

THE SCIENCE OF RELATIONSHIPS

Cultivating Connection with Youth to
PREVENT, PROTECT & FLOURISH



**APRIL
8 & 9**

RESOURCES

Describe • Examine • Demonstrate • Connect • Advance

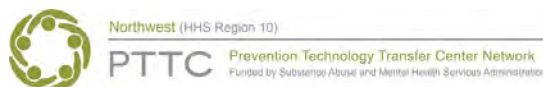


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Agenda

TIME	EVENT
8:30 – 8:45am	<p>WELCOME AND OPENING REMARKS</p> <ul style="list-style-type: none"> Chris Gibson, Executive Director, Oregon-Idaho HIDTA Tatiana Dierwechter, Substance Use Primary Prevention Systems Manager, Oregon Health Authority Debby Jones, Certified Prevention Specialist, Wasco County, Oregon
8:45 – 10:00	<p>DECONSTRUCTING HEALTH-PROMOTING RELATIONSHIPS: <i>WHAT they are made of, WHY they matter, & HOW to cultivate them</i></p> <ul style="list-style-type: none"> Lora Peppard, PhD, DNP, PMHNP-BC, Director, ADAPT
10:00 – 10:15	<p>BREAK</p>
10:15 – 11:30	<p>CULTIVATING A FOUNDATION OF PROTECTION IN YOUTH</p> <ul style="list-style-type: none"> Jody Kamon, PhD, Founder, Center for Behavioral Health Integration + Oregon Best Practice Spotlight: LEAP Youth Alliance
11:30 – 12:45pm	<p>BUILDING LIFE SKILLS THAT PROMOTE HEALTH AND PREVENT SUBSTANCE USE</p> <ul style="list-style-type: none"> Megan Erickson, MS Research Analyst, ADAPT + Oregon Best Practice Spotlight: Sources of Strength
12:45 – 2:15	<p>LUNCH <i>(A list of nearby dining options will be provided.)</i></p>
2:15 – 3:15	<p>CONSIDERATIONS FOR FOSTERING HEALTH-PROMOTING RELATIONSHIPS ACROSS CULTURES AND SPECIAL POPULATIONS</p> <ul style="list-style-type: none"> Patty Ferssizidis, PhD, Associate Director, ADAPT
3:15 – 4:45	<p>BRINGING HEALTH-PROMOTING RELATIONSHIPS TO LIFE, AT SCALE, IN YOUR COMMUNITIES: <i>Training, Competencies, & Considerations</i></p> <ul style="list-style-type: none"> Brian Bumbarger, PhD, Associate Director for Implementation Science & Strategy, ADAPT + Oregon Best Practice Spotlight: Culture of Care
4:45 – 5:00	<p>DAY 1 WRAP UP</p> <ul style="list-style-type: none"> Chris Gibson, Executive Director, Oregon-Idaho HIDTA Clair Raujol, CPS, Behavioral Health Prevention and Coordination Supervisor, Multnomah County Health Department

Agenda

TIME

EVENT

8:30 – 8:45am

WELCOME BACK AND REVIEW OF DAY 1

- Chris Gibson, Executive Director, Oregon-Idaho HIDTA
- James Kinsella, School Resource Officer Supervisor, Bend Police Department
- Lora Peppard, PhD, DNP, PMHNP-BC, Director, ADAPT

8:45 – 10:15

IT BEGINS WITH US: *Building the Ecosystem for Youth Well-being*

- Christina Bethell, PhD, MPH, Professor, School of Public Health and School of Medicine, Johns Hopkins University; Director, Child and Adolescent Health Measurement Initiative

10:15 – 10:30

BREAK

10:30 – 11:15

PANEL: *Advancing Prevention in Oregon*

Facilitator: Tatiana Dierwechter, Substance Use Primary Prevention Systems Manager, Oregon Health Authority

- Molly Haynes, Director of Health in Education, Oregon Health Authority
- Wes R. Rivers, Senior Policy Analyst, Alcohol and Drug Policy Commission
- Shelagh M. Johnson, Senior Policy Analyst, Adolescent and School Health, Public Health Division, Oregon Health Authority

11:15 – 12:30pm

COMMUNITY ACTIVATION: *Part 1*

- Ashley Hall, PhD, Northwest Prevention Technology & Transfer Center

12:30 – 2:00

LUNCH *(A list of nearby dining options will be provided.)*

2:00 – 3:30

COMMUNITY ACTIVATION: *Part 2*

- Ashley Hall, PhD, Northwest Prevention Technology & Transfer Center

3:30 – 4:00

NEXT STEPS FOR OREGON & CLOSING REMARKS

- Chris Gibson, Executive Director, Oregon-Idaho HIDTA
- Lora Peppard, Director, ADAPT
- Tatiana Dierwechter, Substance Use Primary Prevention Systems Manager, Oregon Health Authority

Session Overview



WELCOME AND OPENING REMARKS

Chris Gibson

Executive Director, Oregon-Idaho HIDTA

Tatiana Dierwechter

*Substance Use Primary Prevention Systems Manager,
Oregon Health Authority*

Debby Jones

Certified Prevention Specialist, Wasco County, Oregon

Presenter Bio



Chris Gibson

Executive Director, Oregon-Idaho HIDTA

Chris Gibson was appointed as the Oregon-Idaho (previously Oregon) High Intensity Drug Trafficking Areas (HIDTA) Executive Director on November 1, 2006. Mr. Gibson is the current Chairman of the National HIDTA Director Committee. On February 5, 2015 Chris was recognized by the White House Office of National Drug Control Policy with an Outstanding Support to the National HIDTA Program award during the 2015 National HIDTA Conference in Washington, D.C. Chris was again recognized by the White House Office of National Drug Control Policy with the Edward Williams Lifetime Achievement Award during the 2018 National HIDTA Conference in Washington, D.C .

Prior to his appointment as Oregon HIDTA Director, Chris served for 18 years in local law enforcement and achieved the rank of Deputy Chief of Police. Chris graduated in 1990 from Portland State University with a Bachelor of Science in the Administration of Justice and again in 2011 with an Executive Master Degree in Public Administration. Chris is also a 2001 graduate of the 205th session of the Federal Bureau of Investigation's National Academy.

In addition to his duties as Oregon-Idaho HIDTA Director, Chris serves as a member of the Lines for Life Executive Board and is the former Executive Director of the Oregon Narcotics Enforcement Officers Association.



OREGON-IDAHO HIDTA PROGRAM –2025

Established – 1999
Funded – 2000
Original Funding – \$600,000 Baseline
Current Funding - \$4.229M Baseline

Agencies – Federal (12); State (6); Local (64) Tribal (1)
Initiatives – Enforcement (18); Fugitive Apprehension (1); Intelligence (1); Training (1); Management (1); Prosecution (1); Prevention (1)
Participants – Full-Time (291); Part-Time (220)

EXECUTIVE BOARD

The Oregon-Idaho HIDTA Executive Board provides **Program Oversight; Policy Guidance; and Regional Coordination**. The **Chair** and **Vice Chair** are elected from the ranks of the Executive Board and rotate annually. Participating Agencies: **9 Federal:** BATF&E, BLM, DEA, FBI, ICE, IRS, USAO-OR, USAO-ID, USMS; **3 State:** ISP, ONG, OSP; **6 Local:** Umatilla Co. DA, Deschutes Co. SO, Multnomah Co. SO, Albany PD, Hillsboro PD, Canyon Co. SO (ID), **4 Ex-Officio:** USFS, Lines for Life, CODA, ONEA, and WSIN.

COMMITTEES

The Executive Board, in accordance with the Oregon-Idaho HIDTA By-laws, monitors and coordinates initiative activities through a committee framework. The Oregon-Idaho HIDTA Finance Subcommittee reviews performance and budget activity and reports back to the full Oregon-Idaho HIDTA Executive Board.

INITIATIVES

Bannock Area Drug Group Enforcement Squad
Blue Mountain Enforcement Narcotics Team
CCNU/FBI Metro Task Force-Idaho
Central OR Drug Enforcement Task Force
Clackamas County Interagency Narcotics Team
DEA Boise Resident Office Task Force-Idaho
Douglas Interagency Narcotics Team
High Desert Drug Task Force
HIDTA Interdiction Team
HIDTA Special AUSA – District of Idaho
Idaho State Police Domestic Highway Enforcement
Lines for Life Prevention Initiative

Linn Co. Interagency Narcotics Enforcement Team
Management and Coordination Initiative
Medford Area Drug and Gang Enforcement Team
Multnomah County Dangerous Drug Team
Northern Idaho Narcotics Enforcement
Oregon HIDTA DEA Task Force
OR-ID HIDTA Info Sharing and Analytical Coord Center
Oregon-Idaho HIDTA Training Initiative
Oregon State Police Domestic Highway Enforcement
Rogue Area Drug Enforcement
U.S. Marshals Service HIDTA Fugitive Task Force
Westside Interagency Narcotics Team

MISSION AND VISION

The Oregon-Idaho HIDTA mission is to facilitate, support and enhance collaborative drug control efforts among law enforcement agencies and community-based organizations, thus significantly reducing the impact of illegal trafficking and use of drugs throughout Oregon and Idaho.

The Oregon-Idaho HIDTA vision is collaboration with law enforcement and community-based organizations to provide a common voice and unified strategy to eliminate illicit drug trafficking and use in Oregon and Idaho.

2024 OUTCOMES AND OUTPUTS

DTOs and MLOs: Identified: **123**, Targeted for Disruption/Dismantlement: **75**; Disrupted/Dismantled: **82**; OCDETF Cases: **10**
Seizures: Heroin: **20.5 Kg**; Cocaine: **165.1 Kg**; Methamphetamine: **1,554.8 Kg**; Fentanyl: **179.53 Kg/3,273,498 dosage units (DU)**; Bulk Marijuana: **16,682 Kg**; Indoor Marijuana Plants: **34,125**; Outdoor Marijuana Plants: **310,420**; Illicit Pharmaceuticals: **72,696 dosage units (DU)**; Firearms: **890**; Vaping Cartridges: **1,569**
Arrests: **2,151**
R.O.I: **\$301.42/\$1**, Wholesale Drug Value of Drugs Seized **\$1,259,956,475**- U.S. Currency Seized **\$8,740,188** Value of Other Assets Seized **\$5,989,634**

THREAT OVERVIEW

Production

- The production of illicit drugs, including marijuana, marijuana derivatives, GHB, LSD and psilocybin occur in the Oregon-Idaho HIDTA region.
- The primary drugs produced, distributed, and exported to other states are high-quality marijuana and to a lesser extent, designer drugs and psilocybin.

Transportation

- The Oregon-Idaho HIDTA region serves primarily as a major transportation hub for illegal drug and asset trafficking via private, commercial, and rental vehicles and package delivery services.
- Cocaine, fentanyl, heroin, marijuana, methamphetamine, and other dangerous drugs including ecstasy, DMT and MDMA as well as illicit drug proceeds, are transported through each of the corridors to varying degrees.
 - I-5 Corridor/I-84 Corridor/U.S. 97 Corridor/U.S. 395 Corridor/U.S. 20 Corridor/U.S. 26 Corridor; I-15/I-90 in Idaho.
- With few exceptions, drugs generally flow north from the southwest border and the southeastern United States, while illicit drug currency flows in the reverse direction.

Distribution

- Methamphetamine, marijuana, Mexican black tar heroin, cocaine, fentanyl, psilocybin, and designer drugs such as LSD are readily available in the Oregon-Idaho HIDTA region.
- Pharmaceuticals are diverted in a variety of ways - including pharmacy diversion, patient deception or manipulation of doctors, drug thefts, internet purchases and improper prescribing practices by physicians - in the Oregon-Idaho HIDTA region

Illicit Finance

- Bulk cash smuggling, cash-intensive businesses, and wire remittances will remain the primary methods of transferring drug proceeds throughout the region. Money laundering investigations and seizure of drug proceeds in the region will impede the organization's ability to operate freely.

Outlook

- Fentanyl: The supply of powdered fentanyl will increase, along with fentanyl in pill form, to meet increasing demand across the HIDTA region; supply will increase availability and thereby use. Abuse of illicitly manufactured fentanyl will continue to drive fatal and non-fatal overdoses and therefore remain the greatest threat in the HIDTA.
- Methamphetamine: Methamphetamine will remain highly available, inexpensive, and, along with fentanyl, the most serious drug threat in the Oregon-Idaho HIDTA region. Due to widespread trafficking and use, methamphetamine will continue to require the attention of law enforcement and public health resources.
- Heroin: Demand for heroin and accordingly supply, will continue to decrease in the coming year as fentanyl remains highly available and inexpensive.
- Cocaine: The availability of cocaine in the region will remain stable as cocaine use is reportedly low versus the high availability and low cost of methamphetamine.
- Marijuana: Overproduction of marijuana and record-low retail prices in Oregon will continue to contribute to illegal sales of excess marijuana and marijuana products trafficked throughout the United States.
- International DTO: International DTOs with ties to Mexico will continue to control the transportation and distribution of methamphetamine, heroin, fentanyl, and cocaine into the HIDTA region. These DTOs will continue to exploit fentanyl trafficking in the region.
- Multi-State DTO: Multi-state DTOs will continue to present the most serious criminal drug threat to the region, trafficking fentanyl, methamphetamine, heroin, and cocaine. Multi-state DTOs involved in illegal marijuana cultivation operations in Oregon will continue to export wholesale quantities of the product across state borders.

Oregon-Idaho HIDTA



OREGON-IDAHO HIDTA WEBSITE



2025 OREGON-IDAHO HIDTA THREAT ASSESSMENT



2024 OREGON-IDAHO HIDTA ANNUAL REPORT

Presenter Bio



Debby Jones

Certified Prevention Specialist, Wasco County, Oregon

Debby Jones is a Certified Prevention Specialist and the Prevention Director for Wasco County and Youth Think in the state of Oregon. She also serves as the county's Overdose Prevention Coordinator. Jones received her BS Degree from Brigham Young University. She currently serves as the Chair for the State of Oregon's Addiction and Mental Health Planning and Advisory Council and the Vice-Chair of Oregon's Alcohol and Other Drug Policy Commission. She is a Board Member of the 4 Rivers Early Learning Hub as well as the Oregon Coalition of Prevention Professionals and a member of the Northwest Prevention Technology Transfer Center's Advisory Council. Jones is also an active member of Fairplay for Kids and their On-line Harms subcommittee. She is a certified QPR, and SAMHSA's Prevention Core Competencies Instructor. She is also the co-creator of T2T Connection, a resiliency resource for children, teens and parents.

Session Overview



**DECONSTRUCTING HEALTH-PROMOTING RELATIONSHIPS:
*WHAT they are made of, WHY they matter, &
HOW to cultivate them***

Lora Peppard

PhD, DNP, PMHNP-BC, Director, ADAPT

Presenter Bio



Lora Peppard

PhD, DNP, PMHNP-BC, Director, ADAPT

Dr. Lora Peppard is the Executive Director of the Center for Advancing Prevention Excellence at the University of Baltimore and the Director of ADAPT, a national training and technical assistance division for substance use prevention for the High Intensity Drug Trafficking Area (HIDTA) program out of the Office of National Drug Control Policy. She also serves as the Immediate Past President of the American Psychiatric Nurses Association, Deputy Director for Treatment and Prevention for the Washington/Baltimore HIDTA, and sits on the Advisory Board for SAMHSA's Prevention Technology and Transfer Center's Network Coordinating Office. Dr. Peppard has over 21 years of clinical experience as a psychiatric nurse practitioner serving a variety of populations including adolescents and young adults. She has led multiple federally funded grants and developed system-wide strategies to address the unique substance use and behavioral health needs in communities across the nation. Dr. Peppard has authored several publications and serves as a community, state, national, and international consultant on prevention.



Deconstructing Health-Promoting Relationships

WHAT they are made of, **WHY** they matter, & **HOW** to cultivate them

LORA PEPPARD, PHD, DNP, PMHNP-BC
DIRECTOR, ADAPT



OBJECTIVES

WHY

1. Prevention, protection, flourishing

WHAT

1. Facilitators of connection
2. Health-promoting relationships

HOW

1. Beliefs
2. Values
3. Skills

What is a relationship?

A way of connecting with others.



1

**Relationships are a fundamental component of
health and well-being.**

"We need to prioritize our social relationships like our life depends on it, because it does."

- Dr. Julianna Holt-Lunstad

People who are more socially connected live longer.

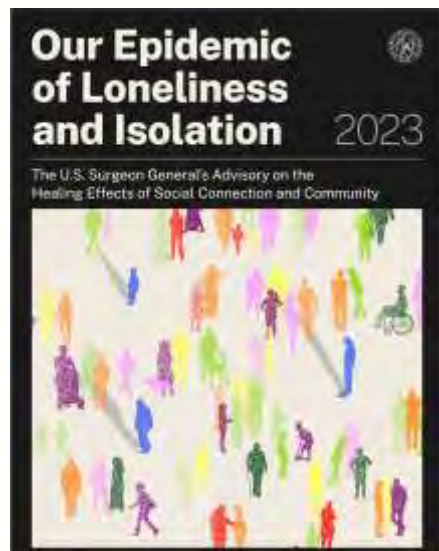
Having more and better relationships is associated with better health while fewer and poorer quality relationships is associated with poorer health.

Regardless of gender, age, or geography

Lacking social connection significantly increases risk of heart attack, stroke, and type II diabetes.

<https://www.julianneholtlunstad.com/>

"Social connection - the structure, function, and quality of our relationships with others—is a critical and underappreciated contributor to individual and population health, community safety, resilience, and prosperity."



<https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf>

1

Relationships are a fundamental component of health and well-being.

PREVENT



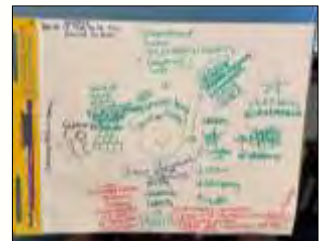
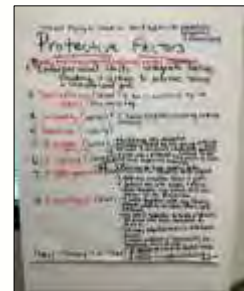
PROTECT



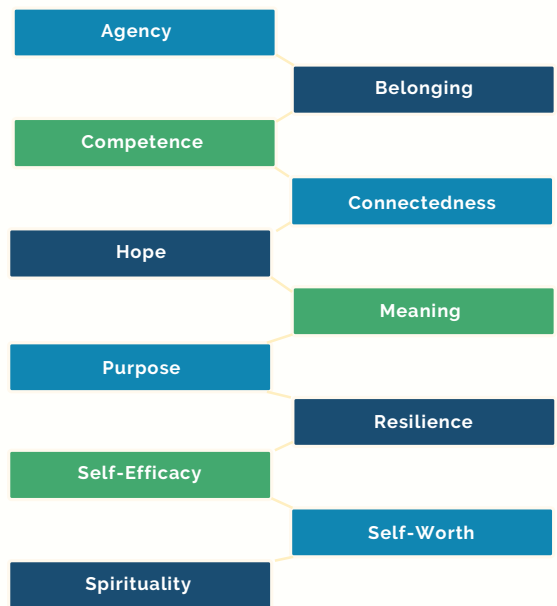
FLOURISH

RESOURCES

1. Protective Factors for Adolescent and Young Adult Substance Use (SAMHSA)
2. Development Relationships Framework (Search Institute)
3. Positive Childhood Experiences and Adult Mental and Relational Health (JAMA Pediatrics)
4. Family Resilience and Connection Index (Health Affairs)
5. Measures of Flourishing (Child Trends)
6. Protective Factors Against Delinquency (OJJDP)
7. Measurement scales for all protective and flourishing factors



PROTECTIVE & FLOURISHING FACTORS



Relationship

A way of connecting with others



Health promotion

A process of enabling people to increase control over, and to improve their health



2

A **health-promoting relationship** is a way of connecting with others that enables health and well-being through...

BELIEFS



VALUES



SKILLS

FACILITATORS OF CONNECTION



PATIENCE



- The propensity to wait calmly in the face of frustration, adversity, or suffering.
- Slow to anger
- Active listener
- Seeks understanding
- Thoughtfully chooses words and actions
- Exudes calm when delayed or hindered

HUMILITY



- A type of growth mindset representing a modest or low view of one's own importance
- 3 parts:
 - Accurate self-perception
 - Modest self-portrayal
 - Other-oriented relational stance
- Values and promotes other's interests above own
- Opposite of pride, a common obstacle

What would indicate to you that you had effectively connected with someone?

Feelings

"That indescribable good feeling."
"Great feeling from my heart to my brain."
"We share feelings and joys."
"The way I feel about them."
"It is an evolution of give and take that I don't realize in the moment, but when you know, you know."

Behaviors

"They open up and begin to share important things."
"Good energy, positivity, and truthfulness."
"Verbal and nonverbal messages, body is more relaxed, eye contact, positive affect."
"Engagement and reciprocity of response"
"They respond and get back to me."
"They return for another appointment."

Experiences

"We share a smile and relate to each other."
"We laugh together, a big hardy laugh."
"They share things about themselves."
"We leave the moment feeling seen, heard, and known. Maybe we even have difficulty parting from one another"

Information

"Their feedback to me."
"They tell me they feel relief, a feeling of calm, a feeling of release or that they can move forward in a positive way."

SIMPLE, QUIET TRUTHS

Competence

Connection is a basic human need and a skill we must nurture and maintain.

Evidence

True connection bears fruit.

Humility

Pruning of self is essential for connection.

TRUST

Belief in the reliability, truth, and strength of others



SELF-ASSESSMENT EXERCISE



1. Spend a few seconds with each facilitator of connection.
2. Which two come easily to you?
3. Which two need more attention?

2

A **health-promoting relationship** is a way of connecting with others that **enables** health and well-being through...

BELIEFS



VALUES



SKILLS



BELIEFS

1 I can influence and impact my life and health.

2 I have something to offer.

3 I matter.

4 I can overcome hard things.

5 I have support.

6 Life is on my side.



BELIEFS

1 I can influence and impact my life and health.

2 I have something to offer.

3 I matter.

4 I can overcome hard things.

5 I have support.

6 Life is on my side.

VALUES

Autonomy

Independence

Responsibility

Service

Honesty

Respect

Courage

Grace

Forgiveness

Optimism

Perseverance

Self-awareness

Acceptance

Empathy

Love

Gratitude

Community



SKILLS

1. Clarify values
2. Make healthy decisions and problem solve
3. Interpersonal skills
4. Focus on the future
5. Learn new things/
Be curious
6. Set and achieve goals
7. Explore a sense of mattering



8. Build connectedness
9. Develop community connection
10. Identify strengths
11. Strengthen self-confidence
12. Prioritize self-care
13. Maintain a hopeful outlook
14. Manage negative thoughts and emotions



15. Visualize capacity to influence life circumstances
16. Build social support networks
17. Explore spirituality
18. Engage spirituality as a coping strategy
19. Cultivate hope

Sample Evidence-Based Strategies

	LifeSkills Training (Model Plus)	Strengthening Families (Promising)	Blues Program (Model - Oregon)	Multisystemic Therapy (Model Plus)
Level of Prevention	Universal	Universal/Selective	Selective/Indicated	Indicated
Population Studied	Youth 12-14	Youth 5-11, 12-14	Youth 15-18	Youth 12-18
Outcomes	<ul style="list-style-type: none"> Prevent and reduce substance use Prevent and reduce violence 	<ul style="list-style-type: none"> Prevent and reduce substance use Prevent and reduce anti-social-aggressive behavior Improve close relationship with parents 	<ul style="list-style-type: none"> Prevent and reduce substance use Prevent and reduce depression 	<ul style="list-style-type: none"> Prevent and reduce violence Prevent and reduce anti-social-aggressive behavior and conduct problems Improve mental health Improve close relationship with parents Improve positive social/ prosocial behavior
Skills	<ul style="list-style-type: none"> Problem solving Refusal of substances Social interaction Coping skills 	<ul style="list-style-type: none"> Refusal of substances Prosocial interactions with peers and parents Parent skills 	<ul style="list-style-type: none"> Problem solving Coping skills 	<ul style="list-style-type: none"> Problem solving Social interaction Prosocial interactions with peers and parents Coping skills Parent skills
Protective or Flourishing Factors	<ul style="list-style-type: none"> Agency Connectedness Competence Self-Efficacy 	<ul style="list-style-type: none"> Agency Belonging Connectedness Competence Self-Efficacy Self-Worth 	<ul style="list-style-type: none"> Agency Competence Self-Efficacy Self-Worth Hope Meaning Belonging 	<ul style="list-style-type: none"> Agency Belonging Connectedness Competence Purpose Self-Efficacy Self-Worth

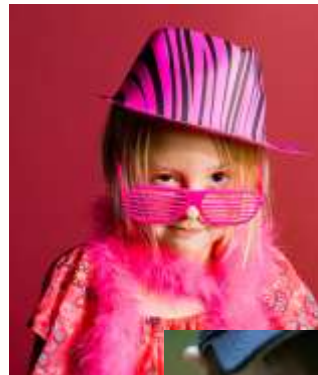
blueprintsprograms.org

ATTITUDES

Enduring ways youth think and feel about themselves, others, and the world around them.



Influence and are influenced by relationships and the **perceptions** youth have about the people and world around them.



HEALTH-PROMOTING RELATIONSHIPS PARADIGM



HEALTH-PROMOTING RELATIONSHIPS PARADIGM



HEALTH-PROMOTING RELATIONSHIPS PARADIGM



HEALTH-PROMOTING RELATIONSHIPS PARADIGM



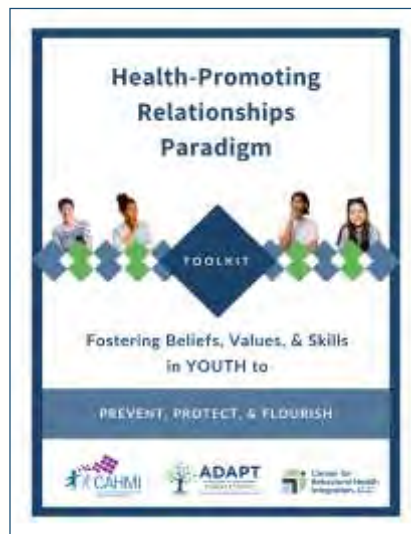
3

Every interaction we have with youth is an opportunity to build or reinforce protective beliefs, values, and skills.

CULTURE ◆ **OF** ◆ **CONNECTION**

TABLE OF CONTENTS

1. Introduction
2. Orientation to the Paradigm
3. Facilitators of Connection
4. Beliefs, Skills, & Values
5. Considerations
6. Scaling
7. Sharing



HOW TO USE IT

1. At this Institute!
2. Review the toolkit as a whole.
3. Spend time with each of its individual components.
4. Use the Brief Assessment
5. Consider how the content can assist you in strengthening your own health-promoting relationships.
6. Share with others as appropriate.



I am Well Today

May I pay attention to the stirring deep within,
Silence all distractions, all the noise, and begin,
To connect with intention, to see and be seen,
Engage in ways that matter, practice humility.

For the fruits of a connected self are gateways to much more,
Trust, agency, hope, belonging – how they help us soar,
To the heights of well-being, promoting healing, and recovery,
Comfort, safety, a sense of control - preventing injury.

Connection is fundamental to a life well lived,
Yet rarely noticed as the free and glorious gift it is,
Quite possibly the most important thing I can do each day,
Do I seek it? Do I offer it? Do I cultivate it in every way?

For when my time has come to lay my head for its final rest,
Will I close my eyes knowing I have done my best,
To connect with others in purposeful, meaningful ways,
Loved and forgiven, listened closely, fully engaged?

Will I know I lived my days by my values and highest priorities,
Denied my pride and steadied my soul through spirituality,
Pruned the qualities that led me astray, and nurtured those that paved the way,
For myself and others to confidently say “I matter. I can overcome. I am well today.



Thank you!

Lora Peppard, PhD, DNP, PMHNP-BC
Director of ADAPT

lpeppard@wb.hidta.org



ADAPT: A Division for Advancing Prevention & Treatment

Mission

The mission of ADAPT is to support integration of the best available evidence for substance use prevention into communities by advancing mindsets, knowledge, and skills.

Goals

1. Advance substance use prevention strategies through essential training and technical assistance services and resources.
2. Prepare future Public Health/Public Safety workforces through engagement in substance use prevention activities.

HIDTA Prevention

ADAPT supports the National High Intensity Drug Trafficking Area (HIDTA) Program by operationalizing the National HIDTA Prevention Strategy. ADAPT assists HIDTAs with implementing and evaluating substance use prevention strategies within their unique communities. ADAPT also keeps HIDTA communities up to date with advances in prevention science. A variety of trainings, technical webinars, and other resources to cultivate, nurture, and support hospitable systems for implementation are offered throughout the year.

Technical Assistance

Technical assistance is available to all HIDTA communities in the following domains:

1. Identification of the Best Available Evidence in Substance Use Prevention
2. Training
3. Implementation
4. Evaluation
5. Finance/Budgeting
6. Sustainability
7. Early Response
8. Prevention Communication
9. Systems Development
 - Infrastructure
 - Assessment

Learn More

Visit us at <https://www.hidta.org/adapt/> to learn about our technical assistance services, event and training announcements, resources, and more!

Contact Us

For more information, email us at adapt@wb.hidta.org or reach out to Dr. Lora Peppard at lpeppard@wb.hidta.org.

Connect with Us

For frequent updates from ADAPT, be sure to *follow* and *like* us on the platforms below. These platforms provide an opportunity to share resources and connect with each other.



Like our Facebook page today @

<https://www.facebook.com/ADAPT-100681361632663/>



Follow our LinkedIn Company page for the latest insights and updates @

<https://www.linkedin.com/company/adapt-a-division-for-advancing-prevention-treatment>



Follow us on Twitter @

https://twitter.com/ADAPT_CDPP



Subscribe to our YouTube channel for informative video content @

https://www.youtube.com/channel/UCbxhs3Kx69_OfAMw628PO7w/

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and our quarterly newsletter, subscribe below:

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CULTIVATING PREVENTION



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CULTIVATING PREVENTION

PREVENTION INTERVENTION RESOURCE CENTER

Access e-learning courses, evidence-based program registries, & other resources to support you in advancing evidence-based prevention programming in your community.



<https://www.hidta.org/adapt/prevention-intervention-resource-center/>

COME LEARN WITH US!

Announcing the

HIDTA PREVENTION LEARNING MANAGEMENT SYSTEM



adaptlms.hidta.org

GET STARTED WITH THE 1ST COURSE TODAY!

Substance Use Prevention Fundamentals

- Designed to help you understand the field of substance use prevention.
- Defines key prevention concepts and connects HIDTA's mission with the goals of substance use prevention.
- Introduces critical targets for prevention, explores the ways prevention exists in multiple contexts, and shares what works (and what doesn't) in substance use prevention.



Session Overview



CULTIVATING A FOUNDATION OF PROTECTION IN YOUTH

Jody Kamon

PhD, Founder & Psychologist, Center for Behavioral Health Integration

**Oregon Best Practice Spotlight: :
LEAP Youth Alliance**

Cyndy Hillier

Executive Director, Tualatin Together

Presenter Bio



Jody Kamon

PhD, Founder & Psychologist, Center for Behavioral Health Integration

Dr. Kamon brings over 20 years of experience working in the field of mental health and substance use in applied research, clinical training and implementation, and direct service roles. She is passionate about increasing access to quality services for individuals struggling with substance use, mental health, and other challenges, especially youth and young adults. Dr. Kamon co-founded C4BHI in 2008 in an effort to help communities enhance their available behavioral health services. For over a decade, Dr. Kamon has been engaged in both implementation and spearheading evaluation efforts to increase community-based mental health and substance use programs and promoting the use of evidence-based practices. Her other evaluation work includes program evaluation to assess the impact of direct service models including outpatient treatment centers, peer recovery centers, and community-embedded pediatric clinics serving children in immigrant families. She serves as a national trainer in manualized approaches integrating motivational interviewing and cognitive behavior therapy and as a regional trainer in motivational interviewing. Over the years, Dr. Kamon has served as a technical assistance expert for the Substance Abuse Mental Health Services Administration. In the past, her direct service work included serving youth and their families and young adults struggling with substance use and co-occurring mental health needs.

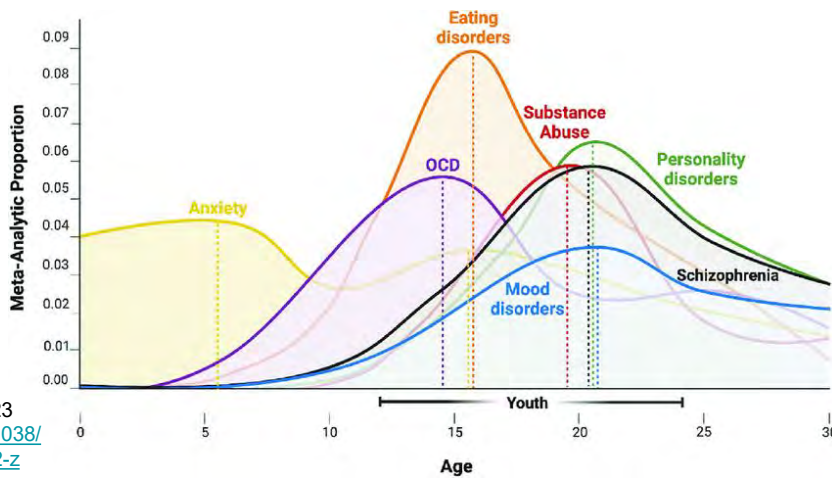
Cultivating a Foundation of Protection in Youth

Jody Kamon

*PhD, Licensed Psychologist, Founder
Center for Behavioral Health Integration*

Why are you here today?

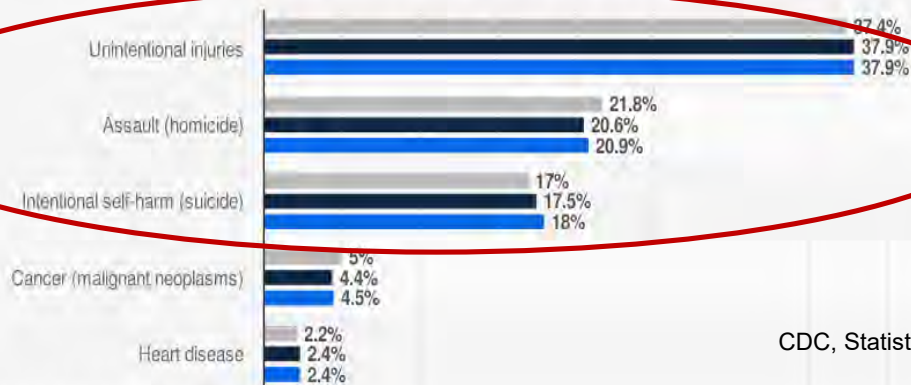
Age of onset of mental health and substance use



Uhlhaas et al., 2023
<https://doi.org/10.1038/s41380-023-02202-z>

Leading causes of death among youth are preventable

Distribution of the 10 leading causes of death among teenagers aged 15 to 19 years in the United States from 2020 to 2022

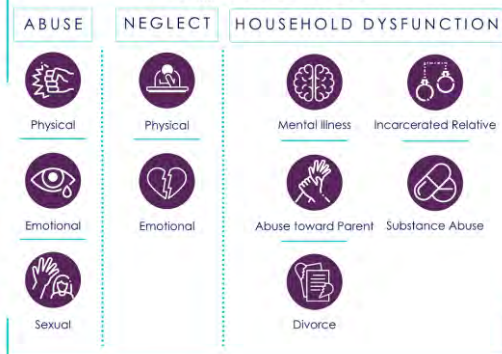


CDC, Statista, 2024

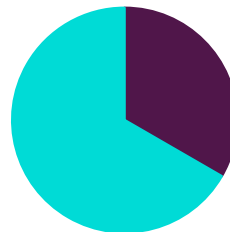
Youth are born into adversity

ACEs = Adverse Childhood Experiences

The 3 types of ACEs include



1 of every 2 youth have been exposed to ACEs



More than 1/3 have had multiple exposures

“There comes a point where we need to stop just pulling people out of the river. We need to go upstream and find out why they’re falling in.”

~ Desmond Tutu



What does it mean to go upstream?

One idea...

Connect as
Trusted
Adults in
the youths'
lives



Foster
beliefs,
clarify
values, and
build skills



Achieve
positive
outcomes



Help youth
flourish
and thrive.

Creating positive childhood experiences

Helps reduce not only substance use but also...

- Mental health
- Delinquency or conduct problems
- Violence
- School dropout
- Impact of early negative experiences

Increases social and emotional support later in life

Its about Touchpoints



- Each moment you have to interact with a given youth.
- Conduct your own internal assessment(s).
- How can you ready yourself and your programs to infuse each touchpoint with the various concepts shared today and tomorrow?

Belief	Values	Protective factors
<i>I can impact & influence my life and health.</i>	Autonomy Independence Responsibility	Agency Self-efficacy Social competence

When youth believe they can influence & impact their life...

- Find their voice
- Know their values that guide them
- Ready to make meaningful decision
- Pursue opportunities that promote their independence and leadership
- Able to seek guidance when needed
- Reflect and learn from choices without shame

How do these protective factors make a difference

Protective factors

Agency
Self-efficacy
Social competence

- More invested in their choices
- Experience greater motivation
- Behaviors are aligned with sense of self
- Greater engagement in daily activities
- Maintain individuality

I can impact & influence my life and health.

How to foster this belief?

- Individuality
- Values clarification
- Offer guidance as needed
- See them as:
 - Problem solvers
 - Decision makers
 - Critical thinkers

Cautions (which we all do at times)

- Steer them towards specific pathways
- Solve their problems for them or give unsolicited advice
- Miss the chance to connect decision to why its important to them
- Do not encourage questions or scrutiny – “because that’s the way it is”
- Provide token leadership

June

Helped instill values

Mom
2 older sisters

15 years old
Came to U.S. at age 7
Lived in 2 refugee camps
Uneducated parents
Experienced discrimination

Belief	Values	Protective factors
<i>I have something to offer.</i>	Service Honesty Respect Courage	Purpose Meaning Cognitive & Moral competence

When youth believe they have something to offer they...

- Have own interests, talents, goals and dreams
- Can, with support, identify pathways towards accomplishing their goals
- Are willing to take risks and enter new situations
- Develop their own positive expectancy
- Develop confidence

How do these protective factors make a difference

Protective factors

Purpose
Meaning
Cognitive &
Moral
competence

- More motivated towards achievement
- Greater sense of hope & optimism
- Perspective taking, empathy, and altruism
- Altruism protects against:
 - delinquency
 - substance use
 - other negative outcomes
- Happier, healthier

How do these protective factors make a difference

Protective factors

Purpose
Meaning
Cognitive &
Moral
competence

- Own sense of knowledge, task completion and problem solving
- Clear about what decisions they want to make and why
- Able to follow through on decisions
- Greater ability to reach social and interpersonal goals

I have something to offer.

How to foster this belief?

- Safety
- Nonjudgment
- Curiosity
- Positive expectancy
- Pathways with connections
- Accountability

Cautions (which we all do at times)

- Fail to establish a regular schedule
- Direct youth towards “tried and true” pathways
- Miss the opportunity to let them know we believe in them, that they are capable
- Forget to check in afterwards – see if they followed through, how it went
- If youth did not follow through, we give them the easy out
- We forget to be curious

June

Helped instill values

Mom
2 older sisters

15 years old
Came to U.S. at age 7
Lived in 2 refugee camps
Uneducated parents
Experienced discrimination

Afterschool program director

Tutor

Always there, every time

Connected to programs

Encouraged questions

Positive expectancy

Sisters shared college journey

Belief

Values

Protective factors

I matter.

Acceptance
Empathy
Love
Gratitude

Self-worth
Belonging
Connectedness

When youth believe they matter, they ...

- Feel listened to, seen, and included
- Feel appreciated and cared about
- Understand that others depend and rely on them;
- Make meaningful contributions
- Develop competencies and skills that increase their confidence
- Take part in meaningful decision-making, problem-solving and leadership

- **“Belonging** is being somewhere where you want to be, and they want you. *Fitting in* is being somewhere you really want to be, but they don’t care one way or the other.”
- **“Belonging** is being accepted for you. *Fitting in* is being accepted for being like everyone else.”
- I get to be me if I **belong**. I have to be like you to fit in.



Brene Brown, Daring Greatly

How do these protective factors make a difference?

Protective factors

Self-worth
Belonging
Connected-
ness

- Decreases in:
 - substance use
 - self harm behaviors
 - eating disorders
 - harmful media use
 - sexual risk behaviors
 - anti-social behaviors
- More confident, resilient
- Experience trust and emotional security
- Better equipped to handle the ups and downs of life

Mattering Activity

- Think about a moment in your life when you most believed you mattered to someone else.
- Be specific. What happened? What was said?
- What did it feel like for you?
- How did it impact how you viewed yourself?

*Note: You are going to turn to the person next to you and talk about it so identify something you are comfortable sharing.

Adapted with permission from Zach Mercurio, Ph.D., (2025) *The Power of Mattering*

Mattering Activity

- One person will be the speaker first, one the interviewer.
- You will have 5 minutes each. I will let you know to SWITCH.
- When its time to SWITCH, the person who was the interviewer will become the speaker and share their moment of mattering.

Mattering Activity

SWITCH NOW

Debrief

- What was this experience like for you?
- What insights did you come away with in talking about your experience?
- How did you feel when you added value to an interaction or situation?
- How could this type of activity be helpful for youth?

What can you do to foster this belief?

- Convey:
 - appreciation for youth
 - how youth are needed or valued
 - how others rely on youth
- Be authentic and unconditional
- Engage in deep listening
- Reflect back what youth shares

I matter.

How to foster this belief?

- Convey:
 - appreciation for youth
 - how youth are needed or valued
 - how others rely on youth
- Be authentic and unconditional
- Engage in deep listening, reflecting back what youth shares

I matter.

How to foster this belief?

- Help youth build skills and competencies
- Ensure activities allow youth to make contribution to their world
- Provide constructive feedback

Cautions (which we all do at times)

- Fail to offer genuine, specific appreciation
- Take for granted they know they are cared about, needed, relied upon
- Convey they are needed in a way that is more reactive and reflects judgment
- Miss opportunities to reflect back
- Miss the opportunity to process youth's action or accomplishment

June

Helped instill values

Mom
2 older sisters

Sisters shared college journey

Seeks to be heard, seen

Opportunity

15 years old
Came to U.S. at age 7
Lived in 2 refugee camps
Uneducated parents
Experienced discrimination

Gave more freedom

Afterschool program director

Tutor

Conveyed trust

Always there, every time

Connected to programs

Encouraged questions

Positive expectancy

“You cannot get through a single day without having an impact on the world around you. What you do makes a difference, and you have to decide what kind of difference you want to make.”

~ Jane Goodall



Main Messages

- We have the capacity to foster core beliefs in youth to help them clarify their values and build skills to achieve positive outcomes.
- Fostering beliefs can occur across daily moments or touchpoints with youth.
- A strong foundation of protection for youth can be cultivated through trusted adults across systems of influence.



Session Evaluation

Q & A
Thank you!

Presenter Bio



Cyndy Hillier

Executive Director, Tualatin Together

Cyndy Hillier has been in the prevention field since 2011 as coalition coordinator and now executive director of Tualatin Together. She is a certified SAPST, Core Competencies and QPR Trainer. She also serves as the youth program coordinator for Tualatin High School and Hazelbrook Middle School, each with active prevention groups. Cyndy also serves as the current secretary and past president of the Oregon Coalition of Prevention Professionals (OCP). Cyndy has been married to her husband Tom for the last 26+ years and they have two incredible daughters along with two amazing bonus kids, four grandkids and two of the best dogs on the planet Charlie and Ruthie. Cyndy is originally from Up-State New York and currently resides in Tualatin, Oregon.



LEAP Youth Alliance

Advances Prevention with Elected Officials

Mission Statement

We envision Tualatin as a place where the entire community collaborates to empower, educate and engage youth to reach their full potential by: Building their resilience; Growing their leadership skills; Finding their voice.

Serving Tualatin since 1991.

Agenda

- Preparing for CADCA
- What Advocacy looks & feel like for youth vs. adults?
- How and when to incorporate personal stories, the facts & a call to action
- The follow-up with Federal, State and Local elected officials
- How this work changes your coalitions trajectory

The graphics for this slide deck were created for a TT Coalition meeting where this information was shared. Laura Freer, our CTC Director is responsible for the beauty you see! Thank you, Laura!

Preparing For CADCA

Application Process:

- Based on Budget
- Also based on what outcomes you want to achieve

Youth/Parent Meetings:

- Who do we represent
- What is our message? What are we about and why? What change(s) do we hope to make in what we are sharing?
- Discuss lobbying vs. advocacy and how we do that here in Oregon
- Parents are welcome at all meetings but it is mandatory to attend one

YES - we talk about food, fun and what we are going to wear... A LOT!



Balancing Personal Stories, Data and Call To Action



- Youth need to be able to share in the way they feel safe
- This is a LONG process and takes a lot of fascinating interpersonal skills to be used!
- Coming to a clear message can be complicated the more voices you have - Be prepared for the long haul
- Guiding can be hard here
 - Be patient
 - Be clear about a format or outcome
 - Be flexible with how they achieve the goal



What advocacy looks & feels like for youth

- Being trusted to share a message in high stakes, among their peers and low stakes settings
- Being able to attend community events where people know their name
- Learning about a topic, forming an opinion based in prevention science and sharing it.
 - Learning to be gracious when the vote doesn't go the way they hoped



LEAP Youth Alliance had the opportunity to meet with Congresswomen Andrea Salinas, Senator Jeff Merkley and a representative from Senator Ron Wyden's office.

Advocacy In Action

LEAP students had the opportunity to meet with our local representatives and witnessed the impact of those meetings through a presentation by the Congresswoman.



Meeting in Capitol Hallway with Wyden Staffer



LEAP presentation for Senator Merkley



[Congresswoman Andrea Salinas - LEAP Youth Alliance Floor Speech](#)

The Follow-Up Once Home



- Video or presentation for coalition, school board and share with City Council
- Thank you notes
- Education the rest of the team
- Use learnings to assess/adjust plans
- Measure where they are incorporated
- Work with underclass people to ensure they are part of the leadership team for follow year

Lessons Learned & Plans to Implement

Learned: **Cosi**

- Those going through addiction often need to relate to others rather than telling their personal story to realize they are harming themselves
- Past trauma can translate into a future of addiction
- Having peer-to-peer conversations can be more effective than adults talking to teens
- Spreading awareness doesn't have to be scary or negative

Implement:

- Community-wide event for mental health awareness to highlight how taking care of oneself decreases the risk of drug use

Learned: **Bergen**

- Prevention works best when its seen everywhere
- When people buy drugs online it has a high likelihood to contain a lethal dose of fentanyl
- Overreliance on AI worsens isolation by reducing real-life interaction
- Sustainability is the ability to maintain and support a program over time, involves ensuring resources for the future while maintaining the needs of the present

Implement:

- Operation Parent

Learned: **Sarah**

- Saying no to others isn't saying no to them it's saying yes to you
- Inclusion without action is just performative and hypocrisy
- Engaging in wellness and prevention through passions people have is effective
- Look at all perspectives of why someone could be using a substance

Implement:

- Set up a fun event for all ages where they have fun but also are learning about the risk of drugs (escape room)

Lessons Learned & Plans to Implement

Rachel

Learned:

- 60% of students play sports
- Own Your Game aims to teach students about the harms of substances in regards to athletics
- Leadership training
- Engage in social media comment section to encourage interaction
- Incentivize attendance (work with local business to give free food)

Implement:

- Substance free season with softball team
- Own Your Game flyers in team rooms

Kaylen

Learned:

- Having youth talk to their peers resonates more than adults
- Create a timeline for major goals
- Marijuana use is higher among teens than young adults
- Posters/ads should be less than ten words to get the basic idea across
- Strategic prevention = sustainability + cultural competence

Implement:

- Set up a fun event for all ages where they have fun but also learn about the risk of drugs (escape room)

Olivia

Learned:

- Learned how to not engage in logical fallacy
- Don't overload social media with things unrelated to your cause because it confuses the audience
- There's an app where people can use any photo and make it look like the person is naked (has become so bad 1/3 teens it's happened to)
- Importance of holding companies accountable with algorithms
- Importance of being apart of the community events

Implement:

- A social media team to share responsibilities and creativity

Lessons Learned & Plans to Implement

Leo

Learned:

- There are a lot of resources we have access to to train others on how to use Narcan
- Many ways to do drug prevention that are interesting
- When everyone is given the time to speak their entire thought it helps the group to think about what that person is saying
- Physical logic models are really helpful
- Community-wide event for mental health awareness to highlight how taking care of oneself decreases the risk of drug

Implement:

- Finishing projects before an event to not have to deal with it last minute

Nathan

Learned:

- Protective factors outweigh risk factors
- The earlier the first time the use of substances occurs the higher the risk of addiction
- Risk factors and trauma can snowball into addiction and other health issues
- Saying no to others when you don't want to do something is saying yes to yourself
- Successful youth prevention programs are multi-faceted

Implement:

- Logical models when planning events to better assess our communities needs

Cobi

Learned:

- Future proofing the club
- Partnerships with local businesses help make events and offering incentives to people successful
- Better ways to market the club

Implement:

- Set up a fun event for all ages where they have fun but also are learning about the risk of drugs (escape room)

How this work changes your coalition's trajectory

Enhancing Skills

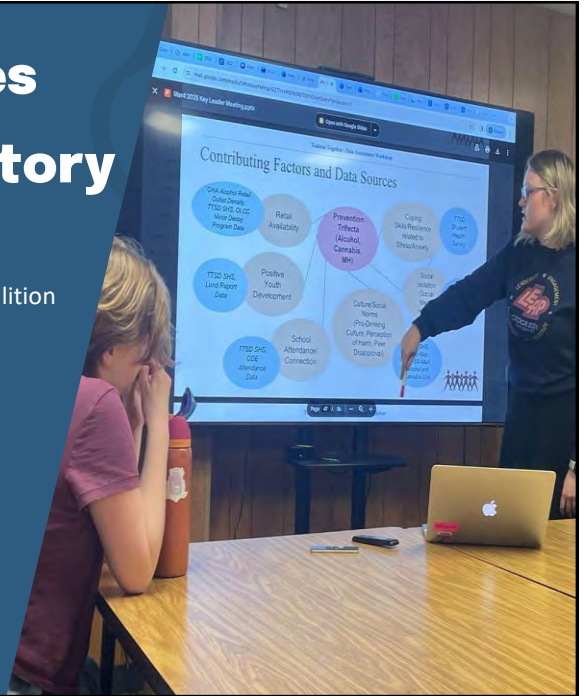
- Investing time to train youth about data
- Allowing youth to educate their peers & share with coalition

Emphasizes Social Development Skills Model

- Give youth an opportunity to learn a skill
- Find ways they want to be rewarded/acknowledged
- Increase bonds to trusted adults that move towards healthy behaviors

Trusting them to Represent

- City Council; School Board; Washington D.C.
- In the community; at coalition meetings



DRESSED
to Dream

Thank You

Cyndy Hillier cyndy@tualatinttogether.org

503-515-7651



Session Overview



**BUILDING LIFE SKILLS THAT PROMOTE HEALTH AND PREVENT
SUBSTANCE USE**

Megan Erickson

MS, Research Analyst, ADAPT

Oregon Best Practice Spotlight:

Monica Desmond

Public Health Specialist, Deschutes County Health Services - Healthy Schools

Hailey Barth

Public Health Specialist, Deschutes County Health Services - Healthy Schools

Amanda Armstrong

Public Health Specialist, Deschutes County Health Services - Healthy Schools

McKaelie Miller

Public Health Specialist, Deschutes County Health Services - Healthy Schools

Presenter Bio



Megan Erickson

MS, Research Analyst, ADAPT

Megan Erickson is a Research Analyst at the University of Baltimore's Center for Public Safety Innovation and the Washington/Baltimore HIDTA. She received her B.A. in Psychology with a minor in Applied Statistics from the Indiana University of Pennsylvania. She went on to complete an M.S. in Applied Psychology with a concentration in Industrial-Organizational (I/O) Psychology at the University of Baltimore.

Mrs. Erickson began her current role in 2020 where she serves as the Evaluation Chair for Prevention and Treatment and is a member of ADAPT (A Division for Advancing Prevention & Treatment). She has experience supporting the Combating Overdose through Community-level Intervention grant and supporting a research study to develop instruments and procedures to monitor fidelity to a school-based prevention program.

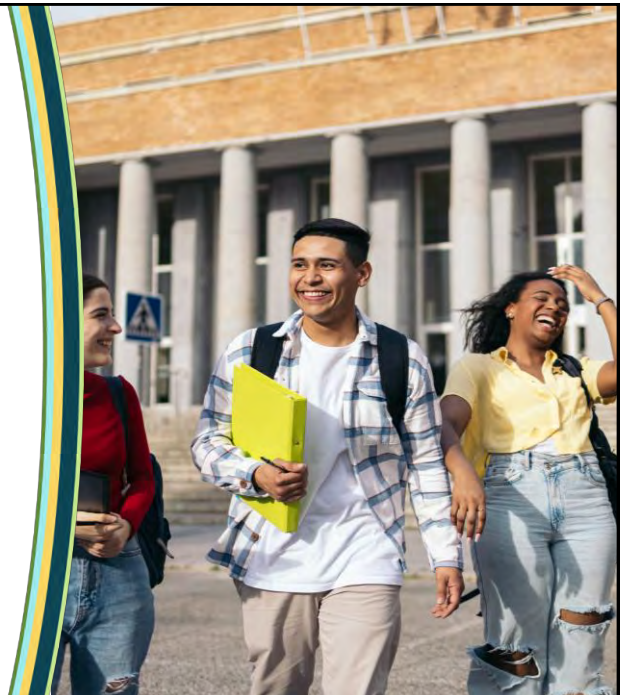
Building Life Skills that Promote Health and Prevent Substance Use

Megan Erickson

MS, Research Analyst, ADAPT

Beliefs to foster in youth

- I can overcome hard things.
- I have support.
- Life is on my side.



Long-term Outcomes

- Long-term outcome: Youth well-being
 - Prevention
 - Protection
 - Flourishing

Considerations

- Importance of being a role model
 - Growing and demonstrating your own skills
 - Observational learning
- Importance of creating safe, stable, and loving environments

Considerations

- Where am I coming from?
 - Strengths
 - Weaknesses
 - Experiences
- Where is the youth coming from?

Protective Factors

- Resilience
- Emotional competence
- Behavioral competence
- Hope
- Connectedness
- Spirituality

Belief: I can overcome hard things

Corresponding values

- Optimism
- Perseverance
- Self-awareness



**Think of a challenging
time in your life.**

What helped you move past that challenging time?

Resilience

- The process and outcome of successfully adapting to difficult or challenging life experiences
- Multiple factors influence resilience
- Provides strength and tools to navigate challenges
- Can be grown through relationships

Resilient Youth

- More likely to have:
 - High future expectations
 - Life satisfaction
 - Effective problem-solving skills
 - Academic success
- Less likely to have:
 - Anxiety
 - Depression
 - Antisocial behaviors

Emotional Competence

- Ability to identify, understand, manage, and respond appropriately to your emotions and the emotions of others
- Importance in adolescence
 - Significant physical, cognitive, social, and emotional changes
- Can be fostered through relationships
 - Modeling
 - Perspective taking

Youth with Emotional Competence

- More likely to:
 - Be engaged in school
 - Achieve academic success
- Less likely to:
 - Use substances
 - Have aggressive behaviors
 - Miss school
 - Experience mental health challenges (including stress and hopelessness)

Behavioral Competence

- Ability to appropriately select your actions
- Importance in adolescence
 - Ongoing brain development
 - Risky decision making
 - Influenced by emotions
- Can be fostered through relationships
 - Pros and cons
 - Identification of strategies ahead of time to make decisions aligned with your values

Youth with Behavioral Competence

- Less likely to:
 - Use substances
 - Experience family conflicts
 - Experience mental health challenges (including stress, depression, and anxiety)

Hope

- The expectation that one will have positive experiences
- Critical in adolescence
 - Transitioning to adulthood
- Can be fostered through relationships
 - Positive expectations
 - Support
 - Problem solving strategies

Hopeful Youth

- More likely to:
 - Have good self-esteem
 - Identify and strive towards goals
- Less likely to:
 - Experience depression
 - Use substances

Fostering the belief "I can overcome hard things."

- Provide empathy and validation while also expressing optimism and hope
- Replace negative coping skills with positive ones
- Have consistent, regular structure and routine interaction with key people youth trust
- Express confidence and positive expectancy in the youth's ability

Fostering the belief “I can overcome hard things.”

- Elicit strengths
 - What strengths have people told you that you have?
 - What problems have you solved or overcome?
 - What did you do to cope?
 - What positive things did you learn about yourself? About that type of situation?
 - How could you adapt that strength and skill to a new situation?

How would you know a youth sitting in front of you believes they can overcome hard things?

Q&A

Belief: I have support.

Corresponding value

- Community



Who do you turn to for...

- Advice?
- Comfort?
- Practical help?
- Companionship?
- Encouragement?
- Facts and new knowledge?
- Resources?
- Celebrating your successes?
- Understanding what the warning light in your car means?

**List the top 3
qualities of the
people you reach
out to for support.**



Support Activity

- Think about a time when you were a kid and reached out to a trusted adult for support.
- What happened? What did it feel like?
- What made you feel comfortable reaching out to them?
- What made you feel hesitant as a kid to reach out to an adult?

*Note: You are going to turn to the person next to you and talk about your experience so identify something you are comfortable sharing.

Support Activity

- You will each have 5 minutes to share with the person next to you.
- I will let you know when it is time to switch.

Debrief

- What insights did you come away with?
- How might these insights be incorporated into your work with youth?

Connectedness

- Being in a close emotional relationship with others
- A human need across the lifespan
- Can be fostered through relationships
 - Mentoring
 - Open communication

Youth who Feel Connected

- More likely to:
 - Have greater well-being
 - Graduate high school
 - Attend college
 - Have high life satisfaction
- Less likely to:
 - Use substances
 - Engage in risk taking behaviors
 - Commit violence
 - Experience depression and anxiety

Fostering the belief "I have support."

- Creating a safe environment where youth can ask for support
- Encourage involvement in activities and plan fun in-person activities/events
- Understand youth goals, wants, and interests
- Stand by youth in difficult times
- Encourage youth to seek support

Fostering the belief “I have support.”

- Ask youth to brainstorm current people that are supportive in their life.
- Then, identify the different types of support each of these people offer (e.g, physical, emotional, information, crisis, and other types of support).
- Elicit the qualities and values youth want in their support people by looking at what youth like about their current supports and what they feel is missing.

How would you know a youth sitting in front of you believes they have support?

Q&A

Belief: Life is on my side.

Corresponding values

- Grace
- Forgiveness



**Think of a challenging
time in your life.**

**How did you know it
would be ok?**

Spirituality

- Sense or feeling that there is something greater than oneself
- An intrinsic part of development
- Relationships provide a space to safely explore one's spirituality

Youth with Spirituality

- More likely to:
 - Have greater well-being
 - Have better physical health
 - Effectively cope with challenges
- Less likely to:
 - Use substances
 - Engage in delinquency

Fostering the belief “Life is on my side.”

- Consider how to manage your own beliefs and perspectives so as to maintain an open space for youth to explore and question
- Create opportunities for youth to engage in self-identified spiritual practices
- Create opportunities for youth to contribute to their community
- Integrate reflection within such activities that help foster a youth's sense of meaning, worth, connectedness, purpose, gratitude, and place in the world

Fostering the belief “Life is on my side.”

- Ask youth to make three columns labeled 'Goals', 'Obstacles' and 'Pathways'.
- Then, ask them to list current goals and generate at least three pathways towards each goal.
- Encourage youth to identify at least one obstacle for each pathway and create a plan for how to overcome each obstacle.
- Elicit from the youth strengths and aspirational statements they may wish to include around their image to serve as motivation throughout their goal pursuit.

How would you know a youth sitting in front of you believes life is on their side?

Q&A

What programs have you implemented that incorporate these protective factors and beliefs?

Real World Example

- **Emotional and behavioral competence**
- **Spirituality**
- **Connectedness**
- **Hope**
- **Resilience**



Main Messages

- Numerous evidence-based programs for substance use prevention include skills that are supported through health-promoting relationships.
- Health-promoting relationships create 1) Safe and supported environments for youth to feel comfortable sharing important information and 2) Opportunities for trusted adults to reinforce skill development in those youth.
- Health-promoting relationships provide opportunities for trusted adults to model the same skills they are supporting development of in youth.

Thank you!



Session Evaluation

Presenter Bio



Monica Desmond

Public Health Specialist, Deschutes County Health Services - Healthy Schools

Monica Desmond is a Public Health Specialist with the Healthy Schools Program serving three public secondary schools in Bend, Oregon. In this role, Monica coordinates stakeholders to assess needs and implement evidence-based programs within schools. As a Master of Social Service Administration, Monica has 20 years of experience in multidisciplinary collaboration focused on improving the health of individuals and communities. Her experience includes work in the fields of community mental health, social services, supportive housing, and child abuse intervention. Most recently, Monica coordinated a regional response team addressing human trafficking. Monica brings a passion for connecting people, data, and innovative solutions to improve coordination, reduce barriers, and create healthier communities.

Presenter Bio



Hailey Barth

Public Health Specialist, Deschutes County Health Services - Healthy Schools

Hailey is a Public Health Specialist with over six years of experience at Deschutes County Health Services where she has served in a variety of roles. Armed with a Master of Public Health degree from Oregon State University, she currently focuses on driving school-wide health improvements in middle and high schools. Hailey works closely with school health teams, identifying areas for enhancement and crafting tailored action plans. Her expertise spans health education curriculum development, mental health promotion, suicide prevention, substance use education, and anti-bullying initiatives. Before her current role, Hailey coordinated a well water testing program and specialized in hazard mitigation in wildfire-prone rural communities. She is deeply committed to advocating for evidence-based practices that enhance the mental and physical wellbeing of both students and staff. Hailey's mission revolves around creating safe, enriching environments where youth can flourish.

Presenter Bio



Amanda Armstrong

Public Health Specialist, Deschutes County Health Services - Healthy Schools

Amanda Armstrong has a Masters of Education in Prevention Science from the University of Oregon. She has over 3 years of experience in her current role as a School Health Coordinator for a rural middle and high school. Amanda facilitates school health teams that create comprehensive school health action plans that focus on the prevention of suicide, substance use, bullying, and harassment. Amanda coordinates the implementation of evidence-based programs such as Sources of Strength to meet the needs of the school. Previously, she was a Home Visitor, providing parent coaching and resources for families with children under three. Amanda is dedicated to improving student health, family engagement, and creating welcoming and supportive environments within schools for students.

Presenter Bio



McKaelie Miller

Public Health Specialist, Deschutes County Health Services - Healthy Schools

McKaelie Miller is a Central Oregonian native, growing up in Madras and in the valley here in Oregon. She received her Bachelor of Science in Public Health, with a focus on health promotion and health behavior, from Oregon State University. After graduating she served a year as an AmeriCorps VISTA at the Kids Club of Jefferson County in Madras. She was able to lead the middle school afterschool program and help develop activities and opportunities for the students. She went on to be a part of the Central Oregon Overdose Response Task Force before joining the Healthy Schools team here at Deschutes County. McKaelie has always had a passion for public health and helping people access the services, education and community they need to be their best self.

Sources of Strength

Building Life Skills that
Promote Health and
Prevent Substance Use



Science of Relationships Session | April 2025

Healthy Schools Deschutes County

Healthy Schools

- The Healthy Schools program is a 50/50 partnership between Bend-La Pine Schools and Deschutes County.
- Embeds Deschutes County Public Health Specialists (PHSs) into the school system to provide essential public health services, including:
 - Assessing population health needs
 - Facilitating collaborative planning
 - Coordinating projects to improve the health of the whole student population
- Program areas of focus include health education, family engagement, school climate and culture, and linkages to care.
- PHSs serve as a coordinator to ensure schools promote health while preventing student health issues from starting or worsening.
- Targeted student health outcomes:
 - Increase Positive Youth Development Rates
 - Reduce risk for substance use, suicide, STIs, and teen pregnancy
 - Reduce violence and bullying
 - Increase on-time graduation rates
 - Reduce disparities by SES, gender and sexual orientation, and race/ethnicity



HEALTHY SCHOOLS



[Amanda Armstrong](#)



[Lindsay Seibel](#)



[Aimee Snyder](#)



[McKaelie Miller](#)



[Monica Desmond](#)



[Hailey Barth](#)



Sources of Strength



Sources of Strength Program Overview

SOURCES OF STRENGTH MODEL

COMMUNITY OF STRENGTH

DIVERSE
INCLUSIVE
COLLABORATIVE

(ADULT ADVISORS + PEER LEADERS) X

STRATEGIC MESSAGING
CAMPAIGNS

= POSITIVE CULTURAL
CHANGE



CARING, CONNECTED,
AND POSITIVE



INFLUENCE WITHIN THEIR
SOCIAL GROUP



ENGAGE, INTERACT,
AND APPLY



POSITIVE SOCIAL NORMING



Sources of Strength Wheel

- Foundation of Sources of Strength
- Used to guide campaigns



Sources Research

- Upstream suicide prevention program designed to build protective factors.
- Increases belongingness (*defined: being cared for, supported, allowed to be who you are and that you matter*).
- Students who feel more connected to schools are:
 - **Less likely to engage in risky substance use**
 - **More likely to have higher grades and test scores, better attendance, and graduate high school**
 - **Less likely to have any lifetime prescription opioid misuse**

Weatherson KA, O'Neill M, Lau EY, Qian W, Leatherdale ST, Faulkner GEJ. The protective effects of school connectedness on substance use and physical activity. *J Adolesc Health*. 2018;63(6):724–731. doi:10.1016/j.jadohealth.2018.07.002

Nawai AM, Ismail R, Ibrahim F, Hassan MR et al. Risk and protective factors for drug abuse among adolescents: a systematic review. *BMC Public Health*. 2021 <http://doi.org/10.12889-021-11906-2>

Niehaus K, Rudasill KM, Rakes CR. A longitudinal study of school connectedness and academic outcomes across sixth grade. *J Sch Psychol*. 2012;50(4):443–460. doi:10.1016/j.jsp.2012.03.002

Niehaus K, Irvin MJ, Rogelberg S. School connectedness and valuing as predictors of high school completion and postsecondary attendance among Latino youth. *Contemp Educ Psychol*. 2016;44-45:54–67. doi:10.1016/j.cedpsych.2016.02.003

Wilkins NJ, Krause KH, Verfenden JV, Szucs LE, Ussery EN, et al. *MMWR* (2023)72, 1. 13-21



Sources of Strength in Action

Game, Sharing, and Planning

- **Games** build connectedness
- **Sharing** allows us to get to know others on a deeper level and normalize talking about mental health
- **Planning** is the time when students would plan their Sources of Strength campaigns
- Waterfall, Waterfall



Game Time!

Rock, Paper, Scissors

1. Find a partner at your table
2. Rock, Paper, Scissors, go!

Learning: This is a low-stakes game to play when first getting a group set up.



Sharing

- As a group, in a circle
 - Everyone included
 - Silly, Soulful, and Strength prompts
1. Turn to the person on your left
 2. Share: What is the last thing to make you smile?



Sharing Prompt Examples

SOULFUL	STRONG	SILLY
		1 WHAT IS YOUR MOST FREQUENTLY USED EMUJI?
4 WHERE CAN YOU GO TO FIND PEACE?	6 HOW CAN YOU TAP INTO ONE OF THE STRENGTHS ON THE STRENGTH WHEEL DURING WORK/SCHOOL?	8 DO YOU WALK, STRUT, OR SASHAY?
11 WHAT'S YOUR FAVORITE WAY TO SPEND A "NO SCHOOL" DAY?	13 WHERE IS A PLACE THAT YOU FEEL CONNECTED TO NATURE?	15 WHAT'S SOMETHING MOST PEOPLE LIKE BUT YOU DON'T UNDERSTAND?
18 WHAT CATEGORY OF TRIVIA ARE YOU MOST SKILLED IN?	20 WHAT ARE THE CHARACTERISTICS OF A POSITIVE FRIEND?	22 IF YOU HAD A PARROT WHAT WOULD YOU TEACH IT TO SAY?
25 WHAT IS SOMETHING THAT IS MAKING YOU FEEL HOPEFUL?	27 WHAT IS A SKILL THAT YOU HAVE DEVELOPED IN THE LAST YEAR?	29 DO YOU WET YOUR TOOTHBRUSH BEFORE OR AFTER YOU PUT TOOTHPASTE ON IT OR NOT AT ALL?



Campaigns

- **Targeted messaging**
 - 1) Positivity
 - 2) Awareness
 - 3) Engage, interact, apply
- **Campaigns should be layered to increase effectiveness**
- **Multiple modalities**



PRESENTATIONS



PRESENTING TO SCHOOL BOARD



PODCASTS

SOURCES VIDEOS

AUDIO/VISUAL & MEDIA

WHAT HELPS ME

CARE & CONNECT



PEER LEADER CELEBRATION



DE-STRESS FEST



POSITIVE FRIENDS VALENTINES DAY

ALL SCHOOL EVENTS & ACTIVITIES



SOURCES WEEK 2023 | MAY 1-5

Monday	Tuesday	Wednesday	Thursday	Friday
POSITIVE FRIENDS	HEALTHY ACTIVITIES/ PHYSICAL HEALTH	FAMILY SUPPORT/ MENTORS	MENTAL HEALTH	GENEROSITY/ SPIRITUALITY
BOOK DRIVE Donate new or lightly used books to the school library.	BOOK SWAP TODAY Leave a book take a book! At Break Rm 2	BOOK DRIVE Donate new or lightly used books to the school library.	BOOK SWAP TODAY Leave a book take a book! At Break Rm 2	BOOK SWAP TODAY Leave a book take a book! At Break Rm 2
FRIENDSHIP BRACELETS Create a to-go kit to make a friendship bracelet for a positive friend.	CHOOSE YOUR OWN ADVENTURE... Choose a healthy activity: board games, art, dance, or a nature walk.	DESIGN A POSTCARD Design a one-of-a-kind postcard to gift to a mentor or supportive person.	HEAR STUDENTS SHARE Hear students share stories about resilience.	FIRST FRIDAY FEAS Pack lunches for the Blanchet House.
Break Student Commons	Flex Art Room 2	Break Student Commons	Flex Back Box	After School Student Commons

SOURCES SPIRIT WEEK

STUDENT RAFFLE (Top Golf, Next Level arcade, OMSL, Superplay)
 Get a raffle ticket for each event you attend during the week. You could win a gift card for TWO to a nearby activity and take a positive friend with you!

Planning

1. **On a sticky note: Write down a take-away, aha or next step you have**
2. **Post your stickies on the poster boards around the room**
3. **Read what other wrote**



Thank you

To learn more about Healthy Schools and how we implement evidence-based practice in schools email us at healthyschools@deschutes.org

To learn more about Sources of Strength go to sourcesofstrength.com or if you work in Oregon, go to matchstickpdx.com



STRENGTH-BASED

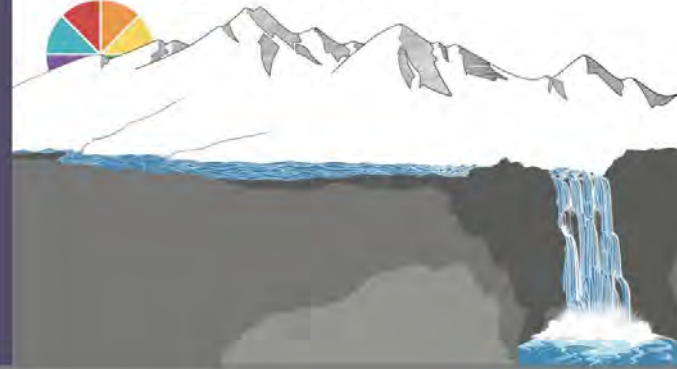


DISCOVER THE POWER OF SOURCES OF STRENGTH

A radically strength-based approach to suicide prevention that moves beyond traditional methods. Rather than solely addressing risk factors, we cultivate and explore protective factors, fostering resilience and empowerment through an innovative, interactive model.

UPSTREAM

Our primary mission is to move upstream in the prevention cycle. We work to prevent the very onset of suicidality by building resilience, increasing connection, and teaching healthy coping strategies. With a comprehensive model of upstream prevention, we can impact a wide variety of issues beyond suicide alone, including substance abuse, bullying, dating violence, and truancy. We are not just committed to keeping people alive, but to helping them thrive.



PEER LED

SUPPORTIVE ADULT ADVISORS + DIVERSE PEER LEADERS x STRATEGIC MESSAGING CAMPAIGNS = POSITIVE CULTURE CHANGE



Sources of Strength harnesses the influential power of peer social networks to **spread messages of Hope, Help, and Strength**. Peer Leaders are creating a positive impact in schools, colleges, universities and community groups across the United States and Canada. Researchers found that trained **Peer Leaders are 4x more likely to refer a suicidal friend** to a Trusted Adult. Our teams work to increase a sense of belonging and connection in their communities.

SECONDARY PROGRAM

EVIDENCE-BASED

Program outcomes have shown: ¹

- Increase in connectedness to adults
- Increase in school engagement
- Increase in likelihood to refer a suicidal friend to an adult
- Increased acceptability of seeking help
- Largest increases amongst students with a history of suicidal ideation

¹Wyman, P. et al. (2010). An outcome evaluation of the Sources of Strength suicide prevention program delivered by adolescent peer leaders in high schools. *American Journal of Public Health*, Vol. 100: 1653-1661.

Research Partnerships include:

- University of Rochester
- University of North Carolina
- Colorado State University
- University of North Carolina
- Stanford University
- Johns Hopkins University
- University of Manitoba
- Australian National University
- National Institute of Mental Health
- Centers for Disease Control and Prevention

SOURCES OF STRENGTH IS ONE OF THE MOST RIGOROUSLY EVALUATED UPSTREAM PREVENTION PROGRAMS IN THE WORLD.



SECONDARY PROGRAM

ELEMENTARY

STAFF WELLNESS + CLASSROOM CURRICULUM = POSITIVE CULTURE CHANGE



Sources of Strength Elementary emphasizes the well-being of adults so they may foster a culture of resilience, connection, and positive role modeling in their classrooms. Staff Wellness meetings support staff in prioritizing strength and wellness in their own lives so they may set an example for students to do the same. The curriculum aims to empower student voice and agency, equipping students and staff with the tools to build a community of strength, belonging, and wellbeing.

ELEMENTARY PROGRAM

CURRICULUM

KEY CONCEPTS

- Protective Factors
- Brain & Body Science
- Emotional Regulation
- Community Building
- Navigating Transitions
- Connecting to Help






Our curriculum offers playful and engaging **30-minute lessons**, with **flexible delivery options** designed for universal classroom settings. The curriculum provides an early introduction of evidence-based concepts like **healthy coping, help-seeking, and trust-building with adults**. Each lesson is steeped in neuroscience and aligned with the CASEL core competencies. This proactive, upstream approach lays a solid foundation for positive mental health outcomes throughout a child's life and academic journey.

ELEMENTARY PROGRAM

CONNECT WITH US



-  sourcesofstrength.org
-  hello@sourcesofstrength.org
-  facebook.com/sourcesofstrength
-  [@sourcesstrength](https://twitter.com/sourcesstrength)
-  [@sourcesofstrength](https://instagram.com/sourcesofstrength)

Session Overview



**CONSIDERATIONS FOR FOSTERING HEALTH-PROMOTING
RELATIONSHIPS ACROSS CULTURES AND SPECIAL POPULATIONS**

Patty Ferssizidis

PhD, Associate Director, ADAPT

Presenter Bio



Patty Ferssizidis

PhD, Associate Director, ADAPT

Dr. Patty Ferssizidis is the Associate Director for ADAPT, A Division for Advancing Prevention and Treatment, a national training and technical assistance division supporting the integration of evidence-based substance use prevention strategies into communities. She also serves as the Associate Director of the Center for Advancing Prevention Excellence at the University of Baltimore. In these roles, Dr. Ferssizidis manages training and technical assistance product development, quality improvement initiatives, and workforce development. Dr. Ferssizidis is a licensed clinical psychologist with clinical and programmatic expertise in working across healthcare and community systems to promote and support evidence-based substance use and mental health strategies. She has led multiple federal implementation grants on substance use and suicide prevention that focus on preventive interventions, workforce development to increase uptake of EBPs in practice, and increasing access to care.

Considerations for Fostering Health-Promoting Relationships across Cultures and Special Populations

Patty Ferssizidis

PhD, Associate Director, ADAPT

Meeting the Needs of All Youth

What could interfere with our ability to get the maximum benefit from applying the **Health-Promoting Relationships Paradigm**?



Why Adapt the Approach?

Main Message 1

While humans are wired for social connection, we are diverse and naturally vary in how we value, engage, and make use of social connection and relationships.

Why Adapt the Approach?

Main Message 2

Youth differ in their capacity and preference for connection, relationship development, and approach to developing preventive/protective values, beliefs, and skills.

Connecting Across Cultures

Culture Defined

Cultures are **open, dynamic systems** that undergo continuous change over time.

- Culture encompasses language, religion and spirituality, family structures, life-cycle stages, ceremonial rituals, customs, and moral and legal systems.
- Culture can also include social identities.

Culture & the Paradigm

- Culture shapes how relationships are perceived, expectations within those relationships, and relational behaviors (e.g., eye contact, physical contact and touch, verbal expression).
- Culture also informs our values and belief systems.

Applying the Paradigm Across Cultures

Application Exercise

- Toolkit pg 9
 - Which facilitators of connection might need to be adapted in your application of the paradigm's approaches with youth who hold non-dominant cultural identities?
 - How might you change your approach to facilitating relational connection?



Applying the Paradigm Across Cultures

Application Exercise

- Toolkit pg 36
 - Which beliefs, values, and skills might benefit from a modified approach that is responsive to the cultural contexts of the youth with whom you work?
 - How might be more culturally responsive in applying these approaches?



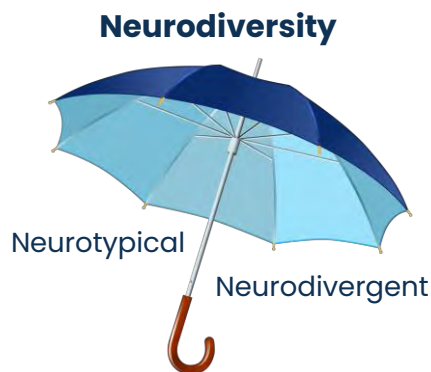
Connecting Across Other Differences:

Neurodivergence & Mental Health

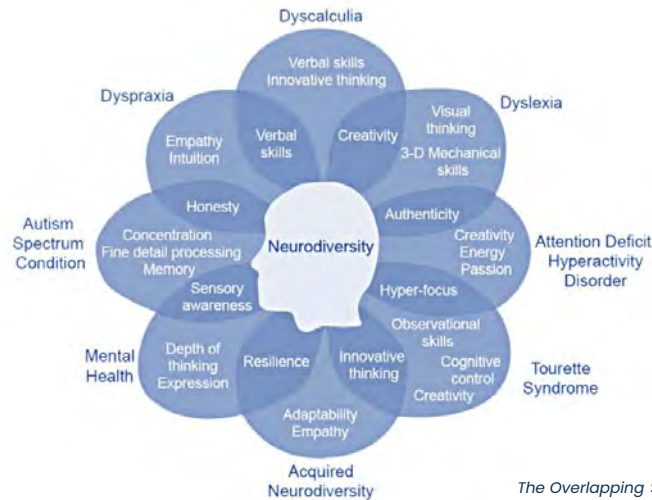
Neurodivergence, Mental Health, & Relationships

- Youth who are neurodivergent and/or experiencing a mental health condition are **more likely to struggle to develop and maximize their friendships and relationships.**
- They are also at risk for adverse childhood experiences, lower educational attainment, and poorer physical health.
- Neurodivergent youth are also more likely to have poorer mental health outcomes.

Neurodivergence



Most Common Neurotypes



ND & Wellbeing

- ND youth tend to have lower levels of agency thinking (self-confidence, determination, motivation toward initiating/sustaining progress towards goals).
- ND youth also tend to have lower levels of hope.
- ND are not homogenous groups. Within ND groups, emotion regulation, coping skills, and positive self-perception are strongly related to positive outcomes, including measures of resilience.

Protective Factors in ND Youth

Protective Factors	Outcome	Belief
Choice, Self-determination	Overall wellbeing Happiness Inclusion	I can influence and impact my life and health.
Hope, Optimism, Courage	Overall wellbeing Quality of life	I can overcome hard things. Life is on my side.
Self-understanding, Positive self-perception & perceived competencies, Positive social identity, Self-acceptance	Overall wellbeing Quality of life Inclusion/belonging Positive outlook in the face of adversity	I can overcome hard things. I have something to offer. I matter. Life is on my side.
Social acceptance, Sense of belonging	Resilience Positive social functioning	I have support.

Black MH, Helander J, Segers J, Ingard C, Bervoets J, de Puget VG, Bølte S. Resilience in the face of neurodivergence: A scoping review of resilience and factors promoting positive outcomes. *Clin Psychol Rev.* 2024 Nov;113:102487. doi: 10.1016/j.cpr.2024.102487. Epub 2024 Aug 15. PMID: 39178757.

ND & Relational Connection

- Distress tolerance
- Awareness and expression of feelings
- Present awareness and focus in social interactions
- Atypical social behaviors
- **Misundersatnding** = lack of interest or effort, intentional rudeness

Developing Relationships with ND Youth

- Why an adapted approach?
 - ND youth receive a disproportionate amount of negative feedback.
 - Contributes to an identity of “not good enough”, “not important”, and “not fitting in”
 - Can lead to loneliness, isolation, rejection sensitivity

Developing Relationships with ND Youth

- Our ability to connect resides in understanding how ND youth process information.
 - Bobby
- Reframe to a strengths-based approach that supports adaptations that align with that youth rather than trying to “force” them into being NT.

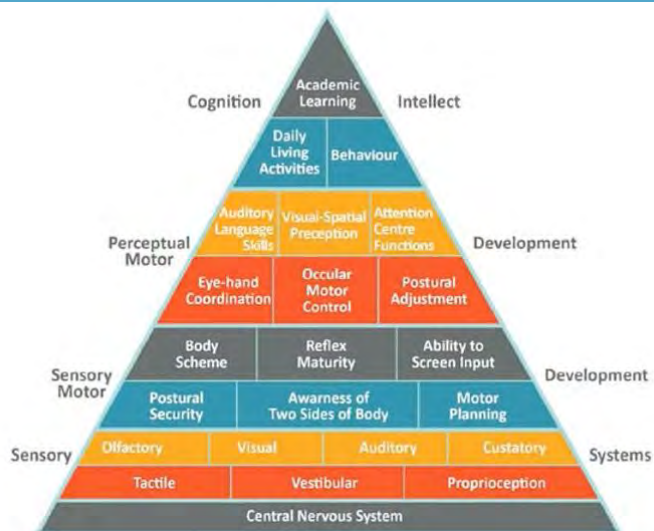
Sensory Processing

- All humans experience life through processing of sensory information
- People who are ND tend to process sensory information differently and tend to have more sensitive nervous systems.

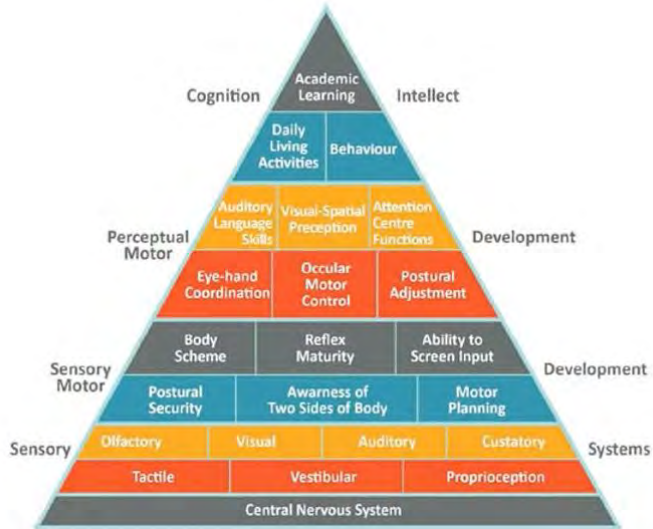
Sensory Systems



Bottom-Up Processing

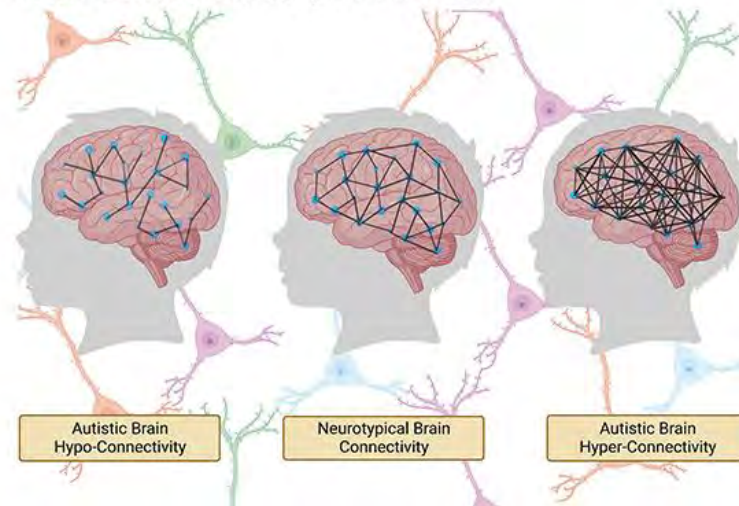


Top Down Processing



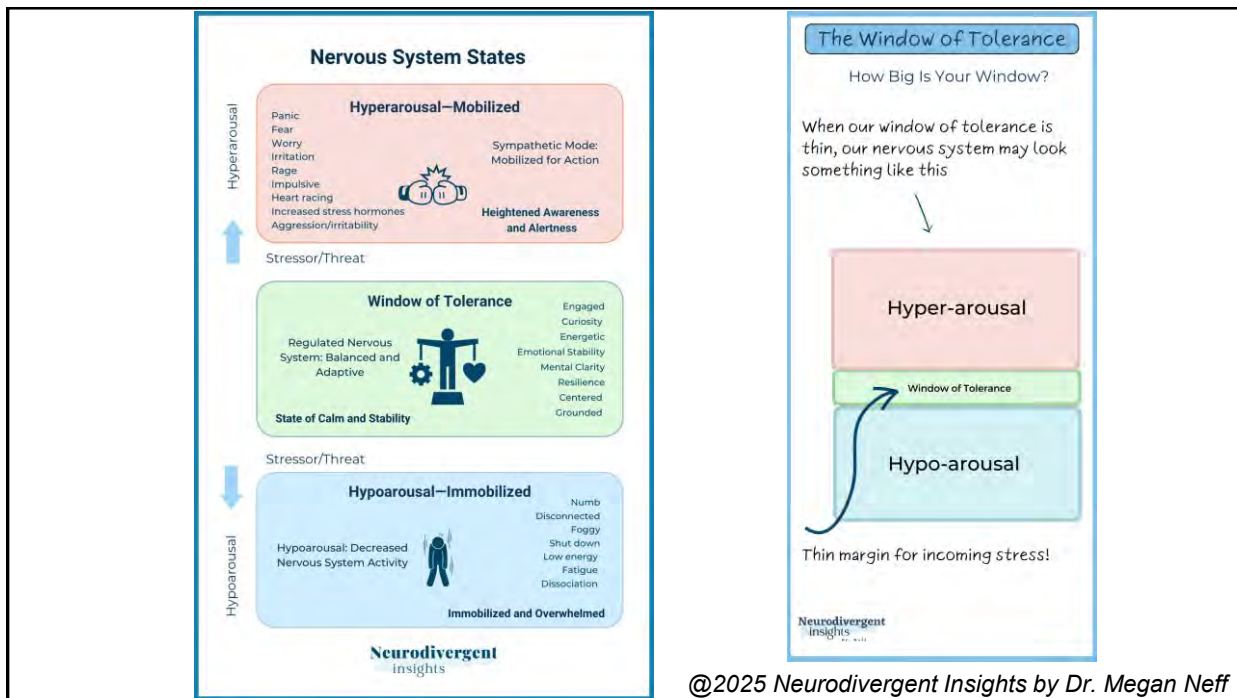
Brain Connectivity

Brain Structure in Autism Spectrum Disorder



Window of Tolerance

- Optimal zone of arousal within which our nervous systems are in harmony, both adapting to internal needs and external stressors while maintaining a state of equilibrium.
 - In this optimal zone, we can manage daily stress and challenges quite effectively.
- ND individuals tend to have more rigid nervous systems and a smaller WOT
 - More difficult to manage sensory experiences, regulate emotions, and navigate stressors.
 - Enter a stress state more easily



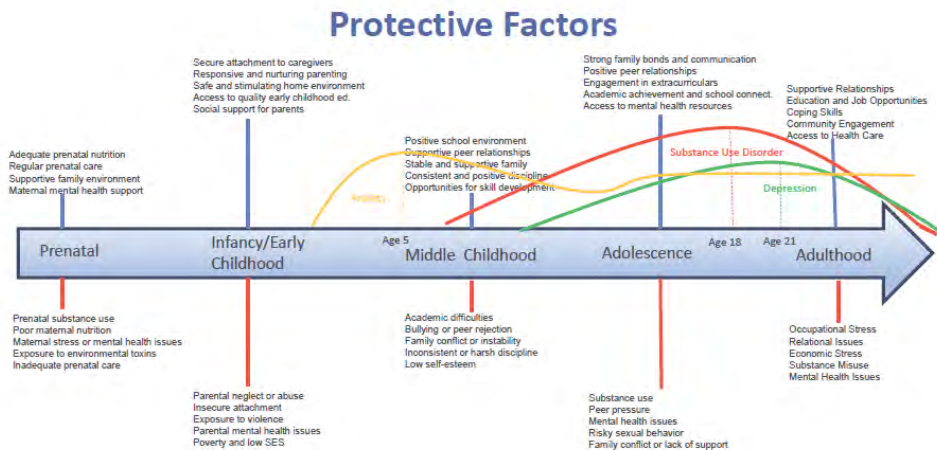
Mental Health

- Approximately 15% of 10–19 year olds are diagnosed with a mental health disorder.
- Most common presentations in youth are anxiety and depression

Mental Health & Relationship Development

- What makes relationships more challenging for youth with mental health conditions?
 - Emotion dysregulation
 - Communication challenges
 - Social isolation and withdrawal
 - Conflict
 - Mistrust
 - Variable social skills

Protective Factors & MH



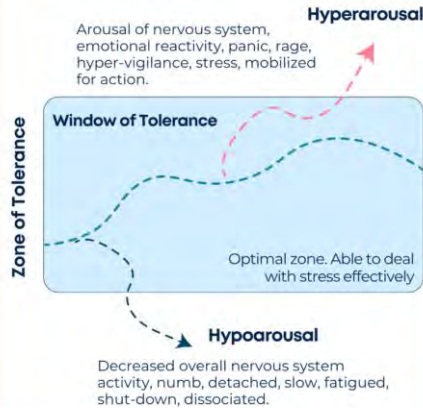
Risk Factors

Riggs, N. R. (October, 2024). Powering prevention with developmental theory. Training provided for the High-Intensity Drug Trafficking Areas: Division for Advancing Prevention & Treatment

Window of Tolerance

Stressed Body States Explained

As a refresher, when we leave our window of tolerance and enter a stressed body-state, we tend to go one of two places: hyper-arousal or hypo-arousal.



Hyporarousal

- Depression
- Chronic fatigue syndrome
- Schizoid and schizotypal PD

Hyperarousal

- Anxiety
- OCD
- Phobias
- PTSD
- Borderline, histrionic, & paranoid PD
- Manic episodes

@2025 Neurodivergent Insights
by Dr. Megan Neff

Connecting with Youth: Adaptation for Neurodivergence and Mental Health

Applying the Paradigm Across ND/MH

Application Exercise

- Toolkit pg 9
 - Which facilitators of connection might need to be adapted in your application of the paradigm's approaches with youth who are ND and/or experiencing mental health conditions?
 - How might you change your approach to facilitating relational connection?



Applying the Paradigm Across ND/MH

Application Exercise

- Toolkit pg 36
 - Which beliefs, values, and skills might benefit from a modified approach that is responsive to the unique characteristics of these youth?
 - How might be more responsive to these differences and needs in applying these approaches?



Adaptations & Considerations

- Creating safe environments
- Optimizing learning potential
- Maximizing connection potential
- Be aware of rejection sensitivity
- Assume good intentions



Creating Safe Environments

- Ensure the environment is conducive to engagement and learning.
- Consider working in spaces that provide varied sensory experiences.
- ND
 - Manage sensory triggers
 - Social acceptance; trusted adult

Optimize Learning for Skill Development

- Give verbal and written instructions when teaching skills
- Simplify language and avoid unnecessary detail
- Remain patient, and repeat yourself if needed
- Break information down into smaller parts
- Reduce multitasking and avoid asking double questions
- Use checklists
- Role play/demonstrate multiple times if requested
- Allow more time for processing of information Emotion dysregulation

Optimize Learning for Skill Development

- ND
 - Use body doubling
 - Find opportunities to leverage common ND Strengths
 - Attention to detail
 - Pattern recognition
 - Novel thinking

Maximize Connection Potential

- Grow comfort with different experiences around eye contact
- Adapt interpersonal skills training (e.g., eye contact, assertiveness training)
- Find common interests
- ND:
 - Consider opportunities to bring youth of similar backgrounds together.
 - Respect differences in needs of varied levels of independence and autonomy.

Rejection Sensitivity

- ND & MH
 - Used to hearing negative messages (too active, too emotional, not enough)
 - Heightened rejection sensitivity
 - Can result in lowering of boundaries to please others and be accepted
- Express acceptance and cultivate positive self-perceptions
- Work to strengthen relational boundaries

Assume Good Intentions

- Start with compassion
 - Tell yourself people generally do the best they can with the tools they have available to them.
- If the youth is struggling, figure out what's going on and getting in the way? Identify how you might support them through this.
- See a person differently and you'll see a different person.



An Approach for Facilitating Relational Connection across Populations of Youth

Connecting across Populations of Youth

Main Message 3

Across subpopulations of youth, a common approach can be used to strengthen your ability to facilitate relational connection and promote protective beliefs, values, and skills.

Self-Knowledge/Awareness

- Explore the role of your culture, mental health, neurocognitive functioning, and background on your values and assumptions.
- Identify your beliefs, attitudes, and biases about youth from different backgrounds or abilities.
- Recognize any limitations in understanding others.
- Assess comfort with connecting through differences and identify exercises to work to decrease any discomfort.

Experience & Knowledge about Other Groups

- Attend events and gatherings where you have an opportunity to meet people from other backgrounds.
- Set an intention to establish connections with people from different backgrounds.
- Ask questions to better understand someone's culture and/or MH experiences.
- Read about other cultures and the experience of youth with and/or MH conditions.
- Observe and ask questions about differences in communication styles and values, interests, and beliefs

Connection Facilitators

Humility

Care

Nonjudgment

Respect

Vulnerability

Positive Action to Facilitate Engagement

- Demonstrate **respect** by acknowledging and celebrating strengths and interests. Initiate conversations with a focus on the interests of the youth.
- Create a space that feels safe and supportive (**nurturance**).
- Exercise **patience** if it takes a while for a youth to warm up or engage, or if they engage minimally in a conversation.
- Be **fully present**.

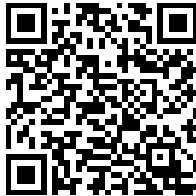
Positive Action to Facilitate Engagement

- Be **mindful** of your body language and the body language of others. Ask questions if you are having a hard time reading someone's body/social cues.
- Show you are **aware** and **care** about their needs. For example, reframe and/or simplify questions if needed. Try asking one question at a time.
- **Embrace and accept** what may seem like atypical social behavior (e.g., quirks, repetitive movements).

Main Messages

- While humans are wired for social connection, we are diverse and naturally vary in how we value, engage, and make use of social connection and relationships.
- Youth differ in their capacity and preference for connection, relationship development, and approach to developing preventive/protective values, beliefs, and skills.
- Across subpopulations of youth, a common approach can be used to strengthen your ability to facilitate relational connection and promote protective beliefs, values, and skills.

Thank you!



Session Evaluation

Session Overview



**BRINGING HEALTH-PROMOTING RELATIONSHIPS TO LIFE, AT
SCALE, IN YOUR COMMUNITIES:
Training, Competencies, & Considerations**

Brian Bumbarger

**PhD, Associate Director for Implementation Science &
Strategy, ADAPT**

Oregon Best Practice Spotlight: Culture of Care

Amy Yillick

***Culture of Care, University of Southern California, Oregon State
University, Cascades Campus***

Presenter Bio



Brian Bumbarger

PhD, Associate Director for Implementation Science & Strategy, ADAPT

Dr. Brian K. Bumbarger is Associate Director for Implementation Science and Strategy at ADAPT. He is an internationally-recognized thought partner, researcher, speaker and trainer. He was Founding Director and Principal Investigator of the Evidence-based Prevention and Intervention Support Center (www.EPISCenter.org). For over two decades, Brian has conducted research and provided training and technical assistance on prevention and youth development; dissemination, implementation, and sustainment of evidence-based practices; community collective impact, and system change. He has been the principal investigator on multiple large-scale studies of program implementation, effectiveness and sustainability, and published articles, book chapters and state and federal policy papers on prevention and implementation science, juvenile justice, and community and systems capacity-building. Brian is a founding member of both the Society for Implementation Research Collaboration (SIRC) and the Global Implementation Society. From 2012-2015 Brian was elected to the Board of Directors of the Society for Prevention Research (SPR), and has been the recipient of the Society's 2014 Translational Science Award and 2020 Service to Society Award for his research and service related to scaling evidence-based practices.

Bringing Health-Promoting Relationships to Life at Scale in YOUR Communities:

Training, Competencies, & Considerations

Brian K. Bumbarger

PhD, MEd, Associate Director

for Implementation Science and Strategy, ADAPT

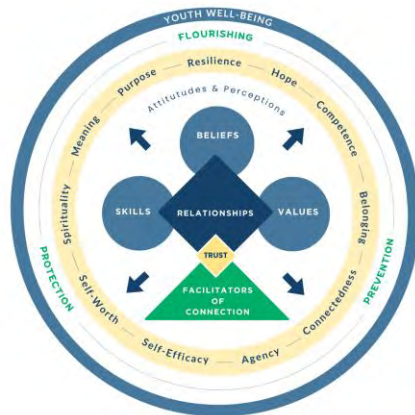
Learning Objectives

What

Understand the benefits of applying the Health-Promoting Relationships Paradigm at the organizational-and systems-level

How

Discuss the application of evidence-informed principles for organizational adoption in participants' own contexts and communities



A single trusted adult can have a profound impact on a young person's development...

but systemic adoption of health-promoting relationship principles amplifies this impact at scale



Benefits of Scale

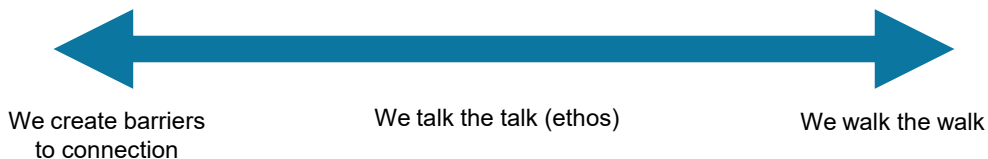
- Enhance resilience across a wider network of youth, reducing population prevalence of adverse outcomes such as delinquency, substance use, and disengagement.
- Create sustainable cultural shifts where trust, belonging, and connection become organizational and community norms, embedded in everyday interactions rather than reliant on select individuals.
- Increase access to health-promoting environments for all youth.
- Support professionals in their roles, helping teachers, probation officers, and youth workers feel more equipped, supported, and connected in their work.

Ripple Effect

- ✓ **Peer-to-Peer Benefits:** Adults and Youth begin modeling positive relationships with one another, creating a culture of support that is self-sustaining.
- ✓ **Intergenerational Impact:** Teachers, parents, and community members internalize and reinforce relational values of authenticity, care, empathy, and trust.
- ✓ **Wider Community Transformation:** Schools and agencies that prioritize relationships help normalize connection as a foundation for well-being, ultimately contributing to public health and safety goals at the community level.

Pulse Check: Establishing the Baseline

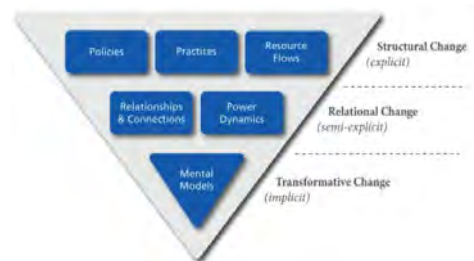
How are health-promoting relationships and connections with youth reflected in my (agency, organization, school, system, community)?



Evidence-informed Practices for Organizational & Systems Change

- Moving from ethos to culture
- Applying the principles of
 - Organizational Change Management,
 - PDSA and CQI
 - Diffusion of Innovation,
- Attending to structural, relational, and transformative change

The 6 Conditions of System Change



Kania, Kramer & Senge (2018) *The Water of Systems Change*. FSG.
https://www.fsg.org/resource/water_of_systems_change/

Your mission, should you choose to accept it:

Utilizing best practice principles for organizational and systems change...

- Find allies and build momentum
- Establish shared vision and commitment
- Strengthen capacity through knowledge, skills, and competencies
- Align policies, procedures, financial commitments and incentives
- Document progress, refine, repeat

Moving Forward: Steps to Action

1. Establish a Shared Vision and Commitment

Reflect on how relationships currently fit within the organization's culture, mission and daily practices.

- How do relationships shape the experiences of youth in our organization?
- Where are we already fostering strong, health-promoting connections? How do we know?
- Where might gaps or misalignments exist between our practices and the principles of trust, connection, and well-being?

2. Make intentional space for reflection and discussion

Encourage discussions about the role of relationships in our work

- Share personal experiences with relationships.
- Lift up and discuss barriers to building meaningful connections with youth.
- Examine organizational policies or practices that either support or hinder relational trust.

3. Offer Training and Professional Development

Deepen our understanding and strengthen our skillset

- Orientation to the [Health-Promoting Relationships Paradigm](#)
- Building relational skills to promote connection
- Understanding the role of protective and flourishing factors in youth well-being.
- Exploring trauma-informed and restorative practices as alternatives to punitive discipline

Moving Forward: Steps to Action

4. Assess Organizational Readiness and Alignment

A more formal, structured process beyond reflection

- Reviewing disciplinary policies
- Examining staff supervision and performance evaluation processes
- Gathering feedback from youth and staff

5. Pilot Initiatives to Test New Approaches

Establish proof of concept, see what works in practice, build momentum

- Implement relationship mapping to identify students who lack connections.
- Introduce case management models that emphasize relational trust over compliance and sanctions.
- Experiment with peer mentoring initiatives that foster connection and belonging.

6. Embed Connectedness into Policy and Culture

Make relationships a visible, fundamental characteristic of how we do business

- Build the language of relationships, connectedness, and flourishing into mission and vision, policies and procedures, and performance indicators.
- Adjust evaluation metrics to measure protective and flourishing factors.
- Be explicit in budgetary investments that support this ethos.

Action Planning: *Let's make this real!*

Small group think-pair-share

- Where in your organization or system do strong relational practices already exist?
- Where are there gaps (or barriers) places where trust, connection, or youth voice are lacking or even obstructed?
- What are small steps and audacious goals that would better align your "community" with supporting youth well-being through relationships and connection?

Write down 3 specific steps you can accomplish in the next month, 6 months, 1 year.

Share with the larger group



Main Messages

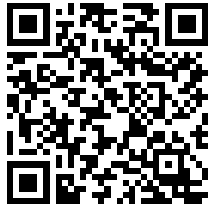
- ✓ **Scaling the health-promoting relationships paradigm is critical to achieving maximum benefit to youth well-being**
- ✓ **There are models for adopting, implementing and sustaining culture and practice change within and across organizations, systems, and communities**
- ✓ **Each of us has a sphere of influence and the potential to contribute to making changes in our own communities**

Discussion

Q & A

When relationships are prioritized as an intentional pathway to promoting youth prevention, protection and flourishing, the entire system becomes more capable of fostering well-being at a population level.





***Please complete the session
evaluation!***

Presenter Bio



Amy Yillick

***Culture of Care, University of Southern California, Oregon State University,
Cascades Campus***

Dr Amy has served in the field of education since 1994. Her passion for understanding and helping individuals become their best selves is inspired by her own personal overcoming of trauma, addiction and mental illness. She has considered Central Oregon home since 1988 where she currently works as a systems-level consultant with Cultures of Care, teaches for USC in Rossier's School Counseling program and regularly presents at local, state and national conferences on a variety of psychoeducational and trauma-invested topics.

Dr. Yillick attended Central Oregon Community College, earned her B.A. in Psychology at the University of Washington, her M.Ed in School Counseling and her Ed.D. in Counselor Education and Supervision from Seattle Pacific University. She is a Licensed School Psychologist and Counselor, Certified Compassion Fatigue Specialist and Trauma Specialist, A CONNECT Trainer, an IIRP Restorative Practices Trainer, Certified DBT Practitioner and is currently earning her certification in Applied Educational Neuroscience. Her personal wellness plan includes activities such as spending time with her 3 children, husband, extended family and friends, reading, beading, crocheting, singing, playing the guitar, embroidering, being in nature, hunting, traveling, scuba diving, skiing and enjoying her home and her animals.

CULTURE OF CARE

April 8, 2025

Dr. Amy Yillik
amy.yillik@hdesd.org

cultureofcareoregon.org ●●●●●



AGENDA

01

Introduction

02

Our Work

03

Our Partners

04

Closing



INTRODUCTION

Amber McGill, LCSW, LSSW

Lead Coach, School-Based Social Worker Supervision, Restorative Practices

Erin Taylor, NCSP

CARE Coach, Trauma-Responsive Strategies, Educator Coaching, De-Escalation, Restorative Practices

Amy Yillik, EdD

CARE Coach, Trauma-Responsive Strategies, Restorative Practices, Stress & Wellness, Equity



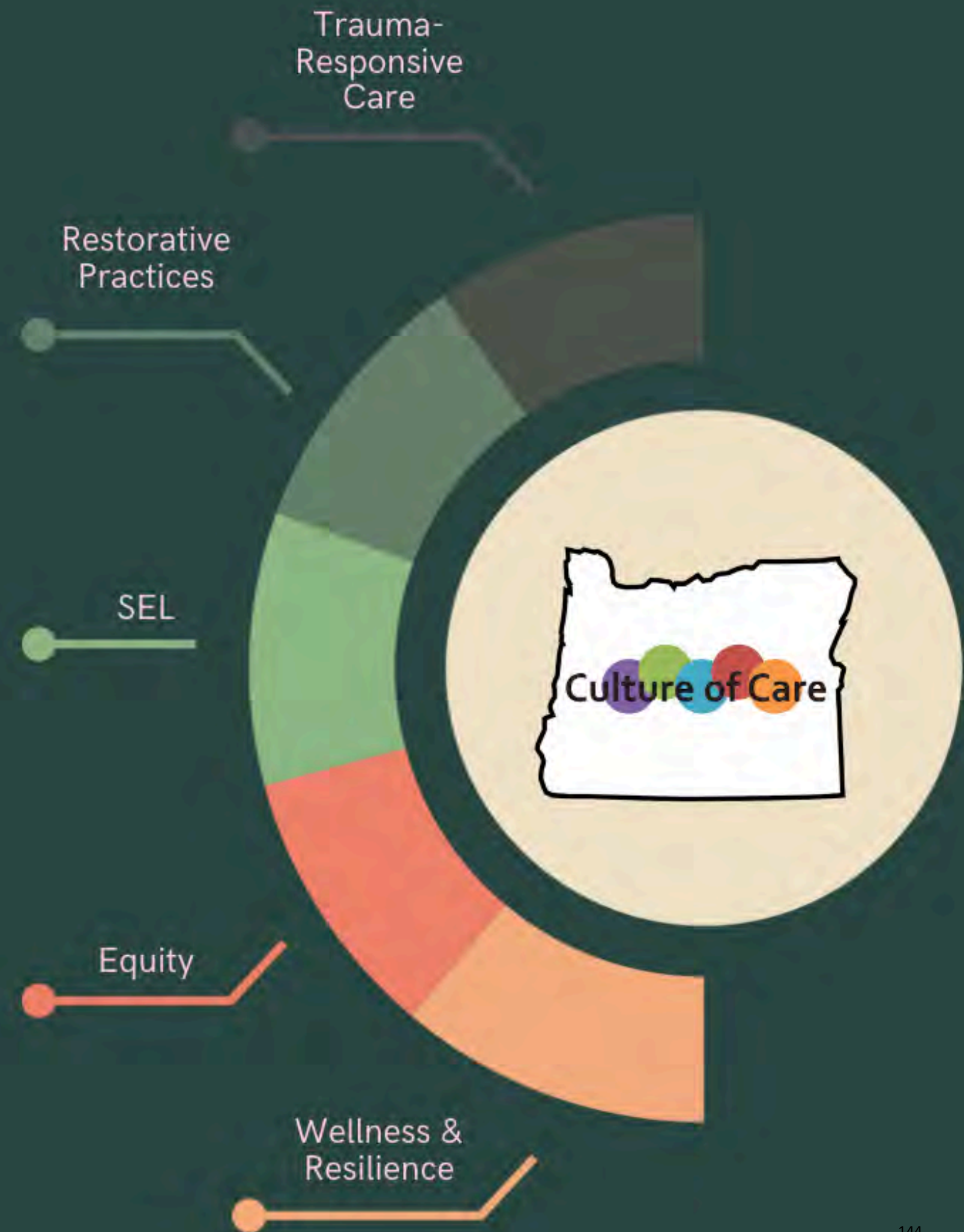
Culture of Care

Impacting culture & outcomes with Trauma-Responsive, Restorative & Equity-Centered practices, promoting safety, wellness & community support for all.

ABOUT US



cultureofcareoregon.org ● ● ● ● ●



TIMELINE

2019

- \$1.5 million awarded by Central OR Health Council for a 3 year term
- 3 Culture of Care Coaches hired via HDESD
- Regional Advisory Team: 6 districts

2020

- COVID 19 Pivots
- Social Work Interns added
- Trauma-Informed Summit
- Developmental Evaluation (OSU-C)
- BRYT (Bridges for Resilient Youth in Transition)

2021

- Communities of Practices
- Coaching Institute
- Restorative Practices & Conferencing
- Sustainable funding search
- Family Engagement
- Community Partnerships

2022

- Statewide Consultation
- Wyden/Merkley Congressionally Directed Spending Initiative: \$900,000 from the Labor, Health and Human Services & Education Bill
- Student Success Act Funds
- Clinical Supervision for CSWAs

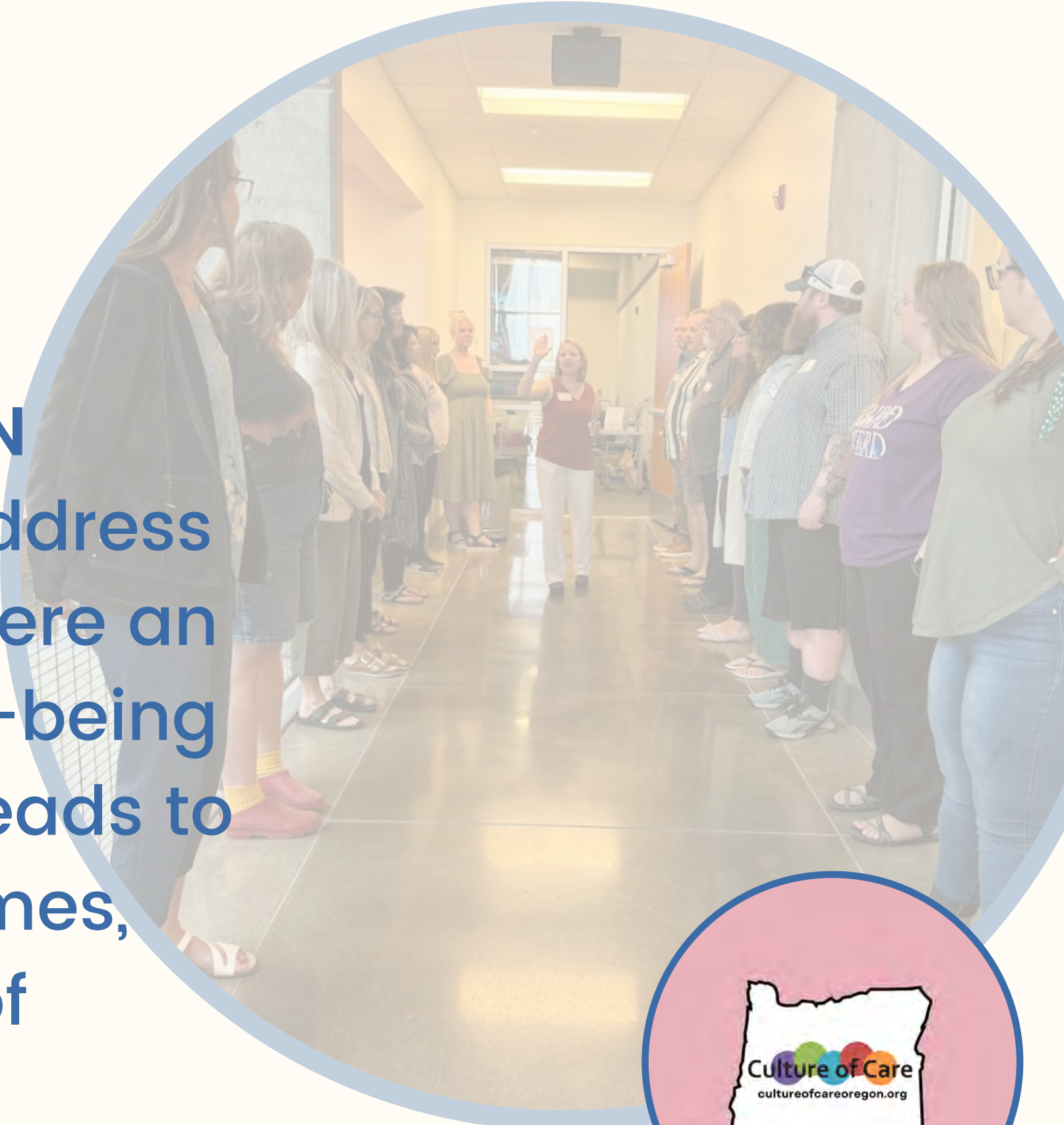
2023+

- Summer Institute
- Oregon Research Schools Network (ORSN) Grant & Partnership
- Substitute PD
- COHC Funding
- Applied Educational Neuroscience
- National Consultation & Professional Development



CULTURE OF CARE LOGIC MODEL:

IF we provide high quality training and ongoing support to all school staff, THEN school staff will be more equipped to address the symptoms of trauma in schools, where an improvement in student resilience, well-being & educational success will follow. This leads to longer-term success and health outcomes, mitigating the known negative effects of childhood trauma.



OUR DAILY WORK

- Educator, Partner & Leadership Coaching
- Professional Development
- Consultation
- Restorative Conferences
- Content Creation
- Clinical Supervision

2023 - 2024
CULTURE
OF CARE

YEAR IN
REVIEW



Impacting educational culture and outcomes with **Trauma-Responsive, Restorative and Equity-Centered** practices that systematically promote wellness, safety & community support for all.

CARE BY THE NUMBERS

- 247 Coaching/Support Sessions
- 126 PD Sessions
- 24 Organizations/Groups
- 25 Schools
- 48 Departments/Programs
- 7 Team Memberships
- 4 Responsive/Healing Circles
- 4 Restorative Conferences
- 3 School Social Work Interns



MOST REQUESTED CONTENT

- Classroom/ student management & coaching
- Restorative Practices PD & Circles
- Team Building & Repair
- Wellness
- DBT Skill Building & Consultation
- Social Work Supervision

Districts	Schools/Programs	PD Sessions	Coaching/Support Sessions	Responsive/Healing Circles	Restorative Conferences
Bend La Pine Schools	26	29	94	3	4
Crook county SD	3	6	41		
Jefferson County/ 509J	8	24	18		
Redmond SD	9	23	20		
Sisters SD	1	2	1		



Regional/National	Organizations/Groups	PD Sessions	Coaching/Support Sessions	Teams/Committees	Responsive/Healing Circles
HDESD	7	12	22	4	
Local Partners	9	8	21	0	
Regional Events	4	16	18	2	
State/ National	7	6	12		1

“THIS CULTURE OF CARE WORKSHOP FELT LIKE HUNDREDS OF DOLLARS WORTH OF COUNSELING APPOINTMENTS, WRAPPED UP IN A 2-HOUR SESSION. I HAVE FELT MYSELF INCHING TOWARD HELPLESSNESS AND NOW I FEEL LIKE I HAVE SO MANY ACTIONABLE GOALS & TOOLS! I AM TOTALLY REJUVENATED AND READY TO MAKE CHANGES IN MYSELF TO IMPROVE OUTCOMES.”



HDES CULTURE OF CARE MENU OF SERVICES



2024-2025

+ **Mission:** *Impacting educational culture and outcomes with Trauma-Responsive, Restorative and Equity-Centered practices that systematically promote wellness, safety & community support for all.* cultureofcareoregon.org

+ **Staffing Structure:** 3 coaches all at 1.0 FTE to serve region based on expertise, availability and partnership, including 1 supervising coach serving on ALT & providing clinical supervision.
-[Culture of Care Team Scheduling Link](#)

+ [23-24 Highlights & Service Data](#)

1. PROFESSIONAL DEVELOPMENT & COACHING

- **Restorative Practices**
 - Understanding Harm, Social Discipline Window, Fair Process & Tiered Practice Continuum
 - Trauma-Responsive & Restorative Leadership
 - Resource: [RP Overview](#)
- **Trauma-Informed & Responsive Education**
 - Classroom Management Strategies (Classrooms of Care, ENVoY)
 - Educator Observations & Coaching, Problem-Solving, Support
 - CPI & De-escalation
 - Parenting Strategies
 - Trauma-Informed, Equity-Centered Education
 - DBT In Schools
- **Wellness Culture**
 - Biology of Burnout & Stress Spectrum
 - Compassion Fatigue
 - Collective Care



CONTINUED CULTURE OF CARE MENU OF SERVICES



2. STAFF INTERVENTION, FACILITATION & SUPPORT

- Team Building & Repair (Culture & Climate, Support & Accountability, Repair & Safety)
- Responsive Circles (Responding to & Processing Events/Dynamics)
- Restorative Conferences (Repairing Harm/Conflict Mediation)
- Confidential Leadership Consultation
- Peer Reflective Consultation Facilitation
- Resources:
 - [Crosswalk of Restorative Circle Types](#)
 - [Restorative Facilitation Request Form](#)

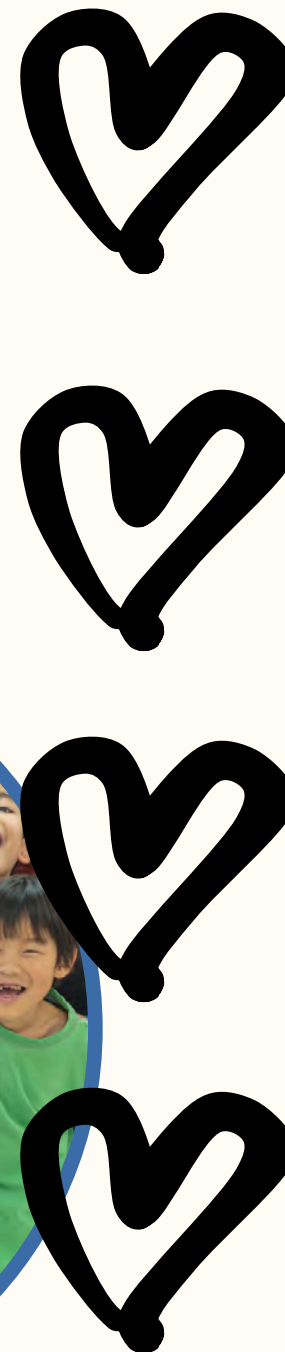
3. SUPERVISION & SUPPORT OF SCHOOL-BASED MENTAL HEALTH PROVIDERS

- Undergraduate & Graduate Social Work Internship Field Placements & Practicum Instruction
- Clinical Supervision for Social Workers Pursuing State Licensure (LCSW)
- Facilitation of Regional School Social Worker Network
- Consultation & Coaching of Student Success & School-Based Mental Health Interventions

4. REGIONAL SCHOOL CULTURE, HEALTH & SAFETY TEAM MEMBERSHIP

- STAS, CIRC, SSA, COHC Upstream Prevention, Restorative Justice & Equity, Deschutes County: Juvenile Community Justice & Healthy Schools, Local Public Safety Coordinating Council, Equity in Action, Regional Culture of Care Advisory

OUR PARTNERS

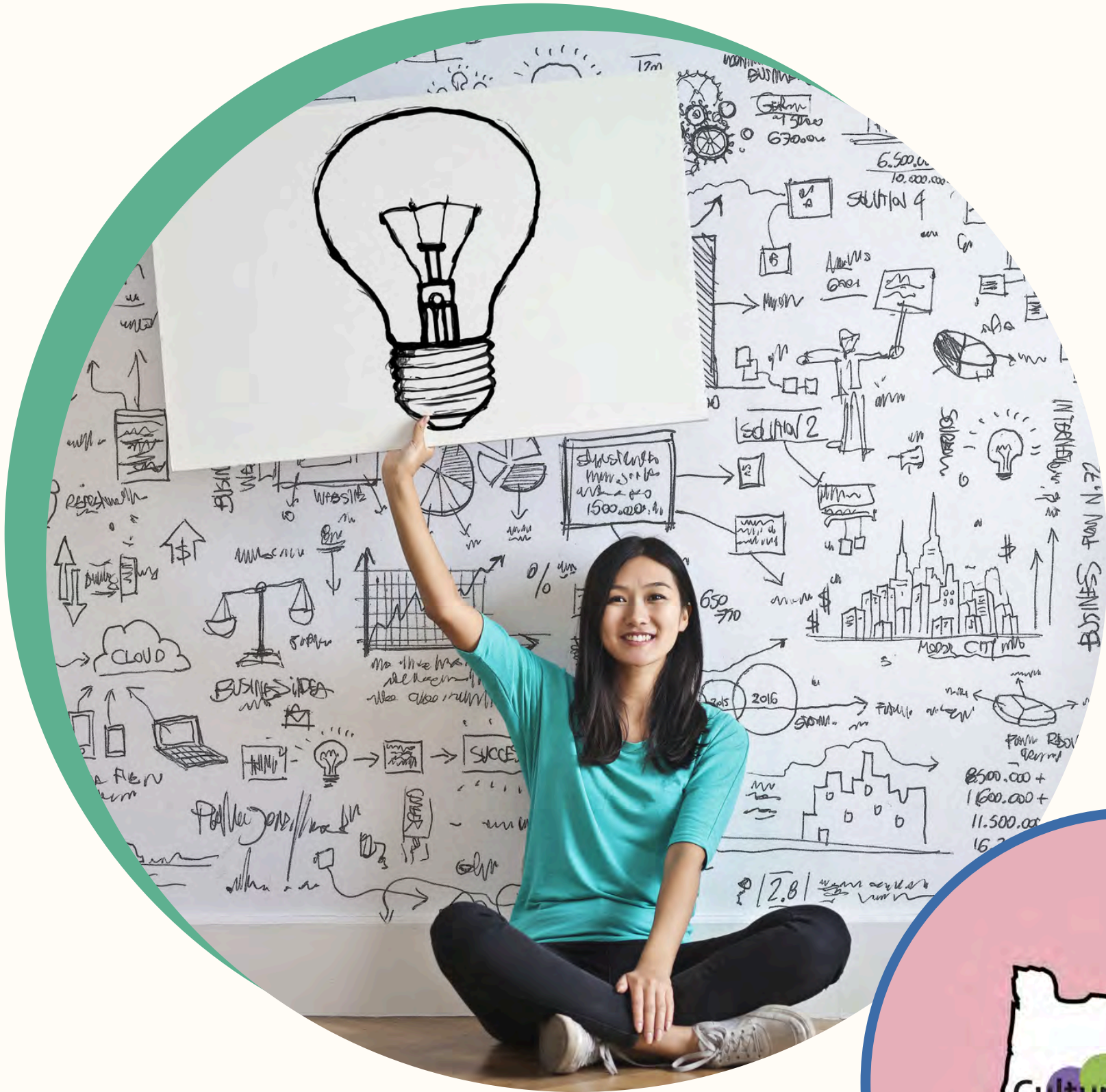


Educational Service & School Districts & Their Schools

Local, County, State & National Educational Organizations

Families & Organizations That Serve Them

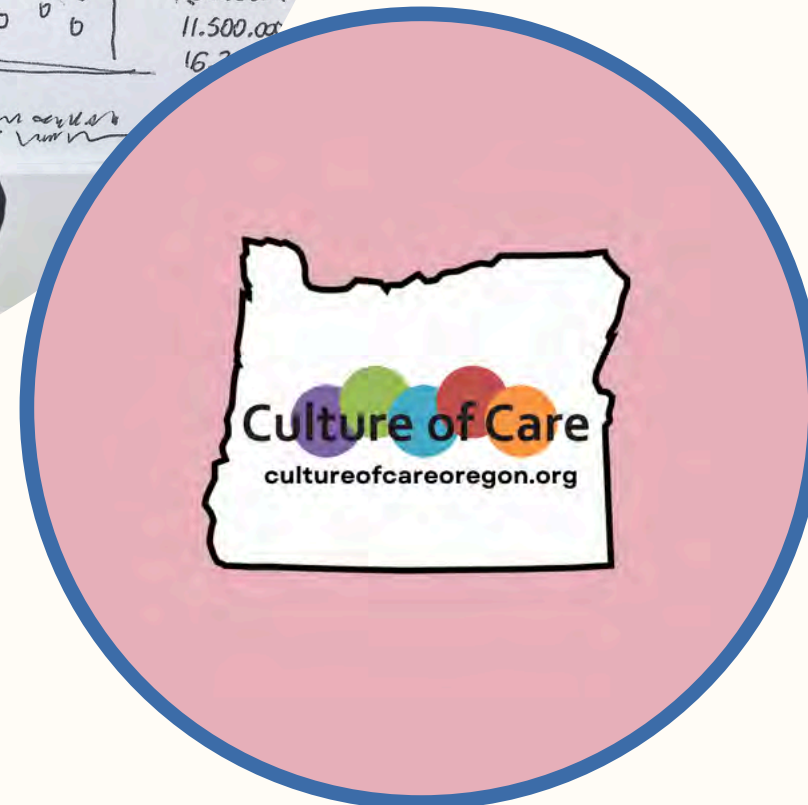
Justice and Prevention Organizations

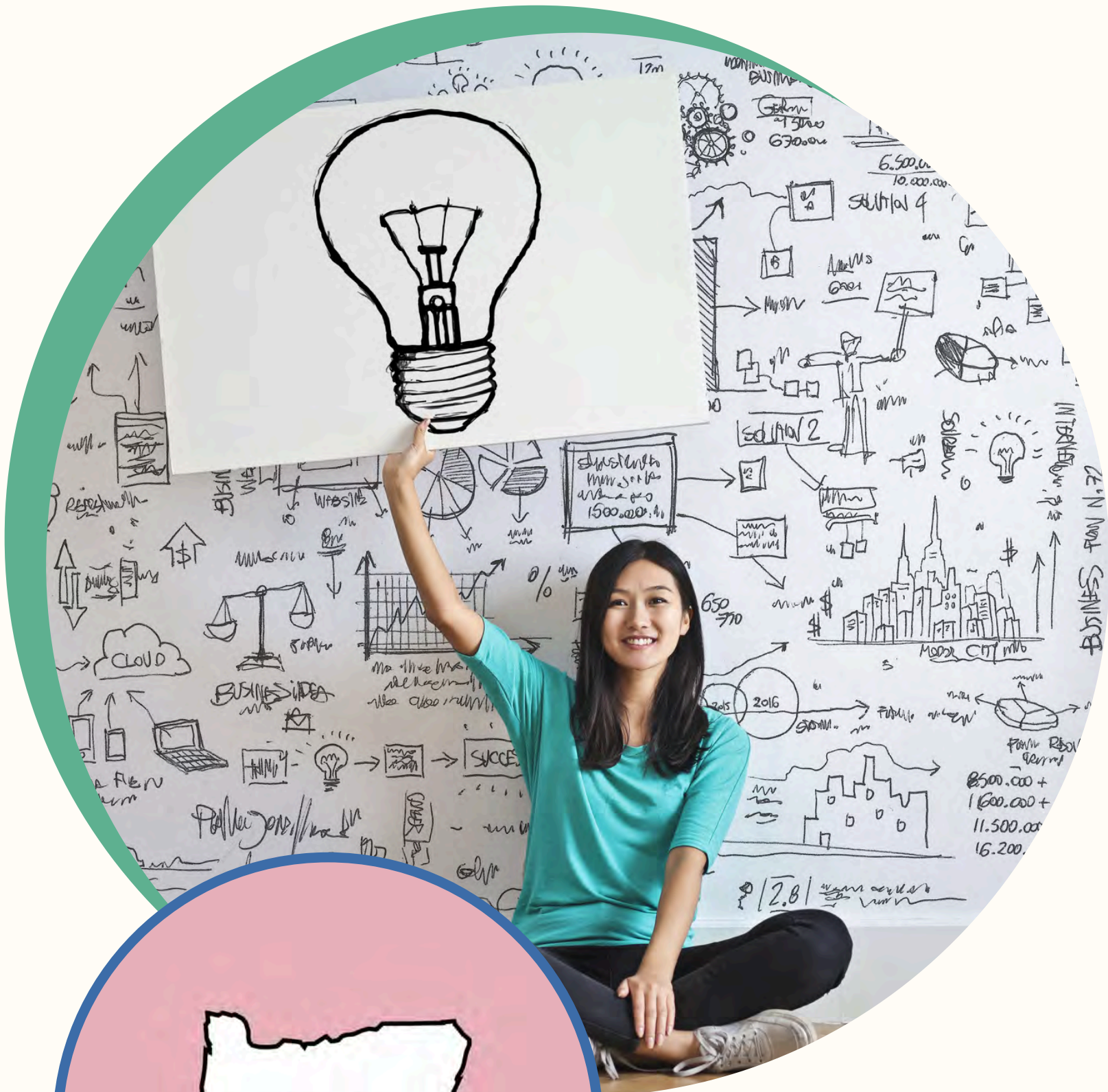


CLOSING

Jot down an:

- **A-ha**
- **Ask**
- **Adjustment**
- **Appreciation**





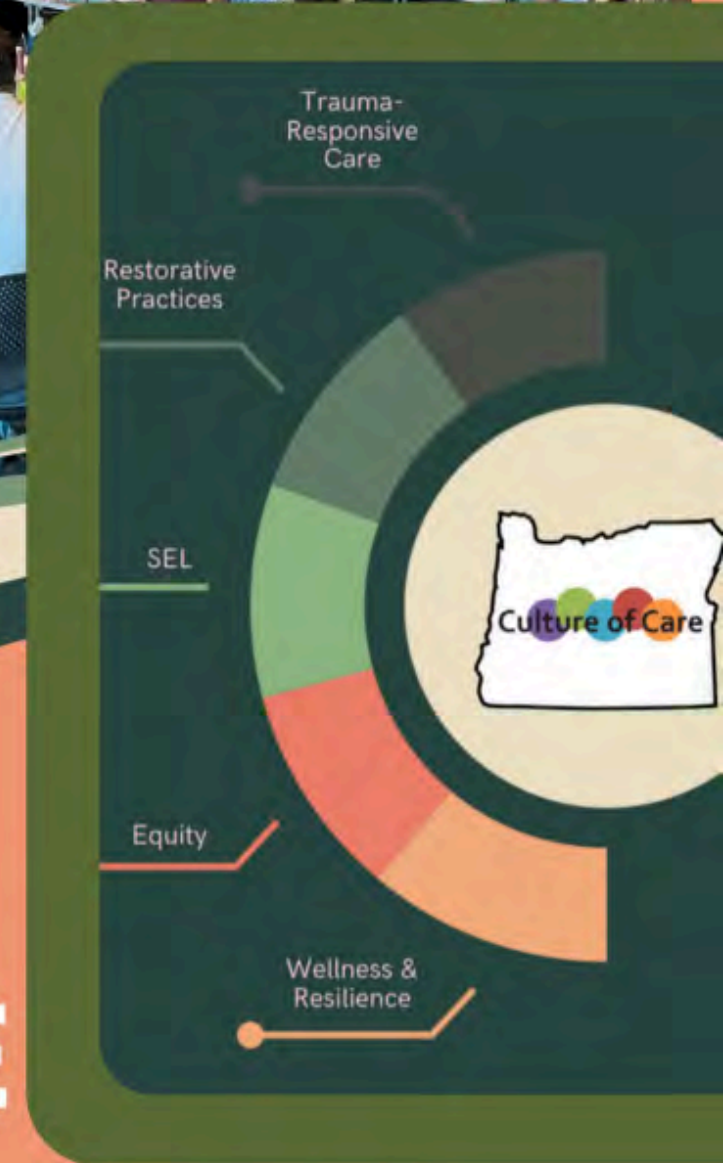
SAVE THE DATE!



2025 SUMMER INSTITUTE

AUGUST 11-15

SAVE THE DATE



*Central Oregon
Location TBD*

Have a specific content area request?
Share it with the Culture of Care team here!



CONTACT US

Amy Yillik, CARE Coach

- **amy.yillik@hdesd.org**
- **cultureofcareoregon.org**



**THANK YOU FOR
YOUR FEEDBACK!**



https://bit.ly/CC_4-8-25

Session Overview



IT BEGINS WITH US:
Building the Ecosystem for Youth Well-being

Christina Bethell

PhD, MPH, Professor, School of Public Health and School of Medicine, Johns Hopkins University; Director, Child and Adolescent Health Measurement Initiative

Presenter Bio



Christina Bethell

PhD, MPH, Professor, School of Public Health and School of Medicine, Johns Hopkins University; Director, Child and Adolescent Health Measurement Initiative

Christina Bethell is a professor at Johns Hopkins University in the Bloomberg School of Public Health and School of Medicine. Her research focuses on building and translating the science of healthy development to promote early and lifelong health of children, youth, families, and communities. With roots in national and state healthcare policy, financing reform and delivery system redesign to promote whole child and family health and integrated services, Dr. Bethell is the founding director of the Child and Adolescent Health Measurement Initiative which since 1996 as worked to promote early and lifelong health of children, youth and families through family-centered data, tools, and research to drive systems change and child health uniformity.

She has developed and advanced to national and state use an array of child and family health measures addressing the social and relational roots of well-being and the quality of the healthcare systems and structures that influence child and family well-being. This includes nationally and internationally used measures of the Family Centered Medical Home, Adverse Childhood Experiences, Positive Childhood Experiences, Family Resilience and Connection, Child Flourishing, and the Whole Child Risk Index. Her research has shaped policies regarding adverse childhood experiences, and relational health promotion, including providing testimony to the US House Committee on Oversight and Reform on identifying, preventing, and treating childhood trauma, informing the American Academy of Pediatrics relational health policy statement and the design of the Engagement In Action (EnAct!) Framework to catalyze integrated relational systems of care to promote child, youth, and family well-being. She earned an M.BA. and an M.PH. from the University of California, Berkeley, and a Ph.D. in public policy and health services research and policy from the University of Chicago. She dances, writes poetry, and believes the authentic connection with ourselves, others and life is the source of our creativity and joy.

Session Overview



PANEL: *Advancing Prevention in Oregon*

Tatiana Dierwechter

***Substance Use Primary Prevention Systems Manager,
Oregon Health Authority***

Molly Haynes

Director of Health in Education, Oregon Health Authority

Wes R. Rivers

Senior Policy Analyst, Alcohol and Drug Policy Commission

Shelagh M. Johnson

***Senior Policy Analyst, Adolescent and School Health, Public
Health Division, Oregon Health Authority***

Presenter Bio



Tatiana Dierwechter

***Substance Use Primary Prevention Systems Manager,
Oregon Health Authority***

Tatiana Dierwechter, MSW, is the Substance Use Primary Prevention Systems Manager at the Oregon Health Authority, previously working as OHA-Public Health Division's (PHD) Health Promotion & Chronic Disease Prevention Section Manager. Tatiana's additional experience spans 13 years as the Health Policy & Prevention Manager at Benton County Health Services, Corvallis, Oregon, and 7 years as the HIV Prevention Supervision at the Wisconsin Department of Health Services. Along with non-profit work in the HIV/AIDS and disability advocacy sectors, Tatiana served as a U.S. Peace Corps in the Solomon Islands. Tatiana is an alumnus of the Boston University School of Social Work, serves on the Board of Directors of Willamette Partnership and the Oregon Psilocybin Advisory Board, and is an avid knitter and quilter.

Presenter Bio



Molly Haynes

Director of Health in Education, Oregon Health Authority

Molly Haynes is the Director of Health in Education for the Oregon Health Authority. In this role, Molly aligns efforts across the agency and collaborates with the Oregon Department of Education to improve the health of Oregon's youth in education settings. Molly has been working to improve community health for over 25 years and enjoys building authentic partnerships that lead to positive impact. Molly grew up in Springfield, Oregon, attended the University of Puget Sound, and earned her Master's in Public Health from Portland State University. She enjoys spending time exploring parks and neighborhoods, watching soccer, and reading fiction.

Presenter Bio



Wes R. Rivers

Senior Policy Analyst, Alcohol and Drug Policy Commission

Wes is a Senior Policy Analyst with the Alcohol and Drug Policy Commission, where he staffs their work on youth and prevention. Wes has been working in adolescent public health in Oregon since 2016. Prior to coming to Oregon, Wes worked in public finance, tax and public health policy in Washington D.C. and Texas. Wes holds a bachelor's degree in economics from Southwestern University and a master's degree in public affairs from the University of Texas at Austin. In his free time, Wes enjoys spending time with his family, running, and going to Timbers and Thorns matches.

Presenter Bio

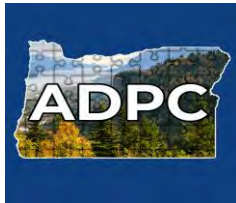
Shelagh M. Johnson

*Senior Policy Analyst, Adolescent and School Health,
Public Health Division, Oregon Health Authority*

Shelagh M. Johnson has been working in the world of adolescent and school health in Oregon since the late 90s with a focus on expanding and improving health education in schools, youth development/peer education, and school-based health policy and implementation. She has been with OHA's Adolescent and School Health program for over a decade now after time at OHSU and in community-based organizations. A proud holder of an Associate of Applied Science (A.A.S) degree from Anne Arundel Community College, and a B.S. from Portland State University, Shelagh is also a parent of three adolescents, and a voracious non-fiction reader and podcast listener.

HIDTA Oregon Youth Substance Use Prevention Institute

“Strengthening Oregon’s Substance Use Primary Prevention System: Statewide Planning & Policy Opportunities”



April 9, 2025
Eagle Crest Resort - Redmond, Oregon



Oregon Substance Use Primary Prevention System

Mobilizing Collective Investments – Preventing & Reducing Substance Use Harms

Community & Tribal Investments

- Local needs assessment
- Community coalitions & local decisions
- Community awareness & social norms
- Public education campaigns
- Direct programming (parent/caregiver education & support, youth groups, and leadership development)
- Policy & environmental strategies

School Investments

- Schoolwide universal prevention
- Classroom education/curricula
- Problem identification and referral
- Early intervention and support to selected/indicated students
- Parent/caregiver engagement
- Training and education for school staff
- School-Neighborhood-Health partnerships

Statewide Systems & Infrastructure Investments

- Funding for local community and tribal programs
- Data, surveillance, and evaluation
- Translating research to practice and policy
- Training & Technical Assistance
- Workforce Development
- Mass reach communications
- Cross-agency coordination
- Elevating the value of primary prevention across sectors

Alcohol & Drug Policy Commission Comprehensive Plan

OR Tribal Behavioral Health Strategic Plan

OHA 2030 Health Forward

PHD Healthier Together Oregon

K-12 Comprehensive Health Education Standards

Future Directions at OHA



2030
OREGON
HEALTH
FORWARD



CROSS-
DIVISIONAL
SUD
STRATEGY &
GOVERNANCE
STRUCTURE



NON-
FEDERAL
FUNDING
THAT
ANCHORS
PROGRAMS



OPIOID
SETTLEMENT
FUNDING FOR
PRIMARY
PREVENTION





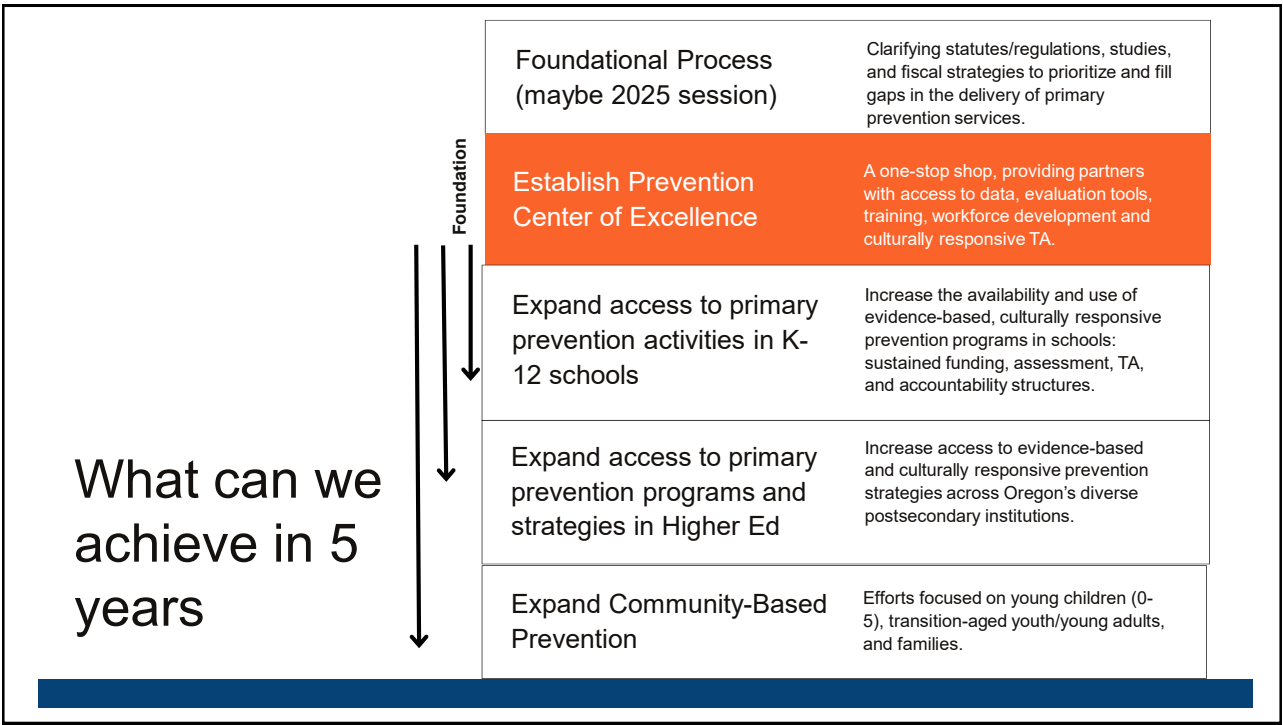
PREVENTION
MODERNIZATION
+
SHARED RISK &
PROTECTIVE
FACTORS

Alcohol and Drug Policy Commission Prevention Work

- 19 member Governor appointed commission charged with enhancing the efficiency and efficacy of substance use programs
- Tasked with a 5-year comprehensive plan (2026-30) for the state with 3 goals and a theme of access:
 - Reduce substance use and substance use disorder
 - Reduce substance use related deaths
 - Reduce substance use-related disparities and inequities

Committees	
Prevention	Recovery
Harm Reduction	Oregon Youth Addiction Alliance
Treatment	

 <p>YOUTH SUD 12-17 10% --- 30,000 young people</p> <p>YOUTH SUD 18-25 34% --- 140,000 Young People</p> <p>PERCEPTIONS FROM STUDENT HEALTH SURVEY (2022)</p> <ul style="list-style-type: none"> • 31% of 8th graders and 25% of 11th graders perceive no or only slight risk of harm w/r/t binge drinking • 32% of 8th graders and 45% of 11th graders perceive no or only slight risk of harm w/r/t regular marijuana use 	<p>Inequities related to youth use, perceptions of harm and deaths in adults</p> <p>Data is limited: Historical SHS and OHT suggests some statewide inequities related to cannabis use and binge drinking among youth, and at a population level we know that substance use related death disproportionately impacts Black/African American and American Indian Alaska Native Oregonians.</p>  <p>60% of Schools do not use evidence-based prevention curricula or programs at any grade level</p> <p>62 Certified Prevention Specialists</p> <p>Total number of certified and trained professionals - a gap of 906 prevention professionals throughout state</p>	<p>Gaps in Assessment & Infrastructure</p> <ul style="list-style-type: none"> • Lack of uniformity in collection of data on "prevention" programming and workforce • Siloed/fractured funding streams and programmatic function/purpose - making less clear impact. • Limited shared, cross-sector outcomes measures. • Limited/anecdotal data on workforce (cps/non-cps) competencies/needs. • Lack of detailed study of communities experiencing/prevention programs aiming to address inequities. • Education: Lack of uniform assessment in Higher Ed -- lack of capacity/uniform data collection and analysis in K-12. <p>Literature says:</p> <ul style="list-style-type: none"> • 90% of Adult Substance Use Disorder Starts in Youth • Likelihood of lifetime SUD decreases with every year of delayed initiation. • 90% of youth w/SUD engaged in school
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Cross Agency Collaboration

OHA – ODE Memorandum of Understanding

- Developed in response to the passage of the Student Success Act in 2019
- Vision: Equitable education and health outcomes

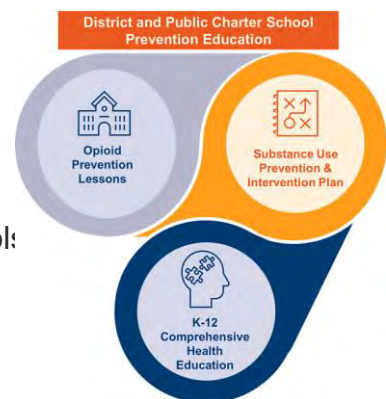
MOU Strategic Priorities

- Ensure development and implementation of state education and health policies, practices, and programs are anti-racist.
- Develop and maintain robust partnerships with priority groups, populations, and communities and government-to-government relationships with Oregon's federally recognized Tribes.
- Ensure seamless state and local health and education services.
- Promote and create the conditions for equitable student mental, behavioral, and physical health outcomes.

7

Collaboration for Program Planning and Policy Implementation

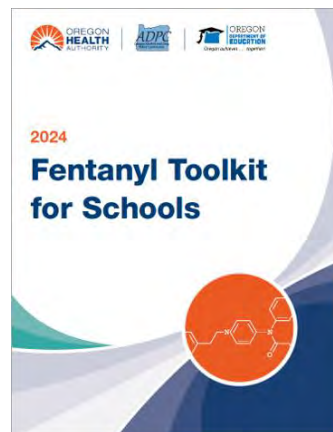
- Comprehensive Health Education
 - Substance Use Prevention & Intervention Plan
 - Transformative Social Emotional Standards
 - Opioid Prevention Lessons – SB 238
- Fentanyl Toolkit for Schools
- Opioid Overdose Reversal Medication for Schools
- Survey implementation – HB 2656
 - Student Health Survey
 - SEED Survey
- Youth Advisory Council and Youth Data Council



8

Cross State Agency Collaboration

“The collaboration between OHA and ODE has significantly strengthened our relationships and deepened our understanding of how to tackle substance use prevention from various angles, including public health, schools, and communities. This partnership and shared insights led to funding opportunities and legislative changes (SB238 and HB 5204) that enabled ODE, OHA, and ADPC to focus our efforts on substance use prevention, intervention, and treatment.”



9

Questions, Feedback & Contacts

- Tatiana Dierwechter, OHA-PHD Substance Use Primary Prevention Systems Manager, Tatiana.dierwechter@oha.oregon.gov
- Wes Rivers, Alcohol & Drug Policy Commission Senior Policy Analyst, wesley.r.rivers@oha.oregon.gov
- Molly Haynes, OHA Health in Education Director, molly.haynes@oha.oregon.gov
- Shelagh Johnson, OHA-PHD Adolescent & School Health Senior Policy Analyst, shelagh.m.johnson@oha.oregon.gov

10

Session Overview



COMMUNITY ACTIVATION: *Part 1 & 2*

Ashley Hernandez-Hall

*PhD, Northwest Prevention Technology &
Transfer Center*

Presenter Bio



Ashley Hernandez-Hall

PhD, Northwest Prevention Technology & Transfer Center

Dr. Ashley Hernandez-Hall uses she/her/hers pronouns. She is an assistant professor with Washington State University and she leads the 4-H Youth Development Program in Snohomish County as well as several statewide grants. Her educational background includes a bachelor's and master's degree in Social Work where she studied trauma, specifically military trauma, and nonprofit management. Her Ph.D. is in Public Affairs and during that program she focused heavily on nonprofit management and community development. She has a particular interest in mental health, especially as it relates to traumatic experiences.



Northwest (HHS Region 10)

PTTC

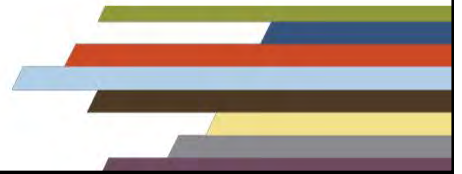
Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



Community Based Participatory Research

Engaging Systems, Adults, and Youth toward
community change

Dr. Ashley Hall, Washington State University



Overview - Community Activation: Part 1

- Community-Based Participatory Research (CBPR) Overview
- Examples of Successful CBPR
- Tying it Together Activity
- Debrief and Questions



Community-Based Participatory Research (CBPR)

- What is CBPR?
- Tulane University
 - Collaborative research
 - Encourages community participation to promote change
 - Recognizes that community members are experts
 - Requires community involvement in the entire process



Community-Based Participatory Research (CBPR)

- Wallerstein & Duran
 - Equalization of power between researchers and community members
 - Addresses the challenges translating findings from controlled research to real-world communities

Community-Based Participatory Research (CBPR)

- Detroit URC – Core Principles of CBPR
 - Promotes collaborative and equitable partnerships in all research phases
 - Recognize community as a unit of identity
 - Builds on strengths and resources within community
 - Facilitates co-learning and capacity building among partners
 - Focus on problems of relevance using ecological approach
 - Balances research and action for mutual benefit of all
 - Disseminates findings to broader community and involves all partners
 - Promotes long-term sustainability
 - Addresses issues of race, ethnicity, racism, and social class and promotes cultural humility

Community-Based Participatory Research (CBPR)

- What does CBPR look like?
- Methods
 - Qualitative sources
 - Observations
 - Case studies
 - Focus groups or interviews
 - Quantified Qualitative or Quantitative
 - Surveys
 - Longitudinal studies
 - Randomized Interventions

Community-Based Participatory Research (CBPR)

- What does CBPR look like?
- Weybright
 - Reflective cycle involving:
 - Data collection
 - Reflection
 - Action
 - Community partners are integral part of:
 - Research
 - Protocol design
 - Fundraising
 - Data ownership
 - Leveraging study results to promote social change

Examples of CBPR

- New Mexico Family Listening/Circle Program

Tying it Together

- For remainder of our time
 - There are prompts around the room
 - Split into even groups and stand by one prompt
 - Each group will work together to address the following:
 - This topic relates to the community I work with because _____
 - I am missing _____ community partner or voice if I wanted to properly address this topic
 - I am confident that I can help my community address this topic by _____

Debrief and Questions



Northwest (HHS Region 10)

PTTC

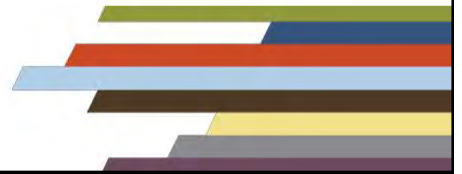
Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



Engaging Youth as Leaders

Meaningful Youth Leadership and You!

Dr. Ashley Hall, Washington State University



Overview - Community Activation: Part 2

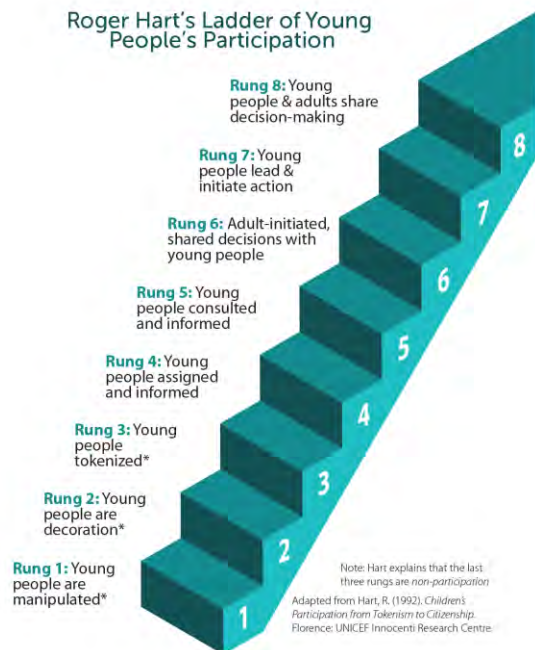
- Post-Lunch Exercise!
- What is Youth Leadership?
- Benefits of Youth Leadership
 - Organizational
 - Youth
- Examples of Successful Youth Leadership
- Tying it Together Activity
- Debrief and Questions

Post-Lunch Exercise!

- Exercise 1
 - Split into 2 groups
 - Spend time at first prompt, then switch
 - Prompt 1
 - What are some of the challenges of having youth lead a project
 - Prompt 2
 - What are some of the benefits of having youth lead a project

What is Youth Leadership?

- What is Youth Leadership?
- Process by which youth have genuine say in a process or activity
- Roger Hart's Ladder of Young People's Participation
- Starts with a foundation of healthy youth-adult partnership





Benefits of Youth Leadership

- Youth Benefits
 - Process accounts for youth development (skills, emotional development, etc.)
 - Needs met
 - Marginalized youth have voice and power
- Societal Benefits
 - Reduced disparity
 - More appropriate and successful interventions
 - Buy in and long-term success



Some Practical Examples

- Examples of Successful Youth Leadership
 - WSU 4-H Teens Helping Teens
 - YA4-H – Youth Advocates for Health

Tying it All Together

- Exercise 2
- For remainder of our time
 - There are prompts around the room
 - Split into 6 even groups and stand by one prompt
 - Each group will work together to address the following:
 - I can encourage youth participation by _____.
 - Barriers to youth participation include _____.
 - Youth leadership can improve my work/project because _____.
 - I am confident that I can help my community address this topic by _____.
 - I can ensure youth are not used, tokenized, or manipulated by _____.
 - For my work/program, genuine youth leadership looks like _____.

Debrief and Questions

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Thank you!

