



Suicide Prevention Activities: A Summary Report
Multnomah County, Department of County Human Services
Mental Health and Addiction Services Division
2012

Suicide Awareness and Prevention Training in Multnomah County

Introduction

Youth suicide rates in Oregon are consistently higher than the national rates. The state began to address this issue with a strategic plan- A Call to Action (2000) Oregon Department of Human Services Health Division Injury Prevention And Epidemiology Program- to reduce youth suicide rates in Oregon.

In 2009, Multnomah County received the Garrett Lee Smith Memorial Grant for Suicide Prevention and Awareness. The grant provided the opportunity for the county to lead an effort to train people employed in the fields of child welfare, community justice, domestic violence, healthcare and other social services in an intensive suicide intervention program called Applied Suicide Intervention Skills Training (ASIST). The grant also provided a training module for school based suicide prevention (RESPONSE) and a module for community based suicide prevention (QPR) that was specifically developed for non-social service community members.

The grant activities include: education about suicide prevention, training for health care, education and human service professionals, and enhanced crisis services. Through the grant funding, evidence based suicide prevention programs of differing in intensity were offered by Multnomah County to our partners and community members to increase awareness about suicide risk factors, to identify a person at risk of suicide and to respond and intervene with a person at risk for suicide. Multnomah County utilized federal grant funding to support the state's strategic plan and hopes to sustain these efforts in our community.

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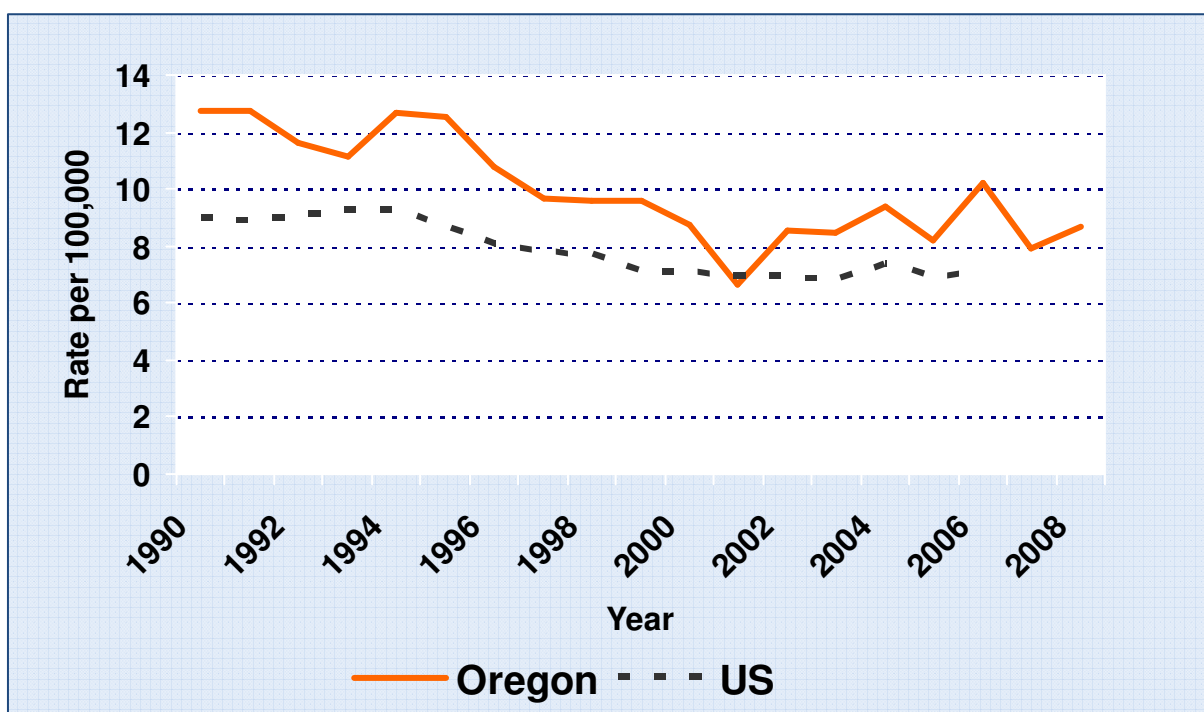
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Background

Youth Suicide in Oregon

According to the World Health Organization (WHO), young people are now the group at highest risk for suicide in one-third of countries worldwide. ¹ Nationally, suicide is the third leading cause of death for youth and young adults ages 10-24. ² In Oregon, suicide is the second leading cause of death for Oregonians in this age group. ³

Youth suicide rates in Oregon have been consistently higher than the national youth suicide rates:



Source: CDC WISQARS data set, 1990-2006, Oregon Violent Death Reporting System

In response to alarmingly high suicide rates among Oregon Youth in the mid 1990's, the governor convened a Youth Suicide Task Force in 1997. Building on the preliminary work of this task force, the Oregon Department of Human Services Injury and Epidemiology Division released *A Call to Action: the Oregon Plan to Prevent Suicide* ⁴ in 2000.

This plan outlined fifteen strategies to prevent youth suicide in Oregon, including specific strategies aimed at increasing awareness of the warning signs of suicide throughout Oregon communities.

In Multnomah County, crisis services available in the county managed system of care (the 24/7 mental health call center, the 24/7 mobile crisis outreach team, and the urgent walk-in clinic open seven days a week from 7:00 a.m. – 10:30 p.m.) are crucial elements of the system

that is in place to serve youth and adults in crisis. These programs, in place since 2003, address the following strategies outlined by the task force:

- *Implement screening and referral services*
 - Multnomah County employs school based mental health consultants who are available in many high schools and school based health clinics throughout Multnomah County for screening and referral of youth. The youth can seek services from these mental health professionals on their own, or be referred by school staff or a parent. Youth who are fourteen years old and older can sign treatment consent forms on their own behalf.
- *Increase effectiveness of crisis hot lines*
 - Multnomah County Mental Health Call Center line has been in operation for ten years. It is available 24/7, is staffed by qualified mental health providers, provides brief counseling, referrals, information and can dispatch mobile teams for face to face crisis response.
- *Enhance crisis services*
 - Multnomah County funds a walk-in clinic available seven days a week from 7:00 a.m. to 10:30 p.m. to evaluate and refer people to appropriate mental health services.
- *Establish and maintain crisis response teams*
 - Multnomah County contracts for two types of mobile teams:
 - Project Respond operates 24/7 and has an east and west side team in addition to a children's team. They are on pagers both to the Multnomah County Call Center crisis line and to the police.
 - Crisis Prevention Outreach is a mobile team five days a week from 9:00 a.m. to 8:00 p.m. Monday thru Thursday and 9:00 a.m. to 6:00 p.m. on Friday. They respond to requests for mobile evaluations of youth. They do need parental consent to proceed.
- *Improve access to affordable behavioral health care*
 - Multnomah County uses its general fund for the Multnomah Treatment Fund (MTF). MTF pays for outpatient mental health services and medications for uninsured people who meet priority 1 criteria. Priority 1 criteria are the person suffers from a severe mental health diagnosis, has no other insurance resources and is at or below 200% of the federal poverty level.

Building on the groundwork laid by Multnomah County Mental Health and Addiction Services Division (MHASD) and its partners, current youth suicide prevention efforts in Multnomah County are reflections of the following strategies developed in this plan:

- Educate youth and young adults about suicide prevention
- Provide education for professionals in health care, education, and human services
- Provide gatekeeper training to create a network of people trained to recognize and respond to youth in crisis
- Enhance crisis services

Youth Suicide Prevention in Oregon

In 2009, Multnomah County was one of twenty Oregon counties awarded grant money from the Garrett Lee Smith (GLS) Memorial Grant. The grant, administered by the federal Substance Abuse and Mental Health Services Administration (SAMHSA), distributed \$82 million between 34 states, 11 tribal organizations, and 78 institutions of higher learning to address youth suicide prevention. Congress continues to appropriate additional funding annually.

Donna Noonan, Youth Suicide Prevention Coordinator at the State of Oregon, said the GLS grants in Oregon were given to counties to support the development of suicide prevention programs that could become institutionalized in schools and other sectors of social services throughout Oregon. Additionally, these funds were dedicated towards the creation of a statewide network of people trained to recognize and respond to youth in crisis. To accomplish this, three evidence-based suicide prevention programs were chosen for implementation in counties receiving GLS funds: the QPR, ASIST, and RESPONSE programs.

The Question, Persuade, Refer (QPR) program was selected because the program is accessible, adaptable across many settings, and, in a brief format, provides solid information promoting awareness of the warning signs of suicide. QPR is intended for all community members, including clergy, church personnel and other leaders in the faith community, paraprofessionals, and family members. QPR teaches participants the signs and symptoms of a person at risk for suicide, how to ask if someone is thinking about suicide and what to do to obtain further assistance for the person at risk. In the years 2009-2011, 2,995 people attended 135 QPR trainings throughout the state of Oregon. In Multnomah County, between 2010-2012, 425 people participated in QPR trainings.

The Applied Suicide Intervention Skills Training (ASIST) provides an intensive training on how to identify and assess an individual's risk for suicide or self harm. ASIST was selected for implementation in Oregon to increase the preparedness of mental health professionals to respond to people at risk for suicide. ASIST is ideal for people working in the fields of mental health, child welfare, community justice, domestic violence, healthcare, and other sectors of the social service system. As of 2011, 1,317 people have attended 49 trainings provided by a network of 39 ASIST trainers statewide. In Multnomah County, over 550 people have attended ASIST trainings over the past three years.

The RESPONSE program was adapted from the Safe Teen program, and was selected for use in youth suicide prevention efforts to ensure that school-based interventions are widely available in the state. The RESPONSE Program is a comprehensive, school-based suicide prevention program. It prompts schools to develop policies and procedures for responding to students in crisis, trains all staff in identification of a student at risk and how to intervene, and teaches classroom lessons to high school students so they can be alert to peers at risk of suicide and know how to access help. This is consistent with best practices that incorporate school staff and peer education about the warning signs of suicide.⁶

Ideally, if staff and students are trained to see and listen for signs of hopelessness, they can seek help for students who are at risk for suicide. In addition to creating a culture of awareness within schools, the GLS grants funds were used to train school staff in ASIST, so that on-site staff members have the assessment and intervention skills needed to help students in crisis. Currently, RESPONSE is being implemented in 93 schools statewide , 11 are within Multnomah County.

The GLS grant funds were used for public education campaigns to increase awareness of suicide warning signs and community resources available to help those at risk. Public education campaigns conducted throughout the state have reached an estimated 983,447 Oregonians.

Youth Suicide Prevention in Multnomah County

System-wide Impact

Multnomah County employs a strategy of embedding ASIST and QPR trainers within the social service sector, health department, and school system to ensure a wide reach of suicide prevention activities across systems. Most notably, here in Multnomah County, the convergence of prioritizing improved protocols at Multnomah County health clinics for adults at risk of suicide, the school implementation of RESPONSE , and training of professionals, led to improved protocols for youth served by mental health consultants at school based health clinics.

The Multnomah County Health Department is aiming for a minimum number of ASIST trained staff at each Multnomah County health clinic. Jill Daniels, School Based Health Center Program Manager, shares, “Community health nurses at our clinics are consistently reporting that ASIST is the most helpful training they have encountered... I am always hearing stories from clinic staff about how they have used ASIST to respond to patients at risk for suicide.”

Additionally, all staff at Multnomah County School Based Health Clinics are now trained in QPR. The combined efforts have led to significant changes. There is now a standardized protocol for all School Based Health Clinics for responding to students at risk for suicide, and there is movement to create a standardized protocol across East County school districts as well.

Question, Persuade, Refer (QPR)

Summary of Impact

Over the past three years, QPR trainings reached 425 participants in Multnomah County. The GLS grant funded training for four QPR trainers who led QPR sessions for the following groups: employees of Multnomah County Health Department, members of Rose City Park



Presbyterian Church, Youth Mentors, employees at the Rockwood and Gresham Health Clinic, and students at Portland State University's School of Social Work.

Implementation: Challenges and Successes

The strategy of employing a county- based coordinator to schedule trainings and deploy trainers proved effective. QPR trainings were well received by community groups and led to requests for trainings by other groups, and it is clear that having more QPR trainers at the county's disposal will increase the ability of the county to meet demand for QPR trainings. The suicide prevention coordinator attended the Multnomah County Interfaith Workgroup to conduct outreach; staff hopes to offer more trainings through faith based organizations in the future.

Applied Suicide Intervention Skills Training (ASIST)

Summary of Impact

In keeping with the statewide vision to foster the development of suicide prevention activities that are inherently “built-in” to the community, Multnomah County utilized GLS grant funds to create a network of people trained in suicide intervention throughout the county.

There are presently 550 ASIST trained professionals spread throughout the social service system in Multnomah County. A substantial proportion of people who have completed the ASIST training include school staff. However, people working in the system with diverse populations have taken advantage of the opportunity to learn concrete skills that help those in our community who are at risk for suicide.

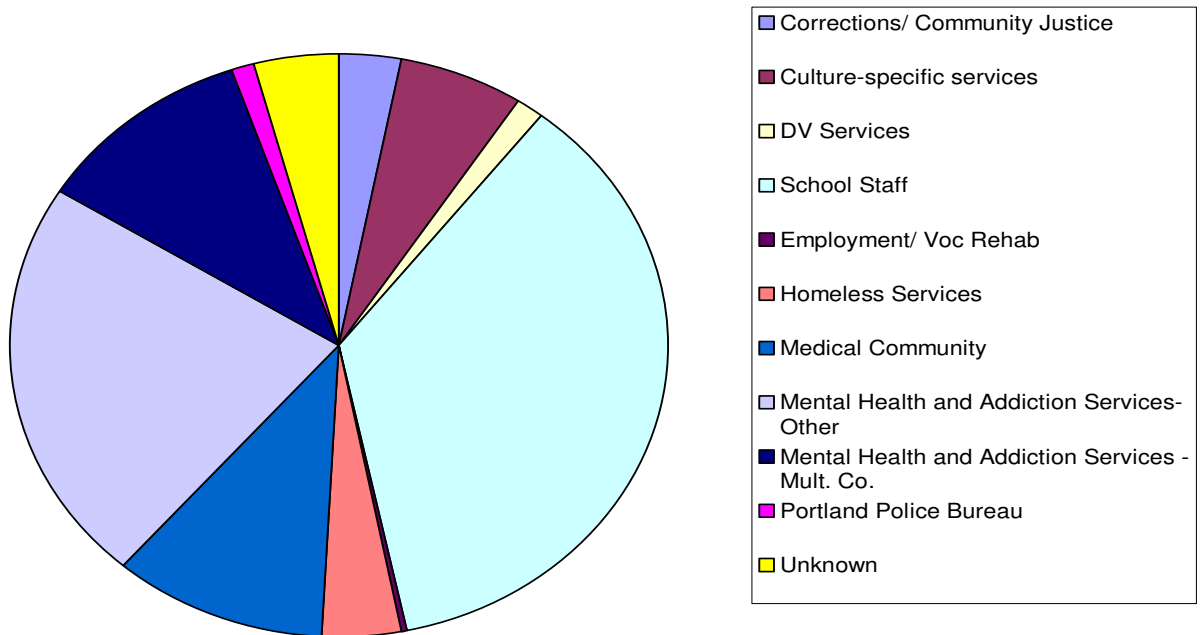
Every effort was made to reach out to helpers in the community who are often the first line of response to people in crisis: police officers, outreach workers involved with homeless youth and adults, medical providers, and front line staff at a variety of agencies that serve vulnerable populations. Notably, the entire staff of the Multnomah County Mental Health Crisis Call Center is trained in ASIST, setting the groundwork for a system-wide protocol in responding to people who express suicidal ideation.

In Multnomah County, the ASIST trainings were made available to Multnomah County Department of Community Justice, Department of Health, and Department of County Human Services. ASIST was also made available to county partners and contractors including but not limited to Cascadia, Lifeworks, Trillium, Lutheran Family Services, Oregon Family Support Network, National Alliance for Mental Illness (NAMI), PSU social work interns, Adult and Youth homeless services, Portland Police, and Portland School district personnel.

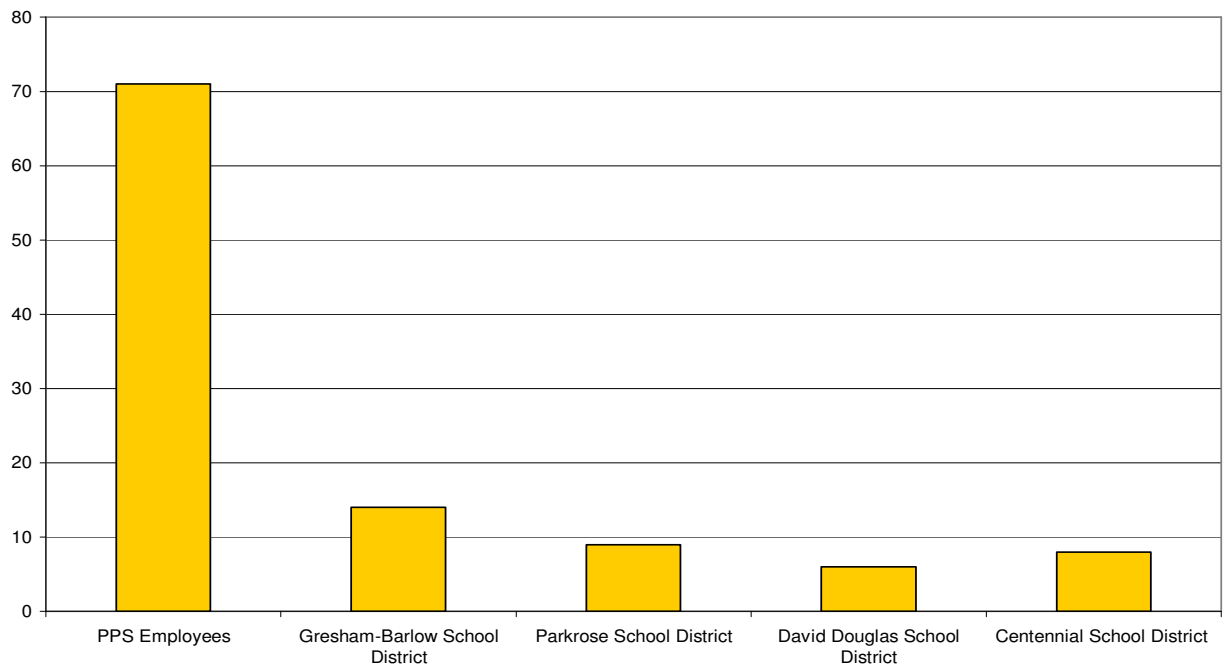
These are key partners in advancing the county's mission to promote a healthy and safe community for all.

Breakdown of ASIST training participants over the course of the program. A majority are school staff. Of those, Portland Public School employees are the majority.

**Impact of ASIST in Multnomah County
2008-2012**



**School District Staff Trained in ASIST
Multnomah County, 2008-2012**



The GLS grant funded training for twelve ASIST trainers who will continue to offer ASIST sessions. These trainers are embedded within county staff, social service providers and school districts to create a sustainable pool of trainers to perpetuate this skill within the community.

Ongoing ASIST trainings will serve to broaden the network of helpers in our community that are ready, willing, and able to offer assistance to those at risk for suicide.

Challenges and Successes

One problem encountered during the implementation of ASIST was the number of ‘no shows’ for the training events. The training was free in order to make it widely available; however, not having made an investment through a fee may have increased the number of no shows. In the future, the county will charge a nominal fee to reduce the number of “no-shows” at each session.

Additionally, it was difficult to find time for school staff to arrange to miss two days of instruction or counseling services in order to attend ASIST. Obviously, as schools continue to experience severe budget constraints, every day out of the building places a strain on tightly scheduled staff. Despite this, school staff who attended the training remarked that the skills gained more than compensated for missed instruction time. Parkrose counseling staff share that having the ASIST training available to school district mental health staff is invaluable, stating, “This stuff is so important, yet so many of us did not get this kind of training in our counseling programs.”

Similarly, Portland Public Schools (PPS) staff report, “At first, many teachers I approached about attending ASIST felt like they couldn’t find time, but as more people went through the training, the word got out that this was an opportunity too good to miss.” Non school district participants also felt that the training was incredibly relevant to their work and immediately useful.

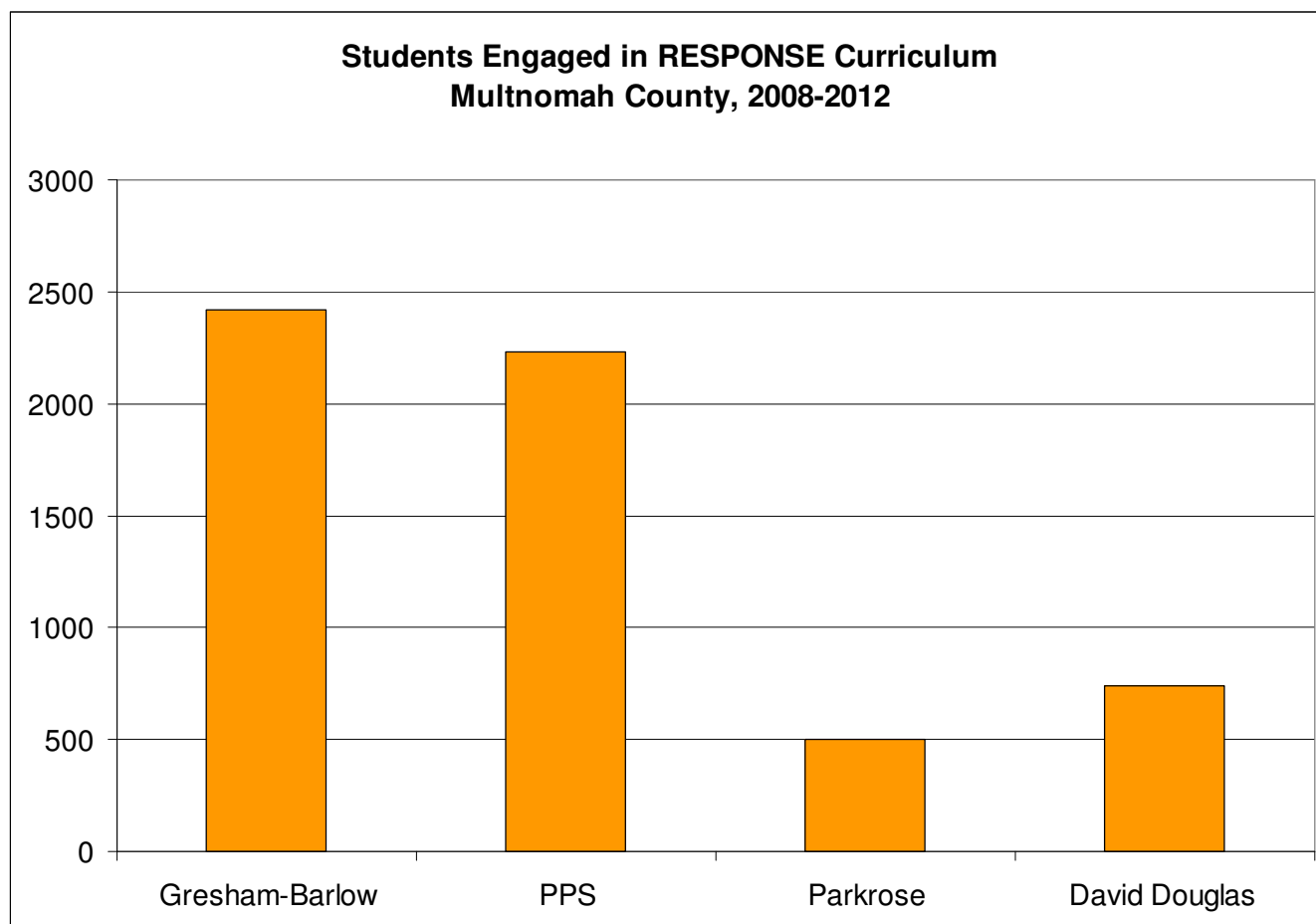
As previously mentioned, all staff working at the Multnomah County Crisis Line are ASIST trained. Heeseung Kang, supervisor of the Mental Health Crisis Call Center, shares, “The vast majority of my staff have reported positive benefits from ASIST, including the opportunity to really examine their individual belief system around suicide, While all of my staff interact with suicidal callers every day, most do not come to the Call Center with extensive training or development of skill related to suicide intervention.”

Finally, one of the major victories achieved during the implementation of ASIST was the creation of a network of trainers, ensuring that trainings can happen without placing undue burden on any one of the trainers or their sponsoring employers. At this time, there are enough ASIST trainers to ensure ASIST trainings can continue to be offered to the community with each trainer volunteering for one training per year. Many of the ASIST trainers work for agencies that are able to donate their staff in-kind, so that the trainers are paid for their time at no extra cost to the county. A few lack sponsoring employers and have accepted a modest stipend for their work.

RESPONSE

Summary of Impact

The RESPONSE Program has reached students in Portland Public Schools (PPS), Gresham-Barlow, David Douglas, Centennial, and Parkrose school districts.



Note: Gresham-Barlow was the earliest adopter of RESPONSE in 2008. Centennial School District anticipates implementation in the next school year at time of this writing.

Training As of June 2012:

- Throughout the county, the RESPONSE curriculum has reached 5,891 students
- Eleven schools within Multnomah County have implemented Response
- Fifty-one ASIST trained school staff are spread throughout schools in the county
- 374 school staff members have attended a Response in-service
- Nine private and alternative schools received the RESPONSE curriculum and are tentatively planning to implement RESPONSE in the fall of 2012

RESPONSE Implementation Summary

Currently, five PPS high schools are implementing RESPONSE: Franklin, Lincoln, Wilson, Roosevelt, and Mt Scott Learning Center. Additionally, Grant High School, Madison and Metropolitan Learning Center plan to implement RESPONSE during the 2012-2013 school year. The schools teach the RESPONSE curriculum in their health classes. Each of these schools have at least two ASIST trained employees, however some schools have chosen to send more staff to the ASIST training. Monica Parmley, the PPS Mental Health Coordinator, shares, “After attending ASIST, staff are sharing that they feel much more prepared to deal with students in crisis.”

Additionally, having multiple staff in the building that are ASIST trained has fostered increased collaboration between school counselors and school psychologists. School counseling staff are supported by School Based Mental Health Consultants (SBMHC’s) who are employed by Multnomah County, all of the SBMHC staff went through the ASIST training.

Parkrose School District faces a unique challenge due to being a relatively small district with only one high school: Parkrose High School. All of Parkrose High School’s counseling staff and interns have received ASIST training. The school counseling staff is supported by school district psychologists who split time between district schools; all three school district psychologists have also received ASIST training.

The school counseling staff at Parkrose has developed a protocol of requesting psychologist presence when dealing with a student who is in active crisis. One counselor shared, “If I am with a student in crisis, I can easily text “ASIST” to our school psych, who can come meet me to consult.”

Shortly before implementing RESPONSE, Parkrose staff worked with the school board to develop a protocol for responding to a student who expresses suicidal ideation. Parkrose staff has been able to weave RESPONSE and ASIST in to this existing protocol. By the end of the 2011-2012 academic year, approximately 500 students in this district will have gone through the RESPONSE curriculum.

Parkrose High School chose to implement RESPONSE in all freshman health classes, reaching half the freshman class in the fall and the remaining half in the spring. The health teacher intentionally chose to teach the RESPONSE curriculum near the end of the semester, to ensure that the RESPONSE curriculum was delivered in the context of a trusting relationship between the teacher and students.

To date, 138 Parkrose faculty and staff have attended an in-service presentation on RESPONSE. The staff in-service has been conducted twice for all staff at Parkrose High School. Parkrose staff share that having a shorter “refresher” style presentation would be helpful in sustaining suicide prevention efforts at their school; this presentation could be delivered to staff members who have already attended a full in-service.

In the David Douglas School District, RESPONSE is being implemented at two high schools, including one alternative high school. School counseling staff emphasize that creating a

culture where students and staff feel comfortable raising concerns about students and peers that might be at risk for suicide is a critical ingredient to suicide prevention.

Finally, RESPONSE is currently being implemented in three high schools in the Gresham-Barlow District. Each of the schools implemented RESPONSE via their health education classes. In addition to getting the RESPONSE curriculum in their health classes, students also received instruction from school counseling staff either before or after the curriculum was used. School counseling staff typically provided information related to healthy and unhealthy coping mechanisms, the warning signs of depression, and general information about mental health treatment.

By the end of the 2011-2012 school year, 2422 students within Gresham-Barlow will have gone through the RESPONSE curriculum. Approximately 109 school staff members have attended an in-service, and there are five ASIST trained staff spread throughout high schools in this district. Gresham-Barlow staff echoed the sentiment that having a shorter “refresher” in-service to deliver to staff would be helpful to be able to review information about the warning signs of suicide in the years that a full in-service is not needed or not feasible.

Challenges

School staff encountered the following challenges when implementing RESPONSE:

- Challenges in delivering the in-service posed by time constraints inherent in the academic year and focus on instructional training
- School counselors/ mental health staff have limited time and resources with which they can offer support to the health teachers delivering the curriculum
- Varying comfort levels with the topic of suicide among school staff
- Limited time and resources to deliver the RESPONSE curriculum designed for parents

One of the major challenges faced by staff in all districts was finding time for RESPONSE in-service activities. Instead of holding one three-hour in-service, staff in one district needed to fit the material in to two 1 to 1.5 hour sessions.

The following practices fostered successful implementation of RESPONSE:

- Allowing staff to familiarize themselves with asking the suicide question through role play
- Encouraging all school staff, including “front-line” staff such as janitors, campus monitors, teacher aides and secretaries, to attend the RESPONSE in-service
- Using the in-service to create a clear understanding of how a teacher can respond to a student at risk for suicide, and how their role as a helper differs from school mental health staff
- Administering the RESPONSE curriculum after trust and rapport is established between teachers and students
- Collaboration between school counselors and health teachers who deliver the curriculum

Parkrose staff shared that the videos and role-playing activities were valuable in promoting staff awareness related to the warning signs of depression and suicide, as well as increasing staff comfort around asking the question, “Are you thinking about suicide?”

Similarly, staff from Gresham Barlow share that the videos used during the in-service helped teachers and staff to recognize their own attitudes and beliefs about suicide. One person said, “I had the janitor come to me and say, ‘Before going through this training with you, I probably would have reacted like the coach in the video, who just told the kid to get over it. I saw myself in him.’”

Faculty and staff who might have been initially anxious at being asked to learn about how they could help prevent suicide seemed to find comfort in the fact that RESPONSE is geared towards raising staff awareness of signs and symptoms of thoughts of suicide and how to act in response to a student who is at risk for suicide. PPS staff discovered that after conducting the RESPONSE in-service, teachers and staff appeared to be more comfortable bringing at-risk students to the attention of school mental health staff. One counselor shared, “I think our teachers were really worried that they were being asked to provide counseling to students who are thinking about suicide; going through the in-service helped to address those fears and reinforce the idea that more eyes and ears watching for warning signs of depression or suicide help us to do our job better.”

While it is not clear how many students were referred into services as a result of implementing RESPONSE, staff in all four districts felt that the implementation of RESPONSE helped to create an atmosphere where faculty and staff felt more comfortable bringing students at risk to the attention of mental health staff. One counselor shared, “It’s great that we now have art teachers and English teachers bringing us artwork or poetry saying, ‘Is this something to be worried about? Can you check in with this kid?’ That wasn’t always happening before”.

Public Education Campaigns

Multnomah county staff employed a strategy of public education primarily through making the ASIST and QPR trainings widely available to the community. Additionally, Multnomah County staff are working to create a public service announcement targeting the Latino community that will address warning signs of depression and suicide, as well as the importance of help-seeking.

Moving Forward: Sustainability Plan

Annual suicide prevention activities in Multnomah County will include:

- Two ASIST trainings in English
- One ASIST training in Spanish
- Ten QPR trainings
- Continued outreach to schools to encourage implementation of RESPONSE
- Annual meeting of trainers for coordination and scheduling
- Annual meeting with East County schools to support RESPONSE
- Annual meeting with PPS to support RESPONSE
- Recruitment of two - three QPR trainers
- Collaborate with MOU to standardize protocols across schools and school based health clinics to students at risk

Multnomah County has agreed to dedicate a .20 FTE employee to continue oversight of suicide prevention activities within the county. As previously mentioned, ASIST trainers are mostly donating their time as an in-kind contribution, as their time is paid for by their employers.

In the instances where ASIST trainers are not paid for their time by an outside entity, Multnomah County will compensate them with a stipend. Resources needed to continue to offer ASIST trainings also include: space to hold trainings, modest refreshments for participants, and materials for participants. While the previous ASIST trainings were offered at no cost to participants, a nominal registration fee of \$50 will be charged to future participants. This fee will help mitigate the burden of the cost of the trainings, as well as ensure that registered participants will be more likely to attend.

An initial ASIST training conducted exclusively in Spanish occurred May 31-June 1, 2012 and was greatly appreciated by the participants who first language was Spanish. Moving forward, it is anticipated that two English ASIST sessions and one Spanish ASIST session will be offered yearly. Staff-time and resources will also be allocated for an annual meeting of ASIST trainers.

Costs and Revenue

The table that follows summarizes the necessary resources to continue suicide prevention activities in Multnomah County.

Note about costs and income in the proposal to sustain the program: county personnel costs represent existing personnel who have supported the grant project, so no new FTE would be added under this proposal. The ASIST trainers represent a broad consortium of partners donated for the mutual benefit of all. Trainers come from three school districts, the Health Department, the Department of Community Justice and Mental Health and Addiction Services Division. Several trainers receive modest stipends for their services because they are employed by a partner agency who cannot donate their time to the project.

The fees are intended to insure attendance by registered participants because we have had a number of no shows at several ASIST trainings. Community partners who request QPR trainings, have been paying honorariums to help offset the costs of this relatively inexpensive training. It is an excellent community service from Multnomah County in its role as Local Mental Health Authority.

Annual Suicide Prevention Activities	Existing Resources	In-Kind Resources	Income	Annual Cost to County	
Outreach to schools regarding RESPONSE Coordination of ASIST and QPR trainings Conducting trainings Liaison to MOU	.20 FTE Multnomah County employee .20 OA Multnomah County Employee				
2 ASIST sessions in English	2-3 trainers per session	\$3,600 for trainer time \$600 meeting space		\$1,600 trainer stipends \$600 refreshments	
1 ASIST session in Spanish	2 trainers per session	\$1200		\$800 trainer stipends \$200 refreshments	
10 QPR Trainings	1 trainer per session	\$300 for trainer time	\$1,000 in honorariums	\$500 trainer stipends	
Annual meeting with Portland Public Schools (PPS) to support RESPONSE		\$50 building space			
Annual meeting with East County schools to support RESPONSE		\$50 building space			
Annual meeting with trainers for coordination and scheduling		\$50 building space			
RESPONSE curriculum for 10 new schools (\$375 each)				\$3,750	
Recruitment and training of 3 QPR trainers (\$495 each)				\$1,485	
Materials for ASIST trainings (\$40 each x 120 participants)			\$50 fee per participant= \$6,000	\$4,800	
Subtotal Cost and Income			\$7,000	\$13,735	Net Cost \$6735

Conclusion

The financial cost of suicide and suicidal behaviors from medical care and loss of productivity is in the millions of dollars every year. 7 The emotional cost to family, friends and communities is incalculable.

The RESPONSE, ASIST, and QPR programs have reached an estimated 7,213 individuals within Multnomah County. It is clear the suicide prevention activities conducted by Multnomah County in partnership with schools and providers throughout the social service system have increased our community's capacity to respond to youth at risk for suicide. Participants in all three programs reported that the skills and knowledge gained through the trainings enhanced their confidence in their ability to act to prevent suicide among youth.

One participant in a recent ASIST training shared, "People who come to our agency are always telling me their stories and sharing about the burdens they carry... now I know something about what to listen for and what actions I can take to get someone the help they might need if they are thinking about suicide."

By continuing to offer relevant trainings related to the warning signs of suicide and actions people can take to promote help seeking, Multnomah County can strengthen the network of people working with youth across a variety of settings that are ready, willing, and able to prevent suicide.

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