

# Executive Summary, Youth Suicide Annual Report, 2014-2015

ORS 418.704 requires preparation of an Oregon Youth Suicide Intervention and Prevention Plan in 2015, with updates a minimum of every five years. The enabling legislation enacted in 2014 (HB 4124) also requires that an annual report be submitted to the Legislature. HB 4124 established a position of youth suicide intervention and prevention coordinator in the Oregon Health Authority Health Systems Division (formerly Addictions and Mental Health), to help stakeholders prepare the plan and submit the annual reports.

Starting on December 1, 2014, the coordinator worked with staff in the Health Systems Division and Public Health Division and groups of diverse stakeholders to write the plan. Approximately 100 subject matter experts were recruited from across disciplines, including youth and families, and from all geographic areas for a steering committee and seven work groups to prepare the plan between March and November 2015.

Modeled after the National Strategy for Suicide Prevention, the state's document addresses key priorities and best practice interventions for suicide prevention and customizes national approaches for use in Oregon.

The plan includes approximately 80 action items under four general themes: Healthy and empowered individuals, families and communities; Clinical and community preventive services; Treatment and support services; and Surveillance, research and evaluation. Below are example action items under each category:

## Healthy and empowered individuals, families and communities

- Develop an Oregon Alliance to Prevent Suicide of public and private partners to establish priorities and a public policy agenda to guide implementation of the plan over five years, including recommendations for providing suicide risk assessment and crisis counseling as essential health benefits.
- Develop materials to promote mental health literacy and system understanding among parents and youth.
- Establish a work group involving youth to prepare a plan for use of social media.

## Clinical and community preventive services

- Supplement trauma-informed care with suicide prevention strategies.
- Analyze suicide risk assessments used in medical and behavioral health care settings and disseminate best practice assessment tools.
- Train medical and behavioral health providers in assessing, managing and treating individuals at risk for suicide or self-harm.

- Expand the Oregon Pediatric Society’s trainings for primary care physicians on depression and substance use screening.
- Disseminate best practice guidelines on recommended activities after a suicide (postvention) to schools and a wide range of community members, and provide technical assistance to those communities/individuals.
- Establish information-sharing protocols at the local and state levels in forming postvention activities (2015 SB 561).

## Treatment and support services

- Establish programs to follow up with youth and families after release from emergency departments to ensure safety and warm handoffs to outpatient care.
- Provide discharge planning at release from emergency departments.
- Develop guidelines on use of peer and family supports in suicide intervention and treatment.
- Collaborate to identify ways stakeholders can implement laws pertaining to confidentiality of information (including HIPAA and 2015 HB2948) to promote information-sharing across systems (physical and mental health, substance use treatment and schools) and with families and families of choice.
- Encourage integration of behavioral health and primary care.

## Surveillance, research and evaluation

- Establish an OHA Evaluation Committee to identify measures and sources of data to gauge progress on suicide prevention and intervention initiatives and monitor implementation of the plan.
- Compare Oregon’s youth suicide rates with other states ranked the highest and lowest for youth suicide.

Also included are action items related to a grant-funded suicide prevention project administered by the Public Health Division that is currently underway. Through congressional funding to Oregon from the Garrett Lee Smith Memorial Act, the Caring Connections Initiative builds on existing public/private partnerships and health system transformation efforts on youth suicide prevention in Oregon.

Copies of the full plan are available online at: [www.tinyurl.com/hr94228](http://www.tinyurl.com/hr94228)

For information about the plan or to obtain a hard copy, email Ann D. Kirkwood, Suicide Intervention Coordinator, at [ann.d.kirkwood@state.or.us](mailto:ann.d.kirkwood@state.or.us) or call 503-947-5540.

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