

Examining Community-Based LGBTQ+ Suicide Prevention in Oregon

by

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DISSERTATION ABSTRACT

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Doctor of Philosophy in Prevention Science

Title: Examining Community-Based LGBTQ+ Suicide Prevention in Oregon

Suicide is a public health issue that affects communities worldwide (World Health Organization, 2019). At the community level, lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual, or two-spirit (LGBTQ+) individuals die by suicide at a disproportionately higher rate when compared to their heterosexual peers (American Foundation for Suicide Prevention, 2022; Aranmolate et al., 2017). While the Center for Disease Control (CDC) has identified suicide prevention as a national priority in the United States (CDC, 2023), there is a need to identify suicide prevention tactics that are informed by the target communities. The present study consists of eleven individual interviews that were conducted with recipients of CDC grant funding aimed at LGBTQ+ suicide prevention in Oregon. A case study approach and thematic analysis of these interview transcripts, as well as grant applications and reports from the grant funded activities will help create a richer understanding of community-based LGBTQ+ suicide prevention efforts. Available literature suggests that suicide prevention efforts lead to positive outcomes at the individual and societal levels. The present study aims to examine community-based suicide prevention efforts among LGBTQ+ communities to contribute to our understanding of how to reduce LGBTQ+ suicides. Findings revealed that impact of community, implementation drivers, and mentorship are all components of community-based suicide prevention. Future policy and community leaders would benefit from intentionally including the voices of community members in the development, delivery, and study of suicide prevention efforts.

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DEDICATION

I dedicate this work to all those who hope for, and work towards,
a brighter a future.

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CHAPTER I

INTRODUCTION

Although an inherently personal experience, suicide and suicidal behavior are concerns that transcend the individual because every individual is influenced by their context within their community. Suicide is a community-level issue. The nature of suicidal thoughts and behaviors present a variety of obstacles for research (Klonsky et al., 2016), however suicidality can broadly be understood in several ways (Goodfellow, 2021). First, suicide completion is death due to injuring oneself with the intent to die. A suicide attempt differs from a death by suicide, in that a suicide attempt is considered self-harm with the intent to die that does not lead to death. Lastly, suicidal ideation is broadly defined as thinking about, considering, or planning to injure oneself with the intent to die (Klonsky et al., 2016). Together, these concepts capture the phenomena that will be referred to as “suicide and suicidal behavior” in the present study.

Suicide rates are on the rise. Within the United States, suicide is the tenth leading cause of death across all ages (Hedegaard et al., 2020) and suicide prevention has been identified by the Center for Disease Control (CDC) as a national priority (CDC, 2023). These suicide prevention efforts have the potential to create lasting impact at the individual, group, and national level. At the individual level, suicide prevention efforts can lead to increased connection to mental healthcare and increased feelings of hope (Gould et al., 2016). By reducing suicidal behavior and deaths by suicide, communities are less likely to suffer the long-term adverse effects of being exposed to suicide such as feelings of grief, shock, guilt, or symptoms of depression and anxiety (Cerel et al., 2016). Nationally, a 2020 CDC report identified that suicide and nonfatal self-harm cost over \$500 billion in medical costs, loss of work costs, and quality of life costs (CDC, 2023). The CDC has identified seven key strategies to help confront suicide prevention as a national priority (CDC, 2023): (1) Strengthen economic supports, (2) Create protective environments, (3) Improve access and delivery

of suicide care, (4) Promote healthy connections, (5) Teach coping and problem-solving skills, (6) Identify and support people at risk, and (7) Lessen harms and prevent future risk. However, Zalsman et al. (2016) found that there is no easily identified suicide prevention strategy that has proved more effective than others, suggesting that there is an opportunity for creative or unique approaches to preventing suicide and suicidal behavior.

Community-Based Suicide Prevention

Community has been defined in a variety of ways across human history, and it is helpful to consider what is meant by “community-based” suicide prevention. Following an intensive qualitative study, researchers MacQueen et al., (2001) pointed to a common definition of community as “a group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings.” They go on to state that community was defined similarly, but experienced differently, by people with diverse backgrounds. According to the National Action Alliance for Suicide Prevention and its national partners, community-based programs, policies, and services play an important role in the prevention of suicide (Action Alliance, 2017). In the present study, “community-based suicide prevention” is defined as programs, actions, and services aimed at the prevention of suicide which occur within a community of individuals.

The increasing rates of suicide alongside continued calls for suicide prevention efforts (Haas et al., 2010; Goldbach et al., 2019; CDC, 2023), indicates a continued need for exploring a variety of pathways toward suicide prevention. To that point, two recent studies conducted in Australia suggest the potential for lasting impact when suicide prevention is approached from a community perspective. Findings from Reifels et al. (2021) study of community-led suicide suggest that community coalitions that focus on the general community and are centered on community-focused activities hold merit in the field of suicide prevention.

Communities can have an impact on suicide prevention efforts related to areas such as reduction of access to lethal means, implementation of organizational and cultural policies related to reducing mental health stigma, and educational and awareness campaigns (Linskens et al., 2022). Following their qualitative study on community-based suicide prevention, Grattidge et al. (2023) suggest that community-based programs are an innovative approach to equip communities with the tools needed to “implement, monitor, and adjust community-based programs to fit community needs.” In their 2024 National Strategy for Suicide Prevention, the Substance Abuse and Mental Health Services Administration (SAMHSA) identifies community-based suicide prevention as a strategic direction (SAMHSA, 2024). This suggests that efforts aimed at increasing what is known about implementation of community-based suicide prevention programs can have a lasting impact at a national level.

LGBTQ+ Suicide Prevention

While suicide is a public health concern that impacts a wide variety of individuals, there are certain communities and groups that are at elevated risk for suicidal thoughts and behavior. Individuals who are lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual, or two-spirit (LGBTQ+) are among these higher-risk groups (CDC, 2023). The American Foundation for Suicide Prevention reiterates that individuals who identify as LGBTQ+ are at higher risk overall for suicide attempts (American Foundation for Suicide Prevention, 2022; Aranmolate et al., 2017; CDC, 2022), although a wider range of data and data collection methods is needed to better understand the prevalence of suicide completion and suicidal behavior among LGBTQ+ communities across the lifespan (Haas et al., 2010). Because of the intersecting nature of an individual’s identity and the context in which they live, it is imperative to consider how the LGBTQ+ identity impacts suicidality.

It is important to note that gathering data on suicide and suicidality among LGBTQ+ identified people is a complex task for several reasons. First, an individual who dies by suicide may

not have made their LGBTQ+ identity known to those around them, and therefore would not be identified as LGBTQ+ in death reporting. There is also a need for delineating between sexual identities in data collection and reporting due to the unique differences between the lived experiences of individuals who identify as lesbian, gay, bisexual, etc. (Fulginiti et al. 2021). The National Violent Death Reporting System (NVDRS) provides an opportunity for public health researchers and practitioners to investigate death by suicide among LGBTQ+ groups, however, there have been calls to action to include more robust data collection around sexual orientation and gender identity (Mays & Cochran, 2019) within this national dataset. Despite these shortcomings, research suggests there is an unmet need for community-based suicide prevention among LGBTQ+ groups (Marshall, 2016; SPRC, 2008) which creates a pathway to explore the impact of community-based suicide prevention specifically tailored to LGBTQ+ needs.

To understand the prevention of suicide and suicidal behavior, it is helpful to first understand the risk and protective factors for suicide. Numerous studies have identified various factors that contribute to the heightened risk for suicidal behavior among the LGBTQ+ population across the lifespan. Everyday discrimination, stigma, social isolation, and victimization based on sexual orientation or gender identity have all been shown to impact levels of suicidality among individuals from youth to adulthood (Haas et al., 2010; Meyer, 2003; Hatchel et al., 2021; Munro et al., 2019; Salerno et al., 2019). Additionally, family rejection and lack of social support have been linked to increased suicide risk among LGBTQ+ individuals (Ryan et al., 2009; Kaniuka et al., 2019). Conversely, protective factors play a crucial role in mitigating these risks. Social support, acceptance, and affirmation from family, friends, and community have been identified as important protective factors for LGBTQ+ individuals (Meyer, 2003; Ryan et al., 2009). Access to LGBTQ+ affirming mental health care and interventions, as well as the development of coping skills and resilience, are essential components of a comprehensive approach to suicide prevention within the

LGBTQ+ population (Perez-Brumer et al., 2017). Understanding and addressing both risk and protective factors are imperative for the development of effective strategies to reduce suicide rates and promote mental well-being among LGBTQ+ individuals across the lifespan.

COVID-19

The COVID-19 outbreak, and the subsequent lockdown phase of the pandemic, created a unique context of life factors for LGBTQ+ individuals. Grullon and colleagues (2020) suggest that although older adults were generally disproportionately impacted by illness and fatalities in the fact of COVID-19, LGBTQ+ older adults faced unique challenges. Research has shown that older LGBTQ+ adults are more likely to experience increased risk factors such as heterosexism and ageism, and are more likely to live alone, be single, or not have children (Konnoth, 2020; Grullon et al., 2020). In their study of LGBTQ+ resilience, Gonzalez et al. (2021) found that participants expressed higher rates of resiliency when they felt mutual connection and support with other LGBTQ+ individuals. Alongside the general challenges of youth and young adulthood as it relates to COVID-19, many LGBQ+ youth experienced a sudden shift from being able to attend school to being forced to spend their school days in non-LGBTQ+ affirming households (Fish et al., 2020). As we transition farther away from the COVID-19 pandemic, there is much that can be learned from how communities responded to this health crisis and what precautions can be in place to prepare for future health crisis scenarios.

Purpose of Study

The current study aims to investigate an innovative project that began in 2020 to address suicide risk and protective factors faced by LGBTQ+ Oregonians during the lockdown phase of the COVID-19 pandemic. The project partners include the Oregon Health Authority's Injury and Violence Prevention Program and Health Services Division, Association of Oregon Community Mental Health Programs, and the Oregon Alliance to Prevent Suicide. In 2020, these partners leveraged

funds from the CDC to provide “mini-grants” of up to \$20,000 to community-based organizations (CBOs) across the state of Oregon. These statewide community-based suicide prevention efforts included a diverse network of programming activities aimed at reducing social isolation and promoting community connection during the COVID-19 pandemic. Specifically, organizations were asked in the application process to propose programming which would “build toward a suicide-safer LGBTQ+ community by increasing protective factors.”

The call for grant proposals yielded a total of 81 applications from grassroots organizations spanning across the state of Oregon, with applicants from 30 of Oregon’s 36 counties being represented in the application process. The geographic regions of the applicants ranged from urban to rural, and the proposed projects represented a diversity of approaches to the prevention of suicide and suicidal behavior. Of the 81 applications, funding was provided across two cohorts of CBOs, for a total of 22 CBOs across 16 of Oregon’s 36 counties. The funding occurred in two cycles, and differences in grant cycles primarily consisted of access to technical assistance and amount of funding received, with the first wave of applicants receiving up to \$20,000 depending on their application materials, and the second wave of applicants receiving a full \$20,000 award. Regarding the fourteen organizations outreached for this project, twelve of the organizations received funding in the first grant cycle, and two of the organizations received funding in the second grant cycle.

The proposed qualitative study is important for several reasons. First, a gap exists in research literature aimed at investigating community-based suicide prevention where the approaches to suicide prevention are defined and implemented by, and for, the target communities (Marshall, 2016; Suicide Prevention Resource Center, 2008; SAMHSA, 2024 SD1 and SD4). The World Health Organization (WHO) has identified that communities play a crucial role in preventing suicide (WHO, 2024), thus, the first goal of this study is to focus on qualitative findings to gain an in-depth understanding of how suicide prevention efforts can be shaped in response to local community

needs. Second, this study aims to contribute to general knowledge concerning what factors such as resources, infrastructure, and barriers inform the implementation of suicide prevention efforts at a community level. Although much is broadly known about implementation processes, there is an opportunity to increase general knowledge about the implementation of community-based suicide prevention among LGBTQ+ groups. One of the primary goals of the 2020-2021 CDC grant funding was to promote connection to community and reduce social isolation in the face of the lockdown phase of COVID-19. Therefore, this study will contribute to general knowledge of how to promote community connection among LGBTQ+ communities. Lastly, findings from this study will shed light on how suicide prevention efforts were shaped in the face of COVID-19, which will lead to suggestions for how to better equip communities for potential future health crises.

Statement of the Problem

There is much to be learned about community-based approaches to LGBTQ+ suicide prevention. A brief literature search suggests that the available scholarship in this understudied area is largely informed by data collected within specific settings like healthcare facilities and school-based mental healthcare clinics, which suggests a need for increased research conducted in community-based settings (Reifels et al., 2020). Even among research literature related to community-based suicide prevention, little is known about prevention efforts that are tailored to community needs and the specific needs of LGBTQ+ individuals across the lifespan. Findings from this study will contribute to what is known about how to tailor suicide prevention efforts to LGBTQ+ communities. Lastly, given the lack of available research and guidance around implementation of community-led approaches to LGBTQ+ suicide prevention, we are presented with the opportunity to expand knowledge specific to bolstering community abilities related to implementing programming reducing suicidality and deaths by suicide among LGBTQ+ individuals. Therefore, it is imperative to conduct a study which contributes to what is generally known about

LGBTQ+ suicide prevention, community informed suicide prevention, and community-led suicide prevention. The following sections discuss the theoretical models and implementation frameworks, as well as the qualitative rationale, which informed the study design.

Theoretical Models

Suicide is a public health concern that requires an integrated cross-system approach to impact prevalence rates. When considering public health topics, it is important to find guidance that is based in theory relevant to the research themes. For that purpose, three prominent conceptual models in suicide research can provide a lens to help guide the present study: the socioecological model (Bronfenbrenner, 1994), the interpersonal theory of suicide (Joiner, 2010), and the minority stress theory (Meyer, 1995). Together, these models help guide the present study toward considering the individual, their context, and their identity as they relate to suicide prevention efforts.

First, the socioecological model (SEM) suggests that an individual's behavior exists within a dynamic network of intrapersonal, interpersonal, institutional, community, and public policy factors (Salihu et al., 2015). Together, these layers provide a picture of how an individual and their environment interact to influence individual behavior. Within the realm of suicide research, it is imperative to consider how these socioecological layers intersect to inform the individual's experience of life. Relevant to suicide prevention efforts, it is vital to consider the layers of the SEM to inform the context in which an individual is experiencing suicidality.

Second, the interpersonal theory of suicide goes on to suggest that "suicidal behavior is exhibited most strongly in those with high levels of perceived burdensomeness (the state of being burdensome) and thwarted belongingness (a painful mental state which manifests when the fundamental need for connectedness goes unmet)" (Van Orden et al., 2012). Broadly, this suggests that an individual is more likely to experience higher levels of suicidality if they feel that they are a burden to, or do not belong within, their community. The interpersonal theory of suicide goes on to

suggest that there is a distinct delineation between the feelings of suicidality and the desire to engage in suicidal behavior, however it is imperative to consider the opportunity to impact the feelings of suicidality at their source. Within the present study, the interpersonal theory of suicide provides an opportunity to investigate the impact of connectedness on suicide prevention. By investigating connectedness, especially within the context of COVID-19, findings from the present study can help inform future suicide prevention efforts and how they can approach increasing levels of connectedness and decreasing suicidal behavior.

Lastly, the minority stress theory provides a lens which is vital to the investigation of suicide prevention efforts among LGBTQ+ communities. The minority stress theory suggests that individuals experiencing stigma, prejudice, and discrimination due to their minority identity are at higher risk for negative health outcomes (Meyer, 2003). Specific to the LGBTQ+ population, the minority stress theory has been empirically shown to predict these negative health outcomes (Frost & Meyer, 2023; Alessi 2014; Cyrus, 2017). Within the present study, the minority stress theory will help provide context for how the participants and their LGBTQ+ communities may be experiencing higher levels of negative health outcomes as a result of how others perceive their identity.

Together, these theoretical models create the lens through which the research questions of the present study will be investigated. The socioecological model, the interpersonal theory of suicide, and the minority stress theory all provide context for how an individual experiences their life in relation to those around them, and how these experiences may inform their levels of suicidal thoughts and behaviors. Consideration of these frameworks throughout the investigative process will ensure that findings resulting from this study will be informed by theories that are vital to suicide prevention.

Implementation Science Frameworks

Finally, it is helpful to consider the steps necessary to implement, “drive”, or put into effect, suicide prevention efforts within a community setting. Research has shown that successful implementation of community-based suicide prevention requires engagement and partnerships with community members to be successful (Grattidge et al., 2023; Iskander & Crosby, 2021). Within the context of successful implementation, the National Implementation Research Network (NIRN) provides a helpful tool for implementation that can be utilized when considering the components needed to bring a program from inception to action (Ai Hub, n.d.). Intending to inform the “what”, “who”, “how”, and “where” of implementation the first tool, the Active Implementation Frameworks (AIFs), include five elements: (1) Useful innovation, (2) Implementation stages, (3) Implementation teams, (4) Implementation drivers, and (5) Improvement cycles. A secondary tool, the Consolidated Framework for Implementation Research, provides five key domains composed of several components that inform program implementation (Consolidated Framework for Implementation Science, 2022). CFIR domains under consideration in the present study include the outer setting domain, the inner setting domain, and the process domain. These nonlinear and interconnected components work together to create a pathway toward successful program implementation (Pollastri et al., 2020). Together, these implementation “drivers” will guide the investigation into what components led to the success of LGBTQ+ community-based suicide prevention in the context of the present study.

Rationale for Qualitative Approach

This section aims to provide a comprehensive understanding of the rationale behind choosing qualitative research methods for the current study. Qualitative research has gained prominence in various academic disciplines due to its ability to explore complex phenomena, generate rich insights, and capture the nuances of human experiences (Morrow & Smith, 2000). More specifically, Creswell and Creswell (2017) describe the qualitative approach as one which is used for “exploring

and understanding the meaning individuals or groups ascribe to a social or human problem.” They go on to explain that qualitative research “honors inductive style, a focus on individual meaning, and the importance of reporting the complexity of a situation.” Suicide is an inherently complex and humanistic area of research, and a qualitative approach to investigation of suicide prevention offers the opportunity to consider the lived experiences of individuals. Due to the complex nature of the funding mechanism, the diversity of the grant-funded programming activities, and the experiences of the individuals who were interviewed, a qualitative approach to investigation offers flexibility and exploration which is unique to qualitative methodology. In this section we will delve into the philosophical underpinnings, methodological advantages, and the suitability of qualitative methods in addressing the research questions of the current study.

Philosophical Underpinnings. Qualitative research is rooted in an interpretivist ontology, which posits that reality is subjective and socially constructed (Denzin et al., 2023). By adopting this perspective, the researcher acknowledges the multiplicity of realities and seeks to understand the diverse ways in which individuals interpret and make sense of their experiences. This ontological stance aligns with the complexity of the current study, as it allows for an in-depth exploration of the lived experiences of those who are pursuing LGBTQ+ suicide prevention in Oregon.

The epistemological foundation of qualitative research emphasizes the importance of understanding the subjective nature of knowledge. Qualitative methods are well-suited to capture the contextual, situational, and often tacit knowledge that individuals possess (Creswell & Creswell, 2017). By embracing a constructivist epistemology, this study aims to explore and interpret the meanings participants ascribe to their experiences, thereby contributing to a deeper understanding of how to approach statewide community-based LGBTQ+ suicide prevention.

Within the realm of philosophical science, there lie several paradigms or worldviews which influence the qualitative research approach (Haverkamp & Young, 2017). It is imperative to have a

grounded understanding of why a qualitative approach is necessary to answer a research question. For the present study, both pragmatic and transformative worldviews offer the opportunity to focus on the problem of death by suicide and the implications of community-based LGBTQ+ suicide prevention in a way that is flexible and oriented toward real-world changes. The pragmatic worldview places emphasis on examining practical consequences of research, therefore a pragmatic approach allows for focusing on knowledge in action (Creswell & Creswell, 2017). Applied to the present study, a pragmatic approach will allow for considering the community-level outcomes of the LGBTQ+ suicide prevention grant funding in the context of when and how the funding occurred. The transformative worldview, in tandem, places emphasis on the lived experiences of marginalized communities and links research findings to action (Jackson et al., 2018). A transformative approach will allow for focusing on the diverse lives and experiences of the LGBTQ+ communities across Oregon with the goal of taking the proposed research beyond the page and into real-world action. The transformative lens will allow for capturing the qualitative components of the present study to inform future community-based LGBTQ+ suicide prevention efforts (Creswell & Creswell, 2017).

Methodological Advantages. The research questions posed in this study are exploratory in nature, seeking to understand the underlying meanings, motivations, and perspectives of participants. Qualitative methods are particularly well-suited for exploratory research, as they facilitate an in-depth exploration of complex phenomena, allowing for the generation of new insights and hypotheses (Patton, 2014). Qualitative methods also offer a unique opportunity to delve deeply into the lived experiences, perspectives, and emotions of participants (Merriam & Tisdell, 2015). This depth of understanding is inherent in the pursuit of understanding suicide prevention from a community-based perspective, especially among minority communities. Imperative to the real-world applications of the present study, qualitative research allows for the contextualization of findings within the broader social, cultural, and historical contexts (Creswell & Poth, 2016). Suicide

prevention is multifaceted, and qualitative methods are uniquely equipped to capture this complexity by providing a platform for participants to express their views in their own words (Creswell & Creswell, 2017).

The present study utilized a multiple case study approach. Case studies have been defined as “an exploration of a ‘bounded system’ of a case or multiple cases over time through detailed, in-depth data collection involving multiple sources of information rich in context” (Creswell & Creswell, 2017). Due to the nature of the grant funding mechanism, the suicide prevention programming efforts under investigation were a collection of unique and diverse activities which resulted in distinctly unique interviews, program applications, and program reports. Within the scope of the present research, a multiple case study approach allowed for the unique analysis of these individual experiences with the goal of gaining both individual and collective insights as they relate to the research questions under investigation.

CHAPTER II

METHODOLOGY

The purpose of this study is to contribute to the recent literature on what is known about the characteristics of community-based LGBTQ+ suicide prevention. As described in Chapter I, a significant gap exists on the topic of LGBTQ+-specific suicide prevention efforts generally, and community-based efforts specifically. To increase general knowledge in the area of community-based LGBTQ+ suicide prevention, this study aims to investigate the following research questions:

1. What are the characteristics of community-based suicide prevention among LGBTQ+ individuals living in Oregon?
 - 1.1. What are the implementation drivers for community-based suicide prevention among LGBTQ+ individuals living in Oregon?
2. What are mechanisms for reducing social isolation and promoting community connection among LGBTQ+ communities in Oregon? How were these mechanisms sustainable?

Secondary Aim

1. How were these suicide prevention efforts shaped by COVID-19?

This investigation utilized a multiple case study thematic analysis design. For the present research, a “case” is defined as an individual grant project that was selected for the interview process as well as the grant documents associated with that project. Included in each individual case is the deidentified transcript, grant application, and grant report associated with the project number (see Table 1). Due to the unique nature of the grant programming activities that were created in response to the request for proposals, the case study approach will provide the flexibility needed to analyze individual projects for their uniqueness and commonalities. Stake (1998) points out that case study

research involves a careful and in-depth exploration into the nature of individual cases, historical background, physical setting, and other contextual social factors. The multiple case study design will be utilized to investigate several cases with the goal of gaining insight into the central phenomenon under investigation (Creswell, 2020). The uniqueness and commonalities of the individual cases will create a network of experiences that can be overlaid and analyzed for themes and outliers and will paint a picture how suicide prevention efforts can be shaped in response to the diverse needs of LGBTQ+ communities. Of note, a document of shared definitions was co-created by an advisory group comprised of grant recipients at the beginning of the evaluation process (Appendix A) to ensure that the key terms used throughout evaluation project were guided by the community voice.

Table 1
Grantee Characteristics

Project ID Number	Program Type/Audience	Award Amount (\$)
With Project TA		
Project 7	Dance Project	10,000
Project 1	Population/Culture Specific Program	15,000
Project 4	Mentoring Program	14,000
Project 11	Community Center	7,000
Project 15	Mentoring Program	5,000
Project 13	Healthcare Organization	20,000
Project 17	Population/Culture Specific Program	10,000
Project 5	School-Based Program	18,704
Project 10	Population/Culture Specific Program	9,669
Without Project TA		
Project 21	School-Based Program	20,000
Project 23	Mentoring Program	20,000

Case Selection

To gain multiple perspectives from in the area of LGBTQ+ suicide prevention, this study utilized a purposive sampling approach. Researchers Campbell et al. (2020) explain that purposive sampling can be utilized to better match the sample to the aims and objectives of the research, thus contributing to the rigor of the study and the trustworthiness of the data and results. Within the present study, purposive sampling was utilized to identify participants based on their relationship to the grant funded programming activities and their ability to speak to the experiences surrounding the programming. These interviews are a part of a larger evaluation of the CDC grant funding outcomes conducted by an Oregon Health Authority evaluation team, and several factors informed the inclusion criteria for the outreach process. First, in the hopes of reaching higher engagement in the interview process, the evaluation team identified organizations who had exhibited higher rates of engagement in prior auxiliary components of the overall evaluation project. For example, organizations who demonstrated previous email response engagement in the development process of the evaluation were prioritized for outreach over organizations who had not responded to emails from the evaluation team following the grant period. Second, with a purposive sampling approach in mind, organizations who had expressed prior interest in continued engagement with the evaluation process were identified as being more likely to engage in the interview process. Lastly, funding and time constraints informed the total number of interviews that could be conducted.

The evaluation team compiled a list of fourteen participating organizations from the two separate grant cycles that would be contacted with an opportunity to participate. The individuals selected for the list of potential interviews were in leadership positions within the organizations during the grant period or otherwise had roles in the facilitation of the suicide prevention programming. These roles included lead artists, drop-in program leads, and other individuals who were direct liaisons between the grant funding and the grant activities. Eleven organizations were

selected for interviews and Table 1 provides information regarding the type of programming that was conducted by the organizations selected for interviews, broken down by the unique project identification numbers.

The call for grant proposals yielded 81 applications from grassroots organizations spanning across the state of Oregon, with applicants from 30 of Oregon's 36 counties being represented in the application process. The geographic regions of the applicants ranged from urban to rural, and the proposed projects represented a diversity of approaches to the prevention of suicide and suicidal behavior. The final groups of grant recipients consisted of 23 recipients, representing 16 counties across the state. The funding occurred in two stages, and differences in grant cycles primarily consisted of access to technical assistance and amount of funding received, with the first wave of applicants receiving up to \$20,000 depending on their application materials, and the second wave of applicants receiving a full \$20,000 award. Regarding the fourteen organizations outreached for this project, twelve of the organizations received funding in the first grant cycle, and two of the organizations received funding in the second grant cycle.

Data Collection

Individuals identified for interviews were contacted via email by a member of the OHA evaluation team. Emails consisting of an informational flyer and a breakdown of the time commitment, details of the study, and compensation were sent to two individuals from each grant-receiving organization with a clarification that one individual from each organization was being asked to participate. Fourteen organizations were contacted, for a total of twenty-four individuals outreached. Eleven interested individuals were then scheduled for one-on-one, semi-structured interviews with an evaluation staff member. For this study, data was collected in the forms of the individual interview transcripts, grantee applications that were submitted for the grant funding, and

final reports provided by grant recipients following the end of the initial grant period. These documents will provide a multifaceted perspective of how the research questions apply to the

Interviews

Interviews with participants lasted between thirty minutes to one hour and took place via an online meeting system (Zoom). The interviews were audio-recorded, and interview participants consented to the procedure and audio recording at the beginning of the meeting and were reminded that their information would remain confidential throughout the research project. Participants were reminded that they could withdraw from the study at any point. The evaluation staff who conducted the interviews took notes and checked for understanding throughout the conversation (e.g. reiterating interview question answers to confirm accuracy). Two interview protocols were utilized during the interviews (see Appendix B and C), depending on who was being interviewed and what grant cycle they participated in. Both protocols consisted of ten questions. These questions were developed in collaboration between the OHA evaluation staff and the researcher. The audio recording of interviews were transcribed by professional transcription services before being checked for accuracy and being deidentified by evaluation staff.

Protocol A was used for interviews with individuals (n=9) who were part of the first cohort of grant recipients, which meant they had access to supplemental technical assistance (TA) offered throughout their grant cycle. Questions such as “How were the mini-grant activities shaped in response to LGBTQ+ community needs during the beginning of the COVID-19 pandemic?”, “What was the most important thing about your program, in your opinion, that helped to reduce social isolation and increase social connection?”, and “What does sustainability following this mini-grant project look like for your organization?” were asked with the opportunity for the interview facilitator to develop unique prompts which were documented in interview notes and asked during individual conversations.

Protocol B was utilized for interviews with individuals (n=2) who were part of the second cohort of grant recipients, which means they did not have access to the supplemental technical assistance. The first and second interview protocols are identical, with the only difference being one question – individuals who were offered TA were asked, “Your cohort of grant recipients was offered additional assistance by Trauma Informed Oregon and evaluation help from PDES at OHA. In what ways did having access to technical assistance during the grant process impact the experience?” and those who were not offered TA were asked, “Did you utilize any of the funding you received for technical assistance?”.

Member checking occurred via email following the transcription, cleaning, and accuracy check of interview transcripts. Following deidentification, interview transcripts were assessed by the principal investigator for major themes and any standout details. A list of these major themes was compiled, and interview participants were outreached via email to verify the accuracy of the first phase of analysis. Participants were given the opportunity to correct any misunderstandings or emphasize anything that they felt needed to be emphasized. All 11 participants were outreached, and three participants responded and unanimously confirmed that the themes aligned with their individual understanding of the interview conversation.

Documents

The documents gathered for this study include the shared definitions document (Appendix A), applications that organizations submitted for the grant funding (see Appendix D), and available final reports from grant recipients related to the outcomes of their organizational programming (see Appendix E). These documents will provide vital insight to the research questions. The shared definitions document will help guide the analysis process, the reports will provide detailed information about the activities that occurred during the suicide prevention programming, and the interview notes will be beneficial in combination with information gathered during the interviews.

All of these documents will provide anecdotal details in relation to the research questions and can be used in the data triangulation process.

Data Analysis

Transcript Analysis

The project analysis team consisted of the principal investigator (PI), a University of Oregon doctoral student (UODS), and a senior researcher from the OHA evaluation team. The research team utilized a meaning-in-context thematic analysis approach which allows for coding not by sentence or paragraph, but by meaning (Mishler, 1979). Because of the meandering nature of the semi-structured interviews and the differences in document completeness between grant projects, the meaning-in-context approach provided a way to assess the interview transcripts, applications, and reports by the meanings that arose, compared to a line-by-line or paragraph-by-paragraph approach which would likely result in disjointed analysis units. Thematic analysis occurred across several phases, guided by the approach laid out by Braun and Clarke (2006). Braun and Clarke offer an effective six-step approach to thematic analysis, which are: (1) becoming familiarized with the data, (2) generation of initial codes, (3) becoming immersed in the data, (4) reviewing initial codes and assessing for themes, (5) defining/naming themes, and (6) creating the report.

A flexible inductive approach was utilized in the process of thematic coding. First, the PI conducted an initial wave of thematic assessment in the member-checking process. This thematic assessment consisted of becoming familiarized with the interview transcripts, reports, and applications. Because they provided a dominant amount of the data utilized in this study, emphasis was placed on the interview transcripts for initial thematic assessment. Following confirmation from interview participants that the initial themes discovered aligned with their understanding of the interview conversation, the PI produced a document of initial themes arising from across all 11 transcripts. The UODS was then asked to do a blind thematic assessment following the same

procedure the PI utilized, to independently develop a document of initial themes arising from the 11 transcripts. The PI and the UODS then met to discuss their initial findings and begin developing a shared agreement of codes and their definitions. Several themes which arose during this stage of the analysis were deductive in nature; for example, because the grant funding occurred during the time of COVID lockdown, COVID was produced as an a priori code. Similarly, because implementation factors were specifically being investigated in the research questions, “Implementation Factor” was produced as an a priori code. The remainder of the codes were developed following an iterative inductive process.

The second phase of analysis consisted of the development of the codebook. The codebook was developed utilizing an open-discussion approach, with the goal of establishing intercoder agreement throughout the development process (O’Connor & Joffe, 2020). Following the initial discussion of emerging themes and potential codes, the PI developed a codebook draft that was then applied independently by the PI and the UODS across one interview transcript. The team met and discussed their understanding of the codes, refined code definitions, and assessed individual applications of codes to ensure team members were in agreement about when and how to apply codes to the data. The codebook was then refined by the PI, and the team recoded the initial transcript using the revised codebook. Following a third open discussion where codes were revised and collaboratively defined, the codebook was finalized (Appendix F) with the PI making any ultimate decisions about discrepancies.

The open-discussion approach was utilized throughout the coding process. The research team utilized a thematic analysis approach to coding, where transcript content was coded based on the meaning of the words being said in the interview as opposed to line-by-line where context could be lost in the coding process. Following coding of the initial transcript, the coding team co-coded two more interview transcripts, where each member coded individually and then team members came

together to discuss their coding and amend discrepancies in the applications of codes. Following the co-coding of the initial three interview transcripts, the remaining transcripts were divided among the team and team members individually coded their assigned transcripts. Upon completion of coding all 11 interview transcripts, the PI transitioned to coding the documents.

Document Analysis

Informed by the finalized codebook, the PI utilized Atlas.ti to individually code the program applications and the program reports following the thematic coding process used for interview transcripts. This process included becoming familiarized with the data, becoming immersed in the data, and defining/naming themes. Program applications and program reports were coded individually by case unit (i.e. project number), and coding was captured in the Atlas.ti application. Following individual coding by the PI, the UODS reviewed the application of codes throughout the documents and provided a secondary analysis for accuracy. Upon completion of coding the program applications and the program reports, the research team met to discuss potential limitations and findings, which are discussed in the following chapter. These documents were utilized in the triangulation process, and triangulation occurred at the case level, where each project case consisted of the project report, the project application, and the individual interview transcript.

Case Analysis

Triangulation at the case level allowed for investigating the research questions from multiple perspectives and helped inform a more robust discussion of findings (Denzin, 2012; Farquhar et al., 2020). The case analysis was guided by the project research questions and the finalized codebook and aimed to synthesis the research findings on a case-by-case basis. To conduct this analysis, program cases were analyzed using Atlas.ti functions where all case documents could be investigated simultaneously. In this analysis process, case documents can be searched by the presence and occurrence of specific codes. Specifically, this case-by-case investigation allowed for a

deeper look at the presence of implementation drivers, the successful reduction of social isolation, and the overall outcomes by program. Consideration of these factors at the case level, alongside the thematic analysis, aided in the understanding of the characteristics associated with community-based LGBTQ+ suicide prevention.

CHAPTER III

FINDINGS

The purpose of this study is to better understand the characteristics of community-based suicide prevention among LGBTQ+ communities in Oregon. During the summer of 2023, eleven Oregon LGBTQ+ community programming organizers participated in one 40 – 60-minute interview. Participants were asked about their experiences being involved in programming related to grant funding aimed at reducing social isolation and suicidality among LGBTQ+ communities in Oregon. Utilizing data from individual interview transcripts, program grant application, and programmatic reports, a codebook and code definitions were developed and applied through a thematic analysis process (Appendix F). Thematic analysis of the interview transcripts, project applications, and project reports revealed nineteen total codes.

Seventeen codes were developed in the first wave of analysis, and two emergent codes were discovered through the second wave of codebook development. Following the final wave of analysis, three codes “Spirituality”, “Purposefulness in Life”, and “Intersectionality” were combined and reorganized into larger meaning units. “Spirituality” and “Purposefulness in Life” were found to be similar in meaning to “Coping Skills” and “Hopefulness”, and “Intersectionality” was believed to be captured by the presence of “LGBTQ+ Visibility”. The remaining seventeen codes were thematically clustered, and these clusters are presented below alongside their meaning units in Table 2.

Table 2

Theme Clusters with their Associated Codes and Meaning Units

Theme/Cluster	Impact of Community [IC]: Community impacts several aspects of life. How did this show up in the data?
	Implementation Factors [IF]: Identification of factors relating to the implementation of programming. What are these factors?

	Mentorship [M]: Mentorship can lead to sustainability of program efforts and intergenerational connection. What did mentorship look like in this grant cycle?	
Codes and Meaning Units	Social Connection [IC]	<i>“having a space to be able to network and to get support, and to get education around different things going on in the community, I feel like that was really important”</i>
	Access [IC]	<i>“So, providing space for people to share their experiences, strength, and hope. I found that to be invaluable for not only the person that shared but also for the people that were also in attendance.”</i>
	Safe Spaces [IC]	<i>“And so, being a safe space, by encouraging people and imploring people to feel this is your story, it gives people the hope that they don't have to fear judgment by being able to embrace who they feel like they are because it is okay for them to be who they are.”</i>
	Acceptance [IC]	<i>“So that's really, really important, especially for our youth that maybe have more non-affirming attitudes and beliefs in their households, right. So, having someone who is not only affirming of their identity, but is celebratory of it.”</i>
	LGBTQ+ Visibility [IC]	<i>“That's helped to start the conversation within our community that there are queer people that live within our community and that, from my perspective as a social worker, helped show that one, you can be queer and live in a community and it's fine.”</i> <i>“You know, they're recruiting people that talk like me, look like me, sound like me, and have similar experiences. I feel like that was really big with it came to the trust part.”</i>
	Hopefulness [IC]	<i>“And she is one of those youth that I know is bullied incessantly every single day she walks into school about her identity. So, I can't overstate how powerful positive relationships and community are in addressing resiliency.”</i>
	Infrastructure [IF]	<i>“I think that because we were already a mentoring agency, that's what we do. You know, we already had, not all the tools, but we had a lot of tools in our toolbox already to start a program like this.”</i>
	Resources [IF]	<i>“There's five therapists that's all the staff we have. We don't have any other support staff except me. So just continuing to have this program that can pay for itself means that we can continue to provide this service basically indefinitely. There's no expiration date on what we can do.”</i>
	Flexibility [IF]	<i>“You know, we had some folks who very much knew what they wanted, and maybe it wasn't listed on our form in that sense, they wouldn't inform us “it would be helpful to have it like this”, and like since then, we've also adjusted our intake form to reflect some feedback in that sense. But really, the more we did it, the more we understood that gender affirmation is such a vast net of meaning.”</i>
	Program Leadership [IF]	<i>“To get that support from our leadership team to be able to do this has helped us move forward a little bit more to where we could add additional services, like we added the Two-Spirit recovery support group. We were able to reestablish that through this work that we were able to do with the supportive leadership.”</i>
Barriers [IF]	<i>“What are the barriers to the program? Oh, I mean, doing this in our community of bigotries. Especially, obviously, right now it's a</i>	

		<i>new target and talking point for the far right. And I think we're particularly vulnerable to that because we're a youth-serving organization and that is a lot of the rhetoric is, well, I don't care if people are gay, but I just don't want my kids exposed to that. We get called groomers. So that's the barrier."</i>
	Geographic impact [IF]	<i>"You know, they went to totally different high schools, lived in different parts of the of town, so we were able to create community for those who really needed it during COVID."</i>
	Discrimination [IF]	<i>"You will hear stories from our kids that dehumanizing experiences happen every day at school. And not only do they happen, but they're not addressed correctly by administrators or teachers, and that just leads to more and more dehumanizing and traumatizing experiences."</i>
	Coping skills [M]	<i>"And I like to believe that the youth that were part of this project, that they were able to see themselves as valuable, as important, as valued members of our community, right? So, I think that we were able to build resilience in that way on our end."</i>
	Safe Spaces [M]	<i>"But I think our queer staff really just weren't seeing those spaces implemented by our leadership, and so I think it was like, it's no brainer that our youth need these spaces and need to be able to be themselves and have staff who also are open and can support and have conversations, so I really think it was a dedication of staff really wanting youths to have positive experiences within Project 15."</i>
	Mentorship [M]	<i>"I think the utilization of adult mentors with youth and staff. It was multi-layered because of that, so again, very naturally a community was created because of that."</i>
	Youth Leadership [M]	<i>"And just keeping these conversations going and making sure that through things like the podcast, people, students are able to realize that their voice matters and that they're able to use that to make changes within their communities is incredibly important."</i>

In the following section of thematic analysis, the theme clusters listed above are explained and participant quotes are provided to illustrate the individual experiences as they relate to the codes and research questions. Following the presentation of thematic analysis findings, an analysis of case-level data triangulation is provided. United, the thematic analysis and the case-level data triangulation findings will lead to a deeper and more robust understanding of the research questions employed in the present study. The implications of these analysis findings will be discussed at length in the following chapter. To aid discussion, interview participants will be referenced by their project number and Table 1 explains the project identification numbers, their associated programming type or audience, and the award amount they received from the grant funding for their proposed programming.

Thematic Analysis

Research Question 1: What are the characteristics of community-based suicide prevention among LGBTQ+ individuals living in Oregon?

Cluster 1 helps provide insight to Research Question number 1. The codes found in cluster one suggests individuals involved in community-based suicide prevention efforts experience a variety of positive impacts from being connected to community. This is supported by the current research on suicide prevention efforts, where feeling connected to a community is identified as a protective factor against suicidality (Meyer, 2003; Ryan et al., 2009). When asked about their perceived success at targeting protective factors against LGBTQ+ suicide in their programming, Participant 7 highlights the impact of storytelling in community. Describing this, Participant 7 said,

And by telling stories, we nourish each other. It's like spiritual food, and the practice of getting together and telling stories is like practicing also how to be humans together. It's a practice of community and these kind of like old, old new, technologies of connection. (P7)

Participant 23 emphasized the importance of an internal feeling of belongingness, which aligns with the current literature on the interpersonal theory of suicide (Van Orden et al., 2012). Emphasizing the connection between a sense of belongingness and self-actualization, Participant 23 stated,

I have a strong belief that once you feel like you belong and people support you, you're going to do awesome things, but you really need to have that touch point in order to keep coming back to it to do that self-actualization stuff. (P23)

More specifically, several participants highlighted the impact of social connection on their wellbeing and the wellbeing of the program participants. The socioecological model posits that individuals exist within a network of intrapersonal, interpersonal, institutional, community, and

public policy factors (Salihu et al., 2015). During the lockdown phase of the COVID-19 pandemic, individuals were mandated to physically isolate from their communities to suppress the spread of the coronavirus, meaning their access to social connection was altered. When asked about their success at targeting social connection as a protective factor in their programming, Participant 11 stated,

We had people join us for some stage events from New York, Central Oregon, places where we have no business serving, but who cares? Right? Like, it's just about helping out with people experiencing social isolation looking for a thing to connect to. (P11)

Participant 23 highlighted their programming as a source of support for their program participants.

I think a lot of kids didn't have meaningful connections to friends. We've had a few of them be like I don't have friends who are just genuine with me or are just kind and real. So, when they come to group and they've had a hard day, the groups support them, and we celebrate the small things. (P23)

However, this theme was not salient across all interviews. One participant specifically pointed out that they were not seeing isolation arise as a risk factor among their program participants.

Interestingly, it struck me that there isn't anybody who was going on and on about how isolated they are because of the pandemic and they're lonely and bored. That was not what people were telling us. It was more like they were having the same normal stressors that people have except more of it. (P13)

The interaction between social connection, access to social connection, and safe spaces arose across several sources. Related to both the social isolation component of the COVID-19 pandemic and the experiences of social stigma and discrimination that are highlighted in the minority stress model, Participant 1 called attention to the impact of bringing together a community of individuals who share marginalized identities when they stated, “So, providing space for people to share their

experiences, strength, and hope. I found that to be invaluable for not only the person that shared but also for the people that were also in attendance.” (P1)

Participant 4 articulated the impact of their programming on youth who were experiencing a detachment from their identity-affirming community,

We weren't in person, and I think something that we really, really did well was that so many youth were struggling with not being with their chosen community any more. And potentially being back in non-affirming households, so I think this grant funding helped us create community and space during a time where people felt separated from their community. (P4)

Participant 5 shared a similar sentiment for focusing on youth may be from non-affirming households.

And so just talking about how a lot of youth are feeling isolated, but especially LGBTQ+ youth because they might be with families that aren't affirming to their identities but also just the inability to get mental health services and things like that because even when you're virtual online with mental health care, how are you going to find a space in your home that is safe for you to express yourself.

Access to social connection and LGBTQ+-specific services is something that touches both the socioecological model and the minority stress theory. Meaning, an individual who holds a non-dominant identity is impacted by the social and ecological environment they live within. When asked about how these mini-grants informed their organizations next steps, Participant 4 stated,

The reason is that we're serving rural queer youth who literally would not have any connection to queer-specific services other than maybe mental health support like through our mental health authority. But wouldn't have access to pro-social, emotional, community building services otherwise.

Finally, several participants gave prominence to the intersection between LGBTQ+ visibility and a sense of hopefulness. The interpersonal theory of suicide identifies hopelessness as a risk factor for suicide and suicidal behavior (Joiner, 2010), which suggests that hopefulness can act as a protective factor against suicide and suicidal behavior. Participant 15 points to the intersection between the LGBTQ+ identity, coming together in community, and hopefulness,

And so, I think to have visibility and folks from the queer community coming in and being able to perform or being to have this other persona. I think it really allowed our youth to be able to dream, whatever that means for them. So, maybe that's back to joy or having a sense of hope, of getting through this in community together. (P15)

In their program report, Participant 10 emphasized this point when they stated, “This project has been giving much hope and support to a community that have been struggling to have visibility and their voices heard.” (P10)

Broadly, Cluster 1 helps provide insight to research question number 1, “What are the characteristics of community-based suicide prevention among LGBTQ+ individuals living in Oregon?”. From the presence of the above-mentioned themes and codes, alongside the quotes from participants, we can see that there were a variety of characteristics of community-based suicide prevention including feelings of belonging, access to the benefits of social connection, and feelings of hope.

Research Question 1.1. What are the implementation drivers for community-based suicide prevention among LGBTQ+ individuals living in Oregon?

Cluster 2 can aid in understanding Research Question 1.1. Analysis revealed that the presence of implementation factors arose as a salient theme across all sources of data. Informed by the Active Implementation Frameworks and the CFIR domains, implementation factors were coded

as anything in the data relating to the implementation stages, teams, drivers of implementation programming, outer setting, inner setting, and processes. Broadly, several participants emphasized the impact of having infrastructure previously in place to support their programming. Referring to the success of their program being impacted by their connection to a non-profit that was previously established in the community, Participant 13 stated, “Having an agency that's a bonafide non-profit with ongoing support and ongoing programs and ongoing professional trainers who are roaming the area training various other agencies creates an environment overall that's going to be much nicer.” (P13) Participant 4 echoed this sentiment when they stated, “I think because the project was under a larger organization, right, like we have other programming. So, we have the built in capacity and infrastructure to pivot if we need to.” (P4)

Participant 11 pointed to the impact of the infrastructure they had previously established with their client base on the success of their program engagement,

I think we had already established a connection with a large group of people. So, we already kind of had, in some ways, an inventory of people that we knew who did not have computers who were calling us a lot. (P11)

Participant 15 discussed the impact of having access to grant funding that wasn't previously available,

Having the funding from the mini grant initially, I think, is what helped us to find budget line for pride... So, that's really exciting that we are able to have a consistent bucket that we can use that we didn't, at least to my knowledge, that wasn't around prior. I defiantly think that the grant created the opportunity for us to be sustainable and continue to have money every year to do programming. (P15)

This concept of financial resources arose across several participant interviews. The initial grant funding was considered one-time funding however it was mentioned by multiple participants that

this initial funding created a sense of sustainability for the programming. Highlighting this point, Participant 13 said,

So just continuing to have this program that can pay for itself means that we can continue to provide this service basically indefinitely... There's no expiration date on what we can do. And there's a thing once you have a program that's been funded by another grant it's easier to apply for the next grant through another program. (P13)

Participant 4 said,

With the grant being through OHA and also being with Oregon Alliance to Prevent Suicide, we were able to leverage that to receive more grant funding... And not only is it adequate funding, it's a lot of funding, so we can do some really cool things with it. So, we could expand our program and do more things that maybe didn't seem attainable earlier on, but now we are talking about contracting with our local mental health authority to pay for gender-specific counseling for our kids. There are creative ways that we can use this funding because it's such a large amount. (P4)

Participant 23 indicated that the initial grant funding led to a lasting impact in their community and their personal work life,

I think of the mini grant as this springboard, where it was like, oh, we have money to really do some cool work, and then it just rippled into other things... I mean, when we got the grant, I didn't have a job. Now I have a job doing this full time. (P23)

Several participants spoke about the impact of being able to provide financial compensation for their program participants. For example, this finding is highlighted in this statement by Participant 7,

With the increased funding, we also were able to increase the payment for artists to a more equitable level which really made the difference in their sense of validation and investment in the project. (P7)

As well as by Participant 5,

Also, during the pandemic there was a lot less opportunity to bring youth to get funding and things that they needed... Most of the time they're paying for gas for their cars or food, but also, it's their money - they're doing the work. We're not here to police how they spend their money. I think these things are, again, powerful things to put trust in youth - to show them that they're valued and not just by telling them, like here's money. You're getting paid because you're doing the work. (P5)

The execution of grant funding itself was left in the hands of the community leaders, and the flexibility of the grant funding was named as a factor for the success of several programs.

Participant 4 emphasized this point when they said,

Also, from a standpoint of why we were able to do the program, we're also a grass roots organization, so we have more freedom to do programming that we want to do or need to do, or we see it as the community need that maybe someone who is part of a larger state or national organization wouldn't see. (P4)

Participant 7 indicated their desire for flexible funding to be a universal approach to grant funding,

Yeah, and it should exist all the time, the low barrier, the welcoming creative approaches and not having to be a long-existing, well-funded, well-established organization. Those things made a good fit and opportunity for us. (P7)

And Participant 11 spoke to the flexibility of the funding regarding being able to pivot during their program activities,

Well, the mini grant was a flexible program. I mean, that's not highly unusual but it's not every day that you get a grant, and you say, okay, the way we wrote the grant is not working can try something different. (P11)

Two participants indicated that program leadership had an impact on the success of their programming. Participant 10 stated,

I think a lot of that success comes from the top, from our leadership team who are so supportive of the work that we do, and they are really excited that we are doing this work, that we are promoting our services in the way that we do. To get that support from our leadership team to be able to do this has helped us move forward a little bit more to where we could add additional services, like we added the Two-Spirit recovery support group. We were able to reestablish that through this work that we were able to do with the supportive leadership. (P10)

And Participant 15 said,

But they listened, and they changed the policy which I think is a good for youth. Small things, but I would say that's a tangible thing I can think about, a direct thing something leadership did at the organizational level. (P15)

The codes barriers, geographic impact, and discrimination arose throughout several interviews. The original grant funding was aimed at supporting LGBTQ+ organizations across the state of Oregon, and many of the organizations served rural populations. We can see the intersection of barriers and serving a rural population in the following quote from Participant 7,

And, you know, rural LGBTQ folks aren't organized as a community... There were some barriers for people in being able to just find people, getting in touch with people, building enough trust and relationship for people to trust us with their stories and show up for the process. (P7)

Participant 5 indicated that the transition from hosting their programming in a virtual environment to an in-person environment proved to be a barrier for their program participants.

And then they also really wanted to start meeting in person, which I was definitely not against in any way, but that was a barrier for other students, so if they're not meeting virtually, not everyone can get to a physical location. (P5)

And Participant 11 pointed to the utilization of the virtual meeting platform, Zoom, as a barrier for their older adult participants.

I'd have to say that was a barrier, too, during the time, is people didn't know how to use Zoom. They didn't have the means to even get on Zoom. So that was one of the barriers too as far as providing services. (P11)

Two participants spoke about how non-affirming households and communities acted as a barrier for their LGBTQ+ youth to engage in their programming. The minority stress theory and the socioecological models both support this finding, and this point is highlighted by the quote from Participant 4,

This is one of our five unique programs, so another barrier that occasionally we run into is parents or guardians in other programs being leery or worried that we're going to indoctrinate their children. I would say, if they're referred to our One-to-One program or our truancy prevention program or something else that's not Project 4_activity 1, but because our office has pride flags or because it's known that we offer LGBTQ+ specific youth program, we can run into that sometimes too, having to navigate that.

And from Participant 11,

What are the barriers to the program? Oh, I mean, doing this in our community of bigotries. Especially, obviously, right now it's a new target and talking point for the far right. And I think we're particularly vulnerable to that because we're a youth-serving organization and that is a lot of the rhetoric is, well, I don't care if people are gay, but I just don't want my kids exposed to that. We get called groomers. So that's the barrier.

Participants 23 and 1 indicated that they experienced identity discrimination from their communities,

It can be such a way with communities sometimes. Yes, but I think that people who would have issues with anything that we do, and the closet in particular, just don't pay attention to what might be happening. You know, like there are community members who, I'm sure, if they heard an affirmation closet existed and we were getting like underage children, binders, or packers, would get, like they would lose their ever-loving mind. But it's kind of just this agreement where we don't talk about, we don't go on certain radio shows. (P23)

A lot of times there was some stigma in those communities, like if you ventured outside of the traditional lifestyle choices, but, like, that's the thing. It's not really a choice for some people. You know, it's a way of life. (P1)

However, it was made clear that the grant programming provided a source of safety and community despite the geographic impact, discrimination, and barriers. Participants 4 articulated this in when they stated, “And she is one of those youth that I know is bullied incessantly every single day she walks into school about her identity. So, I can’t overstate how powerful positive relationships and community are in addressing resiliency.” (P4)

And Participant 7 echoed this sentiment when they said,

It felt like we were working with the right people. We were able to connect with people who were queer rural folks, impacted by mental health issues and suicide, you know, and just like the beauty of the stories was the heart of the show, and those are really compelling. And I think we had enough funding and made good connections for the production value to be pretty good. (P7)

Cluster 2 provides insight to Research Question 1.1, “1.1. What are the implementation drivers for community-based suicide prevention among LGBTQ+ individuals living in Oregon?”

From the thematic analysis, we can see that implementation drivers take many shapes within community-based programming. These drivers include factors related to infrastructure, the impact of funding, and organizational leadership, geographic impact, and barriers. Understanding these factors is vital to the successful implementation of community-based suicide prevention programming and will be discussed at length in the following chapter.

Research Question 2. What are mechanisms for reducing social isolation and promoting community connection among LGBTQ+ communities in Oregon? How were these mechanisms sustainable?

Cluster 3 captures codes related to reducing social isolation. Several of the codes that were revealed to be related to reducing social isolation were directly or indirectly related to mentorship, and mentorship was broadly captured through data associated with the positive relationship between individuals. This grant funding was specific to the goal of bringing LGBTQ+ communities together in the face of the COVID-19 pandemic, and LGBTQ+ communities, social support, acceptance, and community have been proven to act as protective factors for health outcomes. Relating to the thwarted belongingness component of the interpersonal theory of suicide and how it overlaps with these protective factors, Participant 21 stated,

I like to believe that the youth that were part of this project, that they were able to see themselves as valuable, as important, as valued members of our community, right? So, I think that we were able to build resilience in that way on our end. (P21)

In their program report at the completion of the grant cycle, Participant 7 echoed this sentiment about their programming,

The events made possible by this project contributed significantly to our ability to bolster the social-emotional development of our youth. Through their participation, our youth were able to learn and practice our nine Core Assets, which foster these critical life skills: Growth

Mindset, Finding Your Spark, Problem Solving, Positive Relationship Building, Self-Determination, Self- Management, Perseverance/Grit, Hope, and Belonging. (P7)

This theme of engagement in program activities leading to positive outcomes in program participants appeared to be closely linked to the creation of safe spaces, where individuals feel safe enough in their environment to be their authentic selves. Participant 1 captured this idea in their quote,

Being a safe space, by encouraging people and imploring people to feel this is your story, it gives people the hope that they don't have to fear judgment by being able to embrace who they feel like they are because it is okay for them to be who they are. (P1)

And in their program report at the completion of the grant cycle, Participant 1 went on to say,

The sense of belonging and community that Project 1 brings to our community, many who are members of the LGBTQ community, is irreplaceable. It is absolutely necessary and definitely a way to heal as well as build resilience against suicide. (P1)

Participant 4 highlighted the importance of having safe spaces to share with other in the face of discrimination,

And so, even something simple like meeting up for a crafting night and all the kids just working on stuff together and talking, something as simple as that can be so, so, so helpful for our youth who just 2 hours earlier left a really harmful place, school. Just to have somewhere that they know that they can go that is safe and affirming, but place and then also people that are safe and affirming. (P4)

When asked about how their programming specifically contributed to the resiliency among LGBTQ+ communities, Participant 5 stated,

I think that could really build their resilience- showing that there were youth very much like them across the county and across the world. That were experiencing similar things to them too, so showing that they are not alone and that if they need support, there's a lot of folks out

there that will be able to help them through experiences that are not going to be pleasant. but they have support systems in place to help them through those. (P5)

Several of the grant recipients implemented programming that specifically highlighted mentorship as a core value. Mentorship appeared across several interviews, and the intersection of mentorship and intergenerational connection was captured in this quote by Participant 4 from their grant application, “When our youth see someone on staff who identifies as they do, they can visualize a pathway to their own future.” (P4)

As well as in the statements from Participants 15 and 23

But I think our queer staff really just weren't seeing those spaces implemented by our leadership, and so I think it was like, it's no brainer that our youth need these spaces and need to be able to be themselves and have staff who also are open and can support and have conversations, so I really think it was a dedication of staff really wanting youths to have positive experiences within Project 15. (P15)

We had buy-in from the community, we had adults coming, we had elders coming, we had young people. You know, and they're the group that really said, "Create physical space with safe adults, for queer youth to come and exist, and the youth will inform what that actually ends up looking like." (P23)

Mentorship throughout the programming seemed to lead to opportunities for LGBTQ+ youth to step into leadership roles. From the beginning of the application process, Participant 5 stated that they collaborated closely with LGBTQ+ youth, “So, this was a huge opportunity during the pandemic for us, and actually when we applied for the grant I did so in partnership with two LGBTQ+ youth.” (P5).

And it was clear that other LGBTQ+ youth were seeing their own leadership roles develop out of their engagement with the programming. When asked about organizational changes they had seen come as a result of the grant funding, Participants 4 and 23 stated,

I think something really big that came from Project 4_activity 1 originally and now we implement organization-wide is youth leaders. That was originally something we wrote into our grant and then we wrote into subsequent grants of Project 4_activity 1 is that we wanted it to be youth led and so, my full-time staff person who runs Project 4_activity 1 is a youth. I mean, she started out with us when she was 16 1/2, and now she's 19 1/2, almost, you know, 19. She started out 10 hours a week when she was 16 and now, she's a 32-hour-a-week coordinator. (P4)

To build community. Because this place can feel really ugly. You know, it's still rural Oregon. There's still a lot of ugliness that happens here, but how do we just build more centers of hope, opportunities for people to connect. And we tend to reach a crowd that's disconnected from other systems or other ways that you know, kids might get involved in, whether it's leadership or just affinity group stuff. (P23)

And when asked about the community-level changes they had seen since the grant programming work that occurred, Participant 5 said,

But I know that they continue to be passionate about this work and that it did inform some of their continuing life choices of what their careers are going to be and what their own activism and voice looks like. (P5)

Cluster 3 revealed that the answers to Research Question 2, “What are mechanisms for reducing social isolation and promoting community connection among LGBTQ+ communities in Oregon?” and “How were these mechanisms sustainable? What would increase these mechanisms?” were centered around themes of mentorship. Mentorship included the creation and access to safe spaces, intergenerational connection, and promotion of youth leadership. These findings will be discussed further in the following chapter.

Secondary Aim: How were these suicide prevention efforts shaped by COVID-19?

Given the context of how the grant funding mechanism originated, it is important to consider the ways that programming efforts were shaped by the COVID-19 pandemic. Broadly, there was not a unanimous experience of how COVID-19 shaped programming, however several participants expressed that their programming efforts seemed to have a positive impact on their community in the face of the pandemic lockdown. This is highlighted when Participant 4 stated, “I think what led to the success at the beginning was just youth passion for it. They were just, like, their sports were canceled, they were stuck at home, and there was a lot of isolation too.” (P4) and was echoed in this quote from Participant 1,

We weren't in person, and I think something that really, really did well was that so many youth were struggling with not being with their chosen community any more, chosen friends. And potentially being back in non-affirming households, so I think this grant funding helped us create community and space during a time where people felt separated from their community. (P1)

And the impact of in-person programming versus virtual programming arose as salient across several sources. This was especially salient for programs that started in a virtual format but attempted to transition to in-person after the COVID-19 pandemic shifted to allow for social gatherings.

Participant 5 stated,

And then they also really wanted to start meeting in person, which I was definitely not against in any way, but that was a barrier for other students, so if they're not meeting virtually, not everyone can get to a physical location. (P5)

And went on to emphasize,

We were very much in the moment of like this is where we are, distance for new things, and then when things changed to in person, that's just when things got a lot more complicated and it was a bigger ask of everybody involved (P5)

A few participants expressed feelings of positivity related to the transition to a virtual environment.

This is made clear in the quote from Participant 7,

They reframed what was happening, which was like everything is terrible, we're stuck at home, whatever, until like, cool. What is the cool opportunity of this moment? And that very much felt like the spirit of the project. Like, this wouldn't have happened except for COVID, and it's so cool, and it just made that moment like, oh my god, this is awesome, you know, what becomes possible. (P7)

Participant 10 echoed this sentiment in relation to accessing virtual telehealth appointments,

And once people realized they could do telehealth rather than go into a building for an appointment, it was so much more convenient for them to do telehealth services. So, those services went up. Our mental health services went up, and, and once we were able to get out with the 2SLGBTQ plus community, I think they were the most appreciative of having telehealth services, because we still have clients that don't want to be outed and don't want to come in just for those services because they're afraid, you know, because they're in a community setting.

However, COVID-19 was shown to be a barrier for certain programming components and activities.

In discussing the impact of COVID on their older adult programming, Participant 11 stated, "I could

get a modem there, but who's going to install the modem? You know, at that time, I was not allowed to go into anybody's home.” (P11).

And this concept of COVID-19 acting as a barrier arose in the program report from Project 4,

Some mentees didn't have affirming households or didn't have access to technology, so staff had to work with these youth on a case-by-case basis to overcome these barriers so that they could join weekly Circle calls. There was also a learning curve just conducting activities via Zoom, and teaching both youth and Adult Mentors how to utilize some of the features. (P4)

Broadly, COVID-19 was shown to have a variety of impacts on the programming efforts during the LGBTQ+ grant period. The response to the pandemic was not universal, as some programs found benefits and several experiences barriers relating to in-person versus virtual programming. These participant quotes help to shed light on the experiences of LGBTQ+ individuals living in Oregon during the COVID-19 pandemic. Following the case analysis, a further investigation into the implications of these findings will be provided in the next chapter.

Case Analysis

The project applications, project reports, and individual interview transcripts were analyzed utilizing the codebook and the research questions, and the findings are broken down by each individual case to provide a case-level analysis of the available data. To begin, Table 3 provides the proposed program activities provided by the grant applicants, as well as the programmatic outcomes provided in the program reports by grant recipients. This table captures how the proposed activities aligned with the program outcomes, and the following section will elaborate on the findings presented in Table 3.

Table 3
Proposed Programming and Program Outcomes by Case

Project/case #	Proposed Programming	Reported Program Outcomes
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1	Community-building events and community financial support	“111 people received financial support and more than 100 participants in weekly events.”
4	Youth-led peer mentorship circle	“Mentees self-reported a sense of belonging and increased support and safety because of the program.”
5	Youth-led podcast	“[at the time of report] 150 monthly listeners, 131 social media followers, 24 members of podcast team.”
7	Dance project	“Our funded project far exceeded our expectations and was a great success.... 30 show co-hosts, over 1,000 people saw the show.”
10	Specialized case management	“We were able to serve 12 individuals, all receiving the same level of services.”
11	Expansion of program services	“With the funds awarded, we were able to provide our clients with a network of remote support which served to decrease behavioral health risks associated with social isolation, plus the technology needed to access these online resources (15 iPads and cases), and we were able to provide technical support to clients who may have otherwise struggled to adapt to the new technology.”
13	Provision of behavioral health and social support services	“Increased staff hours and [participants engaged in] resource navigation, vaccine clinic, support groups, book club, yoga, device support, phone line calls.”
15	Drag Queen story hours, pride events, youth drag show	“As planned, the projects implemented included 4 virtual drag queen story shows, one virtual youth drag show, and youth leadership incentives.”

17	Trainings for local professionals and interviews with community members to inform future intervention efforts.	“trainings were received by local professionals in the community... five individual interviews were conducted... the survey has not been posted.”
21	Training to school health providers	“delivered one 3-hour interactive training session and have scheduled a second one”
23	Community gathering space, gender affirming care resources, program website	“58 individuals engaged with the gender affirming closet... 10 – 14 attendees at gathering meetings... website created”

Project 1

According to their grant application, Project 1 proposed community-building events and community financial support. Their project report demonstrated that their project activities aligned with their project goals. Implementation drivers identified in their interview transcript included provision of technology to project participants, availability of safe spaces, and inclusivity. Their programming contributed to the reduction of social isolation through weekly meetings that saw more than 100 participants engaged. Their program outcomes were centered around community engagement and social connection. Program 1 exhibited characteristics of the AIF element “Useful Innovation”, because this community-centered financial support was the first of its kind in the target community and yielded success among program participants (Ai Hub, n.d.). This demonstrates that community funding mechanisms can be modeled after Project 1 can lead to future positive health outcomes.

Project 4

According to their application, Project 4 proposed a youth peer-mentorship circle. Their project reports stated that youth experienced a sense of belonging and increased feelings of safety after engaging with program activities. Throughout their project materials, Project 4 identified the

impact of infrastructure, technical assistance, and resources as implementation drivers of their grant programming. They reported project participants experiencing increased social connection as a result of having access to the project activities, which was demonstrated across case data. According to the AIF framework, Project 4 substantiated several “Implementation Drivers” (Ai Hub, n.d.) through their identification of several different factors related to successful implementation of programming.

Project 5

Project 5 proposed a youth-led podcast series in their grant application, which resulted in over 150 monthly listeners and a podcast creation team of 24 individuals. The primary implementation drivers identified in their case data were related to availability of resources, access to technical assistance, and infrastructure in place to support project activities. Participant 5 emphasized the impact of COVID-19 on their project activities in both positive and negative ways. They shared that COVID-19 created an opportunity to work virtually with collaborators outside of their county but expressed that the transition from virtual to in-person made it difficult to maintain youth leadership in the project.

Project 7

Project 7 proposed a storytelling dance project that resulted in a program that exceeded their expectations. They primarily identified technical assistance and access to resources as implementation drivers of their programming, and they shared that their rural geographic location had both a positive and a negative impact on their programming. They successfully reduced social isolation through providing an online platform to engage in, which was stated in their project report when they said, “The community created during the performance also connected the performers, writers, and choreographers to collaborate, share resources, and protect each other’s mental health.” The explicit mention of the impact geographic location had on their programming suggests the

presence of the CFIR outer setting domain (CFIR, 2022), and can help shed light on geographic location as a barrier or facilitator for programming.

Project 10

According to their grant application, Project 10 sought to provide specialized case management services to anyone identifying as LGBTQ+. They identified infrastructure as a primary implementation driver of their project, including access to staffing and having programming in place prior to the grant period. They reduced social isolation through networking with statewide collaborators, which aided in the provision of their program services. COVID presented as a recurring theme in the Project 10 data, specifically because Project 10 was considered an essential service, so they remained open during the lockdown phase of the pandemic. Both an outer setting and an inner setting CFIR domain are present in this finding, due to the impact of organizational infrastructure (inner setting) and the impact of COVID-19 (outer setting) on the program outcomes (CFIR, 2022).

Project 11

Project 11 aimed to utilize their grant funding to expand services which they were providing to their community prior to the pandemic. This expansion of services resulted in several people receiving iPads and internet services, which allowed them to connect with their community via the internet. Access to technical assistance and infrastructure arose as primary drivers for the implementation of their programming, and they were able to successfully implement their project to reduce social isolation among older adult LGBTQ+ individuals living in Oregon.

Project 13

In their application, Project 13 sought to provide behavioral health and social support services to transgender and gender expansive individuals. Following the successful implementation of their project, they expanded their services to meet the needs of lesbian, gay, bisexual,

queer/questioning, intersex, and two-spirit individuals. Participant 13 shared that access to resources were a primary implementation driver for their project, and that having access to this grant funding allowed for the successful procurement of other grants. Their telehealth services reduced social isolation, which is captured in the following quote from their project report, “Engagement - just the willingness to be available and present - itself can be a healing force in the community.”

Project 15

Project 15 proposed a multifaceted project which consisted of Drag Queen story hours, pride events, and a youth drag show. According to their project report, the project was successful in these endeavors. In their interview, Participant 15 stated that having access to this grant funding is what helped create a line item for pride in their organizational budget, and they went on to suggest that having this line item and a consistent source of funding will allow for future programming. All their virtual events yielded attendance, which indicates reduced social isolation among their target population. Project 15 also expressed that the parents and guardians of the youth engaged in programming were resistant to explicitly labeling programming as LGBTQ+-oriented, which suggests the presence of the outer setting CFIR domain.

Project 17

In their grant application Project 17 proposed trainings for local professionals, as well as interviews with community members to inform future intervention efforts. According to their report, they successfully provided trainings to their community and interviewed five individuals. In their interview, Participant 17 identified that the technical assistance provided as part of the grant helped alleviate staff tension over training materials, and the grant support provided them with education they can utilize in future grant processes. Both the inner setting and the process CFIR domains are illustrated in these findings, since the technical assistance (process) had a direct impact on the tension among program staff (inner setting).

Project 21

Project 21 was aimed at trainings for school health providers related to LGBTQ+ topics. At the time of their report, they had successfully delivered one three-hour training and had scheduled a second training to be delivered. They highlighted the importance of elevating youth voices in their work, and so youth were presented with several ways to engage in the project including assisting in the creation and the delivery of training materials. Social isolation was reduced through engagement with project materials. Programing from Project 21 demonstrates the presence of the process CFIR domain, through the involvement of youth in the development and delivery of training materials and through the targeting of school health providers for receiving training materials (CFIR, 2022). The trainings developed and delivered during Project 21 have potential lasting impacts on the way schools approach meeting the needs of LGBTQ+ students.

Project 23

Project 23 sought to provide community gathering spaces, gender affirming care resources, and create a website with their grant funding. They successfully accomplished these goals and identified the grant as a “springboard” that has led to other funding sources and full-time staff positions. Throughout their case data, Project 23 has identified that increased social connection and the reduction of social isolation were central to their work, and they stated that the grant funding provided the necessary resources to do their work.

CHAPTER IV

DISCUSSION

The purpose of this study was to examine community-based suicide prevention efforts among LGBTQ+ communities to contribute to our understanding of how to reduce LGBTQ+ suicides. This multiple case thematic analysis investigated the project materials and individual interview transcripts of LGBTQ+ community program leaders to capture the lived experiences of those working in community-based LGBTQ+ suicide prevention. By utilizing the words written and spoken by these community leaders, we are ensuring that the present study is guided wholly by the community voice (Merriam & Tisdell, 2015). The following section will summarize the findings from this investigation as well as provide discussion of the study limitations and the implications for future LGBTQ+ suicide prevention efforts.

Research Question 1: What are the characteristics of community-based suicide prevention among LGBTQ+ individuals living in Oregon?

As stated in the previous chapter, thematic analysis revealed three key findings of code clusters: (A) impact of community, (B) implementation factors, and (C) mentorship. A further case-level analysis revealed findings related to the outcomes of the proposed programs. Eleven individual interview transcripts and their corresponding project materials were considered the “cases”, and these materials were utilized for the present analysis. While several of the findings presented in this study align with present research on suicide prevention efforts, analysis has also revealed new information about the lived experiences specific to LGBTQ+ communities and community-based LGBTQ+ suicide prevention. The findings also shed light on factors specific to the COVID-19 pandemic, which leads to implications for how to prepare for future large-scale social pandemics.

Findings show that community impacts several aspects of life. This concept arises in current suicide prevention literature and aligns with the tenants of both the socioecological model and the

interpersonal theory of suicide (Bronfenbrenner, 1994; Joiner, 2010; Ryan et al., 2009). When considering the implications of community-based suicide prevention, it is helpful to continue to consider how “community-based” is defined as programs, actions, and services aimed at reducing suicide which occur within a community of individuals. Relevant to the present study, impact of community was discovered to include the following factors: (a) social connection, (b) access, (c) safe spaces, (d) acceptance, (e) LGBTQ+ visibility, and (f) hopefulness.

As discussed in the previous chapters, community connection serves as either a protective factor, in the case an individual feels connected to community, or a risk factor, when an individual feels disconnected (Van Orden et al., 2012). Having access to an identity-affirming community, and safe spaces where a person feels like they can live their authentic lives, was shown to lead to feelings of hopefulness among project participants across all sources of data. This finding demonstrates the importance of considering the useful innovation element of the AIF framework, because a community may be devoid of these identity-affirming spaces and may need increased innovation of these spaces (Ai Hub, n.d.). This finding also suggests the importance of the Innovation CFIR domain, which posits that an innovation can be tailored or refined to align with local context and needs (Damschroder et al., 2022).

Participants also shared that social connection in the face of the COVID-19 pandemic led to decreased feelings of isolation and loneliness through connection to project programming. The positive effects of having access to these salient moments of social connection arose as a theme across data, where several youths from non-affirming households shared that access to affirming social connection improved their wellbeing. This aligns with present research on social isolation, which posits that social connection can lead to decreased feelings of suicidality (Haas et al., 2010; Meyer, 2003).

Safe spaces included those spaces that were specifically created for LGBTQ+ individuals and individuals of other marginalized identities. These safe spaces were identified as “invaluable” by Participant 1. Across all data, acceptance and LGBTQ+ visibility was associated with positive mental health outcomes in program participants. This cluster of findings aligns with research related to the minority stress theory, which suggests that individuals experiencing discrimination due to their identity are at higher risk for suicidality (Meyer, 2003).

Research Question 1.1: What are the implementation drivers for community-based suicide prevention among LGBTQ+ individuals living in Oregon?

Findings identified several factors related to the implementation of suicide prevention programming. These factors arose as (a) infrastructure, (b) resources, (c) flexibility, (d) program leadership, (e) barriers, (f) geographic impact, and (g) discrimination. Research has shown that successful implementation of community-based suicide prevention requires engagement and partnerships with community members to be successful (Grattidge et al., 2023; Iskander & Crosby, 2021), which suggests that a deeper understanding of the implementation drivers for community-based suicide prevention can lead to increased success of outcomes. Several sources of data in the present study indicated that the presence of infrastructure established previously in place had a positive impact on their programming efforts, which aligns with the CFIR inner and outer domains (Damschroder et al., 2022). Previously established infrastructure was found to be factors such as budget for programming, program staff, connection to client base, and connection to a larger organization to host programming. Relevant to this finding, the AIF framework posits that future programming would benefit from improvement cycles aimed at increasing infrastructure (Ai Hub, n.d.). These implementation factors were found to have a positive impact on the success of suicide prevention efforts, which suggests that establishing suicide prevention infrastructure in a community can lead to increased success of suicide prevention efforts.

In line with the financing construct of the CFIR outer setting domain as well as the AIF leadership driver, financial resources were identified across several sources of data as having a positive impact on programming. Having access to this initial source of grant funding was identified as creating a “springboard” for organizations to acquire other sources of funding, which suggests the importance of financial support for suicide prevention efforts. Several study participants indicated that the grant provided financial incentive for grant program participants, which led to increased program engagement and overall increased positive outcomes among participants. Participants also expressed that they were grateful for the flexibility of the grant funding. Furthermore, several participants indicated that the flexibility for how the grant money was spent led to a wider network of outreach, and other participants stated that the flexibility of the programming itself and the ability to change programming based on community need was vital. These finding aligns with the current research regarding the socioecological model, which posits that individual behavior is shaped by the environment in which they live (Salihu et al., 2015), suggesting that having the appropriate resources and flexibility can allow for suicide prevention efforts tailored to the specific needs of a community.

Several factors relating to implementation of programming served as either facilitators or barriers. These factors were programing leadership, geographic impact, barriers, and discrimination. Participants identified program leadership in one of two ways; program leadership was either identified as being supportive of LGBTQ+ initiatives at the organizational level, or leadership was identified as being resistant to LGBTQ+ initiatives. Participants who expressed having supportive leadership also expressed having success with their programming, and those who expressed having non-supportive leadership shared that they experience challenges in implementing their programming. These findings align with current research on the challenges faced by individuals in non-affirming environments (Gonzalez et al., 2021). Similarly, geographic impact was identified as being either a positive or negative factor for implementation of programming. Several participants

shared that working in rural spaces included the challenges of working within communities that held negative opinions of LGBTQ+ identities, while other participants shared that connecting LGBTQ+ folks in rural communities was a positive aspect of their programming. This finding is echoed in both barriers and discrimination, as discrimination was most identified as a barrier among participants. These findings indicate that there is nuance among the implementation of suicide prevention programming in LGBTQ+ communities that should be considered further.

Research Question 2: What are mechanisms for reducing social isolation and promoting community connection among LGBTQ+ communities in Oregon? How were these mechanisms sustainable?

Mentorship was identified across all sources of data as having a positive impact on the outcomes of programming. Research has demonstrated this concept of mentorship leading to positive outcomes, however there is much to learn about mentorship specific to LGBTQ+ communities (Sulimani-Aidan et al., 2024; Burningham & Weiler, 2021). The present study found that mentorship, safe spaces, coping skills, and youth leadership were all associated with positive outcomes among both the youth program participants and the adult program participants and program facilitators. Across several individual interviews and program reports, program leaders expressed feeling hopeful about the future because of working in mentorship spaces. According to the interpersonal theory of suicide, individuals are at higher risk of suicidality if they feel they are a burden to their community (Van Orden et al., 2012), and intentional mentorship spaces where individuals feel supported and connected to their peers and mentors can act as a remedy to the feelings of burdensomeness. This finding suggests that bolstering mentorship opportunities among LGBTQ+ communities can have potential lasting intergenerational impact.

Secondary Aim: How were these suicide prevention efforts shaped by COVID-19?

Lastly, COVID-19 was shown to act as both a barrier and a facilitator for programming. Several participants expressed that their programming was positively impacted by the need to facilitate in a virtual environment. For example, Participant 1 shared, “I think this grant funding helped us create community and space during a time where people felt separated from their community.” Nearly all the participants echoed the sentiment that the grant funding led to increased community connection, and several participants shared that facilitation in an online format led to being able to reach a wider network of program participants. Alternatively, it was also expressed by participants that facilitating in an online environment inherently reduced the experience of feeling connected to community because the online environment meant a lack of in-person connection. There were several program activities that included components where in-person connection was required, and so the lockdown phase of COVID-19 reduced these activities. This finding is important to consider for future social pandemics where there is potential for a reduction of community, and having a deeper understanding of the implications of social distancing can improve future preparedness for these situations.

Limitations

As stated, the purpose of this study is to investigate community-based LGBTQ+ suicide prevention in Oregon. Although every attempt was made for thoroughness and accuracy, there are limitations to the study that are valuable to consider. First, a convenience sampling approach was utilized in the recruitment for the participants in this study. While 14 organizations were initially outreached, the resulting sample of 11 participants means that the voices of those who did not participate could not be used to inform the study. There also exists a potential for response bias from the participants in this study; because they were being interviewed by someone who was associated with the source of the grant funding, it is possible that the responses to interview questions were informed by this relationship.

Second, this study relies heavily on retrospective participant data, and because of the overall evaluation timeline, interviews occurred three years after the initial grant period. Interview questions were posed from the organizational perspective, which could mean that valuable individual-level data was missed. This suggests that it is important to approach suicide prevention at both the individual-level and organizational-level levels. Also, the time lag between the programming and the interview data collection could lead to struggles with recalling specific or detailed programmatic information. This delay could allow for recall bias, where the accuracy of event recall could be influenced by the exposure or interest of the respondents, or the design and facilitation of the interview guide (Coughlin, 1990).

Third, while all members asked to participate in the member checking process of the individual interviews, only three participants responded. This may be due to the time lapse between the completion of the grant process and when member checking occurred. While all three who participated agreed with the themes shared in the process, it is unknown whether other participants would have responded differently (i.e., selection bias).

Fourth, the programming under investigation did not follow a universal design, and all the functions and purposes of the programs were unique. Therefore, the themes identified in this study may be more relevant to certain programs.

Lastly, due to limited availability of literature on LGBTQ+ community-based suicide prevention, there is minimal opportunity to compare the present study to other studies. Thus, it may be challenging to identify the generalizability of the present study. Despite these limitations, this study is a vital step toward identifying potential outcomes of community-based suicide prevention among LGBTQ+ populations.

Implications

Policy and Community Implications

Upon examination, the findings from this study suggest that LGBTQ+ community-based suicide prevention consists of wide network of characteristics. The characteristics revealed from this study include impact of community, implementation factors, and mentorship. These characteristics are vital to consider for future suicide prevention efforts and can provide guidance at both the policy level and the community level.

Findings from this study indicate that community connection serves as a protective factor in several ways, including increasing access to networking opportunities for community organizers, increasing connection between youth and elders, and increasing overall hopefulness among LGBTQ+ communities. At the policy level, policymakers and interventionists should consider the impact of community connection on the risk and protective factors related to suicide prevention. Consideration of community connectedness and emphasizing the importance of community connection in policy can inform where and how grant funding becomes available to community organizers. At the community level, consideration of the impact that community-connection has on programming can lead to increased outreach for support among grassroots organization, the creation of intentional opportunities to connect to others, and an overall increase in the understanding that community organizers are not alone in the work they do.

Findings from this study indicate that implementation of community-based LGBTQ+ suicide prevention is informed by several factors. At the policy level, consideration of implementation factors can lead to including technical assistance in grant opportunities, bolstering infrastructure already in place within communities to support suicide prevention efforts, and increasing financial resources available to community organizers. At the community level, community organizers can help inform the implementation of future suicide prevention efforts by continuing to advocate for the needs of their communities. Advocating for community needs will lead to increased cultural tailoring that is informed by the community voice.

Lastly, mentorship was shown to have positive intergenerational impact among all program participants and facilitators. At the policy level, mentorship can be considered as a pathway for increasing youth leadership and intergenerational knowledge. Creation of intentional mentorship opportunities can look like increased funding of internships for LGBTQ+ youth organizers, paid school-based leadership opportunities for LGBTQ+ students, and increased funding for LGBTQ+ community organizers who work with LGBTQ+ populations. At the community level, organizations can consider where and how mentorship guides their work and can increase opportunities through their programming to impact both youth and adults. Together, increasing mentorship at the policy and community level will have the dual effect of elevating youth voices and bolster positive mental health outcomes across the lifespan of LGBTQ+ communities.

Future Research Directions

There are several factors to consider regarding the future directions for research following this study. First, it was revealed by this exploratory study that the voices of community leaders are invaluable to the development and the implementation of community-based suicide prevention efforts. There exists a gap in literature related to the characteristics and effectiveness of suicide prevention efforts that are designed by community members for the communities they are impacting. Cultural tailoring is imperative to consider when developing suicide prevention efforts, and the voices of individuals with lived experiences at the intersection of marginalization and suicidality are vital to consider when developing tailored suicide prevention (Mendoza-Rivera et al., 2022; Chu et al., 2020). For example, researchers Chu et al. (2017) highlight the importance of understanding cultural differences in motives for suicide, and the impact that those differences can have on the approach to suicide prevention. Therefore, the future of suicide prevention research would benefit from continuing to explore ways to include the community voice in the development, implementation, and the study of LGBTQ+ suicide prevention efforts.

This study was informed almost entirely by the facilitators of the suicide prevention programming. These voices are vital to understanding one facet of the impact the programming had on communities, however the present study faced unique challenges regarding measuring the effectiveness of the suicide prevention programming. Future studies would benefit from the inclusion of the lived experiences of the participants who received the programming, with the goal of understanding the effectiveness of the programming being implemented. Seeking out the voices of those with lived experiences, who are engaging with suicide prevention programming, will lead to more successful measurement of the effectiveness of the programming itself.

Lastly, the findings from this study indicate a need for further investigating the integration of the socioecological model and the interpersonal theory of suicide. The socioecological model posits that individuals are impacted by the layers of their social ecosystem, and the interpersonal theory of suicide points to the impact of social connectedness and belonging on an individual's mental health and wellbeing. The generation of an integrated model, which may be referred to as a socio-personal model, would allow for a discussion of how personal relationships within an individual's social ecosystem impact their experiences of suicidality. A deeper investigation into the impact of these relationships on mental health and wellbeing can lead to more tailored prevention efforts.

Conclusion

This study examined the characteristics of community-based LGBTQ+ suicide prevention in Oregon following a grant funding period during the COVID-19 pandemic. The community-based suicide prevention efforts examined in this study consisted of a diverse network of programs, program leaders, and program participants. In the face of the lockdown phase of the COVID-19 pandemic, these community organizers applied for grant funding with one goal in mind – to reduce the risk of suicide among the LGBTQ+ communities in Oregon. The present study aimed to examine what resulted from the grant funding and was informed by the voices of the leaders who were on the

ground using their minds, hands, and hearts to facilitate programming that impacted the lives of individuals who are among the most at-risk for suicide and suicidal behavior.

This study revealed that LGBTQ+ community-based suicide prevention can begin to be understood as impact of community, implementation factors, and mentorship. It was revealed that community has a positive impact on individuals who may be suffering from suicidality. Implementation factors inform the success and challenges of community-based programming. And finally, mentorship can lead to hope for future generations. There is much to be learned about community-based suicide prevention, and the present study serves as the beginning of a larger conversation around including the community voice in suicide prevention efforts. By trusting communities to know what they need, suicide prevention efforts can be tailored specifically to those needs.

Appendix A – Shared Definitions Document

Shared Definitions – LGBTQIA2S+ Mini-Grant Evaluation

NOTE: The following definitions were developed in collaboration with and agreed upon by the LGBTQIA2S+ Mini-Grant Evaluation Community Advisory Group. These terms are regularly used in describing the project activities, results, successes, impact, and communities. The group felt it was important to ground truth the definitions.

1. **Trust** is earned and relates to safety and survival, particularly for marginalized populations existing under white supremacy culture, and is characterized by a knowing or understanding of anticipated support, reliability, and care.
 - a. **Safety** is the condition that allows trust to thrive
 - b. **“Moving at the speed of trust”**
2. **Belonging** is a knowing or understanding of an individual’s value, place, and importance within a relationship or community. It can be internally and externally felt or affirmed, and is amplified through safe and authentic relationships.
 - a. (note- cross reference with Othering and Belonging Institute work)
3. **Acceptance** is dynamic and relational, both internal and external. Internally, acceptance may be the action of coming to terms with ones’ set of circumstances, individually and socially. Externally, acceptance may be an embrace and affirmation of an individual or community and is seen, felt, and heard unconditionally.
4. **Community Support** is seen as a network of genuine, caring relationships within a community that functions as a safety net that provides resources and care. Peer support and mutual aid are examples of community support.
5. **Social Capital** is a mutual exchange of understanding, norms, values, and trust within relationships that enables a social group to function in a healthy and cohesive manner.
6. **Social Connectedness** is the experience of feeling bonded to a social community and/or place through positive interpersonal relationships and opportunities to share value, honor, and care within a network of relationships
7. **Social Isolation** is characterized by a lack of contact and/or meaningful relationships at an individual, interpersonal, and/or societal level.
8. **Social Norms** are the societal and cultural rules and regulations, often unspoken, that are considered acceptable and/or preferred; they are generally designed by the elites and perpetuated by the majority of the population.
9. **Resiliency** is seen as an assertion of inherent value as a human; the capacity to recover after a disturbance or dehumanizing experience.
10. **Access to Care** is the equitable availability and distribution of resources to prevent and mitigate harm and preserve health and wellness. It necessitates social and emotional safety to seek and receive appropriate care.
 - a. **Care:** social, emotional, physical, spiritual, etc.

Additional Terms as defined by CDC

11. **Risk Factors** are characteristics at the biological, psychological, family or community level that precedes and are associated with a higher likelihood of negative outcomes.

12. **Protective Factors** are characteristics at the biological, psychological, family or community level that are associated with a lower likelihood of negative outcomes or reduces the negative impact of a risk factor
13. **Shared Risk & Protective Factors** are those that impact more than one type of public health issue.

Appendix B – Protocol A: Interview Guide with Technical Assistance

LGBTQIA2S+ Mini-Grant Evaluation Key Informant Interview Guide– Grantees with TA

I. Interview Considerations and Preparation:

- Complete Interview Face Sheet to create question prompts
 - Read through reports to ask tailored questions for the grantees
 - E.g. “first ever pride parade” – was there a parade the next year? Was the activity sustainable?
 - Revisit protective factors from the application process
- If there has been turnover at the organization, who will be the best person to talk to about the grant process? (e.g. what activities were accomplished)
- The following questions are meant to guide the interviewer and may be adapted according to the unique projects developed in response to organizational capacity, needs, staffing, as well as shifting community needs during the first two years of the pandemic.
- Refer to the Shared Definitions document to confirm meaning if respondent uses any of the terms.

II. Evaluation Topics:

- **Sustainability:** We want to find out what activities continued, did the grant funding create a platform for the “next level” – did they pivot? Did they learn anything that helped them move their work forward?
- **Project Impacts:** On all SEM levels (Individual, relationship, organizational, community and societal)
- **Long term impact:** Prevention or mitigation of risk factors (ACES, suicide, trauma) and advancing protective factors (healthy and positive norms, reducing stigma, enhancing connectedness, build resiliency)
- **Benefits of TA**

III. Interview Guide

Introduction—

Thank you so much for agreeing to talk with me about your organization’s experience with the LGBTQIA2S+ mini-grant project. I’m a doctoral student with U of O’s Prevention Lab and am assisting OHA and AOCMHP with the evaluation of the mini-grant project. The information you provide will be very helpful in our evaluation efforts and will allow us to tell the story of the project in more detail.

Elements of Consent—

Just to be clear about the parameters of this interview: This is a one-time interview. Everything you tell me will be confidential. We will use an ID number, not your name or your organization’s name, to record any information you give me. Although we might use a quote to illustrate a point, we won’t include anything that could identify you or your organization. Talking with me is completely voluntary and you don’t have to answer any of the questions I ask if you don’t want. Just let me know. You can also end the interview at any time.

Interviewer initial here to indicate informed consent given: _____
If you have any questions or concerns about the interview, I can give you the number of Susan Van't Hof, who is the OHA evaluator for this project (971-221-1876).

Permission to Audio Record—

I'd like to audio record this call, with your permission, to make sure I understand everything you say. It also saves time so I don't need to take detailed notes. If you decide that's OK, we will transcribe what you say from the recording—making sure anything that might identify you or another person is taken out—and then erase the recording. The written summary would not include your name or anything that could identify you. Is it OK with you if I record this call?

YES (*begin recording: SAY: "I've started the audio recording. Once again, we will remove any identifying information that you may share during the interview."*)

NO (*say OK, and tell the participant you will continue the interview without recording*)

Questions—

1. Review with respondent the LGBTQ+ suicide prevention activities the organization implemented with the grant funding (see Face Sheet)
2. What are you still doing? And how did the mini-grant activities inform your organization's next steps?
 - a. *Prompt: What led to the success of implementing your programs?*
 - b. *Prompt: What were barriers?*
3. How were the mini-grant activities shaped in response to LGBTQ+ community needs during the beginning of the COVID-19 pandemic?
4. What was unique about your project that contributed to your ability to adapt to LGBTQ+ community needs as they changed?
 - a. *Prompt: What was the response from the community? (e.g., coping with uncertainty, staying connected, meeting basic needs)*
 - b. *Prompt: What was the most important thing about your program, in your opinion, that helped to reduce social isolation and increase social connection?*
5. Since your mini-grant project, have you seen any further changes in your community that you can attribute to your organization's work?
6. What organizational changes came as a result of the mini-grant funding? (e.g., staff training, additional staff or activities, broadened scope, expanded population served)
7. Your cohort of grant recipients was offered additional assistance by Trauma Informed Oregon and evaluation help from PDES at OHA. In what ways did having access to technical assistance during the grant process impact the experience?

- a. *Prompt: Did you attend any of the TIO webinars?*
 - b. *Prompt: Did you work with the evaluation consultant?*
 - c. *Prompt: Did you make any changes to your project or organization as a result of the TA?*
8. Originally your organization intended to (protective factors from Face Sheet) _____. Can you elaborate on how successful your organization was at addressing these protective factors?
9. The evaluation advisory group defined resiliency as an assertion of inherent value as a human; the capacity to recover after a disturbance or dehumanizing experience. How do you feel the activity your organization implemented contributes to the resiliency of LGBTQIA2S+ communities?
10. What does sustainability following this mini-grant project look like for your organization?
 - a. *Prompt: How did this process impact your group or organization's ability to respond to future community needs?*
 - b. *For example, additional funding, additional employees, new or continued collaborative relationships with community organizations, sustained/enhanced capacity within the organization, continued community engagement, ability to pivot to changing community needs) – multisector partnerships that create protective factors against suicide*

Appendix C – Protocol B: Interview Guide without Technical Assistance

LGBTQIA2S+ Mini-Grant Evaluation Key Informant Interview Guide– Grantees without TA

IV. Interview Considerations and Preparation

- Complete Interview Face Sheet to create question prompts
 - Read through reports to ask tailored questions for the grantees
 - E.g. “first ever pride parade” – was there a parade the next year? Was the activity sustainable?
 - Revisit protective factors from the application process
- If there has been turnover at the organization, who will be the best person to talk to about the grant process? (e.g. what activities were accomplished)
- The following questions are meant to guide the interviewer and may be adapted according to the unique projects developed in response to organizational capacity, needs, staffing, as well as shifting community needs during the first two years of the pandemic.
- Refer to the Shared Definitions document to confirm meaning if respondent uses any of the terms.

V. Evaluation Topics

- **Sustainability:** We want to find out what activities continued, did the grant funding create a platform for the “next level” – did they pivot? Did they learn anything that helped them move their work forward?
- **Project Impacts:** On all SEM levels (Individual, relationship, organizational, community and societal)
- **Long term impact:** Prevention or mitigation of risk factors (ACES, suicide, trauma) and advancing protective factors (healthy and positive norms, reducing stigma, enhancing connectedness, build resiliency)
- **Benefits of TA**

VI. Interview Guide

Introduction—

Thank you so much for agreeing to talk with me about your organization’s experience with the LGBTQIA2S+ mini-grant project. I’m a doctoral student with U of O’s Prevention Lab and am assisting OHA and AOCMHP with the evaluation of the mini-grant project. The information you provide will be very helpful in our evaluation efforts and will allow us to tell the story of the project in more detail.

Elements of Consent—

Just to be clear about the parameters of this interview: This is a one-time interview. Everything you tell me will be confidential. We will use an ID number, not your name or your organization’s name, to record any information you give me. Although we might use a quote to illustrate a point, we won’t include anything that could identify you or your organization. Talking with me is completely voluntary and you don’t have to answer any of the questions I ask if you don’t want. Just let me know. You can also end the interview at any time.

Interviewer initial here to indicate informed consent given: _____
If you have any questions or concerns about the interview, I can give you the number of Susan Van't Hof, who is the OHA evaluator for this project (971-221-1876).

Permission to Audio Record—

I'd like to audio record this call, with your permission, to make sure I understand everything you say. It also saves time so I don't need to take detailed notes. If you decide that's OK, we will transcribe what you say from the recording—making sure anything that might identify you or another person is taken out—and then erase the recording. The written summary would not include your name or anything that could identify you. Is it OK with you if I record this call?

YES (*begin recording: SAY: "I've started the audio recording. Once again, we will remove any identifying information that you may share during the interview."*)

NO (*say OK, and tell the participant you will continue the interview without recording*)

Questions—

11. Review with respondent the LGBTQIA2S+ suicide prevention activities the organization implemented with the grant funding (see Face Sheet)
12. What are you still doing? And how did the mini-grant activities inform your organization's next steps?
 - a. *Prompt: What led to the success of implementing your programs?*
 - b. *Prompt: What were barriers?*
13. How were the mini-grant activities shaped in response to LGBTQ+ community needs during the beginning of the COVID-19 pandemic?
 - a. *Prompt: Why those activities then (re: COVID)?*
14. What was unique about your project that contributed to your ability to adapt to LGBTQIA2S+ community needs as they changed?
 - a. *Prompt: What was the response from the community? (e.g., coping with uncertainty, staying connected, meeting basic needs)*
 - b. *Prompt: What was the most important thing about your program, in your opinion, that helped to reduce social isolation and increase social connection?*
15. Since your mini-grant project, have you seen any further changes in your community that you can attribute to your organization's work?
16. What organizational changes came as a result of the mini-grant funding? (e.g., staff training, additional staff or activities, broadened scope, expanded population served)

17. *(There were different levels of support offered to the cohorts. We are trying to figure out how technical assistance may have impacted the grant recipient's experience.)* Did you utilize any of the funding you received for technical assistance?
- a. *Prompt: Can you imagine how having access to technical assistance such as informational webinars, one-on-one technical support, etc. would have impacted your grant experience?*
18. Originally your organization intended to (protective factors from Face Sheet) _____. Can you elaborate on how successful your organization was at addressing these protective factors?
19. The evaluation advisory group defined resiliency as an assertion of inherent value as a human; the capacity to recover after a disturbance or dehumanizing experience. How do you feel the activity your organization implemented contributes to the resiliency of LGBTQIA2S+ communities?
20. What does sustainability following this mini-grant project look like for your organization?
- a. *Prompt: How did this process impact your group or organization's ability to respond to future community needs?*
- b. *For example, additional funding, additional employees, new or continued collaborative relationships with community organizations, sustained/enhanced capacity within the organization, continued community engagement, ability to pivot to changing community needs) – multisector partnerships that create protective factors against suicide*

Appendix D – Grantee Application for Funding

APPLICATION: DUE BY 5PM AUGUST 7, 2020

Name of Organization:

Phone:
Email:
Address:

Name of Contact Person:

Phone:
Email:
Address:

Project or activity proposed *(Please be as specific as possible including date(s), location, intended audience or population, age group of focus, community support; a few paragraphs to one-page description, but take more space if needed.)*

In the next three questions, please describe how this project will build toward a suicide-safer LGBTQ+ community by increasing protective factors.

1. What is the need or problem of focus for this project?
2. Below are some protective factors that increase wellness, promote positive health outcomes, and prevent suicide. Which of these does the project seek to increase? *(Check all that apply.)*

<input type="checkbox"/> Social connection	<input type="checkbox"/> Purposefulness in life
<input type="checkbox"/> Family acceptance	<input type="checkbox"/> Strong coping skills
<input type="checkbox"/> Positive accepting adult	<input type="checkbox"/> Spirituality
<input type="checkbox"/> Effective, accessible behavioral healthcare	<input type="checkbox"/> Sense of hopefulness
<input type="checkbox"/> Community connectedness	<input type="checkbox"/> Other: _____
3. What are the expected results of this project? How will your organization know you were successful in increasing those identified factors above?
4. Who are the community partners involved in this project? *(Check and specify all that apply.)*

<input type="checkbox"/> Suicide prevention organization:	<input type="checkbox"/> Other: _____

<input type="checkbox"/> School: _____	

<input type="checkbox"/> Local government: _____	

<input type="checkbox"/> Community organization: _____	
<input type="checkbox"/> Faith community: _____	

5. Please provide a projected budget for your project below (supplies, technology, paid time/salary, overhead, etc.):

Total amount of funding needed for project: _____

Amount of mini-grant funding requested (up to \$20,000): _____

Other funding sources for this project (if needed):

6. Recipients of mini-grants will have the option of assistance from Trauma Informed Oregon, and Program Design & Evaluation Services, which we encourage organizations to utilize. What assistance or guidance could this project use from Trauma Informed Oregon and/or PDES?
7. What follow-up or ongoing work will this project need? As this is a one-time mini-grant, how will you address any ongoing or follow-up work that emerges from this project?

Mini-grant award recipients are asked to submit a brief one-page report of the project or activity. Details of this request will be emailed to mini-grant recipients when grant is awarded.

Appendix E - LGBTQ+ Mini-grant Final Report Template

1. **What is the name of your program or organization?**
2. **Please briefly describe what project activities you implemented during this grant period. Please include what risk or protective factors you were hoping to address (e.g., stigma, discrimination, social connection, social norms, access to services or other supports, etc.).**
3. **Did you face any other challenges or barriers to implementing the activities?**
 - a. If yes, please describe.
4. **How many people did the activities reach? Please provide numbers per activity and a total/overall number.**
5. **Did you partner with anyone outside your organization for the project activities? For this topic, a “partner” can be either formal or informal and involve activities such as networking, sharing resources, providing feedback or problem-solving, introduction or outreach to the community, other types of support, etc.**
 - a. If yes, please share the names of any partners, including other mini-grantees, you worked with on your grant-related activities.
6. **Did this funding lead to any other opportunities (e.g., new skills or development for employees or volunteers, additional funding, new partners, increased interest in your program, more support from your organization, etc.)?**
 - a. If yes, please describe.
7. **Were there any unanticipated outcomes as a result of your project activities?**
 - a. If yes, please describe.
8. **Did you develop/adapt any tools or materials during this grant period?**
 - a. If yes, please:
 - i. List with a brief description any documents, tools, or materials that you developed or adapted.
 - ii. Submit a copy of anything you adapted or developed with your report.
9. **The purpose of this project was to help build resilience against suicide for the LGBTQ+ community during COVID. Did the topic of suicide (or self-harm, harm from others (physical, psychological/ implied threats/ discrimination /bullying/stigma/ microaggressions, or sexual abuse/harassment) come up in any of your project activities (either as a discussion topic, self-disclosure, crisis, or any other way.)?**

- a. If yes, how was it addressed?
- b. Did you feel like you had the ability to respond effectively?
- c. What would have helped?

10. These numbers and information are very helpful for fulfilling our reporting requirements; many thanks for reporting them! In addition, we'd like to provide more context to your numbers. If you have one, please share a story that demonstrates your project's impact on an individual, family or group in your community.

11. (optional) What has this project meant to you or to your community?

12. (optional) We often come across opportunities to share success stories locally and nationally. Can we contact you with follow up questions, to do an interview, to partner again, etc.?

13. (optional) Would you like us to connect you to your local suicide prevention coalition, and/or The Oregon Alliance to Prevent Suicide? Are there any other organizations we could help connect you to?

14. (optional) Is there anything else that you would like to share with us about your project?

Appendix F - Analysis Codebook

Code	Definiton	Related Themes in Data
Implementation Factor	Related to implementation stages, teams, drivers. Useful innovation. Related to improvement cycles.	Technical assistance, resources, team
Social Connection	Related to the experience of feeling bonded to a social community and/or place through positive interpersonal relationships and opportunities to share value, honor, and care within a network of relationships	Feeling connected to a group; the desire to interact with a group
Acceptance	Related to an LGBTQ+ youth having support from themselves or others and being accepting of their LGBTQ+ identity	Youth leader, program leader
Geographic Impact	Realted to the impact of geographic region of grant programming	Rural, urban, commute
Impact of Community	Related to community-building; impact of community on an individual - salient moments of impact	Community power, community building
Purposefulness in Life	Related to prioritizing what matters to an individual according to their internal values or beliefs	Purpose, belonging
Coping Skills	Related to the internal sense of personal strength; resiliency to overcome challenges in life	Coping skills, resiliency
Spirituality	Related to seeking a meaningful connection with something bigger than oneself	Spiritual
Hopefulness	Related to the belief that something good will happen in the future	Hope, hopefulness
Flexibility	The ability and willingness to adjust one's thinking or behavior; related to the ability to adjust programming activities in response to community or individual need	Grant funding flexibility, program flexibility, individual flexibility
Mentorship	Realted to mentorship (guidance provided by a mentor or someone who is experienced in a related area)	Inter/multi-generational connection
COVID	Related to COVID-19; the impact of COVID-19 on grant programming	Virtual, in-person, barriers to or increased ease of access.
Youth Leadership	Related to youth and leadership	Youth in leadership, youth voices,
Discrimination	Identity-based maltreatment; bullying due to identity	Exclusion, social segregation
Safe Spaces	A space where an individual or group feels like they can exist and be included in their authentic identity without risk of harm or discrimination	Acceptance, inclusion, expression without fear
LGBTQ+ Visibility	Clear representation of LGBTQ+ spaces, people/groups, activities	Pride celebrations, programming materials, flags/posters
Access	having the opportunity to utilize resources; opportunity to engage in social interactions, events, etc.	Access or lack thereof to services or technology. Barriers, structural (lack of access)
Emergent Codes		
Program Leadership	Related to leadership within a specific program	Program leadership, boss,
Intersectionality	Related to facts of identity that intersect	Intersection, identity

Table 1
Grantee Characteristics

Project ID Number	Program Type/Audience	Award Amount (\$)
With Project TA		
Project 7	Dance Project	10,000
Project 1	Population/Culture Specific Program	15,000
Project 4	Mentoring Program	14,000
Project 11	Community Center	7,000
Project 15	Mentoring Program	5,000
Project 13	Healthcare Organization	20,000
Project 17	Population/Culture Specific Program	10,000
Project 5	School-Based Program	18,704
Project 10	Population/Culture Specific Program	9,669
Without Project TA		
Project 21	School-Based Program	20,000
Project 23	Mentoring Program	20,000

Table 2

Theme Clusters with their Associated Codes and Meaning Units

Theme/Cluster	Impact of Community [IC]: Community impacts several aspects of life. How did this show up in the data?	
	Implementation Factors [IF]: Identification of factors relating to the implementation of programming. What are these factors?	
	Mentorship [M]: Mentorship can lead to sustainability of program efforts and intergenerational connection. What did mentorship look like in this grant cycle?	
Codes and Meaning Units	Social Connection [IC]	<i>“Having a space to be able to network and to get support, and to get education around different things going on in the community, I feel like that was really important”</i>
	Access [IC]	<i>“So, providing space for people to share their experiences, strength, and hope. I found that to be invaluable for not only the person that shared but also for the people that were also in attendance.”</i>
	Safe Spaces [IC]	<i>“And so, being a safe space, by encouraging people and imploring people to feel this is your story, it gives people the hope that they don't have to fear judgment by being able to embrace who they feel like they are because it is okay for them to be who they are.”</i>
	Acceptance [IC]	<i>“So that's really, really important, especially for our youth that maybe have more non-affirming attitudes and beliefs in their households, right. So, having someone who is not only affirming of their identity, but is celebratory of it.”</i>
	LGBTQ+ Visibility [IC]	<i>“That's helped to start the conversation within our community that there are queer people that live within our community and that, from my perspective as a social worker, helped show that one, you can be queer and live in a community and it's fine.”</i> <i>“You know, they're recruiting people that talk like me, look like me, sound like me, and have similar experiences. I feel like that was really big with it came to the trust part.”</i>
	Hopefulness [IC]	<i>“And she is one of those youth that I know is bullied incessantly every single day she walks into school about her identity. So, I can't overstate how powerful positive relationships and community are in addressing resiliency.”</i>

Infrastructure [IF]	<i>“I think that because we were already a mentoring agency, that's what we do. You know, we already had, not all the tools, but we had a lot of tools in our toolbox already to start a program like this.”</i>
Resources [IF]	<i>“There's five therapists that's all the staff we have. We don't have any other support staff except me. So just continuing to have this program that can pay for itself means that we can continue to provide this service basically indefinitely. There's no expiration date on what we can do.”</i>
Flexibility [IF]	<i>“You know, we had some folks who very much knew what they wanted, and maybe it wasn't listed on our form in that sense, they wouldn't inform us “it would be helpful to have it like this”, and like since then, we've also adjusted our intake form to reflect some feedback in that sense. But really, the more we did it, the more we understood that gender affirmation is such a vast net of meaning.”</i>
Program Leadership [IF]	<i>“To get that support from our leadership team to be able to do this has helped us move forward a little bit more to where we could add additional services, like we added the Two-Spirit recovery support group. We were able to reestablish that through this work that we were able to do with the supportive leadership.”</i>
Barriers [IF]	<i>“What are the barriers to the program? Oh, I mean, doing this in our community of bigotries. Especially, obviously, right now it's a new target and talking point for the far right. And I think we're particularly vulnerable to that because we're a youth-serving organization and that is a lot of the rhetoric is, well, I don't care if people are gay, but I just don't want my kids exposed to that. We get called groomers. So that's the barrier.”</i>
Geographic impact [IF]	<i>“You know, they went to totally different high schools, lived in different parts of the of town, so we were able to create community for those who really needed it during COVID.”</i>
Discrimination [IF]	<i>“You will hear stories from our kids that dehumanizing experiences happen every day at school. And not only do they happen, but they're not addressed correctly by administrators or teachers, and that just leads to more and more dehumanizing and traumatizing experiences.”</i>

	Coping skills [M]	<i>“And I like to believe that the youth that were part of this project, that they were able to see themselves as valuable, as important, as valued members of our community, right? So, I think that we were able to build resilience in that way on our end.”</i>
	Safe Spaces [M]	<i>“But I think our queer staff really just weren't seeing those spaces implemented by our leadership, and so I think it was like, it's no brainer that our youth need these spaces and need to be able to be themselves and have staff who also are open and can support and have conversations, so I really think it was a dedication of staff really wanting youths to have positive experiences within Project 15.”</i>
	Mentorship [M]	<i>“I think the utilization of adult mentors with youth and staff. It was multi-layered because of that, so again, very naturally a community was created because of that.”</i>
	Youth Leadership [M]	<i>“And just keeping these conversations going and making sure that through things like the podcast, people, students are able to realize that their voice matters and that they're able to use that to make changes within their communities is incredibly important.”</i>

Table 3
Proposed Programming and Program Outcomes by Case

Project/case #	Proposed Programming	Reported Program Outcomes
1	Community-building events and community financial support	“111 people received financial support and more than 100 participants in weekly events.”
4	Youth-led peer mentorship circle	“Mentees self-reported a sense of belonging and increased support and safety because of the program.”
5	Youth-led podcast	“[at the time of report] 150 monthly listeners, 131 social media followers, 24 members of podcast team.”
7	Dance project	“Our funded project far exceeded our expectations and was a great success.... 30 show co-hosts, over 1,000 people saw the show.”
10	Specialized case management	“We were able to serve 12 individuals, all receiving the same level of services.”
11	Expansion of program services	“With the funds awarded, we were able to provide our clients with a network of remote support which served to decrease behavioral health risks associated with social isolation, plus the technology needed to access these online resources (15 iPads and cases), and we were able to provide technical support to clients who may have otherwise struggled to adapt to the new technology.”
13	Provision of behavioral health and social support services	“Increased staff hours and [participants engaged in] resource navigation, vaccine clinic, support groups, book club, yoga, device support, phone line calls.”

15	Drag Queen story hours, pride events, youth drag show	“As planned, the projects implemented included 4 virtual drag queen story shows, one virtual youth drag show, and youth leadership incentives.”
17	Trainings for local professionals and interviews with community members to inform future intervention efforts.	“trainings were received by local professionals in the community... five individual interviews were conducted... the survey has not been posted.”
21	Training to school health providers	“delivered one 3-hour interactive training session and have scheduled a second one”
23	Community gathering space, gender affirming care resources, program website	“58 individuals engaged with the gender affirming closet... 10 – 14 attendees at gathering meetings... website created”

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