8.7
Clatsop	34	0.8
Columbia	54	1.3
Coos	39	0.9
Crook	31	0.7
Curry	19	0.4
Deschutes	164	3.9
Douglas	105	2.5
Gilliam	0	0.0
Grant	–	
Harney	–	
Hood River	21	0.5
Jackson	179	4.2
Jefferson	30	0.7
Josephine	61	1.4
Klamath	94	2.2
Lake	–	
Lane	462	10.9
Lincoln	39	0.9
Linn	176	4.2
Malheur	21	0.5
Marion	450	10.6
Morrow	14	0.3
Multnomah	756	17.9
Polk	122	2.9
Sherman	0	0.0
Tillamook	40	0.9
Umatilla	78	1.8
Union	36	0.9
Wallowa	–	
Wasco	18	0.4
Washington	545	12.9
Wheeler	0	0.0
Yamhill	155	3.7
Total	**4229**	**NA**

* *Oregon Hospital Discharge Index. Note: a new methodology to calculate 2018 youth self-harm hospitalizations was implemented based on CSTE (Council of State and Territorial Epidemiologists) guidelines. Therefore, 2018-2022 data is not comparable to previous years. Counts less than 10 and not 0 are not reported due to low counts.*

Table 10. Numbers of suicides among youth aged 5 to 24 years by county, Oregon, 2022.

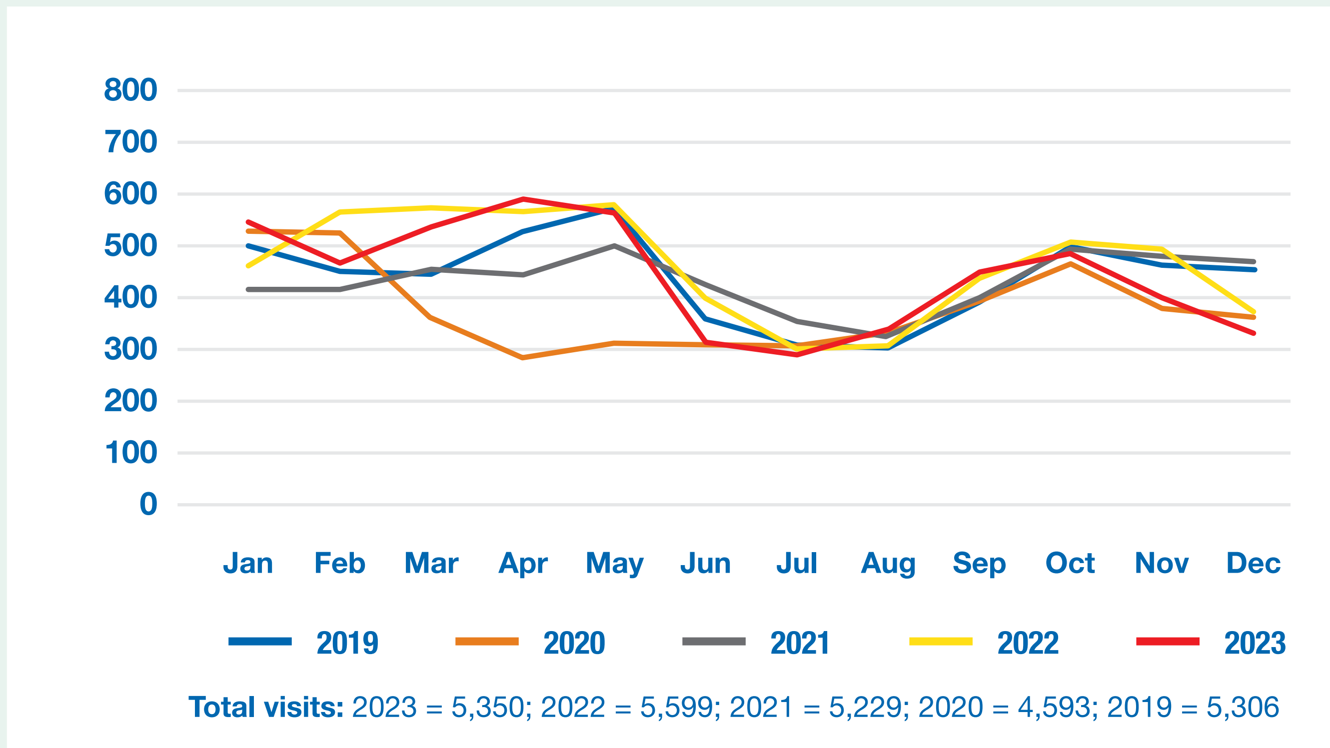
County	Deaths*		Youth (5-24) Population
	Count	% of total	% of total
Baker	2	1.9	0.4
Benton	1	1.0	3.4
Clackamas	9	8.7	9.8
Clatsop	2	1.9	0.9
Columbia	1	1.0	1.2
Coos	1	1.0	1.3
Crook	2	1.9	0.6
Curry	0	0.0	0.4
Deschutes	6	5.8	4.3
Douglas	3	2.9	2.4
Gilliam	0	0.0	0.0
Grant	1	1.0	0.1
Harney	1	1.0	0.2
Hood River	0	0.0	0.6
Jackson	4	3.9	5.1
Jefferson	0	0.0	0.6
Josephine	6	5.8	1.8
Klamath	1	1.0	1.7
Lake	1	1.0	0.2
Lane	11	10.7	9.9
Lincoln	0	0.0	0.9
Linn	6	5.8	3.1
Malheur	0	0.0	0.9
Marion	9	8.7	9.4
Morrow	1	1.0	0.4
Multnomah	15	14.6	16.6
Polk	2	1.9	2.5
Sherman	0	0.0	0.0
Tillamook	1	1.0	0.5
Umatilla	4	3.9	2.2
Union	1	1.0	0.7
Wallowa	0	0.0	0.2
Wasco	0	0.0	0.6
Washington	9	8.7	14.6
Wheeler	0	0.0	0.0
Yamhill	3	2.9	2.8
State	**103**	**NA**	**NA**

* *Six out-of-state deaths are not included because their death certificate information is not accessible.*

Source: Oregon Violent Death Reporting System (death data) and OPHAT (population data)

Suicide-related visits to emergency departments (EDs) and urgent care centers (UCCs) for youth younger than age 18 in 2023 are similar to previous years (Figure 4).

Figure 4. Suicide-related visits to emergency departments and urgent care centers, under age 18, Oregon

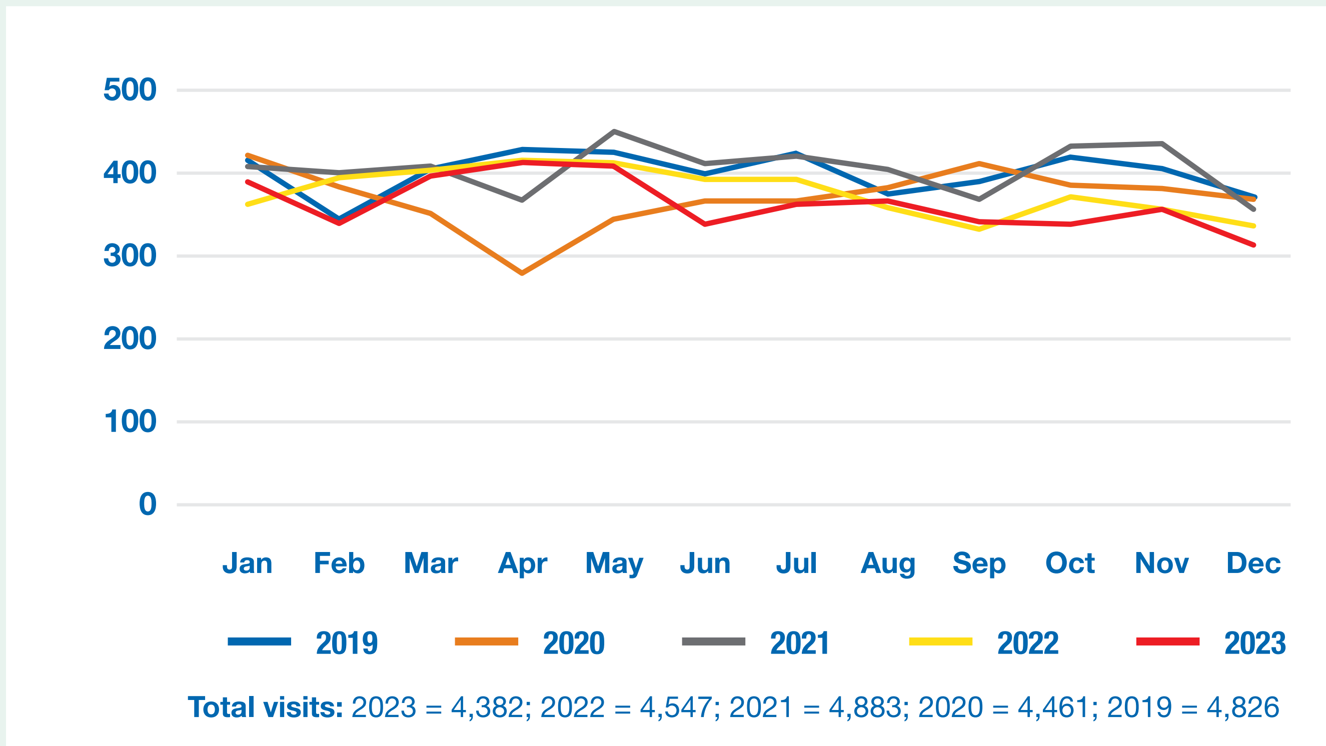


Total visits: 2023 = 5,350; 2022 = 5,599; 2021 = 5,229; 2020 = 4,593; 2019 = 5,306

Note: ESSENCE (Electronic Surveillance System for the Early Notification of Community-Based Epidemics) syndromic surveillance suicide-related data, including visits for self-harm, suicide ideation and suicide attempt, from all nonfederal hospital emergency departments and select urgent care centers across Oregon.

The number of suicide-related visits to EDs and UCCs for youths ages 18 to 24 in 2023 is slightly lower than in previous years (Figure 5).

Figure 5. Suicide-related visits to emergency departments and urgent care centers, ages 18-24, Oregon



Note: ESSENCE syndromic surveillance suicide-related data, including visits for self-harm, suicide ideation and suicide attempt, from all nonfederal hospital emergency departments and select urgent care centers across Oregon.

Suicide-related measures from the 2022 Student Health Survey

Oregon's Student Health Survey (SHS) is a collaborative effort between the Oregon Health Authority (OHA) and the Oregon Department of Education (ODE). The survey is a comprehensive, school-based, anonymous and voluntary health survey for sixth, eighth and 11th graders.

The 2022 SHS replaces OHA's two previous youth surveys:

- The Oregon Healthy Teens Survey (OHT), and
- The Oregon Student Wellness Survey (SWS).

Combining the two youth surveys is part of OHA's ongoing efforts to make Oregon's public health system more efficient. This reduced the time and resources asked of schools and students. SHS data is not directly comparable to prior OHT and SWS results due to differences such as:

- Methodology
- Grades surveyed

- Learning environment
- Data collection period, and
- Recruitment.

For more information, view the full 2022 SHS State Profile and County Profile Reports on the OHA SHS webpage.

The Student Health Survey asked several questions related to youth suicide and mental health described below. Note, each grade was not asked all SHS questions. If a grade level is not included below (sixth, eighth or 11th), then that grade level was not asked the question.

- Percentage of youth that seriously considered attempting suicide:
  - » 7.2 percent of sixth graders
  - » 11.6 percent of eighth graders
  - » 14.6 percent of 11th graders
- Percentage of youth that attempted suicide one or more times:
  - » 4.3 percent of sixth graders
  - » 5.6 percent of eighth graders
  - » 6.6 percent of 11th graders

Suicide attempts involving a firearm are more likely to result in injury or death than other mechanisms such as suffocation (hanging) or poisoning. Since firearms account for a high percentage of youth suicide deaths, easy access to firearms may increase the risk of suicide attempts and death. Although more than 65% of eighth (69%) and 11th (66%) graders say they could not get access to a gun[†], approximately 11%, responded that they could get access to a gun and be ready to fire it in less than 24 hours. An additional 16% responded they could get access to a gun and be ready to fire it in less than 10 minutes.

Limitations of data used for suicide surveillance

Refer to the OHA Injury and Violence Prevention Program Data Glossary for more information on datasets used in this report. Suicide is one of the leading causes of death for the general population in Oregon. It is the second leading cause of death among people in Oregon age 10 to 24. Suicide prevention is one of OHA's top priority issues. Suicide is a complex behavior and is associated with many factors. These include:

- Mental health

† 2022 Student Health Survey: How long would it take you to get and be ready to fire a gun? The gun could be yours or someone else's. 69% of eighth graders and 65% of eleventh graders responded: "I could not get a gun"; "I am not sure"; "I don't know what this question is asking"; or "I prefer not to answer".

- Substance use
- Physical health
- Relationships
- Life events
- Isolation
- Social connectivity
- Other environmental and societal conditions
- Adverse childhood experiences, and
- Lack of access to mental and behavioral health services.

Oregon uses various existing administrative data sets, surveys and active surveillance efforts. The purpose is to monitor and track suicide and some risk and protective factors that lead to or prevent suicide. These sources include data elements of interest to policymakers. However, these data sources may fall short in other areas of interest. Standard administrative data used to track outcomes, such as death certificates, hospitalizations or ED visits, do not usually collect:

- Data on risk and protective factors for suicide, for example, depression
- Past medical and behavioral histories, for example, treatment episodes
- Other data elements that can tie personal risk and protective factors to suicidal behaviors, or
- Outcomes among persons, for example, the number of previous suicide attempts among persons who died by suicide.

The following data are not available for each youth who died by suicide:

- School attended
- Previous admissions or treatment for depression or suicidality
- Primary spoken language
- Disability status
- Foster care status
- Depression-related intervention services in the past 12 months, and
- Previous attempts, emergency department visits or hospitalizations in the last 12 months.

Gathering missing data would require more resources, position authority and planning. It would involve many steps. These include:

- Linking several large administrative data sets
- In-person case interviews

- Requiring law enforcement agencies and health care providers to release each person's information
- Personnel for data entry and database management, and
- Requiring hospitals to report more types of data and specific reporting criteria.

Considerations for administrative public health data sets to track suicide, self-harm and suicide ideations

Emergency department and hospitalization administrative data sets typically capture population data for all admissions. However, tracking public health trends is not their primary function. For example, administrative data sets do not capture all deaths or suicide attempts within Oregon. Many may never be admitted to the emergency department or hospital before death. Still, they do capture all diagnosed self-harm, suicide ideation and suicide attempt admissions. The data are limited on factors that may have led the person to suicide, such as untreated depression or life stressors. It depends on the datasets used. However, support varies to track suicide trends and potential factors that contribute.

Oregon uses many datasets, not limited to those described below, to track outcomes such as deaths, hospital admissions, emergency department admissions, and some urgent care center visits. These data sources include:

- Death certificates collected by the Center for Health Statistics (CHS) at the Oregon Health Authority Public Health Division (PHD).
- Hospitalization discharge data (HDD) and emergency departments (ED) for 2018 on from the Oregon Association of Hospitals and Health Systems (OAHHS), and Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) data for EDs and urgent care centers across Oregon.

Specific considerations for survey data

Survey data can capture information on factors associated with suicide, such as depression. However, survey data are based on population samples. Data does not link risk and protective factors for suicide to specific persons. Survey data come, in part, from the following:

- The Behavioral Risk Factor Surveillance System (BRFSS)
- The Student Health Survey (SHS)
- The National Survey on Drug Use and Health (NSDUH), and
- The American Community Survey (ACS).

These surveys are both state and nationally administered. Surveys sometimes include questions about suicidality or mental health issues. However, surveys often depend

on funding from separate programs (for example, BRFSS and SHS) to continue data collection for specific questions year to year. Recent response rates to telephone surveys have been low, sometimes less than 50 percent. Low response rates affect how well the data reflects the general population. Therefore, it limits the findings from such data sources.

Some active surveillance data sources and systems link outcomes to a person's risk. The Oregon Violent Death Reporting System collects active surveillance data from multiple sources to provide a fuller picture, such as:

- Detailed demographics
- Mechanism of death, and
- Circumstances surrounding suicide incidents.

Specific considerations for active public health tracking efforts

The Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) provides real-time data from all non-federal hospital emergency departments (ED) and select urgent care centers (UCC) across Oregon. These data allow public health agencies and hospitals to monitor what is happening in EDs across Oregon before, during and after a public health emergency. The International Society for Disease Surveillance's Syndrome Definition Committee with input from the CDC Division of Violence Prevention created the suicide-related query used to provide data for this report. It includes ED and UCC visits for self-harm, suicide ideation and suicide attempt. Important limitations of these data include the following:

- They do not distinguish suicide attempts from other forms of self-harm
- Data from ED and UCC visits fluctuate as they get and update information
- Not everyone in Oregon has access to an ED or UCC, and
- People with suicidal ideations may forgo medical assistance.

Specific considerations for death certificate data

The Center for Health Statistics (CHS) at the OHA Public Health Division collects death certificate data. The data have been traditionally used for public health surveillance. The data provide:

- Detailed demographics
- General mechanism of injury
- Health outcome, and
- Geographical information.

However, the data:

- Do not tell the story behind deaths, such as why the people die by suicide, and
- Do not include factors that may have led persons to suicide, such as untreated depression or life stressors.

Specific considerations for Oregon Violent Death Reporting System (ORVDRS) data

ORVDRS data link deaths to medical examiner reports and law enforcement reports for individual risk. ORVDRS data provide a more complete picture. This includes:

- Detailed demographics
- Mechanism of death
- Circumstances surrounding suicide incidents, and
- Associated suicide risk factors.

However, the lack of standard questionnaires and investigations on deaths in Oregon means data collection and reporting are not always consistent. ORVDRS data does not always include certain data elements, for example, LGBTQIA2S+ status among people who died by suicide. The data rely on witnesses and contacts of a person who died by suicide. So, the incident information is not always complete. Therefore, ORVDRS data may underestimate some given circumstances or risk factors.

Appendix I: 2022 youth suicide rates by state

Table 12. Suicide rates among youth aged 10 to 24 years by state, United States, 2022

State	Deaths	Crude Rate
Alaska	47	31.8
South Dakota	48	25.7
Wyoming	30	25.6
Montana	55	25.5
Idaho	75	17.9
New Mexico	76	17.7
Kansas	101	16
Utah	135	16
Nevada	89	15.1
Colorado	166	14.7
North Dakota	25	14.7
Oregon	**109**	**14.2**
Hawaii	35	13.9
Arizona	201	13.6
Missouri	161	13.3
Kentucky	112	12.7
Iowa	83	12.5
Tennessee	163	12
West Virginia	39	11.9
Ohio	267	11.8
Oklahoma	100	11.8
Nebraska	48	11.5
Texas	736	11.3
Virginia	190	11.3
Georgia	246	10.9
Minnesota	122	10.9
North Carolina	231	10.9
Wisconsin	125	10.8
Louisiana	98	10.7
Washington	154	10.7

State	Deaths	Crude Rate
Arkansas	64	10.4
Indiana	145	10.3
South Carolina	105	10.3
Michigan	198	10.2
Maine	23	10
Pennsylvania	222	9.1
Alabama	91	9
Florida	333	8.6
Mississippi	52	8.5
Illinois	205	8.3
New Hampshire	20	8.2
Maryland	93	8
California	497	6.5
Connecticut	41	5.8
Massachusetts	76	5.7
New Jersey	88	5.1
New York	177	4.9
Delaware	11	Unreliable
Vermont	16	Unreliable
Rhode Island	<10	Suppressed
District of Columbia	<10	Suppressed

Rates are deaths per 100,000
Note: When the number of deaths is low, rankings by state may be unreliable due to instability in death rates. Counts less than 10 and not 0 are suppressed due to CDC guidelines.
Source: *CDC WONDER*

Appendix II: University of Oregon Annual Evaluation Report

YSIPP Annual Evaluation Report 2023

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UNIVERSITY OF OREGON

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Executive summary

Building upon evaluative work that began in 2016, the University of Oregon Suicide Prevention Lab (UOSPL) continued activities in 2023 that supported the collaborative partnership between the Oregon Health Authority (OHA) and the Oregon Alliance to Prevent Suicide (Alliance). For the past seven years, the partnership between UOSPL and state and local agencies has focused efforts to evaluate and support the implementation of the Oregon Youth Suicide Intervention and Prevention Plan (YSIPP, 2016-20; 2021-25). At the same time, work to install systems and infrastructure to coordinate better, support and track state and local suicide prevention activities. The key accomplishments and recommendations from work during 2023 are detailed below using the Oregon Suicide Prevention Framework's three strategic pillars and foundation (policy, funding, data, and evaluation) as an organizing structure.

Strategic Pillar 1: Healthy and empowered individuals, families, and communities

Key accomplishments:

- Analysis and dissemination of Tribal Networking Framework project findings
- Installation of a regional coalition leadership network
- Evaluation support for local coalition suicide prevention project mini-grants, and
- Dissemination of LGBTQIA2S+ programming and resources.

Summary: The partnership between UOSPL and the Klamath Tribes continued under a community-academic partnership (CAP) framework. Data from this work was analyzed and used to form a dissertation. This successfully passed and was submitted to the School Mental Health journal for publication. The suicide prevention network for regional coalition leaders began in September 2023 as part of a larger mini-grant project for local coalitions. UOSPL has provided:

» Implementation and evaluation support to each coalition, and

» A social network analysis that measures the collaboration levels between coalitions within the project.

Activities for the LGBTQIA2S+ initiative continued with the development and dissemination of:

» A trans and non-binary (NB) and gender non-conforming (GNC) educator advocacy resource

» A conference presentation at the Oregon Suicide Prevention Conference, and

» Continued discussions around how to advise state organizations on LGBTQIA2S+ topics.

Strategic Pillar 2: Clinical and community preventive services

Key accomplishments:

- Continued implementation of the Oregon Schools Suicide Prevention Pilot Project (OSSPP), and
- Evaluation and implementation support of the Big River initiatives: Mental Health First Aid (MHFA), Question Persuade Refer (QPR), Applied Suicide Intervention Skills Training (ASIST), Sources of Strength, Youth SAVE, and Connect Postvention.

Summary: The Oregon Schools Suicide Prevention Project (OSSPP) is completing the final year of a three-year pilot. A total of 10 schools from various geographic regions across Oregon took part. However, staff turnover has impacted over half of the participating school teams. Findings from years one and two of the project around the barriers, successes and goals of school suicide prevention have helped guide technical assistance activities in year three. This included conducting a quarterly Networked Improvement Community (NIC). Evaluation of the Big River initiatives has continued to center on tracking effectiveness and implementation outcomes across each program. UOSPL has continued to work with the facilitators of the Big River programs and initiatives to evaluate training to assess participant gains in skill and training acceptances. UOSPL plans to shift focus from evaluating gains in skill to skill application in the coming year. Across all initiatives, practitioners who had Big River training reported having acquired applicable skills. They were also generally satisfied with their training experience. However, little is known about whether they used their skills in their communities. The UOSPL team will focus on skill application. In addition, they will leverage the newly developed state database for Big River evaluators to better track cross-program metrics such as trainer attrition, gains in skill and application, and community-level program saturation. UOSPL has advised on the YSIPP metrics to recommend more robust initiative tracking and skill application-focused evaluations.

Strategic Pillar 3: Treatment and support services

Key accomplishments:

- Suicide prevention training for workforce policy work.

  Summary: For the Suicide Prevention Training Workforce work, UOSPL assisted the Alliance Workforce Committee in planning and developing legislation proposals for the 2025 Legislative Session. Also, UOSPL drafted and proposed new evaluation processes to assess the effectiveness of current suicide prevention training legislation, specifically, House Bill (HB) 2315.

Framework Foundation: Policy, funding, data and evaluation

Key accomplishments:

- Development and finalizing YSIPP evaluation metrics (work is ongoing).

  Summary: The YSIPP metrics project is an OHA and UOSPL collaboration to revise and update YSIPP initiatives, pathways and pillars, as described in the YSIPP 2021-2025. The project aims to develop evaluation criteria, measurement tools, and metrics to assess the implementation, effectiveness and progress of YSIPP 2021-2025 initiatives and pathways. UOSPL guided data collection and evaluation methods at the state and local levels. UOSPL also assisted OHA by giving feedback on specific initiatives, including:

  » Which initiatives are measurable, and

  » Whether initiatives should be broadened or refined for progress monitoring and evaluation.

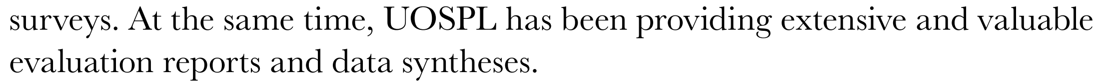
  Key considerations for this project are data sources, including:

  » What data is currently available

  » Where it is collected and stored, and

  » What data collection strategies are needed for progress monitoring and evaluation.

Despite 2023 transitions in staffing, roles and contracts, UOSPL continued to collaborate effectively with all partners and provide meaningful and expansive implementation and evaluation support. UOSPL and partners built on the progress made in 2022 and continued to leverage online and in-person platforms to connect and collaborate with Alliance partners statewide. From the start of the evaluation project in 2016, UOSPL has been connecting practitioners and organizations to state and local resources identified in landscape scans and



surveys. At the same time, UOSPL has been providing extensive and valuable evaluation reports and data syntheses.

Much of the evaluation work for the first iteration of the YSIPP (2016-2020) centered on identifying gaps and resources for suicide prevention across the state. UOSPL also supported the piloting and implementation of several suicide prevention initiatives. With the transition into the current YSIPP (2021-2025), UOSPL has worked to install networks and infrastructure to better connect, coordinate and sustain suicide prevention activities statewide across programs, sectors, agencies, and regions. UOSPL continues to develop community-academic partnerships (CAPs) throughout the state by:

- Meeting with partner organizations regularly, for example, Lines for Life, Oregon Department of Education (ODE) and OHA
- Attending meetings for each Alliance committee and initiative
- Striving for continual suicide prevention collaboration and systems improvement across the state, regional and local levels, and
- Continuing to conduct needed evaluations, provide data reports and adaptively communicate the data to community partners.

Background

The 2023 reporting period marks the seventh continuous year of the University of Oregon Suicide Prevention Lab (UOSPL) providing evaluation services for the Youth Suicide Intervention and Prevention Plan (YSIPP, 2016-2020; 2021-2025). From January to December 2023, in partnership with the Oregon Alliance to Prevent Suicide (Alliance), activities conducted by UOSPL to support ongoing implementation and evaluation of the YSIPP 2021-2025 included:

- An extensive review of all YSIPP initiatives, including:
  - The assessment of current evaluation metrics and data, and
  - The development of new evaluation metrics
- Continued evaluation of Big River suicide prevention training and education, including evaluation of programming and participant data
- Assessment of resources across the state for suicide prevention programming and support
- Statewide school suicide prevention network development and installation
- Research synthesis including:
  - Literature reviews
  - Advanced evidence-based practice, and
  - Programming identification.
- Informative and responsive research dissemination, including the development of:
  - Relevant pamphlets
  - Reports, and
  - Committee and conference presentations
- Methodological gathering and consolidating of implementation strategies and effectiveness data, and
- Progress monitoring for YSIPP activity and initiatives.

These activities were completed in collaboration with the Alliance and fulfillment of the implementation and evaluation of the YSIPP.

UOSPL activities described in this report were conducted in collaboration with various partners, including:

- The Oregon Alliance to Prevent Suicide (Alliance)
- The Oregon Health Authority (OHA)

- The Oregon Department of Education (ODE), and
- Other state and local agencies.

Partnering with these organizations, UOSPL successfully implemented various community-academic partnerships (CAPs). The CAP approach is evidence-based. It is shown to:

- Improve implementation processes while strengthening and enhancing the overall success of community health programming and collaboration.
- Streamline access to evidence-based knowledge and practices at the community level.

UOSPL developed many methods to improve and strengthen communication between CAP partners. This included embedding members of UOSPL on each of the six Alliance committees. UOSPL has positioned itself as a network hub for all partners, which supports:

- Centralization of knowledge
- Resource sharing
- Data collection
- Evaluation
- Problem identification, and
- Implementation troubleshooting.

Additionally, UOSPL developed and integrated an Oregon-specific CAP framework to meet the needs of our current partners and collaborators. This framework continues to guide the implementation of science strategies statewide at community, organization and policy levels.

This report provides details on specific activities carried out by UOSPL during the 2023 reporting period. Activity reports are organized by the first three strategic pillars and framework foundation categories in the Oregon Suicide Prevention Framework:

- Healthy and empowered individuals, families, and communities
- Clinical and community preventive services, and
- Treatment and support services.

The report concludes with recommendations for new and future activities UOSPL and its partners could take on to strengthen and carry out the YSIPP as facilitated by the Alliance.

Summaries and findings

Strategic Pillar 1

Healthy and empowered individuals, families and communities

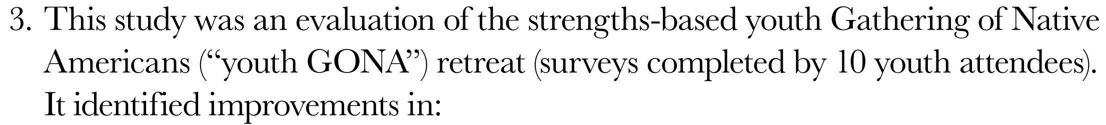
Tribal Networking Framework

UOSPL has developed a framework to guide the participatory collaborative dialogue between tribal governments and communities. The framework uses Indigenous knowledge and science combined with Western scientific methods to create robust culturally sensitive projects. From 2021-2023, the following partnered to form a CAP for suicide prevention to use the tribal framework for the guidance of partnership activities:

- UOSPL
- Klamath Tribal Prevention Department
- Tribal council members
- Chiloquin schools
- Youth initiative, and
- Tribal probation.

One of the CAP's major aims was to provide resources and assistance to the Klamath Tribes Prevention Department. Before 2023, the oral defense of the dissertation focused on this project, "Promoting Culture as a Protective Factor for AI/ AN Youth in Klamath County, Oregon," was completed by Dr. Nicole Barney. It details the key findings of the work conducted by the CAP. In 2023, an article detailing the work of the Tribal CAP was drafted and submitted for review by Dr. Ritchie Thomas and Dr. Nicole Barney to the School Mental Health Journal. The paper presents three studies conducted through the CAP:

1. This study was designed to assess perceptions of the most urgent youth suicide prevention needs and barriers (surveys completed by 186 local professionals). The study revealed a need to improve education workers' mental health literacy and provide more local youth mental health services.
2. This study was designed to assess youth perceptions of mental health support and suicide prevention (surveys completed by 156 local schoolchildren). The study found that youth tended to have negative views of the mental health services available at their school.



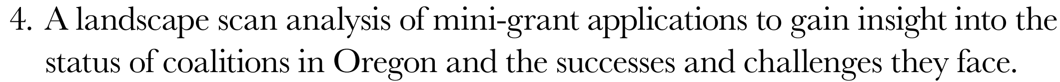
3. This study was an evaluation of the strengths-based youth Gathering of Native Americans ("youth GONA") retreat (surveys completed by 10 youth attendees). It identified improvements in:
   - Ratings of cultural connectedness
   - Suicide awareness, and
   - Self-efficacy in dealing with suicidal behavior.

   Overall, the paper reveals that CAPs are a valuable way to structure targeted youth suicide prevention interventions. It shows how research can be used to:
   - Ensure subsequent intervention work is tailored to the local context, and
   - Develop effective youth suicide prevention strategies.

Regional Suicide Prevention Coalition Leadership Network

UOSPL partnered with the Alliance to develop a network of coalition leaders that problem-solve shared barriers and lend support across the state. The purpose of the network is to provide a system and infrastructure for disseminating resources, practices, and information across all counties in Oregon. As part of the project, low-barrier mini-grant funding was awarded to recipients to support local suicide prevention-related activities chosen by each participating coalition team. UOSPL evaluation framework for the coalition project entailed four distinct facets including:

1. A network analysis survey to measure the level of collaboration already occurring between participating coalitions with:
   - Other coalitions
   - State-level agencies, and
   - Community organizations.
2. Project-specific evaluation support around the development and implementation of a project implementation plan including:
   - Goals
   - Action steps
   - Roles, and
   - Measurement.
3. Co-facilitation of a monthly networked improvement community (NIC) as a method for coalition leaders to share resources and successes with other coalitions and problem-solve shared barriers.



4. A landscape scan analysis of mini-grant applications to gain insight into the status of coalitions in Oregon and the successes and challenges they face.

Starting March 2023, UOSPL worked with the Association of Oregon Community Mental Health Programs (AOCMHP) and OHA to design the coalition mini-grant application, scoring rubric and evaluation plan. The mini-grant request for proposals (RFPs) were disseminated in summer 2023. Thirteen coalitions were initially granted funds. Another seven coalitions received funds later in the year. As part of the evaluation technical assistance duties for the project, the UOSPL team met with each coalition to create an implementation and evaluation plan detailing the goals, action steps, roles, and metrics for the proposed mini-grant project. The UOSPL team plans to meet with all 20 coalitions for more individual meetings in mid 2024. Results from the landscape scan analysis of mini-grant applications identified several recurring success themes coalitions achieved before the project and the barriers they face now. Success themes included:

- Engagement, attendance, and buy-in
- Cross-sector, agency, and community collaboration, and
- Installation of systems and infrastructure.

Barriers themes were more numerous. They included:

- Funding, staffing and capacity
- Recruitment and engagement
- Representation and diversity, and
- Post-covid challenges.

BA draft of the landscape scan report is currently underway.

LGBTQIA2S+ Initiative

The LGBTQIA2S+ Advisory Committee meets quarterly to provide a safe space for LGBTQIA2S+ Alliance members to meet and plan methods to disseminate resources and support to local communities. A theme the committee sought to address in 2023 was how to respond to the anti-LGBTQIA2S+ legislation in Oregon. Also, members identified supporting legislation around gender-affirming care as a possible action step. In July 2023, the UOSPL team helped facilitate the "Ally Call to Action" meeting where information from participants was used to create sharable documents. The documents were given to the group after the monthly meeting in September. Plans for 2024 include the continued development of an LGBTQIA2S+ screening tool. This tool

can be used throughout other committees and OHA suicide prevention efforts. Plans are also to take a deeper look at the lasting impact of the LGBTQIA2S+ mini-grant process that occurred in 2021.

Strategic Pillar 2

Clinical and community preventive services

Oregon Schools Suicide Prevention Project (OSSPP)

The OSSPP is a three-year intensive evaluation of youth suicide prevention work already occurring within schools across Oregon. The project focuses on 10 schools located within 10 distinct districts, which represent geographic and cultural diversity. Additionally, mini-grant funding was distributed to all participating schools to support school buy-in as UOSPL and partners recognized that schools are already often over capacity. Overall, the purpose of the evaluation project is to better understand and support suicide prevention activities in schools by providing ongoing progress monitoring and responsive support for each school. Throughout 2023, UOSPL continued to leverage the use of quarterly networked-improvement communities (NICs) to address the barriers and challenges identified during the year 1 needs assessment. These barriers included:

- Access to student programs and staff training
- Safe student reentry
- Student trust
- Staff burnout and capacity
- Family engagement
- Community stigma, and
- Post-pandemic challenges.

In June 2023, UOSPL helped facilitate the final NIC for year two of the project. The NIC included individual share-outs from eight of the 10 participating school teams about what was going well for suicide prevention at their school. A report including these successes along with relevant resources was then disseminated to all participating schools. In fall 2023, UOSPL and OHA met separately with seven of the 10 participating schools to review the current suicide prevention activities already in place and plan any new activities for the 2023-24 school year. In December 2023, UOSPL and OHA held the first NIC meeting for the academic school year with the topic of staff, teacher and administrator mental health and well-being. Due to scheduling, roughly half of the schools attended. During the discussion, one attendee shared that a barrier to staff well-being at their school was that their administration mandated staff attend professional development for well-being. This had the unintended result of making some teachers and staff more anxious, rather than less anxious, due to their already

strained capacity. Also, one school reported implementing several effective strategies, including involving teachers and staff outside of school to practice meditation and yoga. Rolling out the student well-being survey and conducting the second NIC meeting.

Big River Initiatives

Applied Suicide Intervention Skills Training (ASIST)

Applied Suicide Intervention Skills Training (ASIST) is a two-day, in-person, suicide intervention workshop. It aims at teaching skills to recognize when someone may be having thoughts of suicide and to create a safety plan for the person to help them stay safe at that time. In 2023, the ASIST evaluation team commenced recruitment for the ASIST evaluation project. By the end of November 2023, the ASIST evaluation received 249 pre-training, 106 post-training, 67 three-month follow-up, and 28 six-month follow-up responses. In partnership with LivingWorks, AOCMHP, and other university partners, the ASIST evaluation team has been developing an NIH grant proposal for further research on the outcomes of ASIST. Due to the inability to conduct in-person training during the pandemic, the ASIST Tune-Up was implemented for previous ASIST participants to refresh and enhance their suicide intervention skills and is offered virtually. In 2023, the ASIST Tune-Up finished recruitment and produced a report presenting pre- to post-evaluation data for the Tune-Up training. This report indicated higher levels of knowledge and self-efficacy post-training when compared to pre-training scores. Additionally, most participants (79 percent) indicated they would use the skills learned from the training with people experiencing suicidal thoughts. For the ASIST Tune-Up Implementation evaluation, UOSPL received Institutional Review Board (IRB) approval, completed five follow-up interviews and received nine survey responses. In 2024, UOSPL will begin data analysis for the ASIST project and coding the Tune-Up Implementation interview data.

Big River evaluation

The evaluation of the Big River consists of three central components:

1. Initiative coordination
2. Evaluative support, and
3. Progress monitoring for programs (MHFA, Youth SAVE, QPR, Sources of Strength, Connect, ASIST) being implemented in Oregon.

The evaluation uses a CAP approach. UOSPL uses these established long-term and mutualistic partnerships to tackle many of the implementation and real-world obstacles that programs face during scale-up. The Big River evaluation is concentrated on standardizing evaluation protocols and practices across each initiative. This includes a standardized evaluation work plan and plans to develop a centralized relational database. The 2023 evaluation focus continued to center on supporting the evaluation of training programs to measure participants' gain in skills and perceived acceptance of the training. In 2024, UOSPL will partner with Big River implementers to focus evaluation activities to assess if training program participants are implementing skills learned (skill application). UOSPL will collect follow-up and implementation-related data to understand the effective dissemination and implementation of Big River training. The evaluation methodology will include:

1. Training follow-up surveys
2. Implementation inventories
3. Focus groups, and
4. Formative interviews.

The chart below details evaluation metrics and methodologies for the Big River for 2023. The focus of these evaluations will shift towards skill application in 2024.

Initiative	Metrics	Methodology
ASIST	• Skill gained • Acceptability • Challenges and barriers • Skill application	• Post-training surveys • Follow-up surveys
QPR	• Skill gained • Acceptability	• Post-training surveys
Sources – Secondary	• Skill gained • Acceptability • Challenges and barriers • Key successes	• Post-training surveys • Focus groups • Reflection surveys

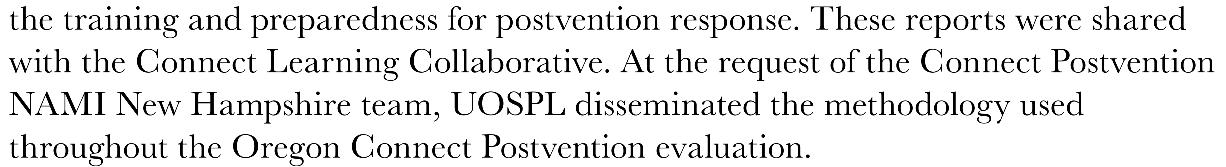
Initiative	Metrics	Methodology
Sources – Elementary	• Skill gained • Acceptability • Challenges and barriers • Planned behaviors	• Post-training surveys • Formative interviews • Reflection surveys
MHFA	• Skill gained	• Pre-, post-, and follow-up surveys
Youth SAVE	• Skill gained • Acceptability • Feasibility	• Post-training surveys
Connect	• Skill gained • Acceptability • Planned behavior • Skill application • Challenges and barriers • Key successes • Curriculum feedback	• Post-training surveys • Follow-up surveys • Curriculum feedback surveys • Coordinator formative interviews

Connect postvention

UOSPL has partnered with AOCMHP to support the scale-up and rollout of the Connect Postvention training to local communities. Connect Postvention is a community-level postvention training that brings cross-sector participants together in local contexts to learn best practices for how to safely prepare for and respond to a death by suicide. UOSPL is collaborating with the Connect statewide coordinator to:

- Iteratively improve the program content
- Identify and address implementation barriers, and
- Develop a system for training evaluation.

In 2023, Connect data collection continued for the post-postvention training survey and the 90-day follow-up. This data was compiled into a report on training recipient satisfaction and skill use. End-of-year data indicated high levels of satisfaction with



the training and preparedness for postvention response. These reports were shared with the Connect Learning Collaborative. At the request of the Connect Postvention NAMI New Hampshire team, UOSPL disseminated the methodology used throughout the Oregon Connect Postvention evaluation.

Mental Health First Aid (MHFA) evaluation

In 2023, UOSPL partnered with AOCMHP to develop a pre-training and follow-up evaluation for the Mental Health First Aid (MHFA) training focused on skill application. This project aims to understand how training participants used the skills they acquired during the training. Examples are talking about suicide and seeking support for a person experiencing a mental health crisis. An implementation process was written for the evaluation. The MHFA coordinator plans to launch these surveys with the MHFA trainers and will contact UOSPL for any support needs.

Question, Persuade, Refer (QPR)

UOSPL has been working in partnership with the OHA, Lines for Life (LFL), and QPR Institute to evaluate the QPR training about suicide prevention knowledge, efficacy, attitudes, and acceptability of the training, as well as skill enhancement and application. QPR is a two-hour suicide prevention gatekeeper training aimed at:

- Teach skills to recognize signs of suicide
- Ask a person if they are having thoughts of suicide
- Persuade them to get help, and
- Refer them to the appropriate mental health provider in the community.

Previously, QPR offered in-person to participants. However, it transitioned to mainly online training in March 2020. In 2023, the UOSPL team and LFL prepared a small pilot study aimed at assessing the fidelity of the QPR training. Results from a previous trans for trans (T4T) survey were reviewed and found to have too low of a response rate to warrant formal statistical analysis. Due to staffing changes at UOSPL and LFL, the teams met in the summer to establish quarterly and yearly goals and review the implementation plan draft. Additionally, a report on previous years' Train-the-Trainer data was presented. The remainder of the year was focused on revising the QPR evaluation measures to focus on skill application. These new pre-training and follow-up surveys will be launched in 2024.

Sources of Strength – elementary curriculum

The Sources of Strength elementary curriculum is an upstream and classroom-delivered suicide prevention program. The program provides elementary students with skills and lessons on protective factors. The delivery model relies on a train-the-trainer coaching model, an additional level of measurement and support in implementation, capacity and fidelity. Project aims include:

- Hosting training for the Sources of Strength elementary curriculum, and
- Coordinating with school districts across Oregon to implement the Sources of Strength elementary curriculum.

In 2023, UOSPL conducted post-training elementary Coaches Training surveys and an end-of-the-year Coaches Reflection survey. A summary of findings and recommendations is in the 2023 Sources of Strength Summary Evaluation Report. For the Coaches Training survey, 94 percent of participants (N = 135) reported the training as effective. A qualitative analysis of responses around training strengths found three recurring themes:

- Curriculum and trainers
- Games and engagement, and
- Personal impact of the training.

Suggested improvements for the training included:

- Issues around clarity
- Conducting the training in person
- Time management
- More practice, and
- Cultural representation.

Findings from the end-of-the-year Coaches Reflection found that 88 percent of responding coaches (N = 51) were able to effectively deliver the curriculum. Also, 91 percent enjoyed their experience as a coach. Two common barriers that were reported in the qualitative section included:

1. Time and lesson length, and
2. Teacher and district buy-in.

Plans for the 2024 year include:

- Continued training and implementation evaluation, and
- Guidance addressing implementation barriers and challenges.

Sources of Strength Evaluation - Secondary

UOSPL partnered with Matchstick Consulting to provide implementation and evaluation support for the dissemination and scale-up of the school-based Sources of Strength Secondary program. It's an upstream and peer-led suicide prevention program that trains teams of peer leaders and adult advisors on how to conduct suicide prevention awareness activities on school sites to promote the eight protective factors included in the Sources of Strength "wheel." Throughout 2023, UOSPL continued evaluation support to Matchstick Consulting through the following four activities:

1. Posttest survey evaluation of the peer leader and adult advisor training
2. Conducting peer leader focus groups
3. Analysis and reporting on site reflection surveys, and
4. Implementation and evaluation guidance.

To summarize the evaluative findings of these activities, UOSPL created the 2023 Sources of Strength Summary Evaluation Report. The adult advisor and peer leader training found high levels of participant acceptability. Ninety percent of peer leaders and 96 percent of adult advisors reported the training to be highly engaging. From the analysis, most peer leaders suggested no improvements
to the peer leader training and found it "was amazing as is."

Analysis of the focus group data and site reflections found that common successes included:

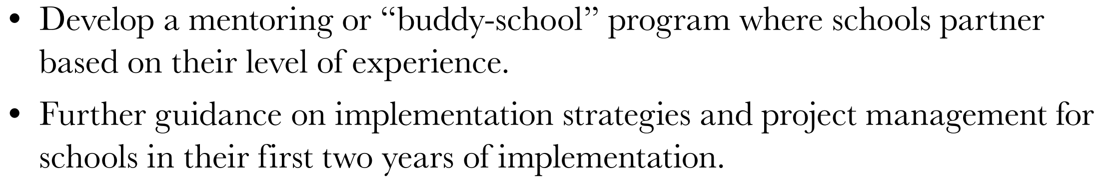
- Excitement and buy-in
- Connection and teamwork
- Administration support
- Innovation and creativity, and
- Diverse peer leaders.

Common barriers were:

- Time and scheduling
- Transferring ideas into action, and
- Staff and adult advisor buy-in.

Based on these findings, UOSPL suggested several implementation recommendations:

- Organize learning collaborative topics around successes and barriers identified in the focus groups and site reflection surveys.



- Develop a mentoring or “buddy-school” program where schools partner based on their level of experience.
- Further guidance on implementation strategies and project management for schools in their first two years of implementation.

Plans for 2024 evaluation activities include:

- Continue analysis of site reflection surveys
- Monitor school sites' progress over time, and
- Conduct focus groups for specific populations of students, for example, students of color.

Youth SAVE

Youth Suicide Assessment in Various Environments (Youth SAVE) virtual training was developed by the Oregon Pediatric Society (OPS) and a contracted development team. This training is to equip school- and community-based mental health providers to virtually assess for and intervene with youth who have thoughts of suicide. In partnership with OPS, UOSPL has been continuously evaluating the effectiveness and acceptability of this training. In 2023, the UOSPL team streamlined the reporting procedures and transferred data analytics to R statistics software. A follow-up measure was developed and an updated report with data from the pre- and post-evaluation was completed. This report demonstrated that participants felt more knowledgeable after the Youth SAVE training. Overall, the training was an acceptable and positive experience. OPS coordinated the follow-up survey targeting all training participants from fall 2022. In partnership with OPS and pediatric medical residents at Oregon Health & Science University (OHSU), UOSPL developed a specific evaluation examining outcomes of the Youth SAVE–Primary Care training given to pediatric medical residents at OHSU. This evaluation included an online survey of all pediatric medical residents who completed the training in 2022. It invited them to take part in an in-depth interview about their experiences using suicide assessment and intervention skills in their medical practice. The team collected 16 responses to the survey (89 percent response rate). Also, they finalized the interview protocol to conduct interviews in 2024. Further work on Youth SAVE evaluation will continue with OPS for Youth SAVE Primary Care and will support REAP, Inc. for Youth SAVE Behavioral Health in 2024.

Strategic Pillar 3

Treatment and support service

Suicide Prevention Training for the Workforce

UOSPL took part in the Workforce Committee of the Alliance to assist in strategic planning for the 2025 legislative session. Currently, UOSPL is assisting the committee in gathering data from physical healthcare providers and potential allies. This is to suggest legislation that would require physical healthcare providers to complete suicide prevention continuing education units. Additionally, UOSPL has developed a proposal to evaluate the effectiveness of 2021 House Bill 2315 (amending ORS 675.140, 675.597, 675.805, 676.860 and 676.863), which requires mental and behavioral healthcare providers (MBHPs) to complete continuing education in suicide prevention, assessment and management. This proposal recommends the development of a survey measuring the following items for MBHPs:

- The estimated number of clients experiencing suicidal thoughts and behaviors that they have treated
- The integration of suicide prevention and intervention training into daily practice
- The level of competence and confidence in the use of skills gained from the suicide prevention training
- Any perceived gaps in suicide prevention training for clinical practice, and
- The level of competence and confidence in working with marginalized populations (LGBTQIA2S+, culturally specific populations, people with disabilities, etc.).

UOSPL will continue to participate in the Workforce Committee by supporting future legislation proposals and evaluating previous legislation.

Framework foundation

Policy, funding, data and evaluation

YSIPP Metrics Task Group

The YSIPP Metrics project is a collaboration between OHA and UOSPL to evaluate YSIPP annual priority initiatives, pathways and pillars, as described in the YSIPP 2021-2025. This multi-level, multi-step project aims to develop evaluation criteria, measurement tools, and metrics to assess the implementation, effectiveness and progress of YSIPP 2021-2025 initiatives. UOSPL has guided data collection and evaluation methods at the state and local levels. UOSPL assisted OHA by giving feedback on specific initiatives, including which ones are measurable and whether they should be broadened or refined for progress monitoring and evaluation. UOSPL advised how to measure the progress and reach of each initiative or associated program. Additionally, UOSPL:

- Developed key evaluation metrics
- Identified areas for needed data collection, and
- Worked with OHA to identify existing data banks for evaluating YSIPP initiative progress.

Key considerations for this project are existing and needed data sources, including identifying:

- Where data is collected and stored, and
- What data collection strategies are needed for ongoing progress monitoring and evaluation.

During 2023, every initiative was reviewed. Multiple metric recommendations were provided, along with several recommendations for data collection, management, evaluation and usage. UOSPL also reviewed the pathways and pillars of the YSIPP and provided feedback based on the context of each initiative.

Conclusion and recommendations

Evaluation activities during the 2023 reporting period centered on addressing three primary goals:

1. UOSPL continuously provided network development. This included designing and installing systems and infrastructure to connect various communities, organizations and partners. UOSPL continued to evolve and build upon existing, previously developed infrastructure. Examples are NICs and centralized databases. Also, UOSPL supported the coordination of statewide activities.

2. UOSPL developed practical and scientific implementation and evaluation strategies. As part of this work, UOSPL conducted:
   - Environmental scans
   - Survey research
   - Program evaluations
   - Focus groups, and
   - Formative interviews.

   UOSPL used these findings to define and support suicide prevention statewide.

3. UOSPL and its partners provided support to key partners, practitioners and community members to address unique challenges based on community needs. Based on the work over the past seven years, the following recommendations emerged:
   - **Expansion and refinement of cross-sector and cross-region networks in Networked Improvement Communities (NICs) to bring suicide prevention efforts to scale statewide**. Network development, in the form of NICs presents a viable method for scaling up and disseminating best practices for suicide prevention at state and local level. In 2023, UOSPL supported the implementation of the NIC methodology for:
     - School suicide prevention in OSSPP, and
     - Community-level suicide prevention with the Coalition Mini-Grant Project.

   The continued support and funding of this work will better allow:
     - Suicide prevention activities to be strategically disseminated throughout local Oregon communities, and

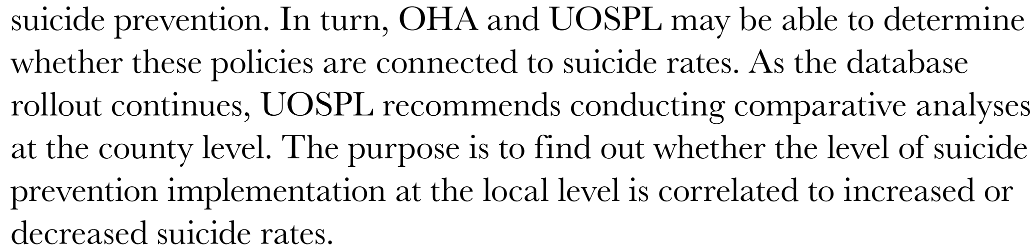
- » UOSPL to get contextual local data to decipher the diverse challenges communities face across the state.

The expansion of this approach to other sectors including workforce, behavioral health and crisis services is recommended moving forward.

- **Standardized metrics for measuring the effect of statewide YSIPP and Big River suicide prevention initiatives. In addition, a metrics data tracking system, to measure and compare progress across initiatives, activities and programs more efficiently and effectively**. The continued scale-up of YSIPP and Big River initiatives across Oregon requires progress monitoring and data tracking. This allows for:
  - Troubleshooting across initiatives
  - More direct links between YSIPP and Big River initiatives, and
  - The ability to track progress over time.

By continuing to develop and refine a standardized measurement system for tracking, evaluators will be better able to address variability in performance across Big River programs and YSIPP initiatives.

- **Small exploratory pilot evaluation projects to better assess skill application and implementation-related outcomes on the Big River initiatives**. Evaluation findings across the Big River have demonstrated that these programs and training increase participant skills and knowledge. They also demonstrate acceptability in training implementation. The future focus should center on measuring the degree to which these learned skills are applied once participants return to work. Exploratory pilots that measure implementation would allow evaluators and program facilitators to identify:
  - Implementation and sustainment barriers, and
  - Ways to better support practitioners once they return to the field.
- **Use of the statewide database for Big River Trainings and suicide prevention implementation that focuses on collaboration and communication between UOSPL members, Big River coordinators, and state and local agencies involved in suicide prevention**. Based on the previous recommendation of UOSPL, OHA developed in 2023 a centralized database for tracking and monitoring the implementation of suicide prevention programming across Oregon. This database provides a shared, centralized data tracking system to allow the state and evaluators to monitor the implementation of state and organizational initiatives on



suicide prevention. In turn, OHA and UOSPL may be able to determine whether these policies are connected to suicide rates. As the database rollout continues, UOSPL recommends conducting comparative analyses at the county level. The purpose is to find out whether the level of suicide prevention implementation at the local level is correlated to increased or decreased suicide rates.

» **Dissemination of accessible and translatable implementation science strategies and tools to support practitioners and organizations while they implement and sustain programs**. Evidence-based programs routinely fail in real-world settings when practitioners do not have implementation guidance and support. There are well-established, practical implementation science tools to use and disseminate by UOSPL, OHA and the Alliance to facilitate scale-up efforts and successful sustainment of selected evidence-based programs. UOSPL used a catalogue of 73 implementation strategies for the Coalition Mini-Grant project. UOSPL recommended scaling this resource to the Big River and other related initiatives.

» **Standardization and increased documentation of suicide prevention practices and protocols across all sectors statewide**. Previous statewide landscape scans by UOSPL have shown that practitioners across a multitude of sectors are already doing significant, effective work. For example, in education, health care, and non-profit organizations. However, often this work is localized or developed on a person-by-person basis. Therefore, tools, protocols and practices established by these practitioners are not systematically documented or translatable to others. Essential knowledge can be shared statewide and used by other practitioners in the case of turnover, when there is an established documenting practices and protocols of professionals across all community-level sectors. This also allows for greater collaboration, problem identification and widespread resource support among practitioners and organizations.

As the evaluation of the YSIPP (2021-25) transitions into the 2024 calendar year, activities will concentrate on systems and infrastructure installation to better support suicide prevention activities across Oregon. UOSPL will continue to partner with local, regional and state-level partners to develop cross-sector NICs aimed at:

» Disseminating resources and knowledge

» Conducting shared problem-solving, and

» Continuing quality improvement.

Finally, UOSPL will work to ensure YSIPP evaluation and implementation activities continuously incorporate a lens for diversity, equity and inclusion.

Linked reports

Item	Title	Link
A	Network Analysis Survey Outline	https://docs.google.com/document/d/1G9c9LXhUzWkfzV_exjd14cCf5AX7sjmgzLBW5TDeUms/edit
B	LGBTQ+ Ally Call to Action meeting notes	https://docs.google.com/document/d/1RLaDNIEfkV2tYrmZxx-ItveM-xptmTYYe9durxYnMGU/edit
C	LGBTQ Ally Call to Action meeting spreadsheet	https://docs.google.com/document/d/12-0smcbw4FIGjPCrdgf7WJLF8rcbi8YJgGGBipXTRqU/edit
D	Oregon Schools Suicide Prevention Project NIC Summary	https://drive.google.com/file/d/1yxlbF84335DNUIz1HeRi7Nh3xzE3btKO/view
E	ASIST Tune-Up Pre-Post Evaluation Report	https://drive.google.com/file/d/13TH_lrkjbsPjCSQ_jB2UcGFYQEJ7oijHo/view
F	Sources of Strength Summary Evaluation Report	https://drive.google.com/file/d/1hNkRf43ot_KEgMRU6U-6aBz5KLcdiUJx/view
G	Youth Save Evaluation Report	https://docs.google.com/document/d/1wkpLGMhNlcW6RJsE0lkJdz8Qc_aakvCCeFUvo5-Z1VY/edit
H	Connect Postvention Data Reports	https://docs.google.com/document/d/1zcN30qejroNtSG-dDytTfSXUElKQ2L76Dy3cjsc2Z84/edit

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Endnotes

1. Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2022 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2022, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/mcd-icdlO-expanded.html on Mar 21, 2023

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