

Orientation to the Oregon Alliance to Prevent Suicide

HOPE, HELP AND HEALING



Oregon
Alliance
to Prevent Suicide



Funded by
Oregon
Health
Authority

Let's Take Good Care of Each Other and Ourselves

Let us know with a private chat if you're having a tough time and need someone to talk with. **USE THE CHAT**

Take a break when you need to – get up and stretch, get yourself a cup of tea or a bite to eat. Please mute yourself unless you have a comment.

Draw, doodles, take notes or pat your cat or dog during the meeting





Geographically/Politically
Diverse

Many Rural and Remote
Counties

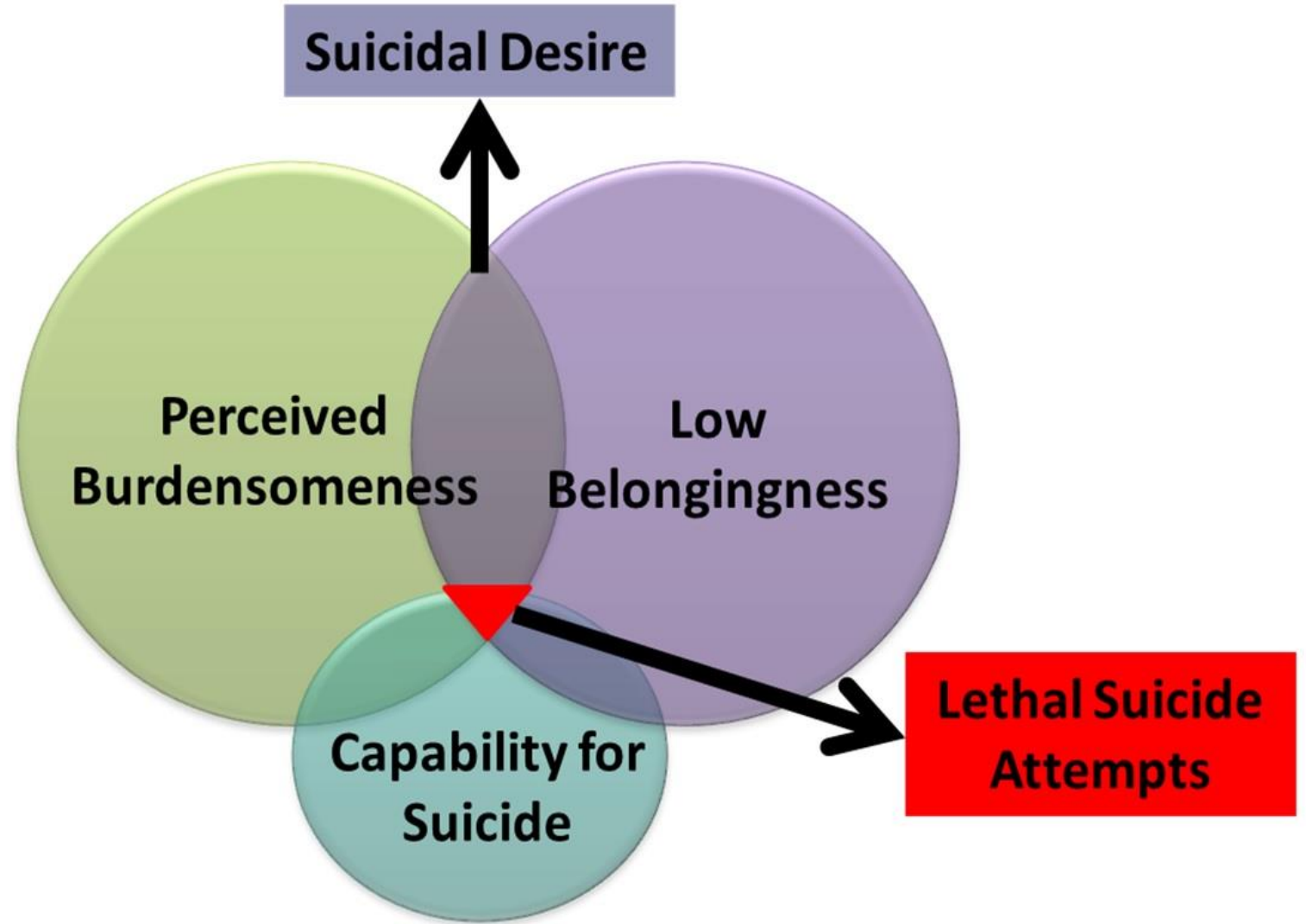
As of 2020 13th highest suicide
rate in the U.S.

County-based behavioral
health system

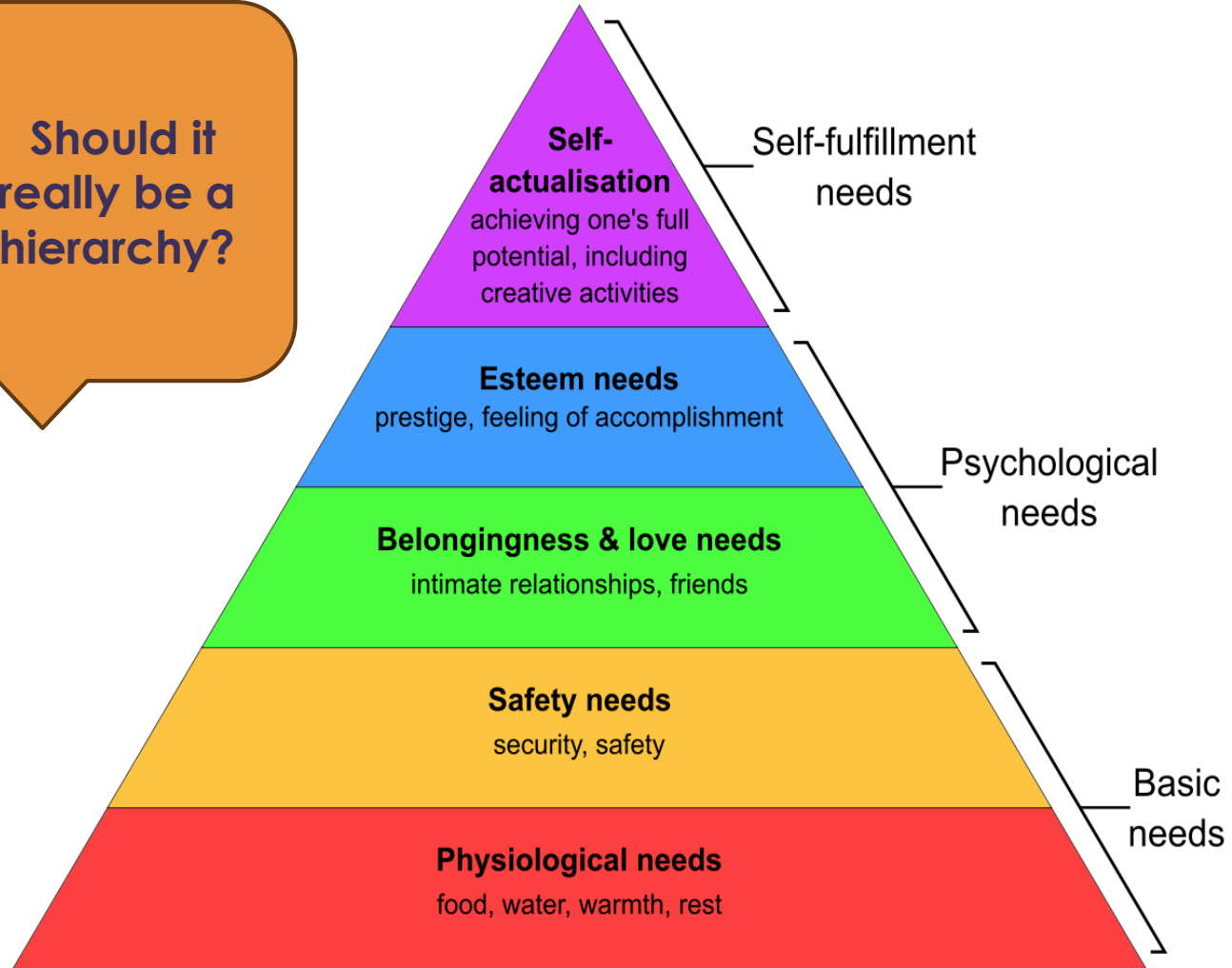
Youth suicide rate declined
2019 - 2022 after previous
alarming increase

Interpersonal Psychological Theory of Suicide

This figure illustrates the circles of Influence that affect suicide risk and must be addressed in suicide prevention activities.



Should it
really be a
hierarchy?



Maslow's
Hierarchy of
Needs
Implications for
Suicide
Prevention

Alliance Focus

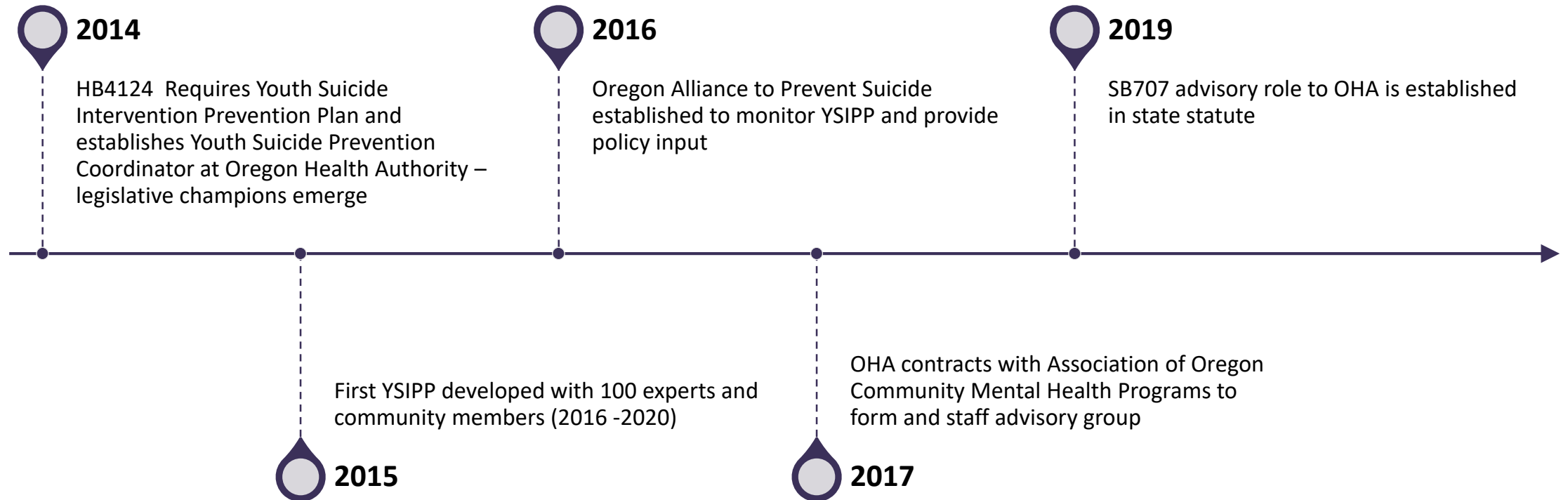
**Monitoring and advising OHA to
reduce youth/young adult suicide**

Equity and liberatory practice

**Connecting the field of suicide
prevention in Oregon**

**Policy development and
implementation**

Alliance History





Getting
to Know
You



Vision

In Oregon, all young people have hope, feel safe asking for help, can find access to the right help at the right time to prevent suicide, and live in communities that foster healing, connection, and wellness.

Mission

The Alliance advocates and works to inform and strengthen Oregon's suicide prevention, intervention and postvention policies, services and supports to prevent youth and young adults from dying by suicide.



Equity Statement

To achieve our vision, we acknowledge the impact of white supremacy, institutionalized racism, and all forms of oppression. The Alliance endeavors to make Oregon a place where suicide reduction and prevention is achieved for people of all ages, races, ethnicities, abilities, gender identities, sexual orientations, socioeconomic status, nationalities and geographic locations.

What does it mean to
center youth / young
adult voice?

GROUP AGREEMENTS

What does it mean
to center lived
experience?

We value being a
community of care.
Reach in and reach
out.

Be in the growth
zone. All Teach and
All Learn.

Challenge oppression
and racism.

Intent does not
always equal impact

Replace judgment
with wonder - be
curious not furious

Be aware of how
much you are
speaking. Create
space for others.

Check for
understanding

Speak your truth and
be aware of the ways
you hold privilege

Strive for suicide-
safer messaging and
language

HOPE

Promote a sense of **hope** and highlight resilience.

HELP

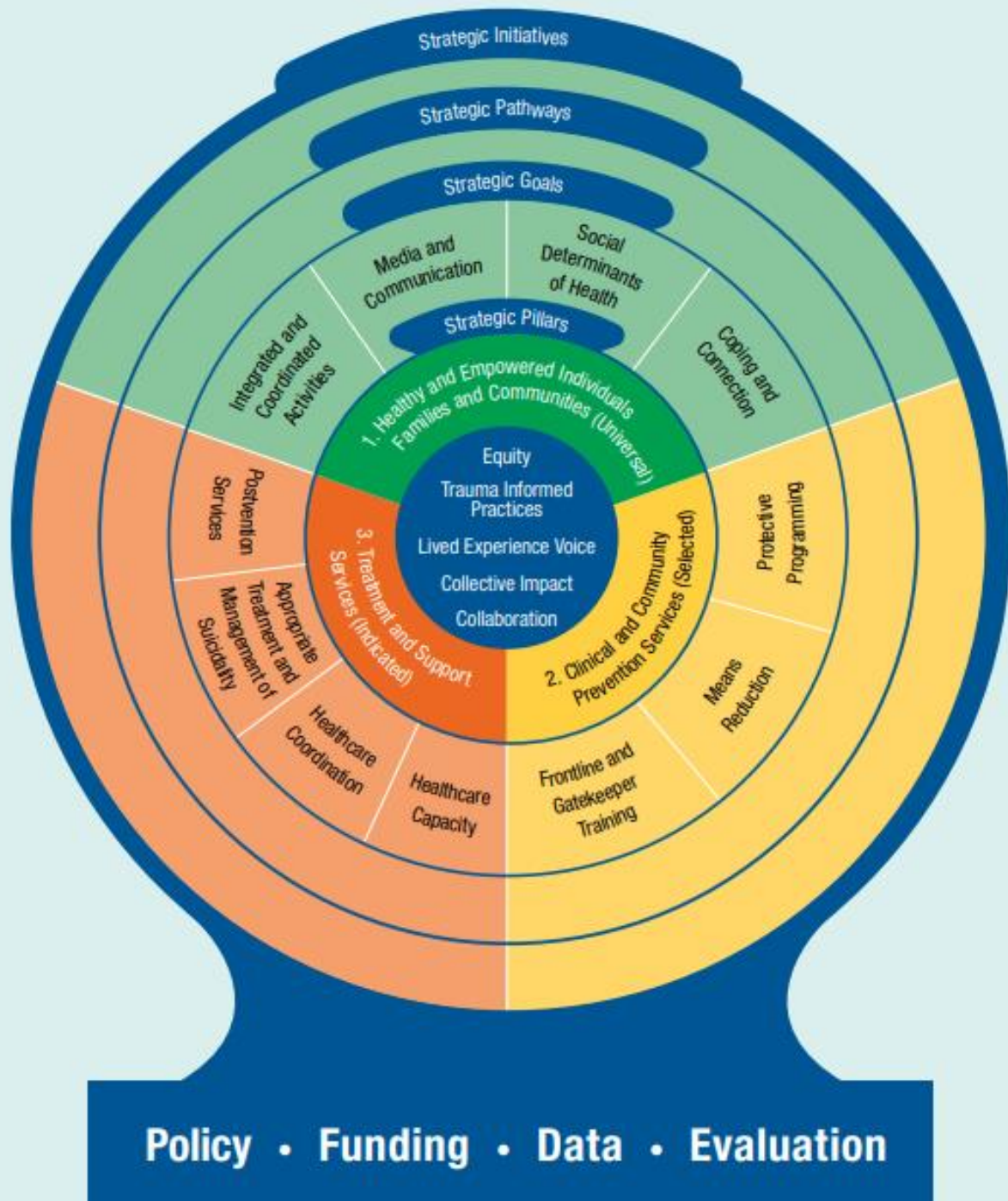
Make it safe to ask for **help** and ensuring that the right **help** is available at the right time

HEALING

Work with individuals and communities in the **healing** process after an attempt or suicide



Connection and Transformation



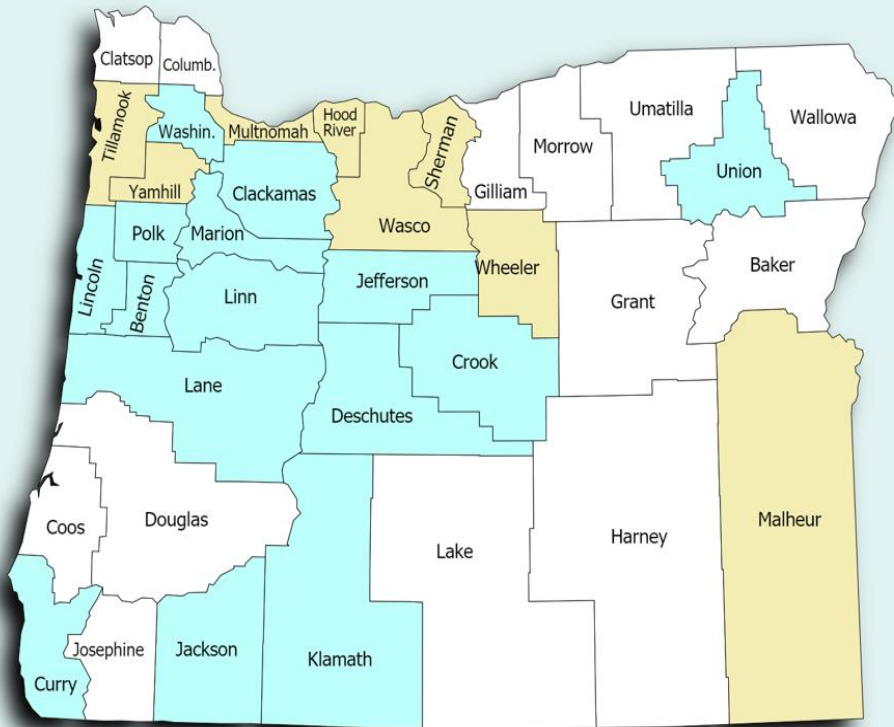
YSIPP Framework

YSIPP OHA Initiatives Smartsheet

Alliance Specific Initiatives

Helping Connect the Field

Regional Suicide Prevention Coalitions



Not connected with the Alliance / No current coalition

Established Coalition Connected with the Alliance

Emerging Coalition Connected with the Alliance

Created with paintmaps.com

Alliance and Regional Suicide Coalitions –
Connecting the Field and Amplifying our
Voices

Promote a sense of hope and highlight
and support strategies for resilience.

Support people to ask for help and
ensure that the right help is available at
the right time.

Engage individuals and communities in
the healing process after an attempt or
suicide

Oregon
Health
Authority



ASSOCIATION OF OREGON
COMMUNITY MENTAL
HEALTH PROGRAMS



Oregon
Alliance
to Prevent Suicide
Hope • Help • Healing



Additional Key Areas for Engagement

Committees (Public Meetings)

- ▶ Schools Committee – Monitoring and Advising on Adi's Act
- ▶ Transitions of Care –
- ▶ Lethal Means – Reducing Access to Lethal Means
- ▶ Executive
- ▶ Workforce
- ▶ Eval and Data

ADVISORY GROUPS

- ▶ LGBTQ+
- ▶ Equity
 - ▶ White Accountability Learning Collective
 - ▶ BIPOC Caucus
 - ▶ Youth and Young Adult (currently inactive)
 - ▶ Lived Experience (Needs to Regroup)

WEBSITE IS KEY RESOURCE

www.oregonalliancetopreventsuicide.org

Register for quarterly meetings

Read committee descriptions and notes

See latest Alliance publications

Policy updates

Alliance tracking activity tracking too.

ALLIANCE CHAIRS

Alliance Chair: Galli Murray, Suicide Prevention Coordinator, Clackamas County

Alliance Vice-Chair: Charlette Lumby, Incite Agency for Change

Data & Evaluation Committee Chairs: Karen Cellarius and Sandy Bumpus

Schools Committee Chairs: Justin Potts and Claire Kille

Transitions of Care Committee Chairs: Charlette Lumby and Liz Schwarz

Workforce Committee: Julie Scholz and Don Erickson

LGBTQ+ Advisory: Aubrey Green and Wren Fulner

Lethal Means: Jonathan Hankins, Donna-Marie Drucker, and Pam Pearce


Lived Experience: Laura Rose Misaras

Policy Success: Instrumental in Passage of 20 Bills


Postvention Legislation – leading the nation. CMHP's central to the effort




Behavioral Health Emergency Dept. Visit – require caring contact follow up



Fund Youth Suicide efforts in Oregon (\$6 million YSIPP and \$4 million school-based services)



Require suicide assessment and management continuing education for behavioral health workforce



Suicide prevention/postvention plan in every school (Adi's Act)

Policy Priorities – 2023

Funding the Adult AND Youth Suicide Prevention Plans

Increase access to quality suicide assessment / management training for health professionals

988 and crisis response system – support robust system with cell fee

LGBTQ2SIA+ Affirming Schools and access to gender affirming care

Safe storage of firearms

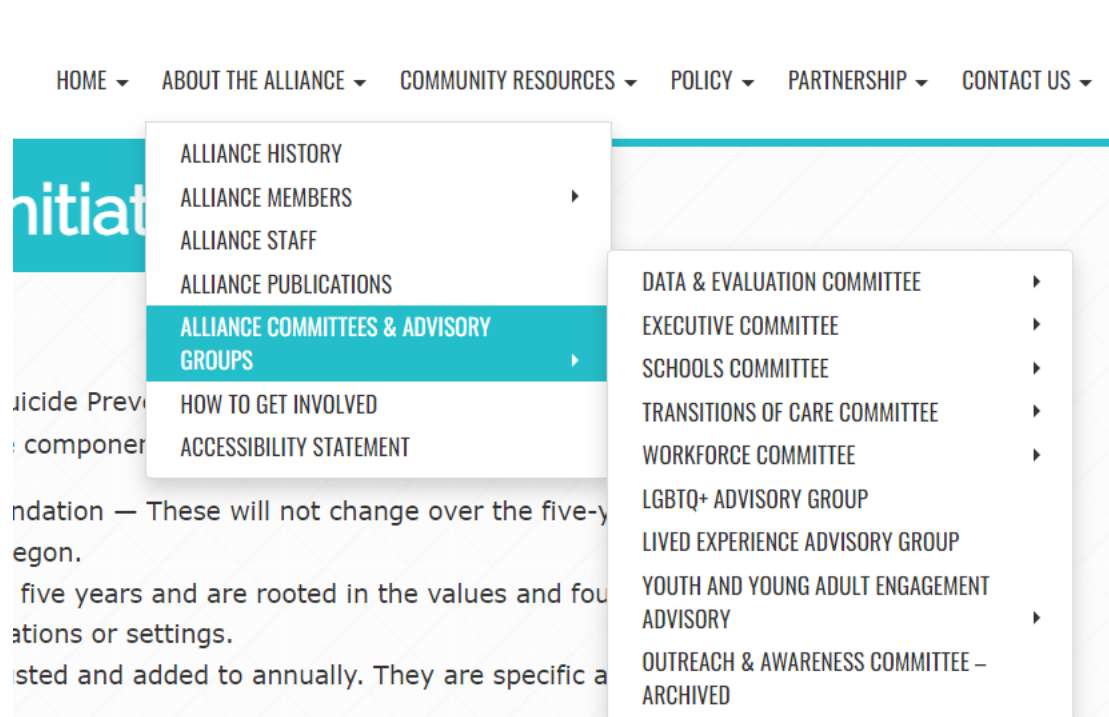


How to Get Involved with the Alliance



Website Navigation

Alliance Website



Executive Committee

What is the Executive Committee?

The Executive Committee oversees all committees, workgroups, and activities of the Alliance. They also organize Alliance business, make decisions on behalf of the Alliance between meetings, and make policy recommendations to OHA.

This Committee currently meets the first Monday of the month from 2:30 PM – 4:00 PM virtually. To join, please go to this link <https://us02web.zoom.us/j/89796541408?pwd=OGpPRVArcDhTS1MzWml3YUhaZHV3dz09> and can also be joined by calling 669.900.9128,,89796541408#,,,,*651946#

Below are the dates that the meetings have been held and when they will be held. Meeting agendas are posted at least seven days before the meeting and meeting minutes will be posted within seven days post meeting.

To find previous meeting minutes, please go [here](#).

If you have questions about this Committee, please email Alliance staff Annette Marcus at amarcus@aocmhp.org.

Fiscal Year 2021 – 2022
Current and Past Meetings

Let's Connect



Annette Marcus – amarcus@aocmhp.org



Jenn Fraga – jfraga@aocmhp.org



Website: www.oregonalliancetopreventsuicide.org



Quarterly Meeting

December 8, 2023

WELCOME! Please share name, pronouns, organization (if applicable) in chat

Meeting: 9:30 – 12:00

Group Agreements

- We value being a community of care. Reach in and reach out.
- Be in the growth zone. All Teach and All Learn.
- Challenge oppression and racism.
- Intent does not always equal impact
- Replace judgment with wonder
- Be aware of how much you are speaking.
- Create space for others.
- Check for understanding
- Speak your truth and be aware of the ways you hold privilege
- Strive for suicide-safer messaging and language



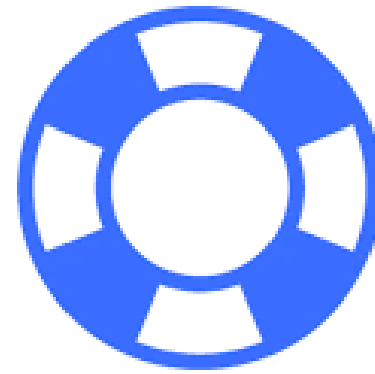
Today's Agenda

- Welcome, Update and Introductions
- Alliance Youth Think Tank
- Small Group - Intros
- Youth Work in Clackamas County
- Break
- YouthLine Panel
- YSIPP Initiatives



Join Us for Capitol
Day on Feb 12th

Contact: Annette
amarcus@aocmhp.org



**American
Foundation
for Suicide
Prevention**

Oregon

Alliance Oregon
to Prevent Suicide
Hope • Help • Healing

National CDC Data News

- The new provisional data show the number of suicides was 3% higher in 2022, increasing from 48,183 in 2021 to 49,449, the highest number ever recorded in the US. The previous all-time high was 48,344 in 2018. The rate of suicides per 100,000 increased from 14.1 in 2021 to 14.3 in 2022, the highest since 1941

- Rates for people in age groups 10–14, 15–24, and 25–34 declined 18%, 9%, and 2%, respectively, from 2021 to 2022
- <https://www.cdc.gov/suicide/facts/disparities-in-suicide.html>

- *Source: CDC WISQARS & OPHAT & WONDER data sets*

Jill challenged
us to think
carefully about
this data

Year	Number of youth suicides	Suicide death rate (per 100,000)	Rank among 50 states (50 is lowest rate)
2014	97	12.9	12
2015	90	12	16
2016	98	13	15
2017	107	14.1	17
2018	129	16.9	11
2019	116*	15.3	11
2020	101†	13.3	18
2021	95	12.4	22

* In addition to these deaths among youths in Oregon age 10–24, there were two suicide deaths among children younger than 10 in 2019.

† In addition to these deaths among youth in Oregon age 10–24, there was one suicide death among children younger than 10 in 2020.

How can
we reduce
suicide for
ALL Oregon
young
people?

Number of suicides among youth aged 24 years and younger by year and race/ethnicity, Oregon 2018 - 2021


Race/Ethnicity	2018	2019	2020	2021
	Deaths	Deaths	Deaths	Deaths
Non-Hispanic Am Indian/Alaska Native	3	2	2	1
Non-Hispanic Asian / Pacific Islander	3	1	4	2
Non-Hispanic Black	5	3	1	7
Non-Hispanic two or more races	1	2	4	5
Non-Hispanic White	95	88	76	59
Hispanic, All Races	19	17	13	16
Unknown Race	1	0	0	2
Total	127	113	100	92

Note: Oregon residents who died out of state are not included. Hispanic includes all races.

Source: CDC WONDER

Small Group Introductions

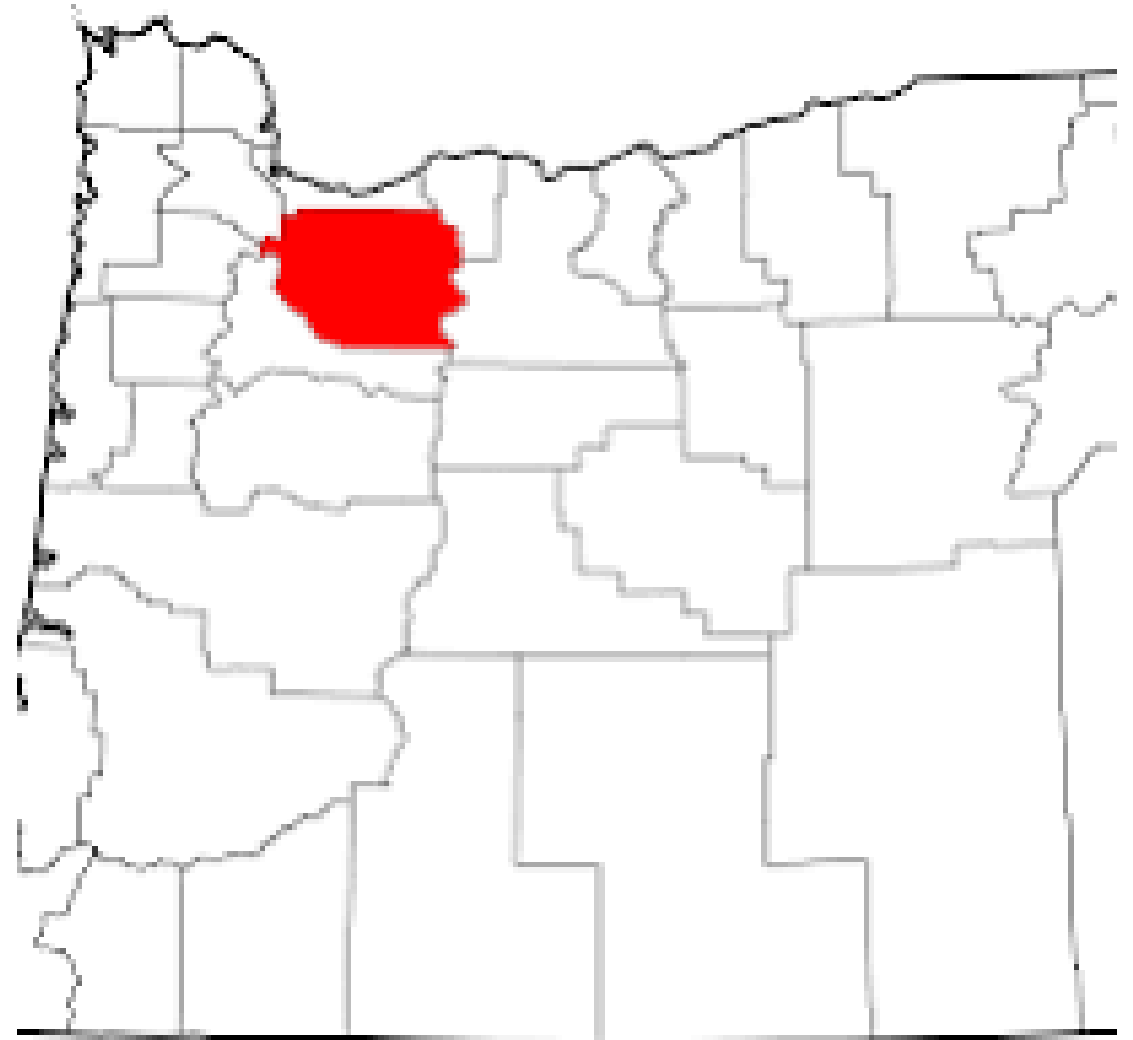
- What do you want to hear or learn about from youth and young adults to help inform our work around suicide prevention?
- If you are a youth or young adult, what do you think it is important for adults to know about supporting young people?



Large Group Report
Out:
Share 1 to 2 Things
from Your Group



Clackamas County





Clackamas County Youth Work





- What are some themes that you are hearing from the YouthLine?
- What do you find hopeful in your work and experience with/as a young person?
- What needs to be different for young people that will result in a reduction in suicide?
- FOR LARGE GROUP: What are the implications from what you've heard today?

Questions – Need Assistance

- Annette Marcus – amarcus@aocmhp.org
- Jenn Fraga – jfraga@aocmhp.org

Alliance Oregon
to Prevent Suicide
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A circular wreath of various botanical illustrations surrounds the central text. The wreath includes green ferns, a red maple leaf, a large green leaf, a branch with small white flowers, a branch with orange flowers, a branch with purple flowers, and a large red leaf. The background is a solid light blue.

Oregon Alliance to Prevent Suicide Youth Focus Groups

Jenn Fraga, CSWA, MSW

Claire Kille

October 2023

Oregon Alliance to Prevent Suicide



- ❑ Legislatively mandated advisory group to the Oregon Health Authority (OHA) to advise on the state's [5-year Youth Suicide Intervention and Prevention Plan \(YSIPP\)](#)
- ❑ Composed of [6 standing committees and 1 advisory group](#)
- ❑ Committees meet monthly and are identified focus areas
- ❑ Members are recommended by the Executive Committee to and appointed by OHA
- ❑ Other roles include advocacy and connecting the field
 - ❑ Lead our own legislative efforts and collaborate with others with the goal to have safer suicide intervention, prevention and postvention efforts across the state
 - ❑ Connect with those doing the work locally and at the state level to increase communication and impact of the work

Youth and Young Adult Engagement



Attending monthly
committee meetings is
not accessible or
feasible for many

Youth want to be
involved and engaged in
this work

Attending a one-time
focus group provides an
opportunity for youth
and young adults to
share their input and
experiences in a
meaningful way

Focus Groups so Far



- HB 3090 input on what youth, parents, and providers should know about the legislation.
- Student's perception of Adi's Act implementation and availability School Mental Health Resources
- Messaging for Crisis Lines – what's working and what can be done better

Focus Group Recruitment



- ☐ Youth and young adults ages 11-24.
- ☐ Primarily recruiting for those currently in K-12 school or those working with youth in K-12 like peer support specialists. Also interested in hearing from those who may have recently graduated.
- ☐ Recruitment was sent out by email, flyer, social media to youth and young adults, YYA serving agencies, YYA leadership groups.

Focus Group Model



- ❑ Nikobi Petronelli with OHA co-created a focus group model that we use to engage youth and young adults it.

Notes about Participation



- ❑ Sample size is small, partially due to budget as we compensate focus group attendees for their time.
- ❑ However, the voices and stories shared in this space are still valid and matter. We can learn a lot from them.
- ❑ Even if changes have been made, student perception of things impact their ability to reach out and utilize the services and resources.
- ❑ Some may say that only students with negative things to say come to these focus groups. However, we have had positive stories and good experiences shared in this space. We also do have engagement from many who feel that their voice and their life experience has been silenced or they haven't had the opportunity to share their experiences. I want to help give them space to share their truth.

2023 Focus Groups



School Mental Health Resources Focus

- ❑ Gauge student awareness of their school's suicide prevention plans / policy to gather anecdotal information about Adi's Act implementation
- ❑ 76 attendees
- ❑ 44% were age 14-17

Crisis Line Messaging Focus

- ❑ Learn how youth have heard about different crisis and help lines, which ones they have reached to, hear concerns they have or difficulties in using the lines and use this information to create recommendations to OHA on messaging and advertising of lines
- ❑ 32 attendees
- ❑ 72% were age 11-17



School Mental Health Resources



High Level Findings



1. Teacher / student interactions impact student's perception of safety and connection
2. Important to have a space to go when feeling escalated / dysregulated
3. Training and education is vital
4. Resources are difficult to access both at school and in the community
5. Universal mental health and suicide intervention screenings could be beneficial

Teacher and Student Interactions



1. Teacher / student interactions impact student's perception of safety and connection
 1. When students have positive relationships with teachers, they feel safer and identify them as people they can talk to in crisis
 2. The opposite is true when students have negative relationships with teachers, they have a difficult time at school and feel isolated

Calm Room



- I. Important to have a space to go when feeling escalated / dysregulated
 1. Students believe that having a safe, quiet place to go when they are escalated or having a crisis would be beneficial and help them to manage their crisis
 2. Often it feels that students are punished for how their behavioral health crisis or mental health symptoms present instead of being treated with compassion and care

Calm Room



- I. Difficulties in practice of this
 1. Students aren't trusted to utilize the room correctly
 2. What if someone is very dysregulated and already in the room and someone else joining worsens either crisis happening?
 3. Stigma associated with going to the Calm Room

Calm Room



1. Some schools have a space for this and the students who have access to it report positive experiences and that it helps to manage emotions as they come up
2. Having a space like this could help to minimize full crises as it can be used as a preventative and proactive step rather than a reactive action

Training and Education



- I. Training and education is vital
 - I. Students want their teachers and their peers to receive education about suicide prevention, intervention, and postvention
 2. There were differences in how they think this could be accomplished

Training and Education



1. Integrated into existing course curriculum
2. Create a new required course specifically around mental health to see it as a holistic approach
3. Extra-curricular course that allows students to become trained in gatekeeper trainings like QPR and ASIST
4. Clubs with a mental health focus
5. Starting Sources of Strength at schools

Resources



1. Resources are difficult to access both at school and in the community
 1. Students report having a hard time easily accessing mental health resources at schools
 2. Many acknowledged that staffing plays a huge role
 3. Availability of college prep counselors vs. mental health related counselors
2. Ongoing community resources difficult to find

Universal Screenings



1. Universal mental health and suicide intervention screenings could be beneficial but there were some questions and concerns
 1. “Why ask us about our mental health if you don’t have the resources to help us after?”
 2. Privacy both from not wanting classmates to see their answers and teachers treating them differently based on how they respond
 3. Would help to decrease stigma associated with mental health
2. [Oregon Healing Collective creating a toolkit for Universal Screenings](#)



Questions?





Crisis Line Messaging



High Level Findings



1. Inconsistent sharing practices of resources between schools
2. Who shares the resources matter
3. Calling it a 'crisis' line can lead to some not reaching out
4. Would be helpful to have an idea of what happens when you use a crisis line
5. Not everyone was aware of the SafeOregon Tip Line
6. Students are more likely to talk with one another than ask for outside help

Resource Sharing



- I. Inconsistent sharing practices of resources between schools
 - I. Resources are shared out differently depending on the school:
 1. Beginning of the year
 2. Beginning of each term / semester
 3. Beginning of each term / semester and when a crisis happens
 4. Regularly, at least monthly
 2. Attendees found it most helpful when regular reminders of resources are shared out and when there are flyers around school

Resource Sharing



- I. Where and how resources are shared matter
 1. Best locations for flyers include bathroom stalls, in the office, near counseling spaces
 2. Helpful when student IDs have crisis information on them
 3. Assemblies aren't the best place for information to be shared because students don't often attend them
 4. Resources shared in daily updates and announcements is a helpful practice

Who shares Resources



- I. Who shares the resources matter
 1. Students less likely to receive and use information about crisis and mental health resources when shared by adults / school staff
 2. Most likely to listen when resources are shared by peers
 3. Some schools have student leadership teams who share this information through daily announcements or class presentations and this was found to be the most helpful

What to Call the Resource



- I. Calling it a 'crisis' line can lead to some not reaching out
 1. Calling it a 'crisis' line can make people feel like they can't use the line if they minimize what they are experiencing
 2. Important to remember that if someone sees their experience as a crisis, then it's a crisis for them
 3. We all have different distress tolerance levels

What Happens when the line is called



- I. Would be helpful to have an idea of what happens when you use a crisis line
 1. People want flowcharts / examples of what happens when you call or text a crisis line
 2. The unknown can cause or add to anxiety making it difficult to reach out
 3. They acknowledge that each situation can be different

SafeOregon Tip Line



- I. Not everyone was aware of the SafeOregon Tip Line
 1. For those who do know of it, they are worried to use SafeOregon Tip Line because of potential police involvement
 2. Mixed responses and experiences from using the Tip Line
 1. Some shared that others found out they submitted a tip
 2. Some said that they school helped but it's unknown if it made it better
 3. Some said that they school helped but it made the situation worse
 4. Some said that it was helpful to use the line, no one found out, and the situation became better

Peer Support and Connection



- I. Students are more likely to talk with one another than ask for outside help
 - I. This comes from the worry of making things worse at home and worry of police involvement



Questions?



How we used Information



1. Presentation given at the OHA System of Care State Agency Committee and with the School Safety Task Force
2. Information shared with Alliance specific Committees
3. Information shared here
4. Will be creating infographic / small packet to be shared with schools to hopefully disseminate beginning of 2024

Next Steps



1. Pause on focus groups until March 2024
2. Will be problem solving some of the hiccups that were encountered, reaching out to committees about topics they would like for a focus group, thinking through youth engagement with committees, planning out in-person focus groups, connecting with other organizations around the state

How you can get Involved



1. Join email listserv to receive notifications about future focus groups
2. Connect with Jenn about holding a focus group at your school



Full Findings will be on the [Alliance website](#)



A circular wreath of various botanical illustrations, including green ferns, red leaves, yellow flowers, and purple flowers, surrounding a central white circle.

Jenn Fraga, CSWA, MSW
jfraga@aocmhp.org



Suicide Prevention Coalition

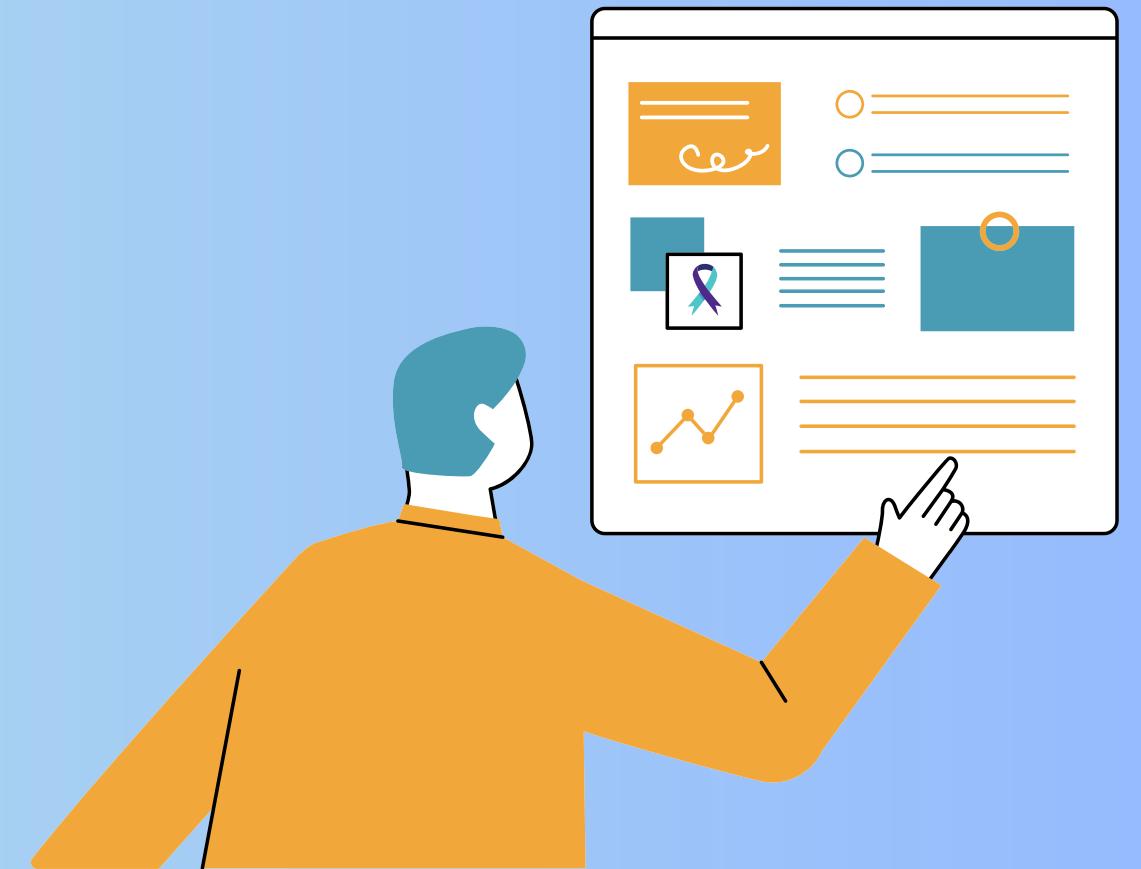
of Clackamas County

Connection. Support. Community.

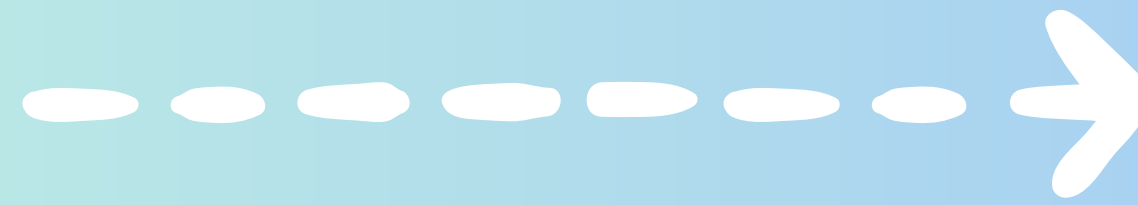


About the SPCCC

- Launched in October 2018 to bring a **community voice** to complement and inform the County's suicide prevention efforts.
- Published the the Clackamas County Suicide Prevention Strategic Plan (SPSP) in 2023
 - developed over time with input from 200+ community members, including people with lived experience
- The SPSP establishes **priority areas**, strategic directions & suggested action items



Priority Areas



Action Teams

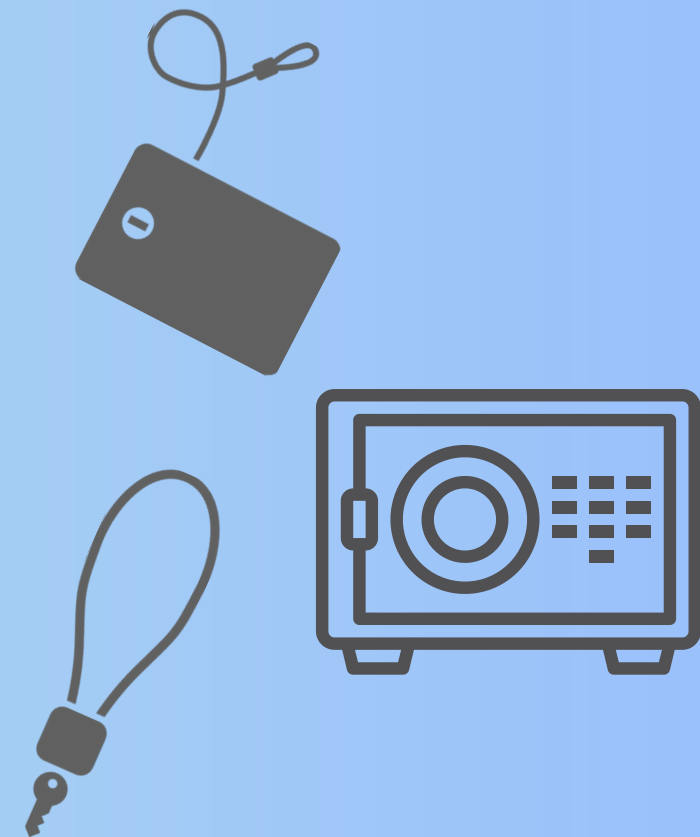


**Healthcare
Settings**

**Youth and Young
Adults**



**Means
Safety**



Community



About the YYAAT

**The YYAAT is made up of dedicated
volunteers, county staff members,
and community partners.**

Clackamas Education Service District
Lines for Life Canby School District
Youth Era Northwest Family Services
Oregon Department of Human Services
The Alliance West Linn School District
Lake Oswego Police Department



Our Goals





- Increase **student ability** to identify a peer who may be struggling, knowledge of how to be of support and when to involve a trusted adult.
- Increase **parent/caregiver awareness** of suicide prevention, including knowledge of warning signs, intervention, postvention, and how to navigate accessing help.
- Increase **education and implementation** of effective suicide prevention activities/strategies for young people.
- Increase the number of **youth partners** on our team.

Current Projects


- Member recruitment (especially **youth**).
- Two **apps** that will serve as educational resource hubs for suicide prevention and related issues.
- Youth-oriented suicide prevention **trainings** that engage both youth and those who support this age group.





Recruitment

- We promote the YYAAT in-person at local events including 2023 Youth Town Hall in Happy Valley 
- We distribute our flyer & meeting information via professional networks & list serves
- Clackamas County Youth Action Board has supported promoting the YYAAT via social media 
- Recent surge in membership

YOUTH & YOUNG ADULT SUICIDE PREVENTION ACTION TEAM


**2nd Monday**
4pm-5pm on Zoom


COMPENSATION
AVAILABLE*





**DID YOU KNOW SUICIDE IS
THE SECOND LEADING
CAUSE OF DEATH AMONG
YOUTH & YOUNG ADULTS
AGES 10-24?***

**JOIN US IN OUR EFFORT TO
REDUCE SUICIDE RATES
AMONG YOUTH & YOUNG
ADULTS IN CLACKAMAS
COUNTY**

**COMPLETE
AN
INTEREST
FORM**






**Suicide
Prevention
Coalition**
of Clackamas County
Connection. Support. Community.

CONTACT:

mmiller2@clackamas.us
cbensonmartinez@clackamas.us

LEARN MORE:

[clackamas.us/publichealth/suicide-
prevention-get-involved](https://clackamas.us/publichealth/suicide-prevention-get-involved)

*COMPENSATION (VIA GIFTGRAM) AVAILABLE TO INDIVIDUALS NOT BEING COMPENSATED FOR PARTICIPATION BY ANOTHER AGENCY
*[CDC.GOV/SUICIDE/FACTS/DISPARITIES-IN-SUICIDE.HTML](https://www.cdc.gov/suicide/facts/disparities-in-suicide.html)

Resource Development: Apps

Inspired by Deschutes County's First Step app, the YYAAT is creating **one app for youth** and **one for parents/caregivers** to ensure these different populations receive relevant information in an accessible and appealing manner.



Resource Development: Apps

Youth & Caregiver App similarities

- **Crisis support**
- **General support and suicide prevention education**
- **Postvention strategies**
- **Mixed media**
- **Feedback form**

Differences

- **Parent/caregiver app focus**
 - **How to support youth in their lives**
 - **Means safety**
- **Youth app focus**
 - **Connection to resources**
 - **Destigmatizing mental health**
 - **Best practices education**



Resource Development: Apps

The YYAAT hopes to **remove barriers** to accessing services and information that will benefit youth, their parents/caregivers, and the communities they are a part of.

- App format is discretely and easily accessed whenever needed.

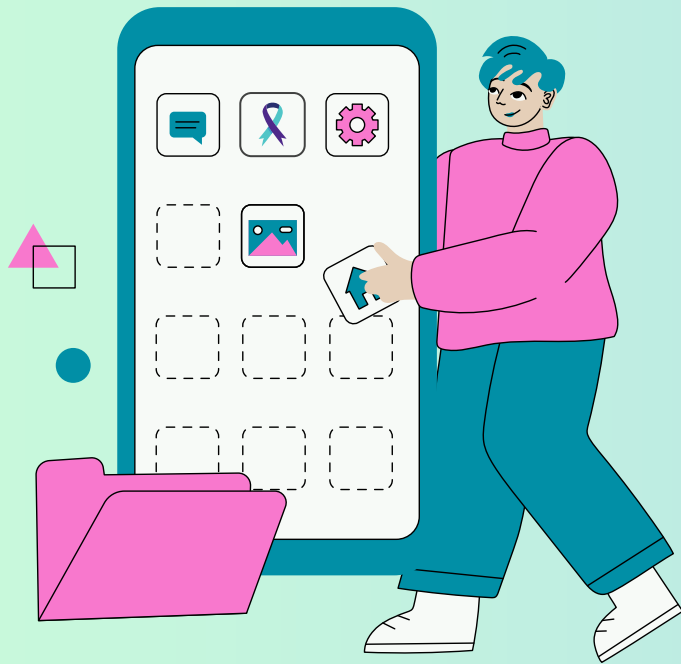
Who is involved?

- Funding: Clackamas ESD 🖱️
- App Development: LRIS Mobile Apps 🖱️
- Content/Layout: Youth Action Team and community members with lived experience

Goal Rollout Date

End of 2023–2024 academic year

- Students/schools download youth app on school technology, and promote both apps at school events/fairs.



Suicide Prevention Training in Schools

Phase 1

Partnerships with Lines for Life, West Linn High School, and Oregon City Service Learning Academy (OCSLA) will support Question, Persuade, Refer (QPR) training for students & school staff.

- Training educators gives them the tools to initiate life-saving conversations with students who may be struggling.
- Training students empowers them to skillfully navigate a mental health crisis--with a peer or by themselves.

Phase 2

Train QPR-certified youth to become QPR trainers.

- Support sustained youth involvement in local suicide prevention efforts.
- Peer-to-peer approach for future QPR trainings offered to youth in Clackamas county.
- Incentives for youth trainers (school credits/compensation)



QPR+ in Clackamas County

In partnership with Clackamas Education Service District and Incite for Change, Clackamas County is planning to host a QPR+ training by the end of the 2023-2024 academic year.



What is QPR+?

QPR+ builds on the the QPR Institute's Question, Persuade, Refer Gatekeeper Skills Training, allowing youth (ages 12 and older) and families, including chosen family, to participate together. 

Goals

By youth participating and developing these skills alongside their family members, this helps bridge the gap in knowledge and awareness of how to identify and support someone experiencing a mental health crisis.

Partnering with Youth in Suicide Prevention



Partnering with Youth



Supporting Leadership

- Youth are **equal partners** at the table.
- We support youth with identifying **meaningful opportunities** to lead.
 - Meaningful = defined by youth
- We recognize that every challenge is an opportunity for us to learn & grow together.

Open Door

- We support youth with evaluating our partnership
- We have ongoing conversations with youth about how they need/want to be supported & at what level they would like to be involved
- We **make ourselves available** when questions or concerns arise

Preventing Burnout

- We model **mutual respect, healthy work-life balance, and self-care.**
 - Embracing the fact that in order for us to support others we must take care of ourselves first.
 - We recognize that nobody's perfect & we all mess up sometimes.
 - We strive to be trauma-informed
- We are **flexible** -and- set **reasonable expectations.**

Creating Pathways

- We encourage youth to share what they learn with their own communities (friends, family, acquaintances) etc.
 - This step is critical to facilitating widespread sustainable cultural changes to suicide prevention.
- We support youth with **finding jobs** related to this work (if interested).

Partnering with Youth



Thank You



YOUTH & YOUNG ADULT SUICIDE PREVENTION ACTION TEAM



**2nd Monday
4pm-5pm on Zoom**

**COMPENSATION
AVAILABLE†**



**DID YOU KNOW SUICIDE IS
THE SECOND LEADING
CAUSE OF DEATH AMONG
YOUTH & YOUNG ADULTS
AGES 10-24?***

**JOIN US IN OUR EFFORT TO
REDUCE SUICIDE RATES
AMONG YOUTH & YOUNG
ADULTS IN CLACKAMAS
COUNTY**

**COMPLETE
AN
INTEREST
FORM**



**Suicide
Prevention
Coalition**
of Clackamas County

Connection. Support. Community.

CONTACT:

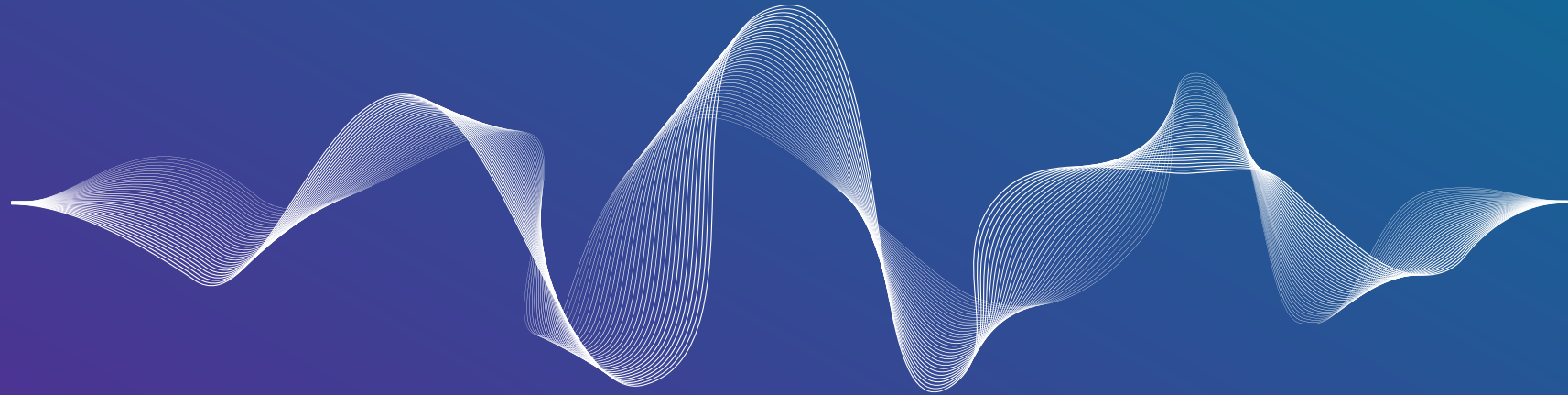
**mmiller2@clackamas.us
cbensonmartinez@clackamas.us**

LEARN MORE:

**[clackamas.us/publichealth/suicide-
prevention-get-involved](https://clackamas.us/publichealth/suicide-prevention-get-involved)**

† COMPENSATION (VIA [GIFTOGRAM](#)) AVAILABLE TO INDIVIDUALS NOT BEING COMPENSATED FOR PARTICIPATION BY ANOTHER AGENCY

* [CDC.GOV/SUICIDE/FACTS/DISPARITIES-IN-SUICIDE.HTML](https://www.cdc.gov/suicide/facts/disparities-in-suicide.html)



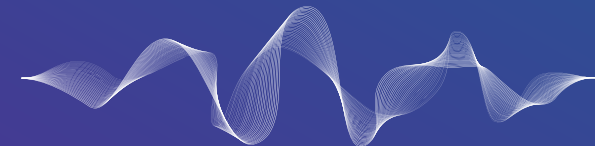
Alliance Quarterly Meeting – 12.8.2023

The YouthLine

YouthLine is a teen-to-teen youth crisis and support service provided by Lines for Life.

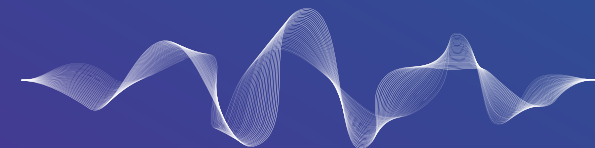
YouthLine operates a national helpline that provides crisis support and referrals via call, text, and chat.

The YouthLine is answered by teen volunteers daily from 4pm-10pm PST and by adults at all other times.



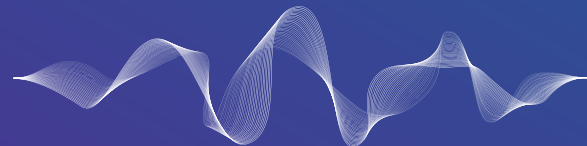
Where we've been

- Conceived and launched by youth volunteers in 2000
- 2000-2013: Open 4 days per week from 4-10pm
- In 2013: 2 full-time staff and 9 volunteers
answered 1400 contacts
- 2014-Present: 7 days per week
 - Now 25,000 contacts per year



Today's YouthLine

- Call Centers
 - Portland
 - Bend
 - Warm Springs Reservation
 - McDaniel High School
- Approximately 25,000 contacts in 2022
- 192 youth in 2022 dedicating over 23,500 volunteer hours
- 20 staff supporting youth crisis response, youth development and mentoring, and classroom education and community outreach

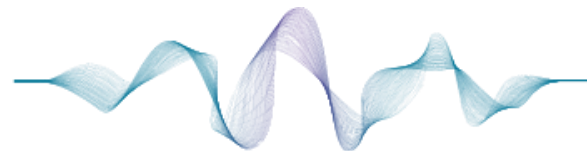


No problem is too big or too small!

Reasons Youth Reach Out

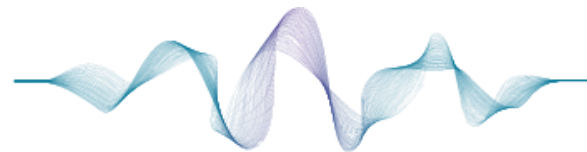
- Mental Health Concerns
- Relationship Issues
- Family Issues
- Friend Issues
- Academic Stressors
- Loneliness or Isolation
- Suicide
- Self-Injury

And so much more!

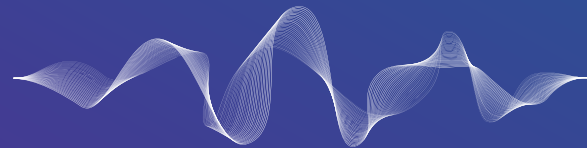


Most Frequent Contact Issues

1. Mental Health Concerns
2. Family Issues
3. Loneliness/Isolation
4. Relationship Issues
5. Friend Issues
6. Suicide
7. Academic Stressors
8. Self Harm



Supporting youth who reach out
to YouthLine's
help, support, and crisis line



Additional Resources for Youth

- [Racial Equity Support Line](#)
 - Call 503.575.3764 – 10am-7pm PT
- [Call BlackLine](#)
 - Call or Text 1.800.604.5841
- [Native and Strong](#)
 - Call 988, option 4
- Spanish-language Crisis Resources
 - 988 - Call, text, and chat - <https://988lifeline.org/es/home/>
 - CTL - Text Message and WhatsApp - <https://www.crisistextline.org/es/>
- [The Trevor Project](#)
 - Call - 1.866.488.7386
 - Text - START to 678-678
 - Chat - <https://www.thetrevorproject.org/webchat>
 - Text Q to 988 or press 3 when calling
- [Trans Lifeline](#)
 - 1.877.565.8860, Oprime 2 para hablar con alguien en español.



**Native
& Strong
Lifeline**



**988
PRESS 4**



Questions? Contact YouthLine and Our Team



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Genevieve Castle

YouthLine Team Lead
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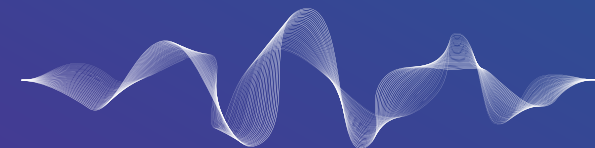
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<https://www.theyouthline.org/materials/>



Youth Suicide Intervention and Prevention Plan: Annual Priority Initiatives

Presented to

Alliance to Prevent Suicide – December 8, 2023

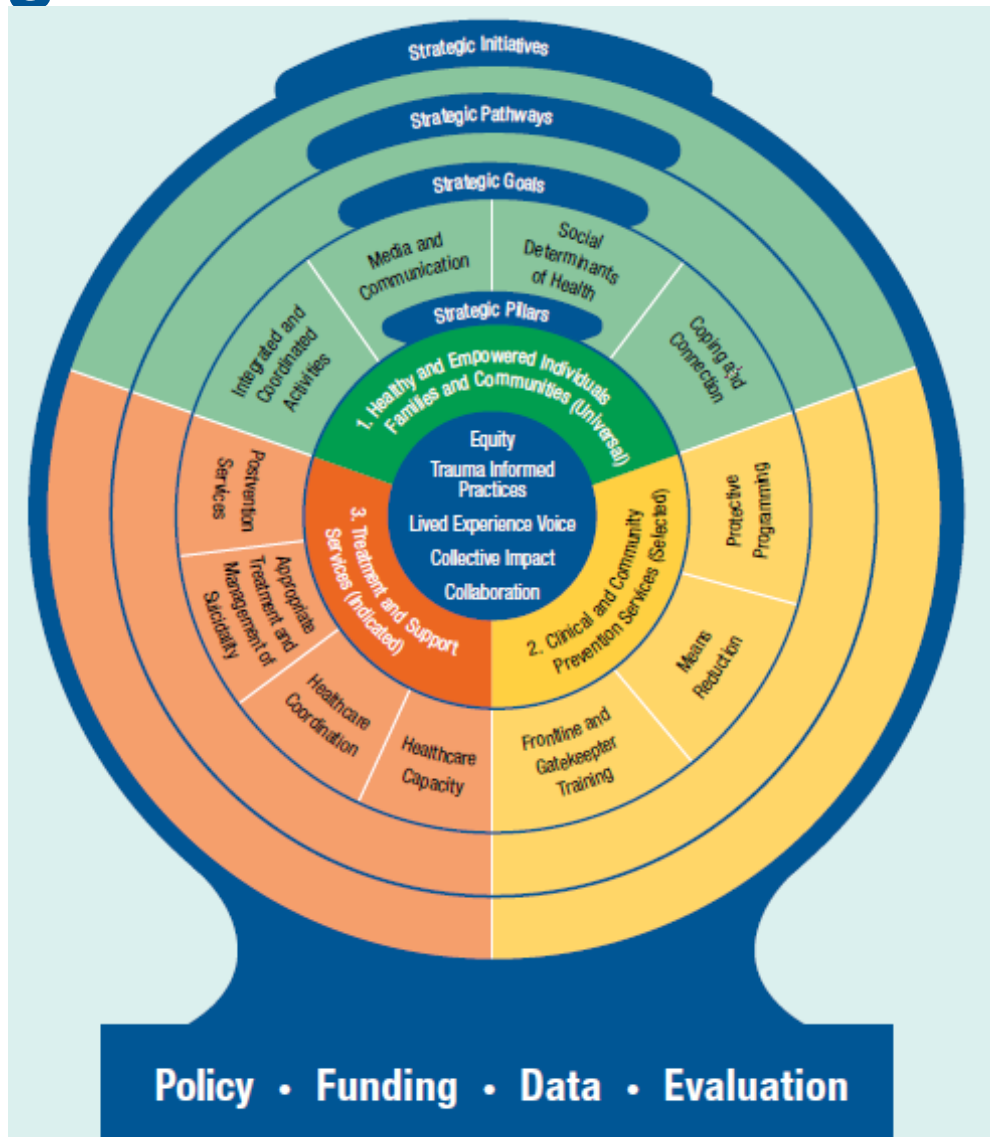
**Jill Baker, OHA Youth Suicide Prevention Policy
Coordinator jill.baker@oha.oregon.gov**



Purpose of this presentation

- To update the full Oregon Alliance to Prevent Suicide on the progress of the 2023 initiatives in the YSIPP
- To highlight areas of strength in 2023
- To name barriers we experienced in 2023

Oregon Suicide Prevention Framework

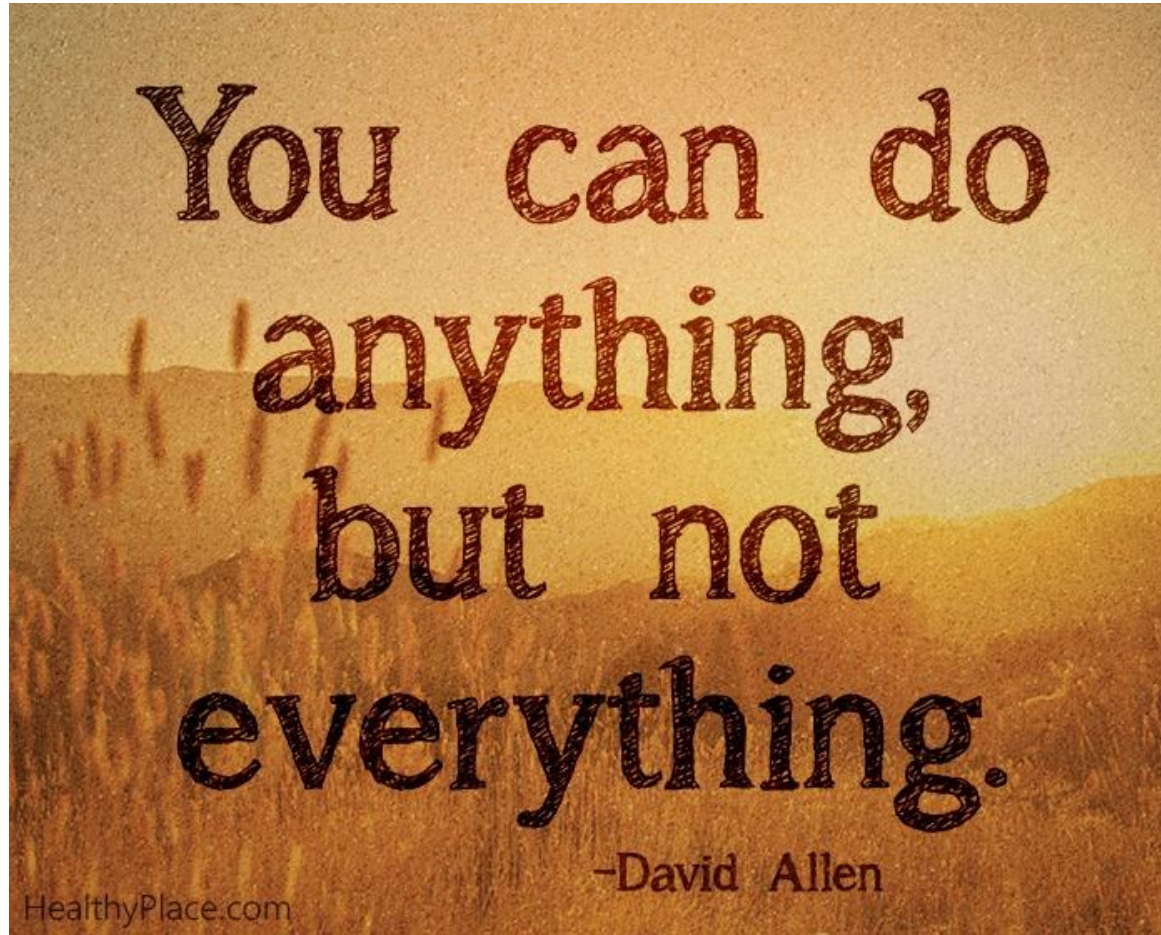


Some tools:

1. Interactive [PDF](#) with Pathways

2. 10 min [video](#) describing OHA's youth suicide prevention tools

Start, Stop, Continue



By the numbers: 160 initiatives in 2023

Status	Number of initiatives	Percentage of total
Ongoing Work: On track	99	62%
Ongoing Work: Not on track	9	5.5%
Time limited: Achieved	19	12%
Time limited: Not achieved	8	
More work to do (on track)	21	
Not continuing in 2024	4	2.5%

**Where we wanted/expected to be:
138 (86.5%)**

Not where we want to be: 18 (11%)

Not continuing: 4 (2.5%)

What went well?

- A lot went well in 2023
- 138 initiatives are on track or completed
- What are you most excited about? Proud of?

Which initiatives experienced barriers and why?

- Policy Options Package (request from OHA for funding) was not included in the 23-25 legislatively approved budget
- Not able to find staffing/contractor for youth engagement work
- Youth SAVE went out for competitive bid – caused delays
- Caring Contacts work continues to experience barriers
- Other initiatives are not on track due to staff bandwidth

Which initiatives are not continuing?

- 1.2.3.2 Safe + Strong Website will continue to be a reliable place to find Oregon resources and supports.
- 2.3.3.2 School Suicide Prevention and Wellness Specialists (also called the Adi's Act support team) provides support to school districts for writing, implementing, and updating Adi's Act plans (5.0 FTE)
- 3.1.1.2 The Alliance will pursue involvement and seek representation on the Oregon Health Policy Board's Behavioral Health Committee and monitor OHA's efforts to implement recommendations of the HB 3090 report.
- 3.3.2.1 Emergency Department guide for children and families is available and distributed regularly to hospitals in Oregon.

What will look different in 2024?

- SSPW initiative (change from 5.0 FTE to 1.0 FTE + changing scope)
- Adding culturally specific suicide prevention initiatives
- Adding youth-serving state agency initiatives
- Adding more Child and Family Behavioral Health initiatives
- GLS initiatives ending in June 2024

Questions?