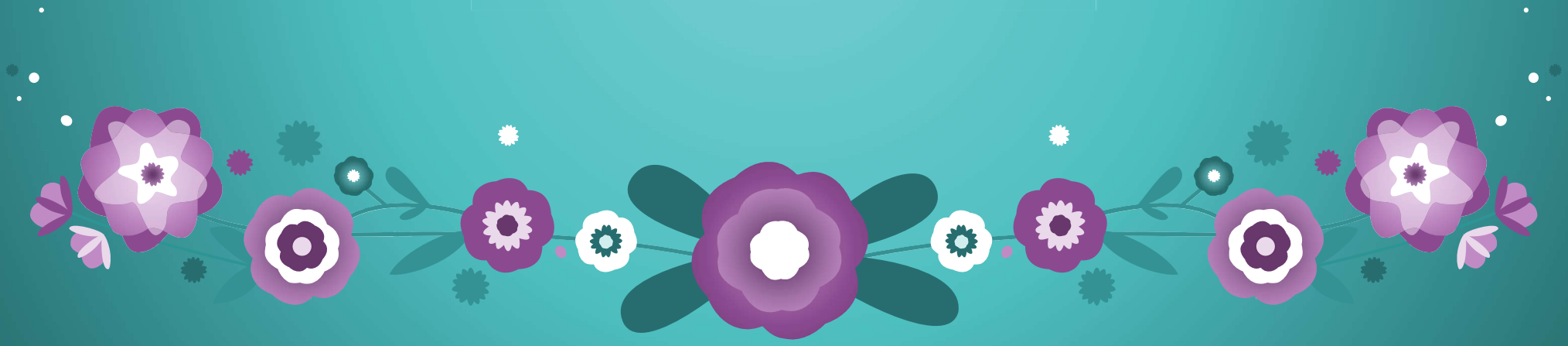
Alliance Quarterly Meeting

December 12, 2025



Agenda

- **Welcome Attendees**
- **Alliance Update**
- **Alliance Business**
- **Alliance Relationship Building Breakout Rooms**
- **Compass to Connection Presentation**
- **YSIPP 26-30 and OHA Updates**

Community Agreements (Current Version)

- 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.

Alliance Business

- **Alliance Update**
- **Update on who is an Existing Member**
- **Approve September Quarterly Meeting Minutes**
- **Vote on Alliance Chair and Executive Subcommittee Openings**
- **Retreat Next Steps**
- **Equity Subcommittee Update**
- **Alliance Quarterly Registration Reminder**

Alliance Update

Existing Alliance Members

1. Aaron Townsend
2. Angela Perry
3. Anna Silberman
4. Avalon Mason
5. Catherine Bennett
6. Craig Leets
7. Erin Porter
8. Galli Murray
9. Graham Turner
10. Ishawn Ealy
11. Jill Baker
12. Jon Rochelle
13. Justin Potts
14. Karen Cellarius
15. Kelie McWilliams
16. Kirk Wolfe
17. Mary Massey
18. Maryanne Mueller
19. Mike James
20. Monica Parmley-Frutiger
21. Nole Kennedy
22. Paige Hirt
23. Pam Pearce
24. Rachel Howard
25. Sarah Rasmussen
26. Shane Lopez-Johnston
27. Siche Green-Mitchell
28. Stephanie Willard
29. Suzie Stadelman

September 2025 Quarterly Minutes

Alliance Voting – By-Laws

- Per By-Laws approved September 2024 by the Alliance, Quorum for the full Alliance is 50% plus 1 of the number of appointed members and must include either the Chair or Vice-Chair of the Alliance. Decisions will be made by majority vote of the members. In the absence of quorum, meetings may proceed, but no official votes may be taken.

- As of December 2025, there are 29 appointed members.

- **A quorum would mean 15 appointed members present including the Chair or Vice-Chair which is currently Craig Leets.**

Alliance Voting Process

To make a vote:

- An appointed member makes a motion. Example: ‘I motion to approve March quarterly meeting minutes as is,’ or ‘I motion to approve March quarterly meeting minutes with the following corrections.’
- Another appointed member seconds the motion. ‘I second the motion.’
- Vote by full Alliance done in chat. Appointed members put either ‘yay,’ ‘nay,’ or ‘abstain’ for their vote.
- Yay - in agreement
- Nay - in opposition
- Abstain - neutral

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Executive Subcommittee Openings

Executive Subcommittee meets the 2nd Tuesday of the month from 10:00 AM – 11:30 AM

Subcommittee members must be OHA appointed Alliance members

Looking to fill the following positions:

- At large member
- School representation
- Youth / young adult member
- 2 People with lived experience (direct lived experience or loss survivor)

Nominations will be collected and then voted on during our December Quarterly Meeting

Executive Subcommittee Openings

- School representation: Suzie Stadelman
- Lived experience: Stephanie Willard

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Alliance Retreat Next Steps

Alliance Equity Subcommittee Update

- Community Group Agreements Updates

- Here is a link to the Growth Invitation Form - DRAFT. Comments turned on. Please offer suggestions/ feedback!

- Here is a link to a flow chart detailing the growth zone process. Comments turned on. Please offer suggestions / feedback!

- Here is a link to a description of the honey bee's role. Feel free to fill in the table if you want to volunteer and enter your details.

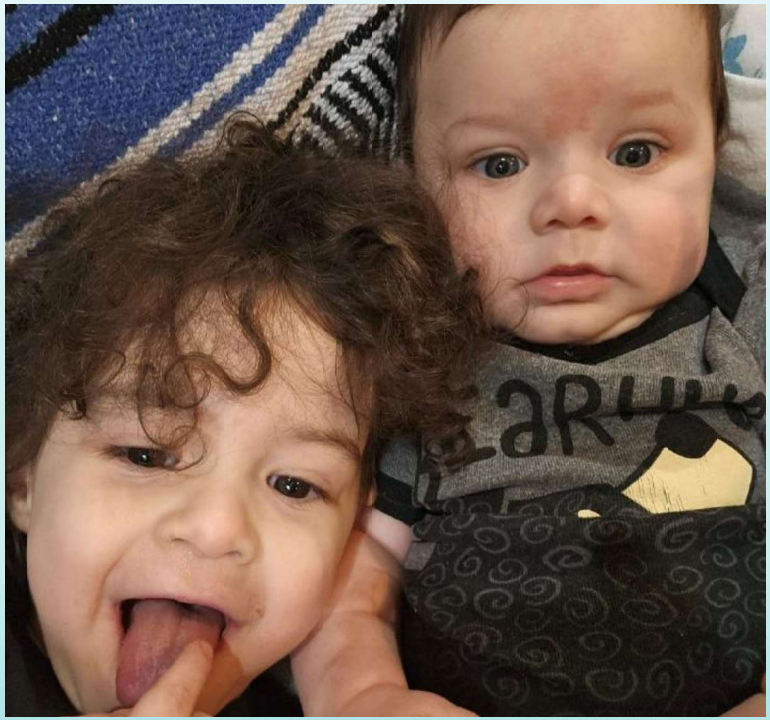
Alliance Quarterly Meeting Reminder

Register for 2026 Quarterly Meetings here

https://us02web.zoom.us/meeting/register/l9HTvF0KSEa1X53iFsMcXw

Alliance Relationship Building Breakout Rooms

Compass to Connection Presentation

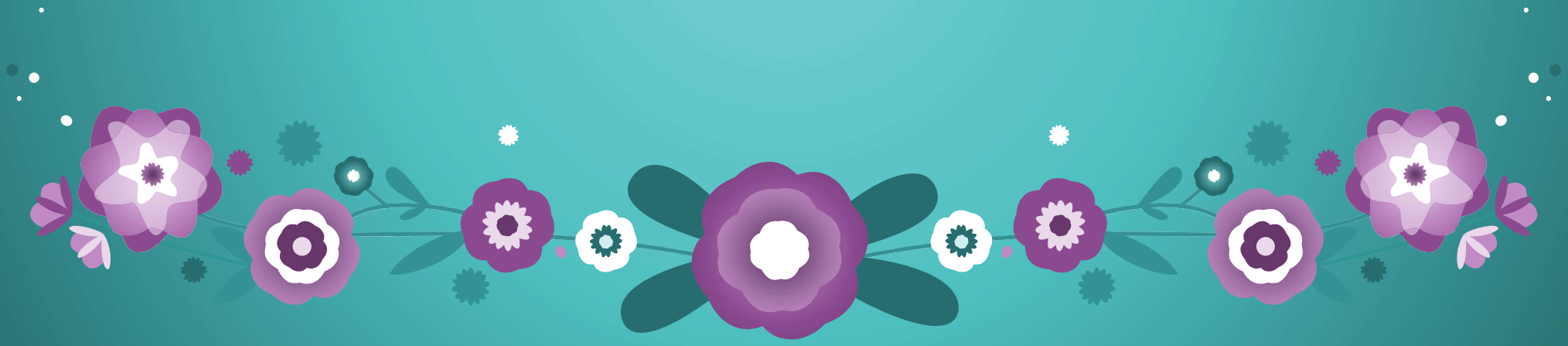


BREAK

Back at 11:15 AM

YSIPP Update

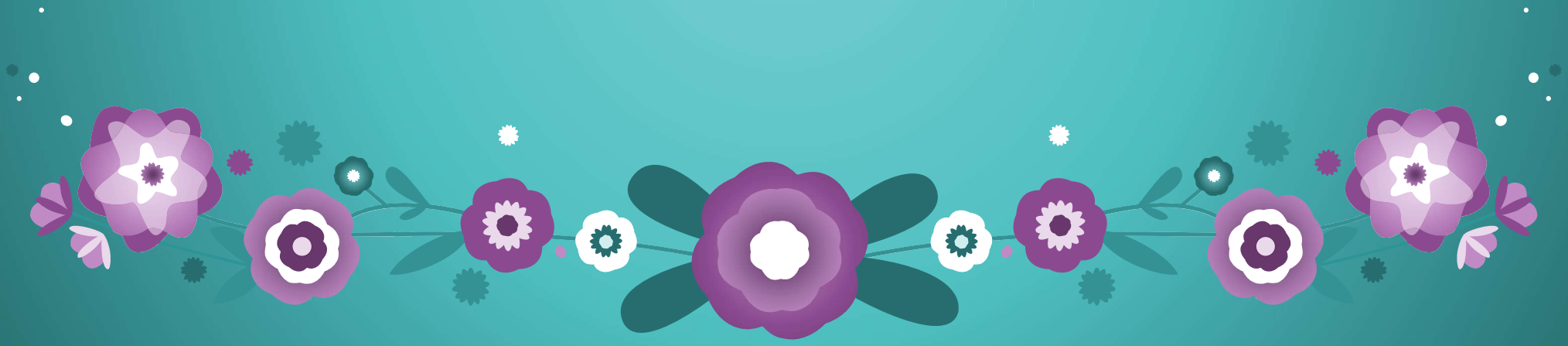
Jill Baker & Roger Brubaker



Announcements

Thank you all!

See you Friday, March 13th!



Compass to Connection

Clackamas County Coalition to Prevent Suicide
Youth and Young Adult Action Team

Background

Suicide is the second leading cause of death for youth and young adults (5-24).

- **2016** — Suicide Prevention Coordinator and Suicide Prevention Program created.
- **2018** — Suicide Prevention Coalition of Clackamas County (SPCCC) established.
- **2018-2022** — Community engagement to inform SPCCC direction.
- **2023** — Clackamas County Suicide Prevention Coalition Strategic Plan released.

Background

SPCCC Priority Areas*

Youth and Young Adults

Provide youth, young adults, and the agencies and individuals who care for them with skills and resources to prevent suicide.

Means Safety

Collaborate with the firearm community, law enforcement agencies, community organizations, health care providers, and others to promote means safety as part of a comprehensive approach to suicide.

Health Care

Promote suicide prevention as a core component of health care services and implement best practices for identifying and supporting individuals at risk for suicide.

Community

Develop, implement, and support community-based programs and education that promote wellness, safe messaging, and suicide prevention.

*SPCCC priority areas will be reviewed and may change in 2026

Youth and Young Adult Action Team

YYAAT Strategic Direction

Increase awareness of how to identify a peer who may be struggling, how to be of support, and when to involve a trusted adult.

Increase parent/caregiver awareness about suicide warning signs and other areas of suicide prevention such as intervention, postvention, and how to navigate accessing help.

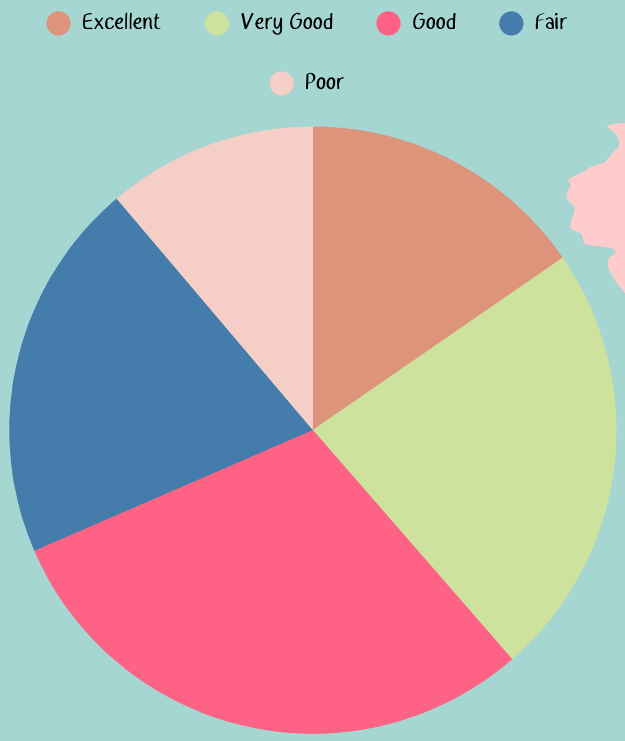
Improve safe transitions from hospital to home and school.

Increase utilization of prevention strategies such as universal suicide risk screening and early prevention curriculum.

Purpose of the App

- Youth and young adults face unique pressures and challenges that can impact their mental wellbeing.
- Community members expressed a need for additional support navigating complex issues related to mental health.
- In partnership with CESD, the YYAAT launched an app, Compass to Connection, to address this gap.

Emotional and Mental Health of Clackamas County 6th, 8th, and 11th Graders (2024)



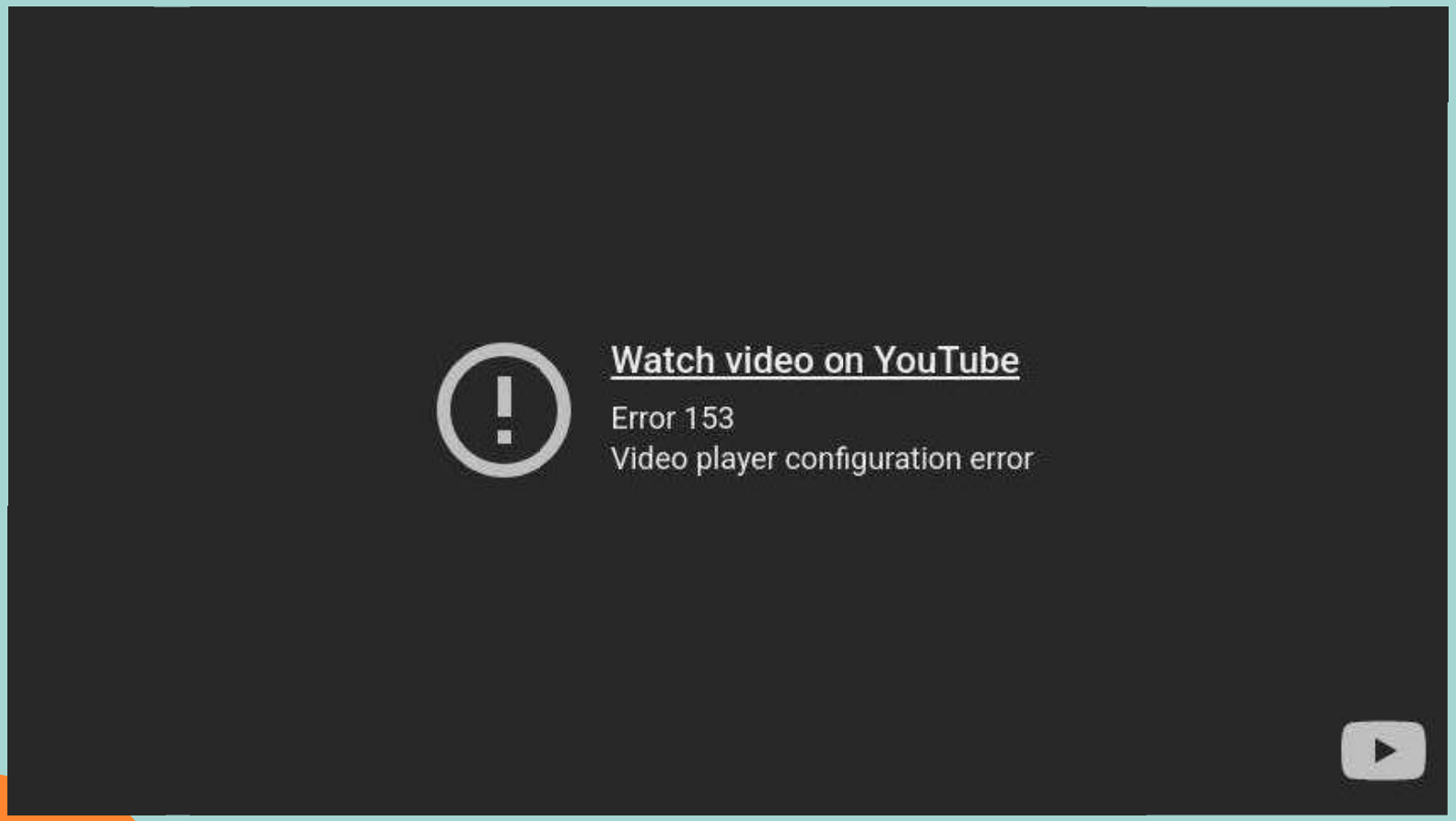
11.2% of Clackamas County 6th, 8th, and 11th grade students considered suicide in 2024.

App Overview

Compass to Connection highlights resources including, but not limited to:

Crisis Resources	Resources in Clackamas County, resources in the tri-county region, community-specific resources, and national resources
General Resources and Education	Myths about suicide, advocacy and support groups, intersections with mental health
Support After a Suicide	Grief resources and support from Clackamas County
Mental Health Conversation Guides	Tips for starting a conversation with peers and youth
Helping Those At Risk	Identifying the warning signs of those at risk
Resources for Parents and Caregivers	Tips for creating a safer home, emergency department guides, and other support for parents and caregivers

Check Out Compass to Connection!

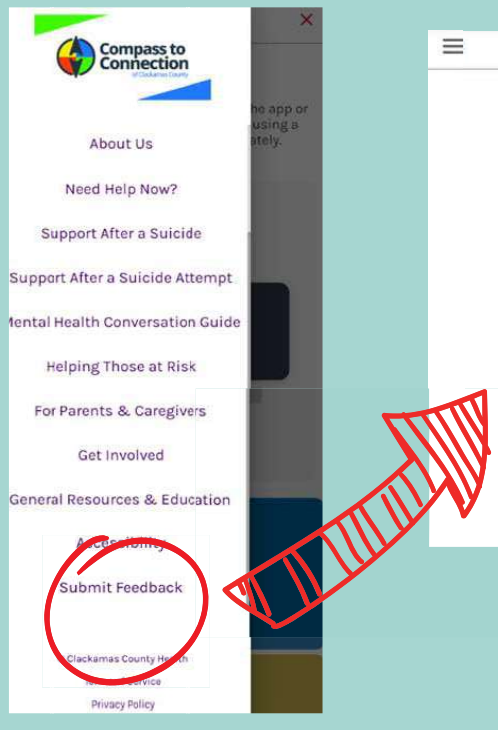


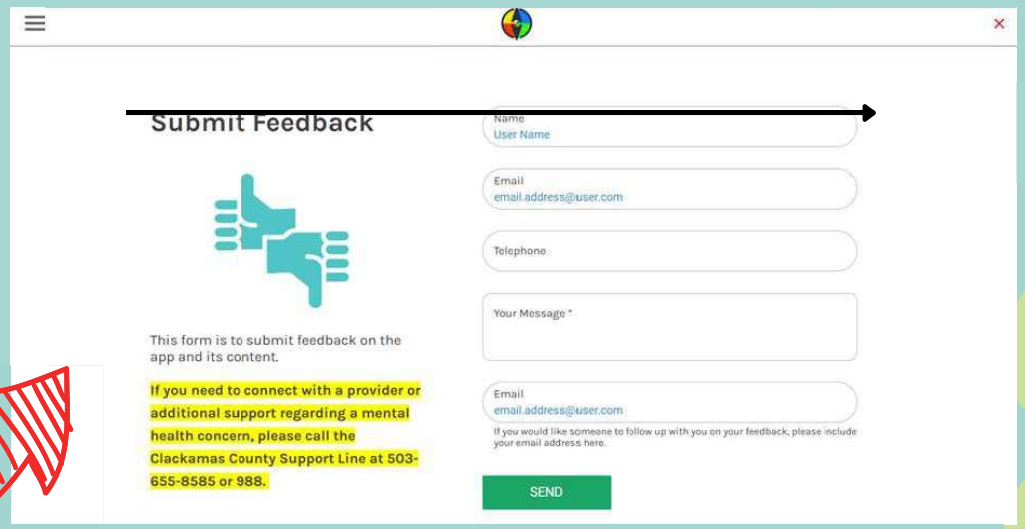
Alignment with Clackamas County Suicide Prevention Strategic Plan

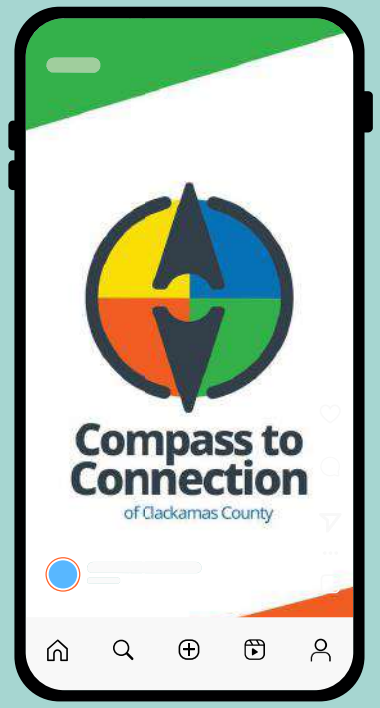
Strategic Direction	Addressed in Compass to Connection?
Increase awareness of how to identify a peer who may be struggling, how to be of support, and when to involve a trusted adult.	Yes - How to Identify Those at Risk
Increase parent/caregiver awareness about suicide warning signs and other areas of suicide prevention such as intervention, postvention, and how to navigate accessing help.	Yes - For Parents and Caregivers
Improve safe transitions from hospitals to home and school.	Yes - Emergency Department Guide
Increase awareness on the issue of suicide prevention and improve engagement in, and implementation of, effective suicide prevention activities.	Yes - General Resources and Education
Increase utilization of prevention strategies such as universal suicide risk screening and early prevention curriculum.	No - Opportunity for next iteration?

What's Next?

- Promote Compass to Connection as a community resource!
- Help improve the app by providing your feedback and suggestions.







Questions?

CompassToConnection@Clackamas.us

CLACKAMAS COUNTY
PUBLIC HEALTH DIVISION

Download the free
Compass to Connection App

Youth and young adults face unique challenges that can impact their **mental health.**

Do you:

- Need resources for yourself?
- Want to know how to help a friend?
- Work with youth or young adults?
- Parent or care for youth or young adults?

The Compass to Connection app can help you **navigate local resources** here in Clackamas County.

Suicide Prevention Coalition of Clackamas County's Youth and Young Adult Action Team, a program of the Clackamas County Public Health Division, has launched an app to share information about mental health and suicide prevention resources for youth.

It includes:

- Crisis support resources
- Local mental health and suicide prevention resources and organizations
- Guides for navigating conversations around mental health
- General education related to suicide prevention and mental health, including risk factors, protective factors, and warning signs
- How to support loved ones after a suicide or a suicide attempt

Download on **Google Play**

Download on **Apple App Store**

Questions? Contact **compasstoconnection@clackamas.us**

Compass to Connection (C2C)

Download on the Apple & Google Play store today!

Suicide Prevention Coalition of Clackamas County

Connection. Support. Community.

Did you know suicide is the second leading cause of death among youth & young adults?*

- The Suicide Prevention Coalition of Clackamas County's Youth & Young Adult Action Team is introducing an app, Compass to Connection (C2C), to youth, young adults, parents, & caregivers residing in Clackamas County.
- C2C aims to assist users in navigating complex challenges related to mental health, acquiring knowledge related to risk & protective factors associated with mental illness & crises, & exploring resources that promote psychological well-being.

KEY FEATURES

Highlights

Crisis Resources

- Includes mental health, crisis response, & substance use resources at local & national levels
- Examines contributing factors to mental health crises & reducing suicide risk, including warning signs & prevention strategies

General Resources

- Outlines avenues for accessing substance use, identity specific, & behavioral health support services
- Explores intersection between mental health & factors like relationships, substance use, social media, & housing

Support After a Suicide

- Reveals impacts of suicide on individuals & communities, including the role of postvention support
- Increases awareness of local & national grief resources

Support After an Attempt

- Highlights pathways to support one's child & self after an attempt
- Addresses topics such as social connections, creating a safety plan, & nurturing your recovery process

Parents & Caregivers

- Covers safety resources & strategies for creating a safer home environment
- Offers parents & caregivers guides for navigating the emergency department & conversations surrounding mental health

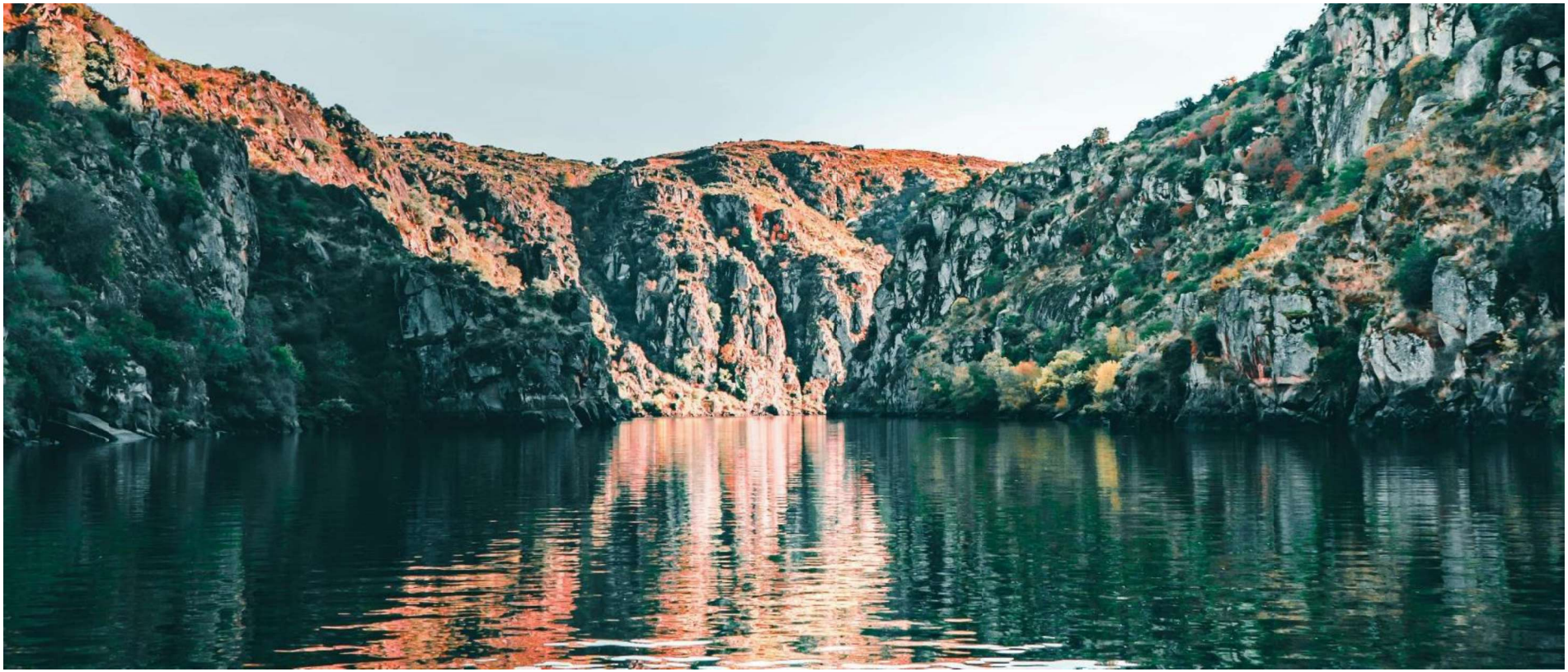
*WWW.CDC.GOV/SUICIDE/FACTS/DISPARITIES- IN-SUICIDE.HTML

December 2025

YSIPP 26-30 & OHA Youth Updates

Shanda Hochstetler and Jill Baker
Oregon Health Authority
Youth Suicide Prevention

Take a breath. No, really. Do it.



Things coming your way:

January

1. Coalitions Mini-grants
2. YSIPP 26-30

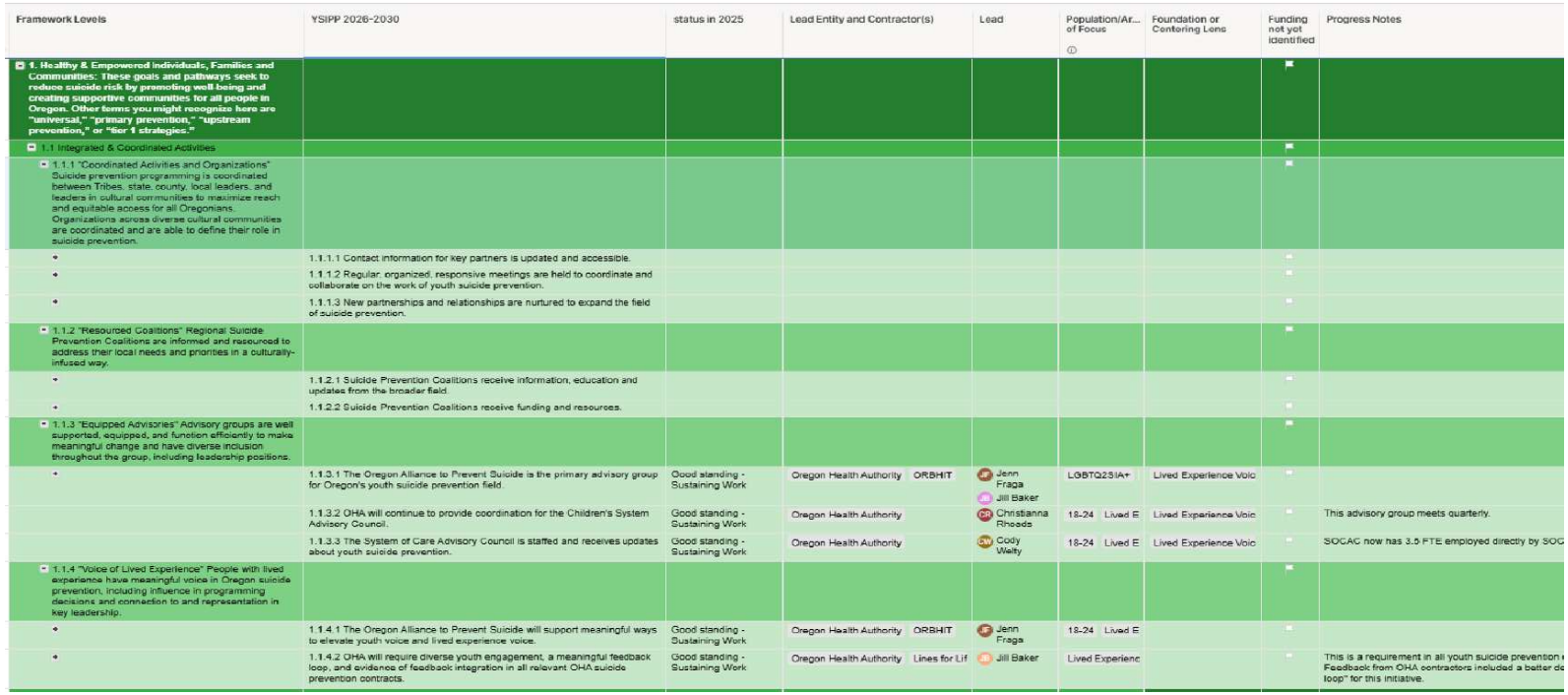
February

1. Request for Grant Applications – Culturally Specific Suicide Prevention

March

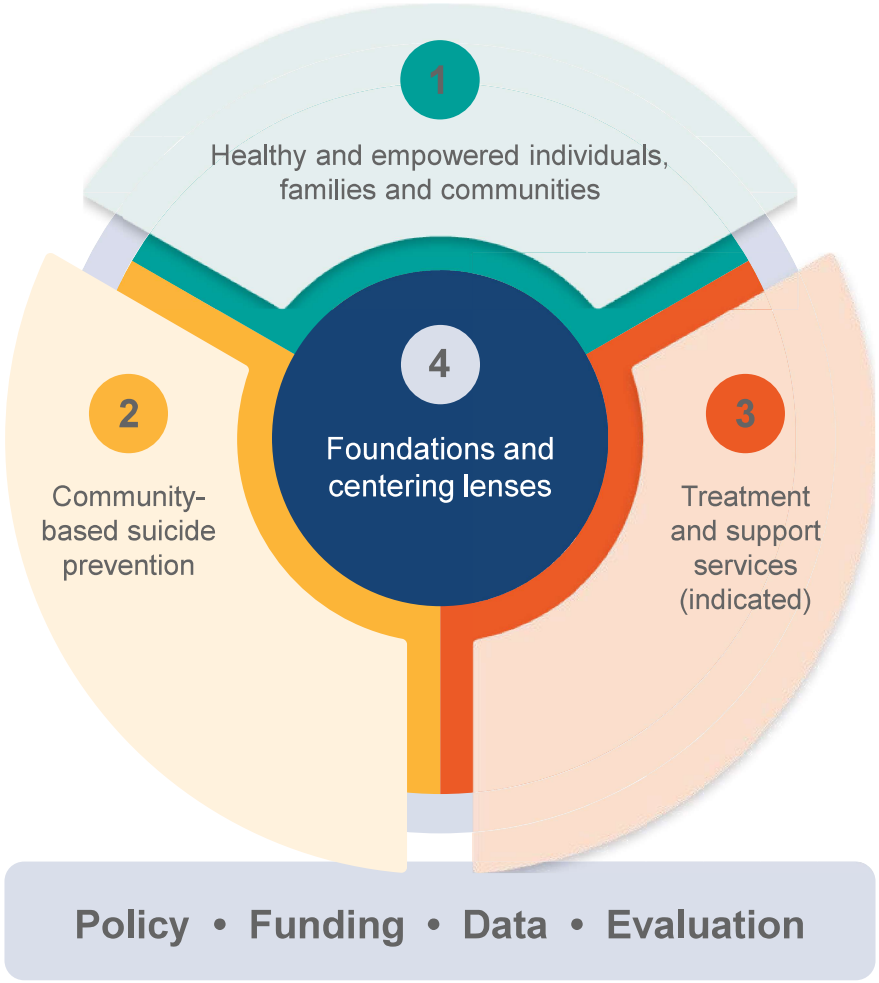
1. 2025 Annual Report (with updated data)
2. Request for Proposals – Alliance Staffing

YSIPP 26-30 tracker



Framework Levels	YSIPP 2026-2030	status in 2025	Lead Entity and Contractor(s)	Lead	Population/Ar... of Focus	Foundation or Centering Lens	Funding not yet identified	Progress Notes
1. Healthy & Empowered Individuals, Families and Communities: These goals and pathways seek to reduce suicide risk by promoting well-being and creating supportive communities for all people in Oregon. Other terms you might recognize here are "universal," "primary prevention," "upstream prevention," or "tier 1 strategies."								
1.1 Integrated & Coordinated Activities								
1.1.1 "Coordinated Activities and Organizations" Suicide prevention programming is coordinated between Tribes, state, county, local leaders, and leaders in cultural communities to maximize reach and equitable access for all Oregonians. Organizations across diverse cultural communities are coordinated and are able to define their role in suicide prevention.								
	1.1.1.1 Contact information for key partners is updated and accessible.							
	1.1.1.2 Regular, organized, responsive meetings are held to coordinate and collaborate on the work of youth suicide prevention.							
	1.1.1.3 New partnerships and relationships are nurtured to expand the field of suicide prevention.							
1.1.2 "Resourced Coalitions" Regional Suicide Prevention Coalitions are informed and resourced to address their local needs and priorities in a culturally-infused way.								
	1.1.2.1 Suicide Prevention Coalitions receive information, education and updates from the broader field.							
	1.1.2.2 Suicide Prevention Coalitions receive funding and resources.							
1.1.3 "Equipped Advisories" Advisory groups are well supported, equipped, and function efficiently to make meaningful change and have diverse inclusion throughout the group, including leadership positions.								
	1.1.3.1 The Oregon Alliance to Prevent Suicide is the primary advisory group for Oregon's youth suicide prevention field.	Good standing - Sustaining Work	Oregon Health Authority ORBHIT	Jenn Fraga, Jill Baker	LGBTQ2SIA+	Lived Experience Voic		
	1.1.3.2 OHA will continue to provide coordination for the Children's System Advisory Council.	Good standing - Sustaining Work	Oregon Health Authority	Christianna Rhoads	18-24 Lived E	Lived Experience Voic		This advisory group meets quarterly.
	1.1.3.3 The System of Care Advisory Council is staffed and receives updates about youth suicide prevention.	Good standing - Sustaining Work	Oregon Health Authority	Cody Welty	18-24 Lived E	Lived Experience Voic		SOCAC now has 3.5 FTE employed directly by SOC
1.1.4 "Voice of Lived Experience" People with lived experience have meaningful voice in Oregon suicide prevention, including influence in programming decisions and connection to and representation in key leadership.								
	1.1.4.1 The Oregon Alliance to Prevent Suicide will support meaningful ways to elevate youth voice and lived experience voice.	Good standing - Sustaining Work	Oregon Health Authority ORBHIT	Jenn Fraga	18-24 Lived E			
	1.1.4.2 OHA will require diverse youth engagement, a meaningful feedback loop, and evidence of feedback integration in all relevant OHA suicide prevention contracts.	Good standing - Sustaining Work	Oregon Health Authority Lines for Lif	Jill Baker	Lived Experienc			This is a requirement in all youth suicide prevention Feedback from OHA contractors included a better de loop" for this initiative.

https://app.smartsheet.com/b/publish?EQBCT=7d620ee7a8ad46a680181860486429b5


1
Healthy and empowered individuals, families and communities
2
Community-based suicide prevention
3
Treatment and support services (indicated)
4
Foundations and centering lenses
Policy • Funding • Data • Evaluation

Haga clic en cada pilar para obtener más información.

1

Healthy and empowered individuals, families and communities

These goals and pathways seek to reduce suicide risk by promoting well-being and creating supportive communities for all people in Oregon. Other terms you might recognize here are "universal," "primary prevention," "upstream prevention," or "tier 1 strategies."

1.1 Integrated and coordinated activities

1.1.1 | Coordinated activities and organizations

Suicide prevention programming is coordinated between Tribes, state, county, local leaders, and leaders in cultural communities to maximize reach and equitable access for all Oregonians. Organizations across diverse cultural communities are coordinated and are able to define their role in suicide prevention.

1.1.2 | Resourced coalitions

Regional Suicide Prevention Coalitions are informed and resourced to address their local needs and priorities in a culturally-infused way.

1.1.3 | Equipped advisories

Advisory groups are well supported, equipped, and function efficiently to make meaningful change and have diverse inclusion throughout the group, including leadership positions.

1.1.4 | Voice of lived experience

People with lived experience have meaningful voice in Oregon suicide prevention, including influence in programming decisions and connection to and representation in key leadership.

1.2 Media and communications

1.2.1 | Involved leaders

Key decision-makers are consistently informed and/or involved with suicide prevention efforts (i.e., cultural leaders; legislators; Tribal, state, and county leaders).

1.2.2 | Promoting wellness widely

Organizations and agencies promote wellness, emotional strength, and protective factors utilizing culturally-infused strategies.

1.2.3 | Information dissemination

Culturally-infused safe suicide prevention programming, information and resources are widely disseminated.

1.3 Social determinants of health

1.3.1 | Clear links

Highlight clear links between how Social Determinants of Health (SDOH; such as economic stability, education, access to health care, stable housing, and strong and connected communities) influence individual and communities' mental health and risk for suicide, including disparities in SDOH.

1.3.2 | Supporting partners

Create diverse, multi-sector partnerships to impact SDOH and disparities across multiple health and suicide-related outcomes.

1.4 Coping and connection

1.4.1 | Positive connections

People in Oregon have access to meaningful and culturally-preferred spaces to facilitate community-based connection and support.

1.4.2 | Coping strategies

People in Oregon understand and have access to what helps them to cope with hardship as an individual and within their community including culturally-preferred strategies..

1.4.3 | Support roles

People, family and caregivers in Oregon are empowered and equipped in their roles to prevent suicide for diverse communities in Oregon.

2 Community-based suicide prevention

These goals and pathways seek to reduce suicide by focusing on strategic locations, groups, and sectors to promote well-being, to help navigate challenges, to decrease risk, and to recognize warning signs early. Other terms you might recognize here are "selected," "prevention," "primary intervention," or "tier 2 strategies."

2.1 Community helper trainings

2.1.1 | Appropriately trained community

People in Oregon receive the appropriate level of ongoing training for their roles in culturally-infused suicide prevention.

2.1.2 | Supported training options

Culturally-infused suicide prevention community helper training is widely available at low or no cost for Oregon communities.

2.1.3 | Representative trainers

Advisory groups are well supported, equipped, and function efficiently to make meaningful change and have diverse inclusion throughout the group, including leadership positions.

2.1.4 | Culturally infused training

Suicide prevention programming is regularly evaluated and updated to ensure that cultural infusion and linguistic needs are addressed.

2.1 Culturally-infused means reduction

2.2.1 | Access to means reduction resources

All people in Oregon at risk for suicide have access to safe storage or other lethal means reduction options.

2.2.2 | Means reduction education

Diverse communities in Oregon are educated and equipped with culturally-infused means reduction strategies and resources.

2.2.3 | Means reduction promotion

Culturally-infused means reduction practices are promoted regularly in Oregon and are linked to suicide prevention.

2.3 Protective programming

2.3.1 | Available support

People in Oregon who need immediate support have access to culturally-congruent mental health and crisis response services.

2.3.2 | Culturally specific programming

People within communities disproportionately impacted by suicide risk have access to culturally-infused protective programming driven by their communities.

2.3.3 | Protective policies

Organizations have policies and procedures that increase protection against suicide risk (including passive risk, active risk, and crisis intervention), and those policies are implemented.

3 Treatment and crisis services

These goals and pathways seek to reduce suicide by focusing services and policies for those who experience suicidality or have been impacted by suicide loss. Other terms you might recognize include “indicated,” “tier 3 strategies,” “intervention,” or “postvention.”

3.1 Healthcare coordination

3.1.1 | Coordinated transitions

People in Oregon with suicide risk who access healthcare receive culturally-responsive coordination between levels of care, tailored to culturally preferred pathways of help-seeking.

3.1.2 | Collaborative communication

There is collaborative, culturally-responsive communication among the individual at risk, healthcare providers, and social, school, and family supports.

3.1.3 | Substance use services

Services for substance use and mental health are integrated when possible and coordinated when not fully integrated, consistent with culturally-responsive approaches to care.

3.1.4 | Integrated care

People in Oregon will receive culturally-infused integrated care between primary care and behavioral healthcare (including school-based care for youth).

3.2 Healthcare capacity

3.1.1 | Accessible services

People in Oregon with suicide risk who access healthcare receive culturally-responsive coordination between levels of care, tailored to culturally preferred pathways of help-seeking.

3.2.2 | Equitable and right sized workforce

The healthcare workforce is sufficient to meet community needs, with particular attention to underrepresented cultural and non-English speaking communities.

3.3.3 | Organizational structures, policies, and procedures

Healthcare organizations have organizational structures, policies, and procedures that ensure the provision of comprehensive and culturally-infused evidence-based suicide safer care.

3.3 Appropriate treatment and care of suicidality

3.3.1 | Equipped and well workforce

The healthcare workforce is equipped, trained, and supported to address the suicide-related needs of the diverse communities they serve.

3.3.2 | Culturally-congruent care options

People in Oregon have access to culturally-congruent care options (e.g., whole-person approaches, voice and choice in treatment, collaboration with traditional and spiritual healing, strengths- and recovery-based approaches, and others).

3.3.3 | Core competencies

People in Oregon receive comprehensive and culturally-infused care across all competencies of suicide screening, assessment, safety planning, lethal means counseling, crisis response, and treatment.

3.4 Postvention services

3.4.1 | Equipped and resourced communities

Oregon communities are equipped to provide trauma-informed and culturally-responsive postvention care for those impacted by a suicide death.

3.4.2 | Postvention response leads

Postvention Response Leads (PRLs), teams, and policies support culturally-responsive postvention for diverse communities in Oregon.

3.4.3 | Fatality reviews

Suicide fatality data is gathered, analyzed, and used for future system improvements and prevention efforts.

4 Foundations and centering lenses

4.1 Data and research

4.1.1 | Data integration

Suicide data includes as much demographic detail as possible and is gathered, analyzed, disseminated, and used for future system improvements and prevention efforts.

4.2 Evaluation

4.2.1 | Culturally-responsive evaluations

Suicide prevention efforts are regularly evaluated and updated to ensure cultural infusion and linguistic needs are addressed.

4.3 Policy needs/gaps

The field of suicide prevention regularly assesses the need for changes in current policies (including legislative concepts, Oregon Administrative Rules, and organizational policies), accounting for equity-driven needs

4.4 Funding and resources

The Oregon Suicide Prevention workforce has the resources needed to provide comprehensive, culturally-infused suicide prevention.

4.4.1 | Funding needs

The field of suicide prevention regularly assesses the need for adjustments in current funding allocations and advocates for additional resources as needed so that organizations and agencies have resources to implement comprehensive culturally-infused suicide prevention, accounting for equity-driven needs.

4.5 Equity

Oregon's field of suicide prevention remains committed to eliminating health inequities. Eliminating health inequities means ensuring that all people in Oregon can reach their full health potential and well-being, and that they do not face disadvantages due to their race, ethnicity, language, disability, immigration status, age, gender, gender identity, sexual orientation, geography, social class, or other cultural identities.

4.6 Trauma informed practices

The six key principles of trauma informed care are considered, including: Safety; Trustworthiness and Transparency; Peer Support; Collaboration and Mutuality; Empowerment, Voice, and Choice; and Cultural, Historical, and Gender Issues.

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