

Bailey Barnhart

From: Lindsey Manfrin
Sent: Friday, July 26, 2024 8:53 AM
To: Ken Huffer; Mary Starrett
Cc: Layne Pendleton-Baker; Brittany Zylstra-Stanhope; Bill Michielsen; Justin Hogue; Carolina Rook; Bailey Barnhart
Subject: Board Consideration: Permission to Apply for Zero Suicide Initiative Implementation Funding \$30,000
Attachments: Zero Suicide in Health Systems Mini-Grant RFP. Track 2 Suicide Safer Care in Priority Communities 2024.pdf

Hi Mary and Ken,

I would like permission to apply for \$30,000 in funding from the Association of Community Mental Health Programs (AOCMHP). This funding is focused on Zero Suicide Initiative Implementation. If awarded, we intend to use the funds to purchase Recognizing & Responding to Suicide Risk: Essential Skills for Clinicians that will be used to train local healthcare providers. The remainder of the funds would be used to purchase firearm and medication lockboxes for participating health offices to have on hand to give to clients or patients in need.

If our application is successful, I will return to the Board to request approval of the contract.

Carolina/Bailey, please place this item on the next Board Agenda for approval. Suggested Board Agenda Language:

“Authorize Lindsey Manfrin or designee on behalf of Yamhill Health and Human Services to submit an application for funding from the Association of Community Mental Health Programs (AOCMHP) for Zero Suicide Initiative Implementation, Safer Suicide Care Initiatives for Priority Communities for \$30,000.”

Thank you,

Lindsey Manfrin, DNP, RN

Health and Human Services Director

Public Health Administrator

Pronouns: she/her/hers

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Yamhill County Crisis Line (1-844-842-8200)



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Accepted by Yamhill County
Board of Commissioners on
08/01/2024 by Board Order
24-228

**Oregon Zero Suicide in Health Systems Request for Proposals for
Zero Suicide Initiative Implementation Funds**

Track 2: Safer Suicide Care Initiatives for Priority Communities

Deadline for applications: August 1, 2024

OVERVIEW

The Association of Community Mental Health Programs (AOCMHP), with funding from the Oregon Health Authority, will provide up to six 1-year mini-grants, ranging from \$15,000 to \$30,000 to healthcare organizations or care coordination partners to support one of the following efforts:

- 1) **Zero Suicide Initiative Implementation Support:** Support implementation of the Zero Suicide framework in Oregon health systems to reduce suicide risk for adults 25 and older. Health systems must have established Zero Suicide efforts in place.
- 2) **Safer Suicide Care Initiatives for Priority Communities:** Support population-specific safer suicide care initiatives in Oregon health systems, care coordination partners, care facilities or community-based organizations focused for three priority communities: (1) older adults (65 and older), (2) adults with serious mental illness, and (3) veterans and individuals that have served in the military.

Mini-grants funds in the total amount of \$190,000 are available through OHA Grant #SM083398 from the US Substance Abuse and Mental Health Administration's Zero Suicide in Health Systems grant. Priority will be given to proposals that include **equity and lived experience considerations** to inform project implementation. OHA's SAMHSA-funded Zero Suicide Initiative targets the following priority communities: (1) older adults (65 and older), (2) adults with serious mental illness, and (3) veterans and individuals who have served in the military. There are two tracks for the application:

1. **Zero Suicide Initiative Implementation Support track:** Applicant organizations must operate in the health or behavioral healthcare field and meet at least one of the following additional eligibility requirements: (1) past attendance at a Zero Suicide Academy, (2) demonstrated adoption of and ongoing commitment to Zero Suicide implementation or (3) moved forward Zero Suicide implementation through a 2023 Oregon Zero Suicide in Health Systems awarded mini-grant. Successful applications must include a plan and timeline for implementing specific strategies that further integration of the Zero Suicide framework within their health system. Strategies may include developing policies and practices to further Zero Suicide efforts, supporting staff training, facilitating strategic planning of Zero Suicide implementation, implementing a quality improvement project that supports Zero Suicide efforts, or upgrading electronic health records to enhance tracking of Zero Suicide metrics.
2. **Safer Suicide Care Initiatives in Priority Communities track,** applicant organizations can be a health or behavioral healthcare organization or organization that provides direct services to support the health of Oregonians. Proposals must be focused on at least one of the priority communities: (1) older adults (65 and older), (2) adults with serious mental illness, and (3) veterans and individuals that have served in the military. Successful applications must include a plan and timeline that demonstrate commitment to providing safer suicide care for priority communities.

The funding period is August 29, 2024 – August 29, 2025. This document provides an overview and the application for the **Safer Suicide Care Initiatives in Priority Community** track.

BO 24-228
EXHIBIT A

A. BACKGROUND/OVERVIEW OF FUNDING:

Oregon Health Authority (OHA) Public Health Division's Injury and Violence Prevention Program received SAMHSA Zero Suicide in Health Systems grant funding through August 29, 2025. AOCMHP is supporting OHA in implementation of grant activities and will administer funding to selected applicants. OHA will oversee grant implementation.

Purpose: The purpose of the **Safer Suicide Care for Priority Communities** track is to develop and implement safer suicide care practices for at least one of the following priority communities: older adults (65 and older), adults with serious mental illness, or veterans and those that have served in the military. For the purposes of this grant, adults with serious mental illness refers to individuals experiencing mental health conditions that result in serious functional impairment that may require regular or ongoing crisis support or hospitalization. Applicant organizations can be a health or behavioral healthcare organization or organization that provides direct services to support the health of Oregonians. Proposals must be focused on at least one of the priority communities. Successful applications must include a plan and timeline that demonstrate commitment to providing safer suicide care for priority communities.

Allowable Activities: Activities that can be funded by this grant include:

- Staff training to provide tailored suicide safer care to priority communities.
- Work to establish formal partnerships with organizations to support priority communities.
- Other strategies to support safer suicide care for priority communities.

Required Components: Applicants are expected to address equity considerations and involvement of individuals with lived experience in proposed projects, and participate in evaluation activities documenting progress and identifying best practices to share with other organizations supporting suicide safer care to priority populations.

Applicants are expected to address equity considerations and involvement of individuals with lived experience in proposed projects. OHA has a goal to eliminate health inequities in Oregon by 2030¹ through ongoing collaboration to address the equitable distribution and redistribution of resources and power and recognizing, reconciling and rectifying historical and contemporary injustices. Engagement of communities who services are being design for is essential to ensuring services reach intended individuals. This may be done by involving individuals from those communities in service design or forming partnerships with community organizations supporting the community of focus to help identify individuals for services. Individuals with lived experience as a consumer of health services or related to suicide are an essential component to developing, implementing and evaluation efforts. As part of the development of the [Oregon Adult Suicide Intervention and Prevention Plan](#), a workgroup developed lived

¹ **OHA health equity definition:** Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances. Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including Tribal governments to address: The equitable distribution or redistribution of resources and power; and Recognizing, reconciling and rectifying historical and contemporary injustices.

experience values to be considered in all suicide prevention, intervention and prevention work (refer to Appendix A). Applicants are expected to address how individuals with lived experience will be involved in their proposed project.

B. ELIGIBILITY AND FUNDS AVAILABLE:

- Up to 6 grants between \$15,000 - \$30,000 each will be funded from August 29, 2024 – August 29, 2025. Total funds available are \$190,000.
- Funders will aim to fund projects in a variety of geographic areas and will prioritize proposals that intentionally address equity considerations and involvement from individuals with lived experience.
- Entities that have been awarded their own SAMHSA Zero Suicide in Health Systems Grant or are currently receiving OHA SAMHSA Zero Suicide in Health System Grant funds are not eligible.
- Grants must support safer suicide care for adults aged 25 and older based on SAMHSA Zero Suicide in Health System Grant requirements.

C. GRANT REQUIREMENTS:

1. **Work plan and timeline:** Applicants have flexibility in how they propose to use the funds to implement safer suicide care practices for priority communities. Proposals must address at least one of the priority communities: older adults (65 and older), adults with serious mental illness, or veterans and those that have served in the military. Activities may include:
 - A. **Staff training to provide tailored suicide safer care to priority communities.**
 - B. **Work to establish formal partnerships with organizations to support priority communities.**
 - C. **Other strategies to support safer suicide care for priority communities:** Applicants can propose other projects that will support safer suicide care for priority communities. Applicants must describe how the use of funds would support priorities communities and include an implementation plan and timeline.
2. **Collaboration:** Grantees are expected to participate in an initial one-hour grant award call and a one-hour grant closing call with OHA and the Portland State University project evaluation team to be trained on reporting tools, discuss progress and needs, and share best practices and lessons learned.
3. **Reporting:**
 - A. **Training activities:** Grantees using the funds for training must report the (1) training date, (2) topic, and (3) number of clinicians/healthcare professionals and non-clinicians trained for each grant-funded training to PSU via web survey. They must also provide participants with a link to a standardized evaluation web survey from the PSU Zero Suicide evaluators or collect an evaluation of the training and submit a summary for each

training to PSU. Summaries of PSU training evaluations will be provided to grant sites and shared with OHA for planning purposes.

B. A **final summary** of grant activities and outcomes will be required 30 days following the end of the grant period. A reporting form or specific reporting guidelines will be provided for this purpose.

4. **Evaluation:** The Human Services Implementation Lab ([I-Lab](#)) at Portland State University (PSU) is conducting an evaluation of the impact of OHA's SAMHSA Zero Suicide in Health Systems grant. PSU will work with each project site on an evaluation plan and reporting based on proposed project.

5. **Funding Restrictions:**

Grant funds, per SAMHSA Standard Funding Restrictions, may not be used to:

- Purchase food or beverages.
- Directly or indirectly, purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 C.F.R. § 75.300(a) (requiring HHS to “ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements.”); 21 U.S.C. §§ 812(c)(10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under federal law.
- Pay for promotional items including, but not limited to, clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags.
- Pay for the purchase or construction of any building or structure to house any part of the program.
- Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision.
- Provide inpatient treatment or hospital-based detoxification services. Residential services are not considered to be inpatient or hospital-based services.
- Make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services.
- Purchase sterile needles or syringes for the hypodermic injection of any illegal drug.

- Pay for pharmaceuticals for HIV antiretroviral therapy, sexually transmitted diseases (STD)/sexually transmitted illnesses (STI), tuberculosis (TB), and hepatitis B and C, or for psychotropic drugs.

D. TIMING:

- Information/application posted: June 6, 2024
- Deadline for applications: August 1, 2024 at 11:59pm
- Notice of Award: August 25, 2024
- Project start date: August 29, 2024
- Project end date: August 29, 2025
- Final report due: September 30, 2025

E. PAYMENT PROCESS: Grant funds will be released to the designated project/fiscal lead entity by AOCMHP when the project plan and budget have been approved.

F. PROPOSAL CRITERIA TO BE ADDRESSED BY APPLICANTS:

1. Organization or partnership (Limit: 1 page)

- a. Identify the applicant organization(s), number of staff, and number of patients or clients served in 2023. Provide the name and contact information for the project lead.
- b. Identify the priority community/communities your project is focused on and a description of your organization's historical and current work with this community.
- c. Describe your organization's approach to address health inequities and engage individuals with lived experience.

2. Project Implementation (Limit: 2 pages)

- a. Identify specific objectives to be accomplished during the 12-month grant period. Describe how the applicant will utilize the funds to support safer suicide care in the priority community. Indicate how clients/patients will benefit from the project(s). If training staff, indicate how many staff the organization expects to train, timeline for this to occur, what specific training will be providing and who will provide training. If non-training projects are proposed, indicate how many staff will be impacted.
- b. Describe how individuals with lived experience and from priority communities will be involved in project implementation.
- c. Indicate who will be responsible for coordinating this project, participating with OHA and PSU as part of grant calls and collecting required evaluation measures.
- d. Describe how progress toward grant objectives will be measured.
- e. Briefly describe how project implementation will be sustained beyond the funding period.

3. **Workplan (Limit 2 pages).** Provide a workplan that includes the timing for activities between August 29, 2024 – August 29, 2025. Organizations may use the attached template or a workplan format of their own choosing.
4. **Budget (Limit 1 page).** Provide a brief budget outlining proposed use of \$15,000 - \$30,000. Organizations may use the attached template or a budget of their own choosing.
 - Note: Indirect costs are capped at 15%. If a higher indirect is required, provide an explanation for the higher indirect.
5. **Letters of Commitment (No page limit).** The lead applicant and each partner organization must provide a letter of commitment to participate in the project signed by organizational leadership.

G. APPLICATION DEADLINE AND LOGISTICS

Applications are due by 11:59pm PST on August 1, 2024. Applications and supporting materials should be submitted electronically to Maria Gdontakis Pos at AOCMHP (mpos@aocmhp.org).

Content questions may be addressed to: Meghan Crane, OHA at meghan.crane@oha.oregon.gov.

H. EVALUATION PROCESS AND CRITERIA

To be considered for funding, each proposal must address:

- A clearly defined activity related to providing safer suicide care for the priority community.
- A work plan that can be achieved in the funding period.

Applications will be reviewed by at least three reviewers who will consider the following selection criteria.

Applicant interest and capacity. (20 pts) Does the organization serve the priority community and have infrastructure to successfully engage staff to support the priority community? Does the proposal demonstrate an actionable commitment to addressing inequities and engaging individuals with lived experience? Is a letter of commitment from organization leadership included?

Project plan. (40 pts) Does the applicant identify a project that will provide safer suicide care to the priority community? Does the project intentionally address equity considerations? Does the project include how the priority community will be involved in project development and identified for services, including through community partnerships if applicable? Does the applicant indicate how staff and patients/clients will benefit from the proposed project(s)?

Workplan and coordination. (30 pts) Does the proposal provide a clear and feasible timeline for accomplishing the proposed work? Is project coordination clear? Does the workplan include meaningful involvement of individuals with lived experience? Does the workplan describe how suicide-related metrics will be gathered and reported? Does the workplan include steps for

gathering data regarding project implementation and progress toward their proposed objectives?

Budget. (10 pts) Does the majority of funding support project implementation that will benefit staff and patient/clients? Does the budget seem reasonable in light of the proposed project?

APPENDIX A. Adult Suicide Prevention and Intervention Plan Lived Experience Values/Framework

Types of Lived Experience with Suicide

1. Lived Self Experience
 - a) Including first time-, episodic- and/or chronic- thoughts, urges, actions.
 - b) This includes people with lived experience regardless of whether or not someone has received treatment or a formal diagnosis.
2. Lived Supporter Experience
 - a) Formal / informal support for someone with lived self-experience or lived loss.
 - b) These supports could be trained professionals, trained gatekeepers, unpaid helpers, or voluntary empathic care.
3. Lived Loss Survivor Experience
 - a) Someone who has a personal loss of someone they know to suicide.
 - b) Someone who has lost someone to suicide in a professional capacity.
 - c) Someone who has been exposed to a suicide loss in any capacity, such as the loss of a loved celebrity or public figure.

For all of these identities, we acknowledge the entire spectrum of experiences and know that not everyone will fit into the above categories.

Values

1. Nothing about us without us.
2. Self-determination. We have autonomy and choice around our treatment. For example, I am able to decide who I choose to see and am receiving the treatment I selected.
3. We are respected as the expert in our life; we're believed when we share our story. For example, no gaslighting. No condescension.
4. Right to confidentiality. Our information is only shared with who we choose, how we choose and when we choose to share.
5. We have the right to access and preserve our charts and notes. We want to be able to review and annotate our chart to ensure accuracy.
6. We have the right receive support and treatment without judgement. People are seen as individuals and not their diagnosis. I may have schizophrenia but I'm not "a schizophrenic". I'm many things and although I may be impacted by my diagnosis, I'm not my diagnosis.
7. Our identities are respected, and services are individually and culturally responsive.

8. Services should be accessible and equitable to all. For example, materials should be offered in different formats and languages, and in plain language. When technical terms must be used, a glossary should be included. We need physical access to services for those with physical, cognitive, and other disabilities.
9. Providers and programs are trauma informed, trauma free, and trauma responsive. Safe spaces should be created for people to share their experiences and truth.
10. The harm-reduction approach should be widely implemented among providers. We should not be excluded from treatment or services due to any substance use concerns. We should not be excluded from services for "not getting better" or "your timeline".