Oregon

Program Name: Oregon Public Health Services
Grantee Website: Oregon Public Health Services [1]
Grant Type: Garrett Lee Smith State
Grant Status: Active
Year Awarded: 2019
State: Oregon

The Oregon Garrett Lee Smith Youth Suicide Intervention and Prevention Initiative, managed by the Oregon Health Authority Injury and Violence Prevention Program (IVP), will focus on youth age 10-24 in at least 4 counties with youth suicide rates higher than the national average (Deschutes, Jackson, Josephine, Umatilla). The population of youth served is estimated at 206,545, which comprises 27.3% of the youth population in Oregon and accounted for 26.9% of deaths by suicide among youth from 2015-2017. Oregon’s rate of youth suicides almost doubled from 7.2/100,000 in 2010 to 14.1/100,000 in 2017 (OPHAT, 2019). In response, IVP will build on successes and lessons learned from three previous GLS grants to sustainably implement youth suicide prevention and early intervention strategies in schools, educational institutions, and a variety of child- and youth-serving organizations. Project goals are to (1) Increase capacity of counties with higher than average rates of youth suicide to implement sustainable, evidence-based youth suicide prevention strategies; (2) Increase the number of youth-serving organizations able to identify and refer youth at risk of suicide; (3) Increase capacity of clinical service providers to assess, manage, and treat youth at risk of suicide; and (4) Improve the continuity of care and follow-up of youth identified to be at risk for suicide. Objectives to be achieved by project conclusion in 2024 include the following: In support of Goal 1, IVP will subcontract with up to 10 direct service provider organizations to expand or establish local initiatives to undertake evidence-based youth suicide prevention, intervention and postvention. IVP and Lines for Life will develop new content pages for the Oregon Suicide Prevention website and track page views. A youth suicide prevention track will be incorporated into the annual statewide suicide prevention conference, and local prevention coordinators will have supported youth suicide coalitions in up to 10 counties. In support of Goal 2, 120 child welfare personnel will become suicide prevention gatekeeper trainers and provide training to 3,000 CW staff and foster parents. An additional 8,450 staff in youth serving organizations will receive training in QPR, ASIST, and safeTALK and ongoing training for students and staff will be established in selected middle and high schools. In support of Goal 3, 500 clinicians will receive training evidence-based suicide risk assessment, management and treatment; all 76 school-based health centers will implement evidence-based suicide risk assessment; and up to 16 health systems will participate in a Zero Suicide (ZS) Academy. In support of Goal 4, selected communities will develop and implement continuity of care and follow-up plans for youth identified to be at risk for suicide. Up to 32 healthcare systems will actively implement ZS and 100% of youth discharged from ED and inpatient psychiatric units identified in those systems will receive referrals to a mental health provider, safety planning (including lethal means counseling), and one or more caring contacts from the health system.

Links within this resource

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