

EHAVIORA PPORTUNI

>>>ARE YOU>>>

14-24 years old with lived experience in behavioral health and/or other systems of care?

>>DO YOU HAVE>>

A passion for amplifying young adult voices, preventing youth suicide, and affecting positive change for your peers in the state of Oregon?



BECOME A YOUTH & YOUNG ADULT ENGAGEMENT ADVISORY (YYEA) COMMITTEE MEMBER TODAY!

WHO IS YYEA

YYEA IS A GROUP OF YOUNG ADULTS, LIKE YOU. WHO HOPE THEIR PEERS LEAD HAPPY HEALTHY LIVES.

TOGETHER, YYEA

- Identifies and advocates for the needs of young people struggling with behavioral health challenges.
- Builds community relationships with youth serving agencies and providers.
- Advises the Children's System Advisory Council and the Oregon Alliance to Prevent Suicide on important well-being issues that matter to youth.
- Meets monthly to plan and organize.

WHAT'S

Being a part of YYEA will challenge you, make you feel good, and have an impact on the lives of young people. All YYEA members receive stipends for their participation and travel to qualifying events. You will have opportunities for leadership growth, professional skill building, networking, personal development and fun!

APPLY TODAY

For more information and to submit an application contact, **EMILY MORRISSEY**:

AND MAKE DIFFERENCE!





https://goo.gl/forms/mG3xRzgcJjlXtX0s1

📞 415-425-1122 🛮 emorrissey@youthera.org





VISION

TO HAVE YOUTH & YOUNG ADULT VOICE INCLUDED AND VALUED IN POLICY AND DECISION-MAKING THROUGHOUT OREGON!

MISSION

WE ARE DEDICATED TO AMPLIFYING YOUTH & YOUNG ADULT VOICES IN DECISION-MAKING ACROSS ALL LOCAL AND STATE AGENCIES INVOLVED IN BEHAVIORAL HEALTH AND SUICIDE PREVENTION.



>>>> WE DO THIS BY:

Identifying and advocating for the needs of young people struggling with mental health and addiction challenges

Building community relationships with youth serving agencies and providers

Advising the Children's System Advisory Council, the Oregon Alliance to Prevent Suicide and other system partners on important issues

WHAT

MEMBERS DO:

- ◆ Attend monthly meetings, occasional group training days and other YYEA events
- ♦ Work on projects the group decides to pursue
- → Improve local and state youth services by lending their voices and experiences to advocate for youth and young adults dealing with behavioral health challenges
- ◆ Take on leadership positions in YYEA, if they'd like

YOUTH ERA

WHAT THE

COMMITMENT IS:

- → Maintain active membership for at least six months
- ♦ Be present and prepared for meetings and activities
- ◆ Respond to YYEA communications in a timely fashion
- Participate in discussions and projects
- ◆ Take on extra roles and responsibilities when needed.
- ★ Keep YYEA a safe and inclusive environment for everyone



YYEA APPLICATION

How to apply: Please fill out the application through the online form at: https://goo.gl/forms/5xlU1gm5owF1Mfdl2 If you have any issues with the online form, you may also download this application, fill it out, and email it to Emily Morrissey EMORRISSEY@YOUTHERA.ORG If you have any questions, please contact Emily through the email above.

IMPORTANT - The Children's System Advisory Council, Oregon Alliance to Prevent Suicide, and the Youth and Young Adult Engagement Advisory Committee are public entities and it is important that you share information with that in mind. We can talk with you further about any specifics not shared in your application. If you don't know what this means, get in touch with us @

Date:	
First Name:	Last Name:
Date of Birth:	Email:
Phone Number:	County:
Address:	
Are you currently enrolled in an education This is not a requirement to be involved. Examples: H	al program?high school, college, vocational or training program, etc.)
If yes, please answer the following.	
School Name:	Major/Field of Study:
Year in school:	
Identities: (optional)	
	Preferred Pronouns:
Can respond with multiple races/identities	Examples: she/her, he/him, they/them
Do you have any other cultural or social identities or experiences you would like to share with us? Examples: LGBTQ+, Indigenous Peoples, Neurodiverse	

What services or communities do you identify with? (Check all that apply)	
\square Mental Health/Wraparound/EASA	
\square Foster Care	
\square Homelessness/housing instability	
☐ I'd prefer not to say	
oung Adult Advisory (YYEA) Committee?	
ring to the YYEA Committee?	
e about most? Please note that behavioral health addictions/recovery.	
r	

Are you able and willing to commit to: (Check all that apply)		
	Maintaining active membership for at least six months	
	Attending YYEA monthly meetings and other YYEA events	
	Keeping in touch with YYEA leadership and responding to communications in a timely fashion	
	Contributing to the success of the committee by participating in discussions and projects, taking on extra roles and responsibilities when needed, and keeping YYEA a safe and inclusive environment for everyone	
Stiper	t types of assistance will you need to participate? Indis and travel reimbursement are available for all meetings and events. Most meetings and events are in Salem or Portland, Oregon. Advanced notice will be given for all events.	
□ T	ransportation (If you do not have a personal vehicle)	
	Accommodations for meetings and events:	
☐ Dietary restrictions/accommodations:		