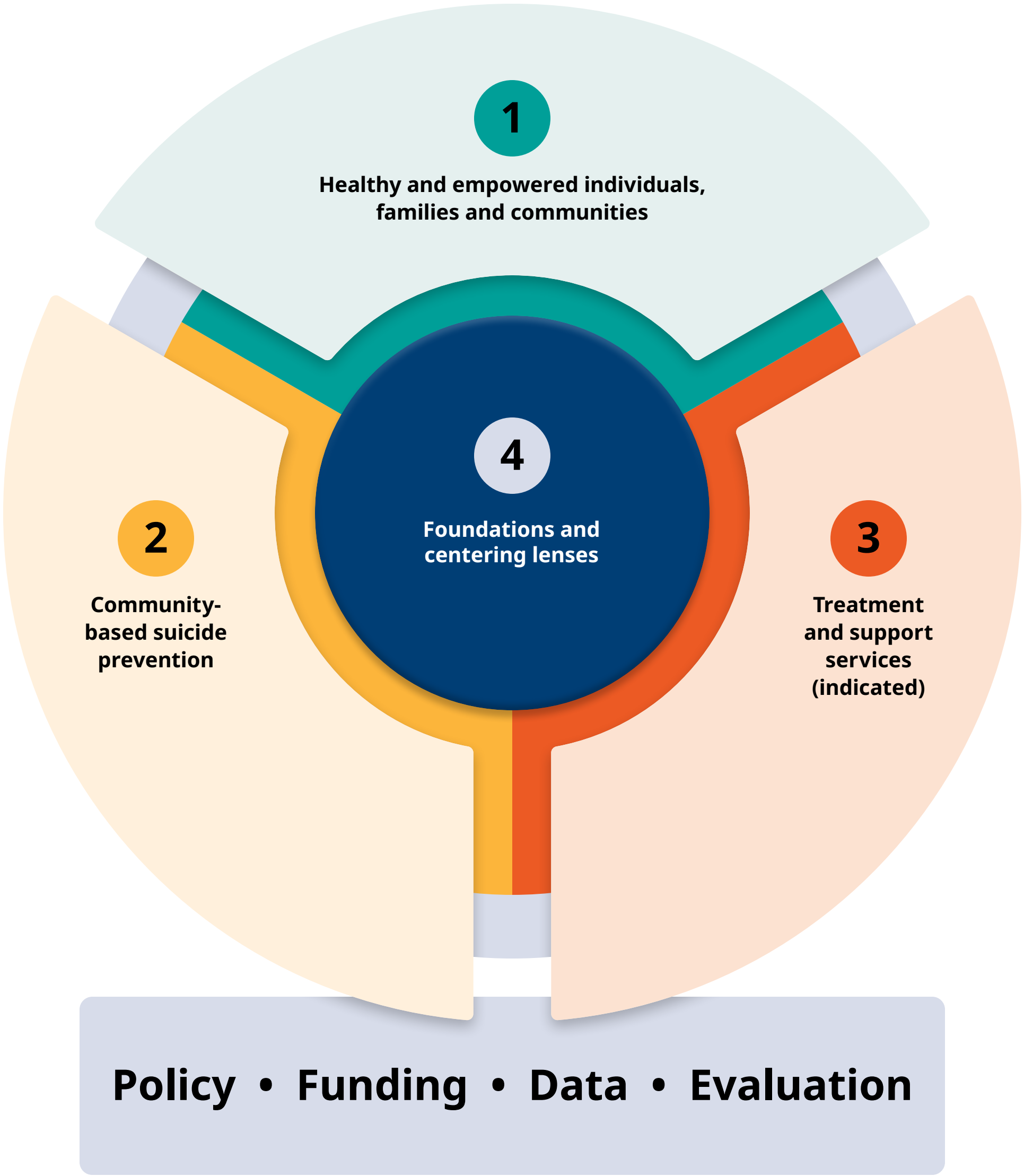
OREGON HEALTH AUTHORITY

Oregon Suicide Prevention Framework



Click on the individual pillars to learn more.

1 Healthy and empowered individuals, families and communities

These goals and pathways seek to reduce suicide risk by promoting well-being and creating supportive communities for all people in Oregon. Other terms you might recognize here are “universal,” “primary prevention,” “upstream prevention,” or “tier 1 strategies.”

1.1 Integrated and coordinated activities

1.1.1 | Coordinated activities and organizations

Suicide prevention programming is coordinated between Tribes, state, county, local leaders, and leaders in cultural communities to maximize reach and equitable access for all Oregonians. Organizations across diverse cultural communities are coordinated and are able to define their role in suicide prevention.

1.1.2 | Resourced coalitions

Regional Suicide Prevention Coalitions are informed and resourced to address their local needs and priorities in a culturally-infused way.

1.1.3 | Equipped advisories

Advisory groups are well supported, equipped, and function efficiently to make meaningful change and have diverse inclusion throughout the group, including leadership positions.

1.1.4 | Voice of lived experience

People with lived experience have meaningful voice in Oregon suicide prevention, including influence in programming decisions and connection to and representation in key leadership.

1.2 Media and communications

1.2.1 | Involved leaders

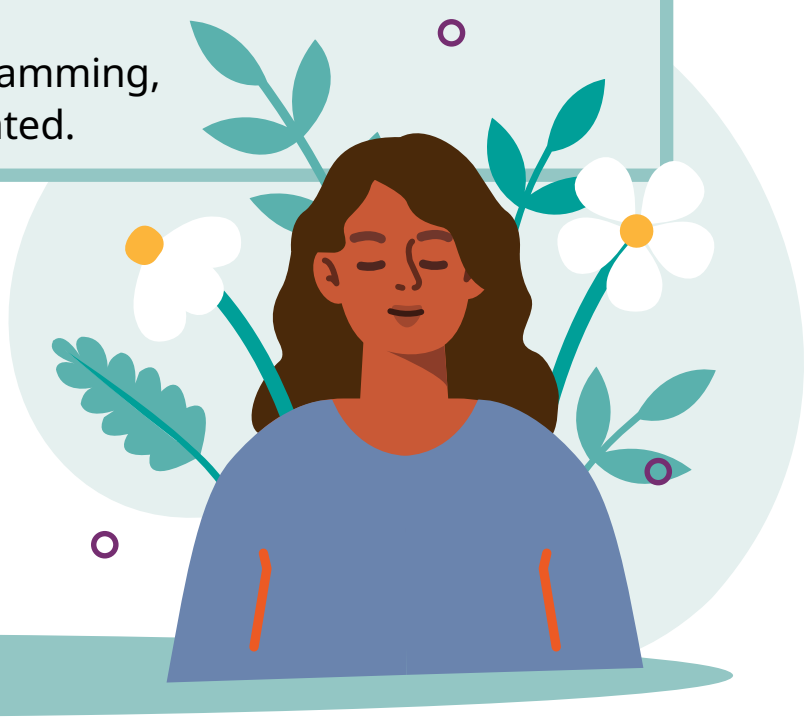
Key decision-makers are consistently informed and/or involved with suicide prevention efforts (i.e., cultural leaders; legislators; Tribal, state, and county leaders).

1.2.2 | Promoting wellness widely

Organizations and agencies promote wellness, emotional strength, and protective factors utilizing culturally-infused strategies.

1.2.3 | Information dissemination

Culturally-infused safe suicide prevention programming, information and resources are widely disseminated.



1.3 Social determinants of health

1.3.1 | Clear links

Highlight clear links between how Social Determinants of Health (SDOH; such as economic stability, education, access to health care, stable housing, and strong and connected communities) influence individual and communities' mental health and risk for suicide, including disparities in SDOH.

1.3.2 | Supporting partners

Create diverse, multi-sector partnerships to impact SDOH and disparities across multiple health and suicide-related outcomes.

1.4 Coping and connection

1.4.1 | Positive connections

People in Oregon have access to meaningful and culturally-preferred spaces to facilitate community-based connection and support.

1.4.2 | Coping strategies

People in Oregon understand and have access to what helps them to cope with hardship as an individual and within their community including culturally-preferred strategies.

1.4.3 | Support roles

People, family and caregivers in Oregon are empowered and equipped in their roles to prevent suicide for diverse communities in Oregon.

2 Community-based suicide prevention

These goals and pathways seek to reduce suicide by focusing on strategic locations, groups, and sectors to promote well-being, to help navigate challenges, to decrease risk, and to recognize warning signs early. Other terms you might recognize here are "selected," "prevention," "primary intervention," or "tier 2 strategies."

2.1 Community helper trainings

2.1.1 | Appropriately trained community

People in Oregon receive the appropriate level of ongoing training for their roles in culturally-infused suicide prevention.

2.1.2 | Supported training options

Culturally-infused suicide prevention community helper training is widely available at low or no cost for Oregon communities.

2.1.3 | Representative trainers

The trainer pool in Oregon for suicide prevention programming represents the cultural and linguistic diversity of the communities in which they train.

2.1.4 | Culturally infused training

Suicide prevention programming is regularly evaluated and updated to ensure that cultural infusion and linguistic needs are addressed.

2.2 Culturally-infused means reduction

2.2.1 | Access to means reduction resources

All people in Oregon at risk for suicide have access to safe storage or other lethal means reduction options.

2.2.2 | Means reduction education

Diverse communities in Oregon are educated and equipped with culturally-infused means reduction strategies and resources.

2.2.3 | Means reduction promotion

Culturally-infused means reduction practices are promoted regularly in Oregon and are linked to suicide prevention.

2.3 Protective programming

2.3.1 | Available support

People in Oregon who need immediate support have access to culturally-congruent mental health and crisis response services.

2.3.2 | Culturally specific programmingy

People within communities disproportionately impacted by suicide risk have access to culturally-infused protective programming driven by their communities.

2.3.3 | Protective policies

Organizations have policies and procedures that increase protection against suicide risk (including passive risk, active risk, and crisis intervention), and those policies are implemented.

3 Treatment and crisis services

These goals and pathways seek to reduce suicide by focusing services and policies for those who experience suicidality or have been impacted by suicide loss. Other terms you might recognize include “indicated,” “tier 3 strategies,” “intervention,” or “postvention.”

3.1 Healthcare coordination

3.1.1 | Coordinated transitions

People in Oregon with suicide risk who access healthcare receive culturally-responsive coordination between levels of care, tailored to culturally preferred pathways of help-seeking.

3.1.2 | Collaborative communication

There is collaborative, culturally-responsive communication among the individual at risk, healthcare providers, and social, school, and family supports.

3.1.3 | Substance use services

Services for substance use and mental health are integrated when possible and coordinated when not fully integrated, consistent with culturally-responsive approaches to care.

3.1.4 | Integrated care

People in Oregon will receive culturally-infused integrated care between primary care and behavioral healthcare (including school-based care for youth).

3.2 Healthcare capacity

3.2.1 | Accessible services

People in Oregon can access culturally-responsive services on the continuum of care when needed and for as long as needed, regardless of health insurance.

3.2.2 | Equitable and right sized workforce

The healthcare workforce is sufficient to meet community needs, with particular attention to underrepresented cultural and non-English speaking communities.

3.2.3 | Organizational structures, policies, and procedures

Healthcare organizations have organizational structures, policies, and procedures that ensure the provision of comprehensive and culturally-infused evidence-based suicide safer care.

3.3 Appropriate treatment and care of suicidality

3.3.1 | Equipped and well workforce

The healthcare workforce is equipped, trained, and supported to address the suicide-related needs of the diverse communities they serve.

3.3.2 | Culturally-congruent care options

People in Oregon have access to culturally-congruent care options (e.g., whole-person approaches, voice and choice in treatment, collaboration with traditional and spiritual healing, strengths- and recovery-based approaches, and others).

3.3.3 | Core competencies

People in Oregon receive comprehensive and culturally-infused care across all competencies of suicide screening, assessment, safety planning, lethal means counseling, crisis response, and treatment.

3.4 Postvention services

3.4.1 | Equipped and resourced communities

Oregon communities are equipped to provide trauma-informed and culturally-responsive postvention care for those impacted by a suicide death.

3.4.2 | Postvention response leads

Postvention Response Leads (PRLs), teams, and policies support culturally-responsive postvention for diverse communities in Oregon

3.4.3 | Fatality reviews

Suicide fatality data is gathered, analyzed, and used for future system improvements and prevention efforts.

4 Foundations and centering lenses

4.1 Data and research

4.1.1 | Data Integration

Suicide data includes as much demographic detail as possible and is gathered, analyzed, disseminated, and used for future system improvements and prevention efforts.

4.2 Evaluation

4.2.1 | Culturally-responsive evaluations

Suicide prevention efforts are regularly evaluated and updated to ensure cultural infusion and linguistic needs are addressed.

4.3 Policy needs/gaps

The field of suicide prevention regularly assesses the need for changes in current policies (including legislative concepts, Oregon Administrative Rules, and organizational policies), accounting for equity-driven needs

4.4 Funding and resources

The Oregon Suicide Prevention workforce has the resources needed to provide comprehensive, culturally-infused suicide prevention.

4.4.1 | Funding needs

The field of suicide prevention regularly assesses the need for adjustments in current funding allocations and advocates for additional resources as needed so that organizations and agencies have resources to implement comprehensive culturally-infused suicide prevention, accounting for equity-driven needs.

4.5 Equity

Oregon's field of suicide prevention remains committed to eliminating health inequities. Eliminating health inequities means ensuring that all people in Oregon can reach their full health potential and well-being, and that they do not face disadvantages due to their race, ethnicity, language, disability, immigration status, age, gender, gender identity, sexual orientation, geography, social class, or other cultural identities.

4.6 Trauma Informed Practices

The six key principles of trauma informed care are considered, including: Safety; Trustworthiness and Transparency; Peer Support; Collaboration and Mutuality; Empowerment, Voice, and Choice; and Cultural, Historical, and Gender Issues.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Children and Family Behavioral Health at chelsea.holcomb@oha.oregon.gov or 971-719-0265. We accept all relay calls.

Public Health Division
and Behavioral Health Division

Website: https://www.oregon.gov/oha/ph/preventionwellness/safeliving/suicideprevention/pages/index.aspx

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