

Proposal to Support the Task Force on Community Safety and Firearm Prevention (SB 1503)

University of Oregon Suicide Prevention Lab

The University of Oregon Suicide Prevention Lab (UOSPL) is a cross-disciplinary research and evaluation lab that includes experts from fields such as suicide prevention, education, mental health, substance abuse, prevention science, public health, implementation science, improvement science, and network science. In addition to these fields, the UOSPL is dedicated to partnering with groups that have been historically marginalized (e.g., Black, Indigenous, People of Color; LGBTQIA+) and ensuring that all research and evaluation activities incorporate a diversity of feedback and input from key partners. The UOSPL has a longstanding history of successful community-academic partnerships (CAPs) and has partnered with international, national, state, and community-level organizations to impact policy and practice in the field of suicide prevention. Across many years, UOSPL has developed deeply rooted partnerships throughout Oregon's suicide prevention landscape ranging from state agencies, non-profits, and community-based organizations.

Evaluation Approach & Team

The UOSPL team includes participatory researchers and evaluators that help co-design innovative solutions with state and local partners and practitioners. To this end, the UOSPL employs a diverse array of methodologies including CAPs, quantitative and qualitative analyses, advanced statistical modeling, root-cause analyses, focus groups, survey research, network analyses, and literature syntheses. Our past work has included facilitating the [Oregon Mental Health Task Force Report](#) (focused on the impacts of mental health and substance use disorders on retention, recruitment, and graduation rates in Oregon public higher education), [evaluation of the Oregon Youth Suicide Intervention and Prevention Plan](#), and [reporting on the effects of climate change and mental health in Oregon youth](#).

John Seeley, PhD is an academic expert in school-based behavioral health intervention, suicide prevention, substance abuse prevention, and implementation science. He serves as the principal investigator of a collaborative multisite study funded by the National Institute of Mental Health to evaluate adaptive treatment strategies for college students with moderate to severe suicidal ideation delivered through college counseling centers. Since 2016, Dr. Seeley has served as an appointed member of the Oregon Alliance to Prevent Suicide (OAPS) and he directs the UOSPL evaluation activities for the implementation of suicide prevention initiatives funded by the Oregon Health Authority (OHA) and the Oregon Department of Education (ODE).

Kurt Michael, PhD is the Senior Clinical Director at The Jed (JED) Foundation. He is a master trainer and national consultant for Counseling on Access to Lethal Means (CALM) and Collaborative Assessment and Management of Suicidality (CAMS). At JED, Dr. Michael leads the postvention consulting team and helps scale up the promotion of lethal means safety practices (e.g., secure storage of medications and firearms, suicide deterrents). He spent almost 25 years as part of the Psychology Faculty at Appalachian State University, establishing and sustaining a nationally recognized program of funded research and clinical practice in school mental health, adolescent suicidology, and rural healthcare. Dr. Michael is the Emeritus Stanley R. Aeschleman Distinguished Professor of Psychology at Appalachian and an Adjunct Professor of Child Psychiatry at the Huntsman Mental Health Institute and the University of Utah Spencer Fox Eccles School of Medicine.

Sarah Spafford, PhD, MSuicidology is a suicidologist with expertise in implementation science, evidence synthesis, and program evaluation. Dr. Spafford has local, national, and international collaborations in suicide prevention research and evaluation, including evaluation partnerships with OHA, Oregon Alliance for Gun Safety (OAGS), Oregon Firearms Safety Coalition (OFSC), and the OAPS. Currently, Dr. Spafford serves on the Oregon Alliance to Prevent Suicide's Workforce Committee.

Mark Hammond, PhD, MPH is a public health researcher with expertise in implementation science, suicide prevention and treatment programs, and school- and family-based mental health interventions. Mark

serves as an evaluation partner for Oregon’s Comprehensive Suicide Prevention CDC grant and is responsible for monitoring the grant’s strategies related to gatekeeper and postvention training, firearm safety resources, and clinician training. He also oversees federally and state-funded program evaluation activities for promoting suicide prevention and safety training, and improving access to mental health resources for Oregon schools.

Mavis Gallo, PhD is a prevention scientist with expertise in suicidology, implementation science, and LGBTQ mental health. Dr. Gallo has served as lead evaluator on several projects funded by OHA, the Oregon Alliance to Prevent Suicide, and the ODE. Additionally, Dr. Gallo serves on the Oregon Alliance to Prevent Suicide’s Data and Evaluation Committee.

Proposed Activities

Current State of Firearms and Suicide

Estimates indicate that over 50% of households in Oregon own a firearm ([Schell et al., 2020](#)). Oregon lost over 650 people to firearm deaths in 2022, with 73% of those deaths from suicide ([OHA, 2024](#)). Furthermore, of youth who die by suicide in Oregon, over 60% die by firearms ([OHA, 2022](#)). Given the high rates of firearm ownership in Oregon and the lethality of firearms in suicide attempts, the UOSPL considers lethal means safety and reduction of access to firearms during a crisis priority areas for suicide prevention and research. As a part of UOSPL’s commitment to this work, we are seeking additional funding for lethal means safety research from federal funders.

Connections to current work in the state

The UOSPL is deeply connected to firearms safety and suicide prevention efforts throughout Oregon. USOPL has been serving as the lead evaluation team for the Oregon Youth Suicide Intervention and Prevention Plan for the past 8 years, which has included collaborative partnerships with the Oregon Alliance to Prevention Suicide. This partnership has included work on reducing access to lethal means (e.g., firearms) for suicide through partnerships with the Oregon Alliance for Gun Safety (OAGS) and the Oregon Firearm Safety Coalition (OFSC). Currently, the UOSPL is working with OAGS to evaluate a lethal means safety training to change participants’ firearms storage habits.

As an evaluation partner for Oregon’s Comprehensive Suicide Prevention CDC five-year grant, UOSPL reports on progress toward the grants aims to identify and support disproportionately affected adults (adults 55+, veterans, and firearm owners in rural counties) by reducing lethal means access and (2) strengthen access and delivery of suicide care through creating protective environments. Through project year 2, the UOSPL has collaborated with OHA, AOCMHP, OHSU, PSU, OSU, and OFSC to design and coordinate evaluation activities and share evaluation data on providing gatekeeper training (ASIST and QPR), design a firearm safe storage map, promote safe storage among older adults and their caregivers, understanding extreme risk protection orders (ERPOs) law implementation, providing a culturally-sensitive rural firearm safety CE/CME training online for providers. In project year 3, the UOSPL will add evaluating CALM Conversations, Connect Postvention, and firearm storage distribution to their evaluation planning responsibilities.

The UOSPL, through a Project AWARE (Advancing Wellness and Resiliency in Education) grant funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), have also partnered with ODE to plan and implement suicide awareness and prevention training in among Oregon school districts, as well as improve access to mental health resources and improve mental health literacy.

Our Approach

UOSPL plans to ground our proposed work with the Task Force on Community Safety and Firearm Prevention (Task Force) in evidence-based implementation science frameworks, such as [EPIS \(Exploration, Preparation, Implementation, Sustainment\)](#) and [CFIR \(Consolidation Framework for Implementation Research\)](#).

Our approach to this work will include four steps: exploration, development, implementation, and evaluation. These are described in further detail below.

Phase 1: Exploration (~3 months)

In the first phase of our work, we plan to conduct a comprehensive landscape scan of efforts in Oregon related to: (a) How to better support youth experiencing suicidal ideation, (b) How to better support rural Oregonians experiencing suicidal ideation, (c) How to reduce stigma on suicidal ideation, (d) Barriers to suicide prevention support, (e) Current community safety protocol across this state, including at hospitals and behavioral health facilities, and recommendations for improvement of the protocol, (f) Locations and events most targeted in community safety threats, (g) Rates of success for extreme risk protection orders and barriers to implementation and capacity for police stations or other entities to implement voluntary surrender or holding of firearms, (h) Barriers to implementing best practices for community safety and suicide prevention, (i) How domestic violence is a risk factor for community safety threats and suicide, and (j) Risks to first responders. Additionally, we will conduct a comprehensive literature review of current evidence regarding firearms safety for suicide prevention and the impact of ERPOs. This landscape scan aims to provide an overview of policies and programs currently in place to reduce firearm suicide deaths and is guided by four steps: (1) **plan**, (2) **scan**, (3) **analyze and synthesize**, and (4) **report and share** ([Boone & Lambert, 2020](#)). We will also utilize this scan to identify gaps in current program and policy efforts.

Plan: The *Plan* phase of the landscape scan will include working with the Task Force to co-design guiding questions and a focused approach to ensure the information gathered will support the Task Force's objectives. We will work collaboratively to identify partners across Oregon who are known to be engaged in this work to develop a list of partners to contact. Additionally, we will select data collection methods (e.g., survey, formative interview) most applicable to our guiding questions. During the Plan phase, we would form a Network Improvement Community (NIC), a systematic approach to bring researchers, evaluators, and practitioners together to tackle shared implementation barriers and problems-of-practice within their local contexts. The NIC applies the [six tenants of improvement science](#) through several key features and activities: a) Building a resource hub to store and share relevant tools and resources; b) Developing protocols to monitor cross-site performance variability; c) Identifying, addressing, and monitoring shared barriers; and d) General networking among cross-site practitioners to share what is going well so that others can adopt those practices, if appropriate.

Scan: The *Scan* phase will include reaching out to community partners and agencies identified in the Plan phase to document their efforts, researching current local and statewide policies in place for firearm suicide and reducing access to lethal means, and creating a living database that can be updated as new information is found. This living database will inform the next two phases in the landscape scan process. This data collected in this phase will be grouped by how it informs each of the guiding questions. Additionally, we will identify facilitators and barriers that programs and policies have encountered in reducing firearms suicide (e.g., barriers to implementing ERPOs).

Analyze and Synthesize: The *Analyze and Synthesize* phase will focus on examining the data collected from the scan to (1) summarize current efforts toward reducing firearm suicide in Oregon, (2) identify gaps/growth areas in current policy and practice for reducing firearms suicide, and (3) mapping of current efforts across Oregon. This phase will also include synthesizing findings for each of the guiding questions developed in the Plan phase. These findings will inform recommendations and next steps for the Task Force.

Report and Share: The *Report and Share* phase will include developing a final report with recommendations and implications from the landscape scan. This will be provided to the Task Force in report and presentation format.

Phase 2: Co-design and Development

Based on the information collected during the Exploration phase, UOSPL will co-design and develop appropriate next steps alongside the Task Force. During this phase, we will identify potential barriers and facilitators to implement appropriate next steps and develop a detailed plan to enhance facilitators and reduce barriers. During this phase, the UOSPL will also develop an appropriate evaluation plan to measure the success of the implementation plan.

Phase 3: Implementation

Using principles of implementation science, UOSPL will provide necessary support to the Task Force during the Implementation phase of the detailed plan from the Co-design and Development phase. Additionally, the UOSPL will lead and carry out the evaluation plan, providing regular updates to the Task Force for quality improvement of the implementation plan.

Phase 4: Summarize and report

The UOSPL will provide a final report that will include a summary of each phase of the project and a comprehensive evaluation of the implementation phase. This will be provided to the Task Force in report and presentation format.

Budget & Timeline

Quarter	Activity	Cost
Oct. - Dec. 2024	Comprehensive scan of Oregon efforts for (a) How to better support youth experiencing suicidal ideation, (b) How to better support rural Oregonians experiencing suicidal ideation, (c) How to reduce stigma on suicidal ideation, (d) Barriers to suicide prevention support, (e) Current community safety protocol across this state, including at hospitals and behavioral health facilities, and recommendations for improvement of the protocol, (f) Locations and events most targeted in community safety threats, (g) Rates of success for extreme risk protection orders and barriers to implementation and capacity for police stations or other entities to implement voluntary surrender or holding of firearms, (h) Barriers to implementing best practices for community safety and suicide prevention, (i) How domestic violence is a risk factor for community safety threats and suicide, and (j) Risks to first responders. Deliverable: Report and presentation of comprehensive scan provided to Task Force.	Personnel: \$61,000 Travel & meetings: \$4,000
Jan. - Feb. 2025	Co-design and develop appropriate next steps for the Task Force based on a comprehensive scan of current efforts. Deliverable: Implementation and evaluation plan for next steps.	Personnel: \$61,000
March - June 2025	Support for carrying out the implementation and leading the evaluation efforts. Deliverable: Evaluation metrics based on implementation by Task Force.	Personnel: \$61,000
July - Sept. 2025	Evaluation and summary of implementation. Deliverable: Implementation and evaluation report presented to task force.	Personnel: \$61,000
	Total budget	\$250,000