

Program Element #60: Suicide Prevention, Intervention and Postvention

OHA Program Responsible for Program Element:

Public Health Division/Center for Prevention and Health Promotion, Injury and Violence Prevention/Suicide Prevention, Intervention and Postvention

1. Description.

Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to deliver Suicide Prevention, Intervention and Postvention Program activities in LPHA's service area that must include the following components: (a) facilitation of community partnerships; (b) targeted outreach, training and services; (c) coordination with Community Mental Health Program (CMHP) on implementation of system-wide crisis response plans; (d) collaboration on providing Suicide Safe Care and Continuity of Care among service area healthcare systems; (e) providing Gatekeeper Training and clinical training; and (f) collection and analysis of suicide related data for program planning and management.

The Suicide Prevention, Intervention and Postvention Program is grounded in evidence-based best practices. The coordinated movement involves state and local programs working together to achieve sustainable policy, systems and environmental change in local communities that mobilize statewide. Suicide is one of the leading causes of death in Oregon. Suicide is the second leading cause of death among Oregonians aged 10 to 34 years, and the 8th leading cause of death among all Oregonians in 2017. Especially among Youth, Contagion related to suicide death or attempt can occur and needs to be protected against. Funds provided under this Agreement are to be used to reduce suicide deaths, promote evidence-based practice in Youth suicide Prevention, Intervention and Postvention, and implement training to persons working with Youth or staff in Youth serving organizations. Funds allocated to LPHA are to complement the statewide movement toward population-level outcomes including elimination of Youth suicide disparities.

All changes to this Program Element are effective the first day of the month noted in Issue Date of Exhibit C of the Financial Assistance Award unless otherwise noted in Exhibit C of the Financial Assistance Award.

2. Definitions Specific to Suicide Prevention, Intervention and Postvention.

- a. Contagion:** A phenomenon whereby susceptible persons are influenced toward suicidal behavior through knowledge of another person's suicidal acts.
- b. Continuity of Care:** Care that is maintained when one care provider links to another care provider, the transition in care is smooth and uninterrupted for the patient, and the essential clinical information is provided.
- c. Gatekeeper Training:** Training for individuals in a community who have face-to-face contact with larger number of community members as part of their usual routine. These individuals are trained to identify persons at risk of suicide and refer them to treatment or supporting services as appropriate.
- d. Intervention:** A strategy or approach that is intended to prevent an outcome or to alter the course of an existing condition (such as educating providers about suicide Prevention or reducing access to lethal means among individuals with suicide risk).
- e. Postvention:** Response to and care for individuals affected in the aftermath of a suicide attempt or suicide death.
- f. Prevention:** A strategy or approach that reduces the likelihood of risk of onset or delays the onset of adverse health problems or reduces the harm results from conditions or behaviors.
- g. Suicide Safe Care:** Is defined through the National Action Alliance for Suicide Prevention's *Recommended Standard Care for People with Suicide Risk* and includes (a) identification and

assessment, (b) safety planning, (c) mean reduction; and (d) caring contacts.

h. Youth: persons aged 10 to 24.

3. Alignment with Modernization Foundational Programs and Foundational Capabilities.

The activities and services that the LPHA has agreed to deliver under this Program Element align with Foundational Programs and Foundational Capabilities and the public health accountability metrics (if applicable), as follows (see [Oregon's Public Health Modernization Manual](http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf), (http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf):

a. Foundational Programs and Capabilities (As specified in Public Health Modernization Manual)

Program Components	Foundational Program					Foundational Capabilities						
	CD Control	Prevention and health promotion	Environmental health	Access to clinical preventive services	Population Health Direct services	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response
Asterisk (*) = Primary foundational program that aligns with each component X = Other applicable foundational programs						X = Foundational capabilities that align with each component						
Facilitation of community partnerships.		*				X	X	X			X	
Targeted outreach, training and services.		*						X				
Coordinate with CMHP on implementation of system-wide crisis response plans.		*			X			X		X		X
Collaboration on providing Suicide Safe Care and Continuity of Care among service area healthcare systems.		*			X	X	X			X		
Provide Gatekeeper and clinical training.		*					X	X				
Collection and analysis of suicide related data for		*					X		X	X		

program planning and management.												
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- b. **The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metric, Health Outcome Measure:**

Not applicable.

- c. **The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metric, Local Public Health Process Measure:**

Not applicable.

4. **Procedural and Operational Requirements.**

By accepting and using the financial assistance awarded under this Agreement and for this Program Element, LPHA agrees to conduct activities in accordance with the following requirements:

LPHA must:

- a. Submit local program plan and local program budget to OHA for approval.
- b. Engage in activities as described in its local program plan, which has been approved by OHA.
- c. Use funds for this Program Element in accordance with its local program budget, which has been approved by OHA. Modification to the local program budget may only be made with OHA approval.
- d. Participate in site visits and meetings as requested or required by OHA.
- e. Provide a Suicide Prevention, Intervention and Postvention Program that includes the following minimum components:
 - (1) Establishes or works with an existing community coalition on suicide Prevention.
 - (2) Increases and targets outreach, training and services as appropriate for Youth and organizations that work with Youth identified at high risk for suicide.
 - (3) Collaborates with service area Community Mental Health Programs (CMHP) to implement a systems-wide crisis response plan among healthcare organizations and other providers as appropriate. Access and update the response plans through funding period.
 - (4) Supports Continuity of Care through systems-based approaches and collaboration with service area healthcare systems.
 - (5) Provides Gatekeeper Trainings in evidence-based suicide Prevention strategies including Question, Persuade, and Refer (QPR), Applied Suicide Intervention Skills Training (ASIST), safeTALK and other OHA approved Gatekeeper Trainings.
 - (6) Implements one or more of the following activities in the local program plan approved by OHA:
 - (a) Establishes suicide Prevention training for staff (Gatekeeper Trainings) and students (with OHA approved curriculum) in at least 30% of jurisdiction’s middle and high schools. Substance Abuse and Mental Health Administration (SAMHSA) requires active, informed consent for student curriculum.
 - (b) Works with at least 2 Youth-serving systems in jurisdiction to develop and implement evidence-based suicide risk assessment strategies. Tools must be approved by OHA.

- (c) Implements the [Zero Suicide Initiative](#) within the LPHA and/or CMHP or work with a service area healthcare system to implement Zero Suicide Initiative.
- (d) Hosts trainings in evidence-based suicide risk assessment, management and treatment strategies for clinicians. Trainings to be approved by OHA.

5. General Revenue and Expense Reporting.

LPHA must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of this Agreement. These reports must be submitted to OHA each quarter on the following schedule:

Fiscal Quarter	Due Date
First: July 1 – September 30	October 30
Second: October 1 – December 31	January 30
Third: January 1 – March 31	April 30
Fourth: April 1 – June 29	August 20

6. Reporting Requirements.

- a. LPHA must submit local program plan reports on a semi-annual schedule to be determined by OHA. The reports must include, at a minimum, LPHA’s progress during the reporting period toward completing activities described in its local program plan.
- b. LPHA must submit quarterly reports that detail quantifiable outcomes of activities and data accumulated, per OHA approved program plan.
- c. LPHA must submit training reports, including number of participants broken out by number in a mental health or related profession, within 7 days of training.
- d. LPHA must submit annual written report on grant activities per template provided by OHA per OHA approved program plan.

7. Performance Measures.

If LPHA completes fewer than 75% of the planned activities in its local program plan for two consecutive reporting periods in one state fiscal year, LPHA will not be eligible to receive funding under this Program Element during the next state fiscal year.