Background

The Suicide Prevention Council was established in 2013. It was developed to address suicide prevention in a coordinated and countywide effort. Washington County Mental Health and Public Health divisions have partnered to co-facilitate the council as one of the three Live Well Washington County committees. This partnership has resulted in an active and engaged group of passionate community partners.

The council has a network of 140 stakeholders with approximately 40 partners actively engaged in meetings. Current members include mental health providers, first responders, educators, the faith community, NAMI, hospitals, government organizations, survivors of suicide loss, law enforcement and other concerned citizens.

When the council formed, suicide was identified as a priority issue by a community health assessment based on the rates and disparities by age and gender. 81% of community stakeholders interviewed mentioned mental health as a top health issue for the region.

Update on the Four Strategic Directions

The council has adopted the vision that Zero is Possible. The Council’s strategic goals are based on the 2012 National Strategy for Suicide Prevention.

Strategic Direction 1: Healthy and Empowered Individuals, Families and Communities

Goals

1) To promote responsible media reporting of suicide, accurate portrayals of suicide and mental illnesses in the entertainment industry, and the safety of online content related to suicide.

2) To integrate and coordinate suicide prevention activities across multiple sectors and settings.

Progress Report

- Shared recommendations for reporting on suicide with approximately 125 media contacts across the region.

- Established a training website: GetTrainedtoHelp.com and developed a mental health promotion media campaign in collaboration with Clackamas County and Multnomah County.

  o Recorded over 13,800 website visits since May 2015.

  o Placed 39 print ads in local community newspapers, 105 radio ads, 196 PSAs and 3 radio interviews.

  o Filmed a Community Matters episode in November 2015 that focused on GetTrainedtoHelp.com and aired on MACC TVCTV (local cable television) and is posted on YouTube.
**Strategic Direction 1: Progress Report, continued**

- In August 2015, filmed a “Let’s Talk About It” town hall focused on suicide prevention, risk factors and Washington County resources that aired on local cable television and is posted on YouTube.

- Hosted the Summit of Hope on May 13, 2015, with nearly 200 community members in attendance.

- Was awarded a federal Garrett Lee Smith Youth Suicide Prevention grant, enabling Washington County to hire a full-time suicide prevention coordinator.

- Formed the Washington County ACEs initiative with more than 50 actively engaged partners. Adverse Childhood Experiences (ACEs) are linked to risk factors for suicidal behavior in adolescence and adulthood.

- Was awarded a Youth and Innovation grant to implement the PAX Good Behavior Game (GBG), a classroom tool shown to decrease aggressive behavior.

  - Implemented PAX GBG in more than 100 classrooms in Washington County, reaching more than 2,000 students.

  - In classrooms with full implementation of PAX GBG, off-task behaviors have decreased by more than 50%.

- Established the first Survivors of Suicide Loss support group in Washington County in partnership with the Dougy Center and Suicide Bereavement Support.

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**Partner Success Story**

LifeWorks NW is adopting the Zero Suicide Initiative. To date LifeWorks NW has created an implementation team, announced adoption to staff, conducted an organizational assessment, and surveyed staff to assess knowledge and self-reported competence and confidence regarding suicide care and prevention. LifeWorks NW and Washington County are meeting regularly to advance planning and implementation. According to the Vice President of Clinical Services Mark Lewinsohn, Ph.D., “LifeWorks is extremely pleased and proud to be involved in the Zero Suicide Initiative. Nothing is a higher priority than ensuring the safety of our clients and community. We greatly appreciate the leadership and support that Washington County is providing to us to achieve this goal.”
Strategic Direction 2: Clinical and Community Preventive Services

Goals
1) To promote efforts to reduce access to lethal means of suicide among individuals with identified suicide risk.
2) To develop, implement and monitor effective programs that promote wellness and prevent suicide and related behaviors.

Progress Report
• At least 62 residents of Washington County completed the CALM (Counseling on Access to Lethal Means) online training.
• A total of 16 Washington County staff, Suicide Prevention Council members, and community partners were trained and provided the following sessions reaching more than 1,100 community members since July 1, 2014.
  o Trained 645 community members in Question, Persuade & Refer (QPR).
  o Trained 289 community members in Applied Suicide Intervention Skills Training (ASIST).
  o Trained 191 community members in Mental Health First Aid (MHFA) and Youth Mental Health First Aid (YMHFA)
  o Conducted additional customized presentations and trainings as requested.

Strategic Direction 3: Treatment and Support Services

Goal
To promote suicide prevention as a core component of health care services.

Progress Report
• Working with local health care organizations to promote the Zero Suicide Initiative.
  o Hosted 7 area health care organizations at a Summit of Hope luncheon to discuss implementation and address barriers.
  o One health care system is adopting Zero Suicide. Refer to the partner success story.
• Hosted an Assessing and Managing Suicide Risk (AMSR) training in February with 60 participants.
• Examples of other outcomes include:
  o Community partners adopting a revised risk assessment and analysis of access to lethal means for post-discharge planning for all patients.
  o Coordination of training for all staff at health care facility.
Strategic Direction 4: Surveillance, Research and Evaluation

Goal
To evaluate the impact and effectiveness of suicide prevention interventions and systems and synthesize and disseminate findings.

Progress Report
• Formed the Suicide Fatality Review Subcommittee — a multidisciplinary team led by the Deputy Medical Examiners.
  o Reviewed 16 deaths by suicide in 2014 and 7 deaths by suicide in 2015.
    • Identified social isolation, depression, relationship issues and access to means as the most common risk factors.
    • Identified the medical setting as a potential area of intervention, as many individuals were often seeking medical treatment in the time frame prior to their suicide.
    • Multnomah and Clackamas counties attended a mock review and are exploring implementing a Suicide Fatality Review process as part of their suicide prevention efforts.
    • Finalizing individual risk factor data collection tool to inform suicide prevention activities.
• Measured collective impact of the council in order to ensure development of shared strategies for change.

Health Improvement Goals
1. Decrease age-adjusted suicide rate
2. Decrease suicide count by year
3. Track suicide rates by vulnerable population

Source: Oregon Violent Death Reporting System

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