Alliance
Purpose, Mission and Vision

Our Purpose

The Oregon Alliance to Prevent Suicide is legislatively enacted to advise the Oregon Health Authority on the development and administration of strategies to address suicide intervention and prevention for children, youth and young adults up to age 24.

Our Mission

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

Our Vision

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

Our Values

To be developed

Oregon Alliance to Prevent Suicide Operational Procedures

March 2020

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Introduction

This Operational Procedures manual provides guidance on how the work of the Oregon Alliance to Prevent Suicide (Alliance) is carried out on a day-to-day basis. The procedures align with the Alliance bylaws, SB 707 and public meeting laws and is informed by our standing committees and workgroups. The Alliance staff will review it annually and work with the Executive Committee to update and revise as necessary.

What is the Alliance

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Our Guiding Principles

We organize our work and approach around the Guiding Principles developed by the steering committee for the 2016-2020 Oregon Youth Suicide Intervention and Prevention Plan.
http://oregonalliancetopreventsuicide.org/ysipp.html

1. Suicide is a serious preventable public health problem that negatively affects communities and individual community members.
2. Suicide is complex and arises from the interaction of individual mental and emotional risk factors and family, social and community factors. Suicide touches people of all ages and from all walks of life.
3. Societal attitudes and conditions have a profound effect on suicide and suicide prevention. Everyone with mental health concerns, including those with suicidal thoughts, is to be accepted and supported, without stigma or discrimination.
4. Suicide prevention is the responsibility of the entire community and requires vision, will and a commitment from the state, communities and individuals of Oregon. All Oregonians should adopt Zero Suicide as their aspirational goal.
5. Knowing when and how to ask about suicide saves lives. It is important for everyone to have the competence and confidence to intervene with persons at risk for suicide.
6. Promoting hope and resiliency is central to suicide prevention. Effective suicide intervention and prevention activities promote resiliency, enhance protective factors and reduce risk factors.
7. Quality, accessible services, supports and resources that promote mental wellness and treat mental illnesses are essential to children/youth and to their families and personal support networks.

8. Suicide prevention should be part of adequately funded and supported public and private health systems that address education, awareness, treatment and community engagement. They should include programs by and for youth, families, schools, integrated public and private health systems, and communities, with special attention paid to protect those known to be at high risk.

9. Suicide prevention programs and program materials need to be culturally informed, respectful and developed with the groups for which they are designed based on the best available evidence for safe messaging. They should be trauma-informed, reflect the needs of people who have attempted suicide or lost a loved one to suicide, and ensure the needs of vulnerable populations are addressed, such as LGBTQ youth, young military members, veterans and their families, foster youth, youth with behavioral health disorders and cultural, ethnic and racial groups.

10. Suicide prevention efforts should incorporate knowledge-informed strategies based in research, data, culture and lived experience. Efforts should be responsive to the social, emotional, cultural, educational, physical and developmental needs of each child/youth and family/social supports.

11. Suicide prevention leaders and supporters should challenge and question routine ways of thinking about suicide and have a curiosity and appreciation of diverse points of view

If you have questions or suggestions about these procedures, please reach out to Annette Marcus, Statewide Suicide Prevention Liaison for the Oregon Alliance to Prevent Suicide, amarcus@aocmhp.org

Membership
Appointment
M1

Operational Procedure

A current member of the Alliance may nominate an individual for membership to the executive committee for consideration. The recommendation may be submitted either in writing or verbally to the executive committee for consideration. The executive committee will vet and recommend a nomination to the Oregon Health Authority (OHA) Youth Suicide Coordinator who will forward to the director of OHA. Per the Alliance Bylaws, members will be appointed by the Director of OHA, serve at the discretion of OHA's director and can only be removed by resignation or by the director. See Attachment 1, Alliance Bylaws

As indicated by SB 707, the members of the advisory committee should reflect the cultural, linguistic, geographic and economic diversity of Oregon and must include but need not be limited to:

- Individuals who have survived suicide attempts;
- Individuals who have lost friends or family members to suicide;
- Individuals who have not attained 21 years of age;
- Representatives of state agencies, including but not limited to the Department of Human Services, the Oregon Health Authority and the Department of Education, who provide services to individuals who have not attained 21 years of age;
- Representatives of Oregon Indian tribes;
- Representatives of colleges and universities;
- Medical and behavioral treatment providers;
- Representatives of hospitals and health systems;
- Representatives of coordinated care organizations and private insurers;
- Suicide prevention specialists; and
- Representatives of members of the military and their families.

Per the Alliance bylaws, membership will at a minimum align with the SB 707 requirements and include a minimum of four youth and young adults age 24 or younger. Membership is for a period of three years and is renewable every three years. When the three year-term comes to an end, a member may ask the executive committee to remain on the Alliance. This request may be submitted either in writing or verbally or by Alliance staff[1]. A member intending to resign shall submit a letter of resignation to the Chair, with a copy to the Alliance Staff and to the OHA Youth Suicide Prevention Coordinator.

Alliance staff will track membership attendance and terms and notify OHA and the executive committee of terms coming to an end.

Rationale

The Alliance goal is a membership that aligns with SB 707 and is inclusive and representative of Oregon. The Alliance purposely called out its commitment to youth engagement by formalizing that the council will have a minimum of four youth and young adults age 24 or younger on the council.

[1]Throughout the document, reference to Alliance staff means the Alliance Liaison will lead and may assign or delegate tasks to other on staff for the Alliance.

Operational Procedures

Per the Alliance bylaws, affiliates are individuals interested in participating in Alliance committees, quarterly meetings or other Alliance activities and who have not been appointed as a member by the director of OHA. Affiliates may provide feedback and help in development of policy but are not voting members

Alliance members, staff, partners and affiliates may recommend someone who is interested in participating in Alliance activities to a committee chair and/or workgroup leader for consideration. It is a less formal process than nomination for membership and an affiliates time with the Alliance may vary depending on the activity in which they engage.

The Alliance staff and/or a committee member will provide an orientation and support an affiliates engagement in an activity by sharing information specific to their choice of activities. Orientation may be one-on-one, small group or through a quarterly meeting Onboarding session.

The expectation for affiliates is consistent participation in the Alliance activity of their choice – quarterly meetings, committee work, workgroups, or other activities. To facilitate participation, Alliance staff is available to answer questions and provide additional materials. For youth and young adults, the Youth YEA provides additional support to ensure a positive experience.

Rationale

The Alliance actively seeks out individuals who are interested in participating in Alliance committees, quarterly meetings or other Alliance activities who are interested in participating. The goal is to be inclusive and bring a variety of voices to the table. To achieve this goal and continue to build statewide momentum to prevent suicide, we welcome individuals with various life experiences, interest and expertise to join our effort.

Membership Expectations
M3

Operational Procedures

Prior to an individual joining the Alliance, the candidate will be provided information about expectations for member participation. Either staff or a current member of the Alliance may share the following to be sure the candidate is aware of the expectations of members:

Participation

- Attend three (3) out of four (4) quarterly meetings
- Actively participate in a committee or an ad hoc workgroup
- Complete the annual Alliance assessment survey
- Communicate the needs and concerns of their constituencies to the Alliance.
- Communicate issues under consideration by the Alliance to their constituencies to obtain feedback.
- Be open to including youth voice and supporting meaningful youth involvement.
- Participate in decision-making with timely responses and by voting in person or by phone.
- Be aware of the guidelines for discussing traumatic events and suicide in public meetings.

Engagement

- Be familiar with the Oregon Youth Suicide Intervention and Prevention Plan (YSIPP) and the responsibilities it designates for the Alliance. See Attachment 2, Summary of YSIPP 2016-2020
- Learn about and share best practices in suicide prevention, intervention, treatment, and postvention.
- Support Alliance public policy agenda and other initiatives, and advocate for them as appropriate.
- Alliance members may find that at times they are representing the Alliance and other times representing either their organization or their own perspective/opinion. It is always important to be clear about which "hat" they are wearing when speaking with someone. The Alliance staff are available to assist and provide materials to help members appropriately represent the Alliance. *See Communications, CW1 and CW2.*
- Consider mentoring or sponsoring a youth/young adult. Youth/young adults are encouraged to ask for a mentor and Alliance staff will be available to assist in identifying available mentors.

Rationale

The Alliance is committed to engaging members in meaningful ways and believes it is best to start the process with a clear understanding about expectations for participation in the Alliance. There are many avenues available to members and affiliates to actively advocate for and work with others on suicide prevention, intervention and postvention strategies. The Alliance relies on an engaged and dedicated membership to bring about hope, health and healing for communities, families and individuals throughout Oregon.

Membership
Orientation
M4

Operational Procedure

The Alliance staff will provide an orientation for new members and affiliates. Orientation will include a brief history of the Alliance and the Youth Suicide Intervention and Prevention Plan (YSIPP), Alliance structure and bylaws, current activities/projects, trauma informed guidelines for discussing suicide, and expectations. Orientation will generally be provided at a quarterly meeting during a pre-meeting session. Other options include a small group presentation between quarterly meetings if that better meets the needs of incoming members and affiliates.

New members will be asked to complete a brief survey focused on demographics and areas of interest and expertise. The survey will be administered by staff and the collected data will be for internal use only. Alliance staff will summarize data and share with the appropriate committee for purposes of informing membership recruitment and identifying areas of interest and expertise.

Alliance members and staff will provide meeting notices and minutes, share pertinent information via email and the Alliance website, and are available through email and phone conversations between meetings. Alliance staff are to support all members and for those with accommodation needs such as translation services and access. These supports are in place and will be available throughout a member's tenure on the Alliance.

Rationale

In order to fully engage members in meaningful ways, it is essential the relationship begins with an orientation to familiarize members and affiliates with the Alliance and its work. While orientation is the foundation for an informed membership, it is understood that ongoing communication and information sharing is critical to achieving Alliance goals. Staff and committee chairs are committed to keeping members abreast of Alliance work and activities.

Operational Procedure

The Alliance and its staff will coordinate with the Oregon Health Authority, youth[2] serving organizations and youth led organizations to recruit youth to become members of the Alliance. Nomination and appointment process for youth candidates will follow the same process as any other candidate for membership.

An orientation specific to youth will be provided and include a brief history of the Alliance, its mission and purpose, options for participating in committees and workgroups, meeting guidelines, and guidelines for discussing traumatic events and suicide in public meetings.

In addition to an orientation, Alliance staff will provide ongoing support to ensure youth are engaged in Alliance work, feel welcomed and their voice valued. Whenever possible, a mentor or adult ally will meet with youth before meetings to review the agenda and meeting materials, answer questions, and encourage their participation in discussions and activities.

Rationale

Youth engagement is a fundamental value of the Alliance. The Alliance recognizes that to achieve its mission of reducing youth suicides across Oregon, it must develop policy and services in partnership with young people and actively seek out youth voice and leadership. The Alliance looks to the Hart's Ladder of Youth Engagement when assessing how it is engaging youth. See Attachment 3, Hart's Ladder of Youth Engagement.

[2] Youth refers to youth and young adults 24 years of age and younger.

Operational Procedure

The election of the Alliance Chair and Vice-Chair occurs at the fall quarterly meeting. Prior to the meeting, nominations are submitted to the Executive Committee either by email to the Liaison or directly to the current chair. Nominations my come from any member, including self-nomination. A candidate for the alliance chair position must be an appointed member and active on one of the standing committees for a minimum of one year.

Members of the Alliance must be present in person or by phone to vote; each member may cast one vote per position. The term of office is 2 years. At the end of the two-year term, the vice-chair may also serve two years as chair provided members have elected them to the position of Alliance chair.

The Alliance Chair also serves as chair of the Executive Committee. The Vice-Chair serves as the co-chair of the Executive Committee and stands in for the Chair in his or her absence.

Rationale

The Alliance Bylaws provides direction on electing leadership and the term of office. Having a chair and vice-chair structure allows for leadership coverage in the event the chair is absent or unable to fulfill their term.

Operational Procedure

Voting

Each appointed Alliance member is entitled to one vote on any matter referred to the full membership. In order for a vote to be taken, a quorum is required. A quorum will be 50% plus one of those present who are appointed members. Decisions will be made by majority vote of the quorum.

If a motion is made and seconded at a quarterly Alliance meeting, all members who are presents either in person or by phone will participate in the vote. A motion will pass with a simple majority in favor of the motion. Quarterly meeting minutes will indicate the number of yea, nay and abstention votes were cast. Per the Oregon Public Meeting Law, voting is not allowed by email. Committee chairs or any member may submit motions for a vote to the Executive Committee and at quarterly meetings. Voting at a committee meeting will follow the same requirements as those of quarterly meetings.

Per the Alliance bylaws, a designee may be delegated by an Alliance member to represent the member by attending and voting at a quarterly meeting. A member will notify the Alliance staff and the Chair in advance if they are sending a designee or will miss a meeting.

Non-voting participants include OHA/Health Systems Division Representative, OHA Public Health Representative, adult allies who attend meetings to support youth and affiliates.

Time Sensitive Matters

Time sensitive matters are those which require attention before the next scheduled quarterly meeting. Any Alliance member may propose a time-sensitive matter for a vote. The process is:

- Member submits the request to the Alliance staff
- Alliance staff are responsible for bringing the matter to the Executive Committee Chair and committee members
- When time allows, feedback will be gathered via email from all Alliance members
- When there is a time constraint, the Executive Committee will discuss and vote on the issue
- No less than three business days will be allowed between an issue being raised and voting
- Executive Committee voting will be conducted by conference call and voting results will be included in the Executive Committee meeting minutes
- Voting results will shared with Alliance members by email and at the next scheduled quarterly meeting

Per the Alliance bylaws, the Executive Committee is authorized to vote on policy recommendations and take action between quarterly meetings on behalf of the full Alliance as needed. The Executive Committee will only vote to support proposals that align with the Alliance-approved legislative agenda, are specifically mentioned in the YSIPP, or otherwise have been approved by the Alliance membership. If an issue arises other than those in the approved legislative agenda, specifically mentioned in the YSIPP, or have been approved by the Alliance membership, it will be brought to the Executive Committee and the full Alliance will be informed by email and any decisions will be documented in the minutes.

Rationale

The Alliance needs to nimble and responsive to changing situation or emerging policy. These procedures balance being responsive while at the same time ensure members have opportunity to provide feedback on issues. It is important that members have a clear understanding of the decision-making process. The bylaws provide the decision-making policy and the procedures address how the policy is carried out.

Operational Procedures

Per SB 707, members of the advisory committee other than members employed in full-time public service may be compensated for their services and may be reimbursed by the Oregon Health Authority for the member's actual and necessary expenses incurred in the performance of the member's duties. Members of the advisory committee who are employed in full-time public service may be reimbursed by the member's employing agency for the member's actual and necessary expenses incurred in the performance of the member's duties. Reimbursements under this subsection are subject to the provisions of ORS 292.210 to 292.288.

To submit a request for a stipend or reimbursement, see Attachment 4. Alliance staff will assist with the process.

Rationale

The Alliance values participation of youth and young adults, family members and persons with lived experience. The Alliance recognizes that expenses incurred while participating in Alliance activities may be a barrier to participation. Stipends and reimbursements are intended to reduce this barrier.

Operational Procedures

Members may volunteer for a committee or be requested to join a particular committee or workgroup based on interest and/or expertise. During a member's term, they may sit on more than one committee or workgroup. Participants of workgroups may include Alliance members, affiliates, and individuals with a specific interest/expertise or representative of a specific population.

With the exception of the Executive Committee*, each committee selects a chair and may choose to use a co-chair model. Committee chairs serve for a one-year and begin their term at the committee meeting following the fall quarterly meeting of the full Alliance. A committee chair may serve for more than one term provided the committee so chooses. All committee chairs are members of the Executive Committee, however, if the committee uses a co-chair structure only one of the co-chairs serves on the Executive Committee.

**See Committee and Workgroups, CW2 for Executive Committee detail.*

Committee chairs are responsible for reporting committee activities and recommendations to the Executive Committee and work with the Executive Committee to review, revise and adopt these recommendations. Committee chairs coordinate with Alliance staff to prepare and submit a report on committee activities to the full Alliance at quarterly meetings.

Workgroups, like committees, will determine who will chair their meetings. Should the workgroup elect to use a co-chair structure, the group will select a co-chair. Workgroup chairs in their capacity as chair are not members of the Executive Committee. However, members of the Executive Committee may participate on a workgroup and as such remain a member of the Executive Committee.

Alliance staff responsibilities are to coordinate with the committee chair to develop meeting agendas and meeting materials, record committee meeting minutes, and circulate these items to committee members via email. Staff also post meeting agendas, materials and minutes on the Alliance website http://oregonalliancetopreventsuicide.org/

Rationale

Alliance work is moved forward through its committee structure and ad hoc workgroups. Standing committees are determined at the fall meeting of the full Alliance and are based on current goals and priority areas. Throughout the year, ad hoc work groups, often time limited, are commissioned by the Executive Committee for a specific scope and purpose. The committee and workgroup structure is the most efficient way to achieve goals, plan and organize activities and complete priority areas for the Alliance.

Operational Procedure

The Executive Committee oversees all committees, workgroups, and activities of the Alliance and organizes Alliance business. It meets prior to each quarterly meeting of the full Alliance and holds additional meetings as needed. The Alliance bylaws direct the Executive Committee to:

- Develop an agenda for each full Alliance quarterly meeting
- Review and approve recommendations or proposals from each of the committees
- Recommend new or updated policies and procedures and other items to the full Alliance
- Make decisions between meetings on behalf of the Alliance membership
- Make recommendations to OHA on new Alliance members
- Make policy recommendations to OHA
- Prioritize special projects, especially those focusing on diversity, equity and inclusion and groups that are at disproportionate risk of suicide.

Executive Committee Membership is comprised of:

- Alliance Chair
- Alliance Vice-chair
- Standing committee chairs
- OHA/Health Systems Division Representative (non-voting)
- OHA Public Health Representative (non-voting)
- Two persons identifying as having direct lived experience of intrusive suicidal thoughts, urges and/or behaviors (including suicidal attempts).
- A person with lived experience identifying as a bereavement loss survivor (i.e. family member of a person who attempted or dies by suicide)
- Two young adult representatives, who may be supported at executive committee meetings by a non-voting adult ally.
- Up to two at-large members
- A healthcare provider
- A person representing schools (K-12) or colleges and universities

Alliance staff responsibilities are to coordinate with the committee chair to develop meeting agendas and meeting materials, record committee meeting minutes, and circulate these items to committee members via email. Staff also post meeting agendas, materials and minutes on the Alliance website.

Rationale

The Alliance bylaws set forth the organizational structure whereby the Executive Committee is responsible for organizing Alliance business. Committee chairs sit on the Executive Committee to ensure continuity of communications across committees and workgroups and to maintain alignment of all work with Alliance goals, policy positions and YSIPP action steps.

Operational Procedure

Each committee will have a committee chair who is tasked with facilitating meetings, ensuring goals are met and deliverables completed. Committee chairs will coordinate with the Alliance staff to develop monthly meeting agendas and materials. Alliance staff will send meeting notifications and materials to committee members one week in advance of the regularly scheduled meetings. Staff are also responsible for reserving a meeting space that is open to the public and ADA compliant, arranging for distant technology, posting public meeting notice and recording minutes.

Alliance staff will draft minutes, route to committee members for approval at the next scheduled meeting and post approved minutes on the Alliance website. Alliance staff will track progress on committee and workgroup action steps and report status of action steps at meetings.

With Alliance staff support, ad hoc workgroups will follow the same procedures for their meetings

Committee and workgroup meetings will follow Oregon's Public Meeting Law, ORS 192.610 – 192.690. See Attachment 5, Public Meeting Requirements.

The Alliance has established the following meeting norms for all meeting:

1. Chair calls on people to speak
2. Remember to include phone participants
3. No assumptions—except for best intentions.
4. Step up, step back. (Be aware of how much you are speaking. Create space for others.)
5. Correct gently but do correct if something is offensive.
6. Lean into discomfort. (Be willing to experience some discomfort in service of learning from each other and honoring diverse perspectives.)
7. Take good care of yourself emotionally and physically during meetings.
8. Uphold commitments
9. Avoid Acronyms
10. Be Trauma Informed (see Attachment 7)

Rationale

Alliance committees and workgroups rely on agreed upon practices related to meeting notification, location and distant participation arrangements, recording/posting minutes and tracking progress on committee/workgroup action steps. These standard procedures make sure there is consistency of meeting operations across the Alliance structure. And importantly, the established norms are the agreements participants make to thoughtful interaction within the group.

Operational Procedure

Per the Alliance bylaws, each committee will establish annual goals and action steps each year in the fall. Committees will use the SMART goal format for developing and recording their goals. The goals will be based on items in the YSIPP related to individual committees and Alliance priority areas and policy agenda. See Attachment 6, SMART Goals Format.

During monthly meetings, the committee chair and Alliance staff will review progress on action steps and deliverables. The Alliance Liaison will include a written update on progress with the monthly meeting agenda. The committee chair will provide a quarterly progress report to the Alliance staff for inclusion in quarterly meeting materials.

Rationale

The Alliance, as an advocacy organization, works to influence and change policy at the legislative and practice level for the purpose of preventing children, youth and young adults suicide. The policy work of the Alliance, particularly items in the YSIPP, is carried out through committees and workgroups with input from advisory groups. The annual cycle of reviewing the progress on prior year goals and establishing new goals is intended to keep the organization's primary purpose of advocacy in the forefront of all work.

Operational Procedures

Advisory groups are groups that represent a particular population or cultural perspective, may have a defined area of interest or have specific expertise. The Alliance looks to advisory groups to inform its work by reviewing materials, suggesting policy, providing feedback and direction on policy, and/or taking on a specific project. An advisory group is not one of the standing committees with representation on the Executive Committee. They do not have decision making power for the Alliance and not subject to public meeting laws. These groups often represent an underrepresented voice.

Alliance staff or Alliance member may participate in an advisory group that routinely informs Alliance work. Staff and/or members who attend advisory group meetings are responsible for reporting back to the Alliance of the advisory group's work and their recommendations/feedback on Alliance materials, policy and special projects.

Rationale

The Alliance values the perspective, expertise and input from advisory group particularly those representing populations at high risk for youth suicide. The Alliance actively seeks input from advisory groups and encourages their participation in Alliance suicide prevention, intervention and postvention efforts.

Operational Procedure

Quarterly Meetings

The full Alliance membership will meet quarterly. The Alliance staff are responsible for reserving a meeting space that is open to the public and ADA compliant, arranging for distant technology, sending out meeting notification and materials, posting public meeting notice and drafting minutes for membership approval. Meeting notices, agenda and materials are posted on the Alliance website.
http://oregonalliancetopreventsuicide.org/

Prior to the quarterly meeting, the Alliance staff will coordinate with the Executive Committee to develop an agenda and identify meeting materials. At the discretion of the Alliance staff, a new member orientation session may be offered half an hour before the quarterly meeting is convened.

A designee may be delegated by an Alliance member to represent the member by attending and voting at a quarterly meeting. Members will notify the Alliance staff and the chairperson in advance if they are sending a designee or will miss a meeting. *See Decision Making M7 for details on voting.*

Alliance meetings will follow Oregon's Public Meeting Law, ORS 192.610 – 192.690.

A standard practice for Quarterly meetings is to begin with:

- Review – a quick review of what has been done to date
- Preview – a brief description of what the group is about to do
- Big View – explanation of how the previewed agenda items fit into the overall objective of the meeting

Opening comments will also include a review of the following meeting norms established by the Alliance:

1. Chair calls on people to speak
2. Remember to include phone participants
3. No assumptions—except for best intentions.
4. Step up, step back. (Be aware of how much you are speaking. Create space for others.)
5. Correct gently but do correct if something is offensive.
6. Lean into discomfort. (Be willing to experience some discomfort in service of learning from each other and honoring diverse perspectives.)
7. Take good care of yourself emotionally and physically during meetings.
8. Uphold commitments
9. Avoid Acronyms
10. Be Trauma Informed

In keeping with the goal of all meetings being Trauma Informed, a designated caring contact will be available at all quarterly meetings. See Attachment 7, Discussing Traumatic Events and Suicide in Public Meetings.

Special meetings

Special meetings held in person or via conference calls may be scheduled as needed.
See Decision Making, M7

Rationale

Standardizing the protocols and procedures for Alliance quarterly meetings makes for an organized approach to conducting Alliance business. These procedures provide Alliance members and affiliates a predictable structure that is compliant with public meeting law, offers a trauma informed environment for meetings, and operates with agreed upon a set of norms. The goal of this structure is to create an environment where all voices are heard and respected and Alliance business is successfully completed.

Operational Procedure

The Alliance staff are responsible for sending the public meeting notice to PHD.Communications@state.or.us a minimum of 7 days prior to all meetings, including committees and workgroups. Special meetings must provide at least a 24-hour notice. The Attorney General's Public Records and Meetings Manual may be found at https://www.doj.state.or.us/oregon-department-of-justice/public-records/attorney-generals-public-records-and-meetings-manual/

Meeting notices and materials must be in 14-point Arial to be Americans with Disability Act (ADA) compliant. The Alliance staff are also responsible for arranging meeting space that can accommodate persons with disabilities and interpreters. A public request for an interpreter must be made at least 48 hours before the meeting by contacting Alliance staff. See Attachment 5, Public Meeting Law Requirements.

Rationale

Because the Alliance is subject to the Oregon Public Meeting Law, all meetings, including committees, subcommittees and advisory groups must provide notice to inform the public and all interested parties about the time, place and agenda of meetings.

Website
Maintenance and Management
W1

Operational Procedure

Ongoing management of the Alliance website is the responsibility of the Alliance staff with oversight by the Outreach and Awareness Committee. The website provides general information about the background, structure and meeting minutes of the Alliance, Youth Suicide Intervention and Prevention Plan (YSIPP), regional suicide prevention coalitions, announcements, resources and links to suicide prevention resources. The University of Oregon Suicide Prevention Lab (U of O) provides support for ongoing maintenance and assist with updates to website design.

Ongoing maintenance entails removing dated material, adding materials, and working with the U of O to troubleshoot problems and find solutions to site issues. http://oregonalliancetopreventsuicide.org/

See Web Posting WP1 and WP2 for guidance on posting materials.

Rationale

The Alliance website was developed by the University of Oregon (U of O), Suicide Prevention Lab in concert with the Alliance Liaison. The Liaison was involved in all phases of the website development and provided direction on function and design to the U of O team. The Outreach and Awareness Committee received regular updates and provided feedback on content and design. Until such time that additional funding enables the Alliance to hire a website manager, it is reasonable and practical that the Liaison manage the website with oversight by the Outreach and Awareness Committee.

Operational Procedure

In order to ensure consist messaging about the Alliance's position on policy, the Alliance Executive Committee will review and approve policy statement documents generated either by Alliance staff or Alliance committees prior to staff releasing and/or posting the documents on the Alliance website. For example, policy type documents may be in the form of white papers, letters to the Editor, excerpts from other publications, or documents describing Alliance policy priorities.

Annually the Alliance develops a policy agenda to reaffirm existing policy positions and statements and provide direction new work. Alliance staff, in consultation with the Outreach and Awareness Committee, will develop materials and statements that align with the policy agenda and promote the Alliance and its mission.

The procedure for Executive Committee review, feedback and approval of policy statement type of written work products is as follows:

- Committee chairs coordinate with Alliance staff to develop and prepare materials.
- Alliance staff circulates prepared materials via email to Executive Committee members prior to regularly scheduled meetings; the timeframe for sending materials to committee members may vary based on how time sensitive the request for approval is. For example, during a legislative session a document or testimony statements may have an immediate due date and require a short turnaround time for approval. *See Meeting Guidelines MG1, Special Meetings*
- Executive Committee Chair will move items forward for approval by committee members or based on feedback, request members return an item to the originating committee for changes and resubmission for approval.
- Alliance staff will be responsible for posting approved materials on the Alliance website.

It is important to note that testimony generated by Alliance committees, generally during Legislative sessions, may either be in support or opposition to legislative bills. Testimony may be in the form of an Alliance member's personal experience and/or argument either in favor or opposing pending legislation. When time allows, testimony will go to the Executive Committee for feedback. During the legislative session, turn around must be quick and Executive Committee feedback/approval may be requested on short notice.

To prevent a delay for approval, posting and/or distribution of policy related materials, Alliance committees are advised to follow safe messaging standards. When submitting materials to the Executive Committee for review and approval, be mindful of allowing enough time for committee member review and provide feedback prior to scheduled meetings.

Rationale

The Executive Committee membership is comprised of all committee chairs and other individuals who can ensure consistent messaging about Alliance policy positions. To keep work moving, it is necessary to have an annual policy agenda to assist staff in developing written work products with various committees. It is also necessary to have procedures in place to facilitate timely review, feedback, approval and distribution of completed materials.

Operational Procedure

Items that are not policy oriented do not require Executive Committee review and approval before posting on the website unless the Outreach and Awareness Committee deems it necessary. The Outreach and Awareness Committee is responsible for oversight of the website and in that role will also be responsible for approval of posting the following items. These items may be generated by standing committees of the Alliance as well as Alliance staff. Staff will always seek feedback from the committee and/or workgroup most closely associated with the documents being generated. *For items not listed below, see Web Posting WP2*

- General information about the Alliance
- Agendas and minutes of Alliance meetings
- Announcement of events and activities
- Resource and advocacy materials – for example, the guidance documents that support SB 52 implementation, committee generated papers and/or interviews.
- Links to suicide prevention, intervention and postvention sites
- Lived Experience Stories – may be in the form of a personal story and developed through committee work or as a supporting document for outreach materials, meetings or presentations

The Alliance staff will generally be responsible for the development of these items and will request review by the Outreach and Awareness Committee before posting. Documents will align with the Alliance mission and values of hope, health and healing. Documents will support Alliance policy positions and follow safe messaging guidelines.

Rationale

The Outreach and Awareness Committee is responsible for action items in the Youth Suicide Prevention and Intervention Plan that have to do with to messaging about suicide prevention, communication among people and organizations working in the field of youth suicide prevention, intervention and postvention and publicity about suicide issues. The committee is committed to working closely with Alliance staff to develop and distribute materials that promote and further the work of the Alliance and align with the policy agenda. All materials will follow safe messaging guidelines.

Operational Procedures

This guidance has emerged over time and is provided to give clarity on engaging with legislators and/or legislative staff. Generally, it is Executive Committee chair and vice-chair and the Alliance Liaison who are the spokespersons on behalf of the Alliance. When appropriate, an Alliance committee chair or member with subject matter expertise or perspective will be asked to be a spokesperson. Alliance members are encouraged to do ongoing work with legislators, however, it is important that members are clear when they are representing the Alliance and when they are representing a personal perspective or their organization's position.

The Liaison may be called upon on short notice to provide information to legislators and/or legislative staff. In those instances, the Liaison may speak to the work of the Alliance within the following parameters:

- Policy – Alliance and/or Executive Committee approved policy agenda and priority areas
- Decisions made and voted on by the Alliance and/or Executive Committee
- Annually established Committee SMART goals and progress toward completion
- Creating a positive narrative - messaging that aligns with Alliance Communication Plan and Alliance values of Hope, Help and Healing
- Suicide Prevention, Intervention and Postvention data, including surveys such as Oregon Healthy Teens, data provided by trusted sources such as Centers for Disease Control (CDC), Oregon Health Authority (OHA), and the University of Oregon (UO)
- Research backed statements (i.e. more women and girls survive suicide attempts than men or boys)
- Youth Suicide Intervention and Prevention Plan – background information, goals and progress on action steps

There are times when an Alliance member or affiliate may be in a conversation with a legislator and/or legislative staff about suicide prevention. It is important a member or affiliate is clear and pointed about whether they are speaking on behalf of the Alliance or representing their organization or personal perspective. The guidelines for conversations with legislators and/or legislative staff are:

- Speaking on behalf of the Alliance - Talking points are available, check with Alliance staff for the most current materials. The Alliance asks that members and affiliates stay within the parameters of the talking points and offer no comment or opinions on past or current Alliance work. If further information is requested about the Alliance or its work or if there are questions, refer the legislator and/or legislative staff to the Alliance Liaison.

- Representing yourself or your organization – be clear about what organization you are representing or if you are sharing a personal opinion or experience. Let the legislator and/or legislative staff person know you participate in the Alliance, what your participation is and that you support the work of the Alliance, however, your conversation reflects you or your organizations position.

  For example, many Alliance members are supportive of legislation around safe storage of guns, yet the Alliance has not officially taken a stand on that legislation. Before providing a perspective or opinion

on the legislation, remind the legislator and/or legislative staff you are speaking for yourself and/or your organization rather than offering an endorsement on behalf of the Alliance.

- When sharing a personal experience, the Alliance asks that members and affiliates review the guidelines for Discussing Traumatic Events and Suicide in Public Meeting. A personal story can be very powerful, it is one way to share why the work of the Alliance is critical and may motivate policy change. Should a member or affiliate need assistance preparing for a presentation or conversation with a legislator and/or legislative staff, the Alliance staff are happy help. See Attachment 7, Discussing Traumatic Events and Suicide in Public Meetings.

Rationale

This procedure provides necessary direction about speaking on behalf of the Alliance when talking with a legislator and/or legislative staff. The Alliance recognizes that being nimble is important particularly if there is a time constraint on responding to a verbal or written request for information or a position statement about the Alliance or suicide prevention in general. However, it is equally important to have clear boundaries about who may share what in response to a conversation or request for information.

Operational Procedures

At first contact with media, staff will brief AOCMHP Executive Director who provides oversight to the Alliance. The briefing will generally provide background on the area of interest of the media, suggestions on approach to answering the request (respond, delay response, refer to another agency or person with expertise if appropriate), the Alliance position if the Alliance has taken one, and next steps to responding to the media request. For request from media that are not time sensitive or of a sensitive nature, such as basic information about the Alliance and its work, the Alliance Liaison may provide the information and inform AOCMHP of fulfilling the request.

Generally, the Alliance Liaison and/or Executive Committee chair and Vice-Chair are designated as spokespersons for the Alliance. When appropriate, a member with subject matter expertise or perspective relevant to the story will be asked to contribute or respond. The Alliance Liaison will coordinate the response.

In the instance of an emerging situation such as high-profile deaths, upcoming movie/media release that may have content that may be harmful or content the Alliance would like to promote, the Executive Committee and Outreach and Awareness Committee will work with Alliance staff to develop a public statement. Messaging will align with safe messaging guidelines and national organizations such as American Foundation for Suicide Prevention and the American Association of Suicidology.

When Alliance staff and members are approached by media for a comment or for information, it is important to not speak to things that are outside of your expertise. The general rule is to connect media with subject matter experts, local coalitions, and resource organizations. When in doubt, contact the Alliance Liaison for materials and other assistance.

Rationale

It is not uncommon for interactions with media to end with unintended consequences. The Alliance recommends taking time to be thoughtful about a responding to a media request and following Alliance protocol and procedure. Maintaining informational materials about the Alliance and suicide prevention, position statements and a resource list of subject matter experts facilitates a positive interaction with the media.

Operational Procedures

Per the Alliance bylaws, the Executive Committee will only vote to support proposals that align with the Alliance-approved legislative agenda, are specifically mentioned in the YSIPP, or otherwise have been approved by the Alliance membership.

A request for endorsement to support a proposal such as a grant application, legislation, and policies put forward outside of the Alliance may be submitted to the Executive Committee or full Alliance for consideration. If approved, Alliance staff will coordinate with the Executive Committee to satisfy the request. That may mean developing a document/position paper, writing a letter, or simply providing a copy of the Alliance logo. *See Decision Making M7 for details on the approval process*

Request for Grant Application Letter of Support

The Alliance generally provides a letter of support for grant applications that align with its priority areas for suicide prevention, intervention and postvention. The Alliance also generally supports state agency grant applications seeking federal funds. Letters of support will be generated by Alliance staff, once the approval for support process is completed, and routed to Executive Committee members for feedback. The Executive Committee will provide feedback within three days. The Alliance staff will be responsible for sending the letter of support to the requesting entity. In the case of multiple Alliance member organizations applying for the same grant, Alliance will not provide support but will take a neutral stand.

Endorsement of Legislation/Policy Initiatives

The Alliance may be requested to join others in advocating for legislation/policy initiatives related to suicide prevention, intervention and postvention measures. This support may be in the form of using the Alliance logo or providing testimony. The Alliance staff, in consultation with the Executive Committee, will offer support of initiatives that align with Alliance policy positions. If the endorsement request is outside of the Alliance policy position, the request will go to the Executive Committee at its next scheduled meeting. Time sensitive requests follow the Decision Making procedure as detailed in *Decision Making, M7.*

Request to Co-sponsor an Event

The Alliance may be requested to co-sponsor events such as guest speakers, conferences and community meetings. Events that align with the Alliance mission and priority areas help further the work of building a statewide network of suicide prevention efforts. Alliance staff will assess if endorsing an event is in alignment with the Alliance efforts and if it is, provide an endorsement. If there is some question about whether or not to provide an endorsement, staff will consult with the Outreach and Awareness Committee for direction.

Rationale

Alliance endorsements are a viable means of supporting suicide prevention efforts and policy initiatives that align with its mission and priority areas. This procedure provides a process for responding to an endorsement request and is consistent with Alliance decision making procedures.

Operational Procedure

One of the charges of the Outreach and Awareness Committee is to develop communication hubs around the state to connect the field of suicide prevention. Communication hubs are comprised of local coalitions which play a key role in advocating for and educating about suicide prevention, intervention and postvention. Alliance staff, with the assistance of the U of O Suicide Prevention Lab, have identified local coalitions located around the state. See the Alliance website for coalition information http://oregonalliancetopreventsuicide.org/regional-coalitions.html

Making contact with coalitions is the responsibility of Alliance staff. Contact may be face-to-face meetings, by phone and webinars. Staff coordinated with the Outreach and Awareness Committee to develop an outreach packet which contains information about the Alliance and its communication hubs, a list of coalitions statewide and an article about how networks accelerate knowledge development and dissemination. Staff use the packet as a guide for their outreach activities and are responsible for ongoing review and updating of the material.

The Alliance is interested in engaging people across the state in its suicide prevention efforts and encourages its member and affiliates to participate in reaching out to share information about the Alliance. Staff will provide materials and guidance for members and affiliates who wish to join the outreach effort.

Rationale

Spreading the word about the Alliance and its work is contributing to a statewide suicide prevention movement. The Alliance staff are on the front line of reaching out to local coalitions to share information about the Alliance, engage them in sharing about their efforts, and connecting the field in ways to promote suicide prevention. To strengthen the outreach effort, the Outreach and Awareness Committee and staff encourages and support Alliance members and affiliates who wish to participate in outreach activities.

Attachments

1 - Alliance Bylaws

2 - Youth Suicide Intervention and Prevention Plan (YSIPP) 2016 – 2020 edition

3 - Hart's Ladder

4 – Stipends and Reimbursements

5 - Public Meeting Law Requirement

6 - SMART Goals

7 - Discussing Traumatic Events and Suicide in Public Meetings

Attachment 1

Oregon Alliance to Prevent Suicide
Bylaws

Background on the Alliance

Suicide, a major public health issue nationally, is the second most common cause of death for youth and young adults up to age to 24 in Oregon.

In 2014, the Oregon State Legislature mandated development of a 5-year plan to address Oregon's high rate of suicide among individuals aged 10 through 24. The Oregon Youth Suicide Intervention and Prevention Plan (YSIPP) was signed by the Oregon Health Authority (OHA) and submitted to the Legislature in January 2016. The YSIPP calls for the creation of the Oregon Alliance to Prevent Suicide to develop a public policy agenda for suicide intervention and prevention across agencies, systems, and communities.

In 2019 Oregon's legislature passed SB 707 which put the Alliance in statute as the Youth Suicide Intervention and Prevention Advisory Committee, amending ORS 418.731 and 418.733. The Oregon Alliance to Prevent Suicide (Alliance) is serving in this role.

Purpose and Responsibilities

The Alliance is charged with overseeing implementation of the YSIPP and evaluating outcomes related to suicide prevention in Oregon. The purpose of the Alliance is to serve as an advisory to the OHA with a goal of reducing youth suicides in the state of Oregon. Alliance members are appointed by the OHA to develop a public policy agenda for suicide prevention, intervention, and postvention across agencies, systems, and communities. The Alliance seeks to:

- Promote a sense of **hope** and highlight recovery and resilience,
- Make it safe to ask for **help** and making sure that help is available at the right time.
- Engage individuals and communities in the **healing** process after an attempt or suicide.

Responsibilities of the Alliance Include:

- Advise the OHA on the development and administration of strategies to address suicide intervention and prevention for children, youth and young adults through 24 years of age.
- Recommend potential members to OHA for appointment to the Alliance

- Promote a coordinated approach with the State for youth suicide prevention.
- Develop a plan to foster and sustain statewide policy development and leadership in suicide prevention.
- The Alliance consults with the Youth Suicide Intervention and Prevention Coordinator on updates to the YSIPP under ORS418 733.
- Develop a policy agenda for suicide prevention that identifies state policy priorities and communicate the agenda to state and local policymakers.

Alliance Structure and Membership

Members will be appointed by the Director of OHA. Members serve at the discretion of OHA's director and can only be removed by resignation or by the director. Membership will at a minimum align with the SB707 requirements and include a minimum of four youth and young adults age 24 or younger.

Any current member of the Alliance may recommend an individual for membership to the executive committee. The executive committee will submit recommendations to the director of OHA. Candidates must be confirmed and appointed by OHA's director.

Membership is for a period of three years and is renewable every three years. At the end of each term members may ask to stay on the Alliance. The Executive Committee will vet and recommend members to the director of OHA. Members intending to resign shall submit a letter of resignation to the Chair, with a copy to the Alliance Staff and to the OHA Youth Suicide Prevention Coordinator.

Affiliates are individuals interested in participating in Alliance committees, quarterly meetings or other Alliance activities and who have not been appointed as a member by the director of OHA. Affiliates may provide feedback and help in development of policy but are not voting members.

Alliance staff will track membership attendance and terms and notify OHA and the executive committee of terms coming to an end.

Alliance members must:

- Be familiar with the Oregon Youth Suicide Intervention and Prevention Plan and the responsibilities it designates for the Alliance.
- Learn about and share best practices in suicide, suicide prevention, intervention, treatment, and postvention.
- Communicate the needs and concerns of their constituencies to the Alliance.
- Communicate issues under consideration by the Alliance to their constituencies to obtain feedback.
- Be open to including youth voice and supporting meaningful youth involvement.
- Maintain a statewide perspective for what will work in Oregon.
- Serve on committees or work groups as appropriate.
- Support Alliance public policy agenda and other initiatives, and advocate for them as appropriate.
- Attend quarterly meetings, preferably in person.
- Participate in decision-making with timely responses and by voting in person, by email or by phone.
- Maintain a perspective on what is in the best interest of the Alliance and make this perspective a priority in matters relevant to the Alliance.

Stipends:

The Alliance values participation of youth and young adults, family members and persons with lived experience. Stipends and reimbursement may be provided to individuals not otherwise receiving compensation for time and expenses. Reimbursement under this subsection are subject to the provisions of ORS 292.210 to 292.288

Alliance Chair and Committees

To be eligible for nomination as the Alliance Chair or Vice-Chair a member shall have served on a committee prior to their nomination.

The Alliance Chair will lead meetings, and in their absence, the Vice-Chair may take the lead. The Chair and Vice-Chair terms will be for a period of two years. The Alliance Chair and Vice-Chair will be elected by Alliance members at the Alliance's fall meeting.

The work of the Alliance is moved forward through committees. Committees are determined at the fall meeting by the full Alliance. Chairs of these standing committees will serve on the Executive Committee. Ad hoc work groups will be commissioned by the Executive Committee for a specific scope and purpose.

Committees will establish annual goals and action steps each year in the fall. Each committee will meet at least quarterly to assess progress towards the annual goals. Each committee will have a committee chair tasked with facilitating the committee meetings and ensuring goals are met and deliverables are completed.

Executive Committee

The Executive Committee will meet prior to each quarterly meeting of the full Alliance. Additional meetings will be held as needed.

The Executive Committee shall:

- meet to develop and review full Alliance quarterly meeting agendas,
- review and approve recommendations or proposals from each of the committees,
- recommend to the Alliance new or updated policies and procedures,
- review and make recommendations on other items to come before the Alliance,
- make decisions between meetings on behalf of the Alliance membership,
- make recommendations to OHA on new Alliance members, and
- prioritize special projects, especially those focusing on diversity, equity and inclusion and groups that are at disproportionate risk of suicide.

Executive Committee Membership:

- Alliance Chair
- Alliance Vice-chair
- Standing committee chairs
- OHA/Health Systems Division Representative (non-voting)
- OHA Public Health Representative (non-voting)
- Two persons identifying as having direct lived experience of intrusive suicidal thoughts, urges and/or behaviors (including suicidal attempts).
- A person with lived experience identifying as a bereavement loss survivor (i.e. family member of a person who attempted or dies by suicide)
- Two young adult representatives, who may be supported at executive committee meetings by a non-voting adult ally.

- Up to two at-large members
- A healthcare provider
- A person representing schools (K-12) or colleges and universities

Committee Chair Determination

Committee members will recommend a chair or co-chairs. If the committee uses a co-chair structure, only one of the co-chairs shall serve on the Executive Committee. Committee chairs will report to the Executive Committee regarding committee activities and recommendations, and work with the Executive Committee to review, revise and adopt these recommendations. Committees will submit quarterly progress reports to the full Alliance.

Commented [1]:

Decision Making

Elections

- Committee chairs shall be elected for a period of one year at the committee meeting immediately preceding the October Alliance meeting. Committee chairs, excluding the Executive Committee chair, shall be elected by majority vote of the committee.

- The Alliance Chair and Vice-Chair shall be nominated and voted upon at the Fall meeting of the Alliance. Nominations may come from any member and may be for any member, including self-nomination. Members of the Alliance must be present in person or by phone to vote and each member may cast one vote per position.

Meetings

- All meeting will follow Oregon's Public Meeting Law, ORS 192.610 – 192.690.

- Meetings of the full Alliance will be held quarterly. Special meetings via conference calls will be scheduled as needed. A designee may be delegated by an Alliance member to represent the member by attending and voting at a quarterly meeting. Members will notify the Staff of the Alliance and the chairperson in advance if they are sending a designee or will miss a meeting.

Voting

- Each member, regardless of classification, is entitled to one vote on any matter referred to the full membership. Votes will require a quorum.

- A quorum will be 50% plus one of those present who are Alliance appointed members. Decisions will be made by majority vote of the quorum.

- If a motion is made at an Alliance meeting, all members present, as well as those who are in attendance via phone, will participate in the vote. The Alliance Executive Committee will develop a clear protocol for email voting that complies with public meeting law. Committee chairs or any member may submit motions for vote to the Executive Committee and at quarterly meetings.

Time Sensitive Matters

- Time sensitive matters are those in which a decision is needed before the next scheduled quarterly meeting. When time allows, feedback will be gathered via email from Alliance members and the Executive Committee will discuss. No less than three business days will be allowed between when an issue is raised and voting. Voting will occur in a teleconference call. Voting records shall be contained in Executive Committee minutes and will be shared with Alliance members via email and at quarterly meetings. Any member of the Alliance may propose a time-sensitive matter for a vote by submitting a request to the Alliance staff who will be responsible for bringing the matter to the Executive Committee.

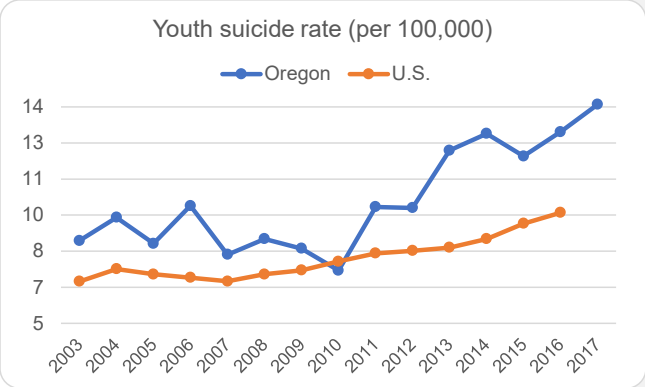
- The Executive Committee is authorized to vote on policy recommendations and take action between quarterly meetings on behalf of the full Alliance as needed. The Executive Committee will only vote to support proposals that align with the Alliance-approved legislative agenda, are specifically mentioned in the YSIPP, or otherwise have been approved by the Alliance membership. If an issue arises other than those in the approved legislative agenda, specifically mentioned in the YSIPP, or have been approved by the Alliance membership, it will be brought to the Executive Committee and the full Alliance will be informed by email and any decisions will be documented in the minutes.

Youth Suicide Intervention and Prevention Plan (YSIPP) 2016-2020 edition

Since 2011, suicide rates for youth aged 10 to 24 years have been rising nationwide.

Oregon's rate continues to exceed the national rate, as shown in the chart at right.

To address the many issues contributing to this problem, the Oregon Health Authority worked with 100 experts in suicide prevention, intervention and children's behavioral health to develop the Youth Suicide Intervention and Prevention Plan.



Oregon's goals

Modeled after the National Strategy for Suicide Prevention, the Plan moves in four strategic directions, shown below. The Oregon Alliance to Prevent Suicide oversees implementation of the Plan, evaluates the effectiveness of prevention programs, monitors risk factors and advises OHA regarding public policy agenda priorities for suicide prevention across Oregon.

Direction 1: Healthy and empowered individuals, families and communities

1. Coordinate integrated prevention activities across multiple sectors and settings
2. Use research-informed communications to change knowledge, attitudes and behaviors and support prevention
3. Share ways to protect youth from suicidal behaviors and promote wellness and recovery

Direction 2: Clinical and community preventive services

4. Develop, implement and monitor effective programs that promote wellness and prevention
5. Promote efforts to address means safety (reducing youth access to potentially lethal methods for suicide)
6. Deliver prevention training for community and clinical providers

Direction 3: Treatment & support services

7. Promote suicide prevention as a core component of health care services
8. Promote and implement effective practices for assessing and treating youth at risk for suicidal behaviors
9. Promote healing for individuals affected by suicide deaths and attempts through care, support and community strategies to help prevent further suicides

Direction 4: Surveillance, research and evaluation of suicide prevention work

10. Improve use of national suicide prevention surveillance systems to collect, analyze and use data for timely, relevant actions
11. Evaluate the effectiveness of prevention efforts and share findings

Oregon's progress

To date, OHA has completed many activities:

- Assessment of workforce competency and training (ongoing)
- Policymaking support
- Programs we are supporting: Sources of Strength, CONNECT, Mental Health First Aid, PAX Good Behavior Game, QPR, MHFA, safeTALK, ASIST
- Education for families (ED Guide, Family Acceptance Project work)
- Training for pediatricians and family practice providers (Oregon Pediatric Society)
- Supporting safe online spaces (contract with Lines for Life and Youth Era)
- Providing post-suicide intervention and death reporting under Senate Bill 561
- Development of a youth outreach and awareness plan to include social media strategies. (Alliance work group and contract with Lines for Life)

Oregon's priorities moving forward

- With increased funding for youth suicide prevention, these are our priorities:
  - Peer-lead prevention efforts
  - Coordinated statewide access to suicide prevention, intervention and postvention programs and services supported by OHA
  - Fully funding the statewide crisis line
  - Increasing funding for the statewide youth crisis and text line
  - Supporting school districts and Educational Service Districts to adopt a comprehensive policy on student suicide work
- Develop the YSIPP 2021-2026 with the goal of meaningful, effective, and comprehensive suicide prevention, intervention and postvention work statewide

Funding

Before July 1, 2019: $1.75 million funds OHA's current efforts. $1 million was one-time funding through the Budget Note for House Bill 5201 (2018), which funded the Sources of Strength, Rapid Response and safe online spaces programs, as well as University of Oregon's evaluation of Oregon's YSIPP implementation.

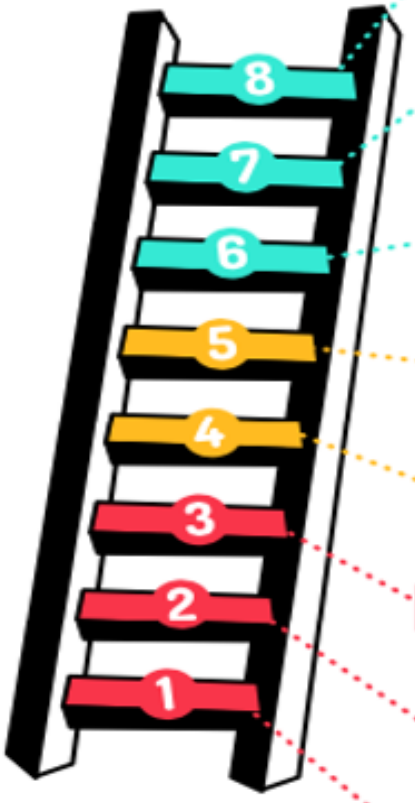
As of July 1, 2019: Funding increased in the four strategic directions by the following amount:

- Direction 1: $250,000
- Direction 2: $1.18 million
- Direction 3: $3.44 million
- Direction 4: $700,000
- Other funded areas of focus:
  - LGTBQ youth support
  - Tribal mini-grants
  - Suicide attempt and loss survivors
  - Adult Suicide Prevention Coordinator (1.0 FTE)
  - Youth Suicide Prevention staff (2.0 FTE – increased by 1.0 FTE)

Program contact

Jill Baker, Youth Suicide Intervention and Prevention Coordinator
503-339-6264; jill.baker@dhsoha.state.or.us

LADDER OF YOUTH VOICE



8 YOUTH/ADULT EQUITY
All youth, young adults and older adults are recognized for their impact and ownership of the outcomes

7 COMPLETELY YOUTH-DRIVEN ACTION
These activities do not include adults in positions of authority; rather, adults are there in secondary roles to support young people

6 YOUTH/ADULT EQUALITY
This is a 50/50 split of responsibilities authority, obligation and commitment.

5 YOUTH-CONSULTED
Adults actively consult young people while they're involved.

4 YOUTH-INFORMED
Young people inform adults.

3 TOKENISM
Adults assign young people only token roles.

2 DECORATION
Adults use young people to decorate their activities.

1 MANIPULATION
Adults manipulate young people.

WWW.YOUTHERA.ORG

Attachment 4

Placeholder for Stipends and Reimbursement form

PUBLIC HEALTH DIVISION PUBLIC MEETING CHECKLIST

Oregon Health Authority

Check Box "X"	Public Meeting Requirements
	A public meeting is any meeting conducted by a state, regional or local governing body to decide or consider any matter. For the meeting to be subject to open meeting law, a majority must be present. a) Does the meeting involve a government entity (local, regional, or public body)? b) Do the people attending the meeting have authority to make decisions or recommendations to the public body? c) Is a quorum[1] required for the governing body to meet in order to make a decision? d) Is the governing body planning to make a decision or deliberate toward a decision of any type at the meeting? If **YES** to all of these questions, then it is a Public Meeting.
Before the meeting	
	All meetings of the public body, including committees, subcommittees and advisory groups must provide notice to inform the public and all interested parties about the time, place and agenda of public meetings.
	Send the public meeting notice to PHD.Communications@state.or.us a minimum of 7 days prior to the meeting. (see Appendix I) *Special meetings must provide at least 24 hours' notice
	Use 14-point Arial Font for all materials to be Americans with Disability Act (ADA) compliant
	Allow a meeting location that is open to the public and can accommodate for person with disability and interpreters. (A public request for an interpreter must be made at least 48 hours before the meeting)
During the meeting	
	Offer a public comment period during the meeting
	Offer a conference call and or webinar option for the public
	Provide printed agendas and materials for the public
	Prepare a public comment sign-in sheet
	Video or audio recordings are permissible

[1] The Attorney General's Public Records and Meetings Manual states that a quorum is a majority: any authority conferred by law upon three or more persons may be exercised by a majority of them unless expressed otherwise provided by law. Visit http://www.doj.state.or.us/public_records/manual/pages/index.aspx for more information.

After the meeting	
	Post a digital video or audio recording of the meeting if possible
	Post draft meeting minutes within a reasonable time after the meeting and replace with finalized minutes. The minutes must contain: a) All members of the governing body present b) All motions, proposals, resolutions, orders, ordinances, and measures proposed c) The results of all votes d) The substance of any discussion on any matter e) Reference to any document discussed at the meeting

Updated September 8, 2017

Additional Resources

Citizen's Guide to Public Records and Meetings Oregon Department of Justice:
http://ww.doj.state.or.us/public_records/pages/citizens_quide.aspx

Attorney General's Public Records and Meetings Manual 2014
http://www.doj.state.or.us/public_records/manual/pages/index.aspx

Attachment 6

S.M.A.R.T. GOALS – TEMPLATE

SMART goals help improve achievement and success. A SMART goal clarifies exactly what is expected and the measures used to determine if the goal is achieved and successfully completed. A SMART goal may be used when drafting Maintenance or a Growth Goal.

A SMART goal is:

Specific: Linked to a job description, departmental goals/mission, and/or overall goals and strategic plans. Answers the question – Who? and What?

Measurable: The success toward meeting the goal can be measured. Answers the question – How?

Attainable: Goals are realistic and can be achieved in a specific amount of time and are reasonable.

Relevant: The goals are aligned with current tasks and projects and focus in one defined area; include the expected result.

Time Oriented: Goals have a clearly defined timeframe including a target or deadline date.

Examples:

Not a SMART goal:

- Keep our department's website up-to-date.

Does not identify a measurement or timeframe, nor identify why the improvement is needed or how it will be used.

SMART goal:

- The first Friday of every month, solicit updates and new materials from our department's managers for the web page; publish this new material to the website by 12:00 noon on the following Friday. Each time new materials is published, review our department's website for material that is out of date, and delete or archive the outdated material.

S.M.A.R.T. Goal Planning Form

Specific – Who? What?
Measurable – How?
Attainable – Reasonable?
Relevant -Expected Result?
Time Oriented – When?

Discussing traumatic events and suicide in public meetings[i]

Trauma Informed Care informs us about the impact of trauma on individuals and communities to provide predictable, consistent, safe and welcoming environments incorporating the voices of those with lived experiences. It is not uncommon for personal stories of trauma, such as suicide, abuse, systemic oppression, or other events, to be shared during meetings. Sharing personal experiences can impact the audience and the person sharing in ways that are healing, and in ways that may increase distress. Sharing personal experiences can motivate policy and system change and is best done in a manner that shares insights and minimizes trauma to listeners. These recommendations are offered as assistance for preparing, facilitating and responding in a meeting when sharing personal experiences that may cause distress and trauma, to reflect a trauma informed approach.

How to talk about suicide: Evidence-based recommendations for safe and effective messaging about suicide suggest there are risks to vulnerable individuals and to those who are grieving, when suicide is disclosed. The following recommendations aim to reduce distress for the person disclosing and for meeting participants. Disclosure could lead to *contagion,* an increased risk that listeners could attempt suicide themselves, and it is particularly acute for youth.

Basic guidelines for disclosing about suicide include:

1. Let participants know about help available locally, and encourage them to seek help if they need it. Make sure they know that the National Suicide Prevention Lifeline is available anytime, 24/7, 365 days per year at 1-800-273- TALK (8255).
2. Avoid discussing details of a suicide. It can increase risk of contagion and distress people who are at risk or who have attempted suicide.
3. Get permission in advance from those involved before any disclosure –from the person or from relative and significant others, regardless of age. Obtain their permission, including children, to share at a public meeting-- and acknowledge the risk that the story will be repeated.
4. Realize that everyone involved directly or indirectly with a suicide or attempt experiences trauma, including guilt and shame. Focus your discussion on what was helpful to you, and how a better-functioning system might have helped you. Be mindful to avoid statements that single out individuals or entities and could be perceived as blaming. Offering ideas and suggestions for improvement assists with problem solving for improved outcomes.

Meeting Procedures: If you are facilitating a meeting where a **disclosure is planned**, it's important to provide a physically and emotionally safe environment that is predictable, consistent and transparent so that meeting members and guests can be as present and engaged as possible.

• Assess how the physical space conveys a safe and welcoming environment. Is there enough space to move around or stand? Avoid arranging chairs so close together that it is hard to leave. Make sure the exit is clearly marked. Identify a place at the site where individuals may go (e.g. hallway, restroom, a vacant meeting room, etc.) if they identify a need to take space and take care of themselves. Ensure this space is accessible for people with disabilities. Consider providing water, snacks or fidget toys. Facilitators can ease the group by communicating this information in advance.

- Let meeting participants know in advance of the meeting that suicide will be discussed to allow them to make an informed decision about attending or to arrange for self-care. Let them know they can leave at any time. Ask them to pay respectful attention and limit distractions – silence and put away phones, stop typing, etc.
- Provide the speaker with guidelines for safe disclosure. These can include:
    - Do share the purpose of your disclosure within the time allowed.
    - Please do not share specific details about the event. Do share your thoughts and feelings, but avoid blaming.
    - Please let us know if you need anything from listeners in the room.
    - Please respect the privacy of people involved in the disclosure, especially the individual who attempted or completed suicide. This is especially important for children or youth who may feel the ramifications of the disclosure into adulthood.
    - Listeners, remember that you may leave any time and a space is available for self-care.
- At the group's next meeting, acknowledge the challenges from the previous meeting, encourage self-care and provide the National Suicide Prevention Lifeline number. Invite discussion of the impacts the disclosure had on meeting participants within a time limit, with options for further follow-up outside the meeting as needed.

When disclosure is unplanned:

- The facilitator should compassionately interrupt*: "I want to apologize but it seems you are getting ready to share a personal experience that is important to you. As the facilitator, I need to check in with the group about safety. We have guidelines for when personal experiences are shared to care for those sharing and those listening. The guidelines are..."*
- Encourage participants to ground themselves after the disclosure, using these activities:
    - Taking a brief stretch break.
    - Practicing deep abdominal breathing which is facilitated by clasping one's hands behind the back, as able.
    - Quietly name to oneself: 5 things you can feel, 5 things you hear outside the room, 5 things you smelled today, and 5 things you tasted today.

• Acknowledge that participants may have a delayed reaction to disclosure. Have a list of resources available to support individuals in their self-care.

Resources:

- Strategic Sharing – Casey Family Programs Foster Care alumni
- Youth Leadership Tool Kit on Strategic Sharing – National Resource Center for Youth Development
- Speaking Out About Suicide – American Foundation for Suicide Prevention flier

[i] This resource was developed in collaboration with Trauma Informed Oregon to guide discussions by the Children's System Advisory Committee and other state or local public groups when discussing traumatic events, specifically suicide.

Alliance Standing Committees
July 2020

Executive

The Executive Committee oversees all committees, workgroups, and activities of the Alliance. They also organize Alliance business, make decisions on behalf of the Alliance between meetings, and make policy recommendations to OHA. This committee is made up of two youth members, two individuals with lived experience with suicide, (bereavement and attempt survivors) a health professional, all other committee chairs and a representative from the Oregon Health Authority.

Outreach and Awareness

Fosters a more well-connected and effective youth suicide prevention and intervention field in Oregon and promote safe and consistent suicide prevention, intervention and postvention messaging.

Schools

The Schools Committee is responsible for researching and making recommendations on programs and processes for improving suicide prevention, intervention and postvention in Oregon schools and colleges.

Transitions of Care

The Transitions of Care Committee identifies best practices, innovative approaches and gaps to safe and uninterrupted transitions for youth, young adults and their caregivers when experiencing mental health crisis or risk of crisis. It promotes policies and practices that effectively support their needs for continuity during the period in which intentional coordination of care is imperative.

Workforce Development

The Workforce Development Committee is responsible for researching and recommending programs to improve the skills of physical health providers, those serving people with mental health and substance use challenges, and school staff.

The Alliance
Policy Agenda for Consideration
State Fiscal Year 2020-21

Introduction

The American Foundation for Suicide Prevention (AFSP) separates their policy and advocacy into areas in which they will lead, collaborate and explore. During the March 2020 quarterly meeting, the Alliance membership reviewed this approach and found it to be a helpful way to guide future **policy and advocacy work**. The table below is based on:

Lead – issues on which Alliance will play a leadership role – developing the policy position, marshaling support, and generating advocacy activity

Collaborate – issues on which Alliance will work as part of a coalition or group, providing active support to achieve these important policy objectives

Explore – issues that are rising in importance and require further exploration or policy research and analysis, but have not yet become Alliance policy proposals

Legislative Policy

Lead

Amend current legislation on youth suicide to expand the age range from 10 to 24, to include all school age children (5-24). **(Executive Committee)**

Require behavioral health workforce to receive continuing education on suicide prevention, intervention, and management **(Workforce Committee)**

Collaborate

Legislative concept requiring medical examiners to report youth suicide deaths to local mental health authorities including specific reporting timelines. **(OHA – lead; Data and Evaluation Committee)**

Explore

Explore collaborations and priorities for protecting behavioral health budgets for essential services for children, youth and young adults. **(Executive Committee)**

Explore legislative concept asking Oregon Health Authority to develop a suicide prevention and intervention plan for adults that incorporates clear connections with the YSIPP. **(Executive Committee)**

Oregon Alliance to Prevent Suicide
Hope • Help • Healing

Advocacy Related to Programs, OARS and Practice

Lead

Continue to lead efforts to ensure implementation HB 3090, 3091, and 2023. **(Transitions of Care)**

Require organizations that serve our most vulnerable youth and young adults such as Child Welfare, Residential Treatment, Juvenile Justice to build LGBTQ affirming organizational cultures by training staff, developing LGBTQ supportive policies and programs to increase protective factors and reduce risk of suicide. **(LGBTQ Advisory Group)**

Increase the number of health professionals who receive regular, evidence-informed education and training in suicide assessment, treatment, and management. (With the view of working towards legislation in the future.) **(Workforce Committee; coordinate with Transitions of Care)**

Coordinate efforts with coalitions to support workplace policies and programs that promote mental health and prevent suicidal behavior among employees. Emphasis on 24 years and younger. **(Workforce Committee)**

Promote adding a CCO incentive / performance measure around suicide screening and referral. **(Transitions of Care)**

Diversify Alliance membership to better reflect people of color and other marginalized groups; and, elevate their voices and perspective in policy advocacy and YSIPP plan development. **(Executive Committee; other?)**

Collaborate

Ensure that appropriate cross-system communication occurs in order to prevent death by suicide. Address the need for hospitals to develop MOUs or other protocols for communication with schools and colleges after a behavioral health crisis. **(Transitions of Care Committee Lead; Schools Committee)**

Support comprehensive K-12 school suicide prevention legislation and policies, including mandated training for school personnel and mandated policies on suicide prevention, intervention, and postvention. **(Schools Committee)**

Support development of an adult suicide prevention plan. **(Who and How?)**

Advocate for more social workers and counselors in schools and that all school social workers and counselors are trained to screen for suicidality and make appropriate referrals. **(Schools Committee)**

Advocate for youth-serving organizations, in particular social service, residential care and judicial system, to actively develop LGBTQ+ affirming cultures and practice in order to promote protective factors and prevent suicide. **(LGBTQ Advisory Committee and YYEA)**

Support and promote suicide prevention skill building directed towards parents and caregivers of children. **(Who?)**

Collaborate to support implementation of the strategic plan developed by the Alliance Lethal Means Advisory Group. **(Lethal Means Advisory Group; Executive Committee)**

Explore

Explore replicating Washington County's Suicide Fatality Review process across Oregon. **(Who? Data and Evaluation Committee?)**

Ensure the linkage between substance abuse and suicide is addressed in all aspects of policy work. Push for greater integration of substance abuse treatment and suicide prevention and intervention. **(Who?)**

ALLIANCE COMMITTEE SMART GOALS TRACKER Updated 06.20.2020

					PROJECTS					
AT RISK	STATUS	PRIORITY	YSIPP OBJECTIVE	DEADLINE	TASK #	ACTION STEP	COMMITTEE	POINT STAFF PERSON	STAFF / COMMITTEE MEMBER TASK(S)	PROGRESS
☐	Overdue				STRATEGIC PRIORITY: 2021 Legislation to require BH workforce to take SP related CEUs					
☐	In Progress	High	6.2	01.01.2020	Task 1	Review legislative concept submitted in 2019 session and revise if necessary	Workforce	**Annette**		**Progress:** Prior legislative concepts reviewed and discussed in Workforce and Executive Committee meetings. Alliance members approved prioirtizizng this legislative initiative at the June 2020 quarterly meeting. **Next Steps:** Obtain sponsor for legislation and submit legislative concept.
☐	In Progress	High	6.2	06.30.2020	Task 2	Meet with key behavioral health providers and their organizations to gain support for legislation and address concerns	Workforce	**Annette**	**Jenn**	**Progress:** Meetings with Oregon Pediatric Society and the Oregon Alliance for Children have been completed. **Next Steps:** Meetings with other key stakeholders are scheduled through September. Staff developed key talking points for these meetings with Workforce Committee:
☐	In Progress	High	6.2	06.30.2020	Task 3	Meet with legislators to present the concept and find sponsor(s) for the bill	Workforce	**Annette**		**Progress:** Alliance members and AFSP volunteers met with more than 30 legsilators in February to discuss this legislation. Several legsilators expressed support. This proccess was delayed slightly by shifting legislative priorities due to Covid 19 and no sponsor has been obtained yet. **Next Steps:** Set meetings in July and August with potential bill sponsors.
☐	Not Started		6.2	09.30.2020	Task 4	Work with legislative counsel on drafting the bill	Workforce	**Annette**		**Progress:** Engagement process with legislators begun at Suicide Prevention Day at the Capitol. **Next Steps:** Set meetings with legislators in July and August to garner support and draft legislative concept
☐	Not Started		6.2	02.01.2021	Task 5	Introduce bill	Workforce	**Annette**		
☐					STRATEGIC PRIORITY: Develop resource papers and case studies as a resource to employers to use in developing workforce suicide prevention training					
☐	Complete		2.1 & 4.2	09.30.2019	Task 1	Research and write the papers	Workforce			**Progress:** Completed and reviewed by committee members.
☐	Complete	High	2.1 & 4.2	11.15.2019	Task 2	Post papers on Alliance Website	Workforce	**Jenn**		**Progress:** Complete. An overview document and focused interviews regarding implementing suicide prevention training in the work place are posted on Alliance website: http://www.oregonallianceto preventsuicide.org/workforce-resources/
☐	Complete	High	2.1 & 4.2	06.30.2020	Task 3	Disseminate as resource to regional coalitions	Workforce	**Jenn**		**Progress:** Complete. The worksite training resource papers were highlighted in the June 2020 regional coalition webinar and in the Alliance listserv.
☐	On Hold	Medium	2.1 & 4.2	06.30.2020	Task 4	Share with employers in industires that employ young people and are known to be higher risk for suicide	Workforce			**Progress:** The Workforce Committee has not completed this task as other items were prioritized. **Next Steps:** Consider whether this is still a priority and if so determine timeline and method for dissemination (e.g. simply share documents, develop a webinar?)
☐					STRATEGIC PRIORITY: Support implementation of SB 52 by providing input during rules making and developing guidance tools for schools					
☐	Complete		4.2.d. & 6.1.a.	Begin 09.01.2019 until rules are done	Task 1	Provide input to Oregon Administrative Rules for SB 52	Schools			**Progress:** Complete. Alliance submitted oral and written testimony regarding OARS to SB52. Alliance staff and members worked to help youth from YYEA prepare and submit testimony
☐	In Progress		4.2.d. & 6.1.a.	12.31.2019	Task 2	Develop a list of key elements that all school district suicide prevention plans should contain	Schools			**Progress:** Workgroup from committee conducted research. Source materials gathered; meeting to work on this 01.21.2020. In consultation with ODE, determined that this model should be developed in conjunction with new staff hired at ESDs and his currently on hold. **Next Steps:** Work with Spencer at ODE, School Safety Committee and UO team to determine whether this additional guidance is needed.

☐	In Progress		4.2.d. & 6.1.a.	05.30.2020	Task 3	Identify, highlight, or develop other elements of guidance documents for school districts	Schools			**Progress:** Stage 2 Complete. Guidance documents developed by committee and in collaboration with ODE are posted on the website and have been distributed by ODE, along with the Big 6 One-pager and information about how to contact Lines for Life for technical assistance. **Next Steps:** The Alliance will work with the Schools Safety Committee and ODE and OHA to determine what additional supportive materials may be needed and develop a new set of milestones.
☐	No Longer a Priority		4.2.d. & 6.1.a.	03.30.2020	Task 4	Identify clear process to refer at risk youth to appropriate resources and a follow-up process after referral is made	Schools			**Progress:** This goal needed to re-evaluated. Rather than developing a proccess, this is included as a recommendation in guidance documents such as the Step-by-Step Guide. **Next Steps:** Determine if this is still a priority with the committee.
☐	In Progress		4.2.d. & 6.1.a.	03.30.2020	Task 5	Disseminate resource materials by posting on ODE and Alliance websites, share with regional coalitions, and / or at conferences	Schools			**Progress:** Stage 1 Complete. Guidance documents developed by committee and in collaboration with ODE are posted on the website and have been distributed by ODE, along with the Big 6 One-pager and information about how to contact Lines for Life for technical assistance. **Next Steps:** The Alliance will work with the Schools Safety Committee and ODE and OHA to determine what additional supportive materials may be needed and develop a new set of milestones
☐			4.2.d. & 6.1.a.	~~06.30.2020~~ 12.31.2020	Task 6	Develop and provide recommendations to ODE and others as appropriate regarding the type of training and TA neeed to support implementation of Adi's Act	Schools			**Progress:** The Schools Committee has not yet addressed this goal, although guidance documents shared with school districts include information about the Big 6 suicide prevention/postvention trainings and an overview of how Deschutes County has organized training for school staff. **Next Steps:** Explore whether school dsitricts want more specific recommendations regarding trainning. If so, collaborate with SPIP team and ODE to develop recommendations.
☐					STRATEGIC PRIORITY: Connect and collaborate with regional coalitions					
☐	Complete		1.1	09.30.2019	Task 1	Complete a scan to identify coalitions in the state and post on website	Outreach & Awareness			**Progress:** An initial scan was completeted in the fall. We continue to update the coalition information on the Alliancce website and reach out to new and emerging coalitions. **Next Steps:** Continue updating coalition list as new coalitions emerge.
☐	In Progress	High	1.1	11.01.2019	Task 2	Finalize outreach material about the Alliance for use with Coalitions	Outreach & Awareness	**Annette**	U of O	**Progress:** A PowerPoint orientation to the Alliance has been completed, is posted on the website and presented prior to eachc quarterly meeting. A one pager overview was developed with input from Lines for Life and Youth ERA communication directors. **Next Steps:** A graphic designer from Youth ERA is finalizing materials which will be available for YSIPP focus groups. Also, once policy priorities are affrmed by executive, finalize policy one-pager. Set new dates and deadlines for SMART goals.
☐	Overdue	High	1.1	03.03.2020	Task 3	Develop and conduct a basic needs assessment to discover coalition's interests and needs	Outreach & Awareness	**Annette**	U of O	**Progress:** U of O has developed a needs assessments and piloted with Clackamas and Klamath Counties. We need to develop a plan and priorities for conducting assessments in the next fiscal year, in conjunction with the YSIPP to avoid over-surveying coalitions. **Next Steps:** Determine the scope of the needs assessment to be used across the state and process for conducting the assessment in connection with development of the YSIPP 2.0 and possibly the new adult plan.
☐	In Progress		1.1	06.30.2020	Task 4	Connect in person, by webinar, or phone with 15 Coalitions	Outreach & Awareness	**Annette**	Jenn	**Progress:** Alliance staff gave presentations to or attends coalition meetings or lead suicide prevention staff in Lane, Union, Baker, Umatilla, Washington, Marion, Klamath, and Clackamas Counties and interviewed staff at Jackson and Deschutes Counties. Coaltion Webinars were conducted in March, attended by 32 people, April, attended by 31 people, and in June, attended by 35 people. People from the following counties participated: Coos, Jackson,Yamhill, Linn, Multnomah, Umatilla, Washington, Columbia, Jackson, Marion, Lane, Deschutes, Coos, Klamath and Curry. **Next Steps:** Continue webinars and presentations to coalitions.

☐	Not Started		1.1	06.30.2020	Task 5	Map interests and needs of coalitions	Outreach & Awareness		U of O	**Progress:** Due to Covid 19 and the need to push back the timeline for the YSIPP, the time line for this was pushed back. **Next Steps:** Complete Survey and map interests.
☐					STRATEGIC PRIORITY: Develop sample press releases based on hope, help, and healing framework, and a panel of subject matter experts to respond to legislative, media, and other requests about suicide intervention / prevention					
☐	Overdue		2.1	01.15.2020 03.30.2020	Task 1	Create 3 sample press releases with key messaging to be reviewed by the Executive Committee	Outreach & Awareness	**Annette**	Laura Rose	**Progress:** Met with communications team at Lines for Life and developing materials with Tia Barnes at Youth Era. . Drafted press release standard language. Next Step: Develop press release for Suicide Prevention month with O and A committee. Review with executivie committee. Progress on this item was dlayed as priorities were renogotiated during **Next Steps:** Coordinate messaging with other key suicide prevention organizations in Oregon. Finalize press packet and dsitribute to media outlets in Suicide Prevention month.
☐	Overdue		2.1	03.01.2020	Task 2	Collect 3 to 6 personal stories that illustrate and element of hope, help, and healing to be included in press and other outreach materials	Outreach & Awareness	**Annette**		**Progress:** Working with Outreach Com.mittee to clarify the roles of these stories and connect them to emerging work around radical inclusiveness and anti-racism work. **Next Steps:** Have at least one Hope themed, one Healing themed and one Help themed story posted on the website and available to be included in press packets. Coordinate this effort with YYEA.
☐	In Progress		2.1	03.01.2020	Task 3	Identify members or affiliiates of Alliance to serve as subject matter experts to respond to media calls or serve on panels	Outreach & Awareness	**Annette**		**Progresss:** Initial goal met. Dr. Kirk Wolfe has agreed to serve as a child psychiatry expert, Sandy Bumpus will help bring family voice to the table either personally or by connecting us to an appropriate staff person, and Julile Scholz and Kristi Nix both have agreed to be a resource from a pediatric perspective. **Next Steps:** Recruit loss and attempt survivors to serve as a resource. Explore working with partners (e.g. Lines for LIfe, Basic Rights Oregon, Youth ERA) to develop a "talking to the media" orientation for panel mambers that includues standards for safe suicide prevention messaging.

Objectives at a Glance
2016 - 2020 YSIPP Objectives
Strategic Direction 1: Healthy and Empowered Individuals, Families, a
Goal 1: Integrate and coordinate suicide prevention activities across multip
Objective 1.1: Integrate and coordinate suicide prevention activities across mul
1.1.a.: OHA, in collaboration with other partners, will develop a charter that defines the membership and purposes of an Oregon Alliance to Prevent Suicide by March 2016 -The Alliance will oversee integration and coordination of suicide prevention activities statewide -Members will include, but not limited to, executives in private business and government, clergy, bheavioral health and primary care providers, advocates, youth/young adults and families, attempt and loss survivors, and diverse cultural groups
1.1.b. OHA, in collaboration with other partners, will recruit identified executives and stakeholders for the Alliance by March 2016
1.1.c. The first meeting of the Alliance will take place by June 30, 2016
1.1.d. By June 2017, the Alliance will develop a plan to foster and sustain statewide policy development and leadership in suicide prevention
Objective 1.2: Integrate suicide prevention into all relevant health care reform e
1.2.a. By December 2016, the Alliance will promote adoption of Zero Suicide as an organizational goal for health systems and payers, and will review and provide recommendations on model policies, practices and outcome measures that support behavioral health and primary care integration among providers and health systems
Goal 2: Implement research-informed communication efforts designed to prevent suicide by ch
Objective 2.1: Develop, implement, and evaluate communication efforts designed to reach
2.1.a. By June 2017, OHA will identify communication needs, review available local, state, and antional resources, and collaborate with stakeholders to prepare a communication plan to promote statewide safe suicide prevention messages
2.1.b. By December 2017, OHA will collaborate with members of target audiences to adopt and design communication tools for community audiences, including gatekeepers, health and behavioral healthcare providers, parents, youth, siblings, young adults, and youth-serving agencies
Objective 2.2: Reach policymakers with dedicated communicati
2.2.a. By July 2016, the Alliance will develop a policy agenda for suicide prevention that identifies state and local policy priorities, needed fiscal investments, and information on the value and return on investments, and develop a plan to communicate the agenda to state and local policymakers
Objective 2.3: Increase communication efforts conducted online that promote positive messges ar
2.3.a By September 2017, OHA will collaborate with stakeholders (including Lines for Life, Youth M.O.V.E., and ReachOut, among others) to produce a youth-informed strategic plan for online and text-based communication that leverages state-specific and national resources for the creation of best practice, online community spaces, safe messaging, and crisis intervention. The plan will incorporate methods for training youth and young adults from across Oregon in delivery of such services, with particular attention to those groups most at risk for suicide
Goal 3: Increase knowledge of the factors that offer protection from suicidal behaviors a
Objective 3.1: Reduce the prejudice and discrimination associated with suicidal behaviors, mental a

3.1.a. Beginning January 2016, marketing tools for adult audiences will emphasize behavioral health is critical to overall health, that treatment works, and will encourage adults to build positive social connections with children, youth, and young adults. Tools wil be consistent wil recommended best practices and principles

Objective 3.2: Promote the understanding that recovery from mental and substance

3.2.a. Beginnin January 2016, OHA will incorporate positive personal stories from suicide attempt and loss survivors and people living with behavioral health disorders into communication messages to illustrate a full, productive life is possible for all

Strategic Direction 2: Clinical and community preventive s

Goal 4: Develop, implement, and monitor effective programs that promote wellness and

Objective 4.1: Strengthen the coordination, implementation, and evaluation of comprehensive state, t

4.1.a. By January 30, 2016 and each succeeding year, the youth suicide prevention coordinator in the Public Health Division will disseminate data and evaluation findings from the SAMHSA-funded Garrell Lee Smith Memorial Act Caring Connections Initiative to stakeholders using the Youth Suicide Prevention (YSP) Network listserv moderated by the Public Health Division and to the Alliance

4.1.b. By January 30, 2016 and each succeeding year, the youth suicide intervention coordinator in the Health Systems Division will, consistent with legislation, disseminate the data and evaluation findings from the youth suicide prevention plan to legislators, YSPNetwork listserv, Alliance, the Health Systems Division Children's System Advisory Committee, behavioral and physical health providers, payers, peer and advocacy organizations,

4.1.c. In implemnting the Youth Suicide Intervention and Prevention Plan, OHA will collaborate with tribes and agencies serving Native Americans in Oregon to review programs and services for cultural relevancy, responsiveness, and appropriateness, and provide technical assistance on request

4.1.d. Community mental health directors will collaborate with local partners to identify a process for implementing SB 561 by March 2016

Objective 4.2: Encourage community-based settings to implement effective programs and provide educatior behaviors

4.2.a. Beginning March 2017, OHA will work with communities to assess availability of culturally and developmentally appropriate universal, evidence-based practices across systems that will increase protective factors and decrease risk factors to prevent suicidal behaviors among children, youth, and young adults

4.2.b. By September 30, 2016, OHA will work with communities to ensure community health improvement plans assess the availability of programs and practices to increase protection from suicide and self-inflicted injury for children, youth, and young adults

4.2.c. By June 30, 2017, OHA will work with communities to disseminate results of culturally and developmentally appropriate universal, evidence-based practices used across systems in Oregon to increase protective factors and decrease risk factors to prevent suicidal behavioral and self-inflicted injury among

4.2.d. My March 2018, OHA will work with communities to develop a plan to expand universal, evidence-based practices to prevent suicidal behaviors. Specifically, practices need to:
Increase:
Social Connectedness to home, school, and community for all youth; Knowledge and practices for nonviolent problem-solving skills for families and youth in grades K-12; Positive relationships and environments for children, families, and communities; Use of the Good Behavior Game in first grade classrooms, including training for teachers and peer mentors to ensure continued program fidelity and success; Programs that promote mindful, psychological flexibility; Home visiting programs that promote attachment and resiliency within families; and Parent education programs that also promote attachment and resiliency within families
Decrease:
Exposure to violence and adverse experiences

Goal 5: Promote efforts to address means safety among individuals with

Objective 5.1: Gather information needed ot implement means safety programs as research b

5.1.a. By March 2018, the Alliance will oversee a strategic plan for developing, implementing, and evaluating menas safety counseling and other programs that are research-informed, culturally relevant and respectful of community values

Goal 6: Provide training to community and clinical service providers on the prevention

Objective 6.1: Provide training on suicide prevention to community groups with a role in the pr

6.1.a. The Oregon Department of Education will collaborate with schools to identify gaps and opportunities for staff training and protocol development on suicide prevention and postvention

6.1.b. Beginning January 2016, OHA will collaborate with partners to expand and fund additional in-person and online training opportunities for school staff in best practice programs, such as Applied Suicide Intervention Skills Training (ASIST), Kognito, RESPONSE, QPR (Question, Persuade, Refer) and Mental Health First Aid, and others as the evidence base is established.

6.1.c. By December 2019, OHA Health Systems Division will collaborate with school districts to pilot the best-practice Sources of Strength program for building positive social connections and norms among middle / high school students in at least three regionally diverse school districts to encourage peer-to-peer support and relationships with supportive adults

6.1.d. Beginning January 2016, funding options will be explored for ongoing sustainability of best practice gatekeeper training programs to increase early recognition and build awareness of warning signs, risk and protective factors and to improve response to at-risk children, youth, and young adults. Trainings should be held for a wide array of community groups and gatekeepers, including peers, families, families of choice, siblings, law enforcement, clergy, primary care providers, foster parents, juvenile justice professionals, staff of agencies that serve youth and others as needed

6.1.e. At least eight additional Oregon counties will provide ASIST trainings for clinicians and communities and / or QPR trainings for communities through September 2019. OHA will explore funding options for systematic statewide implementation by March 2020

6.1.f. The Association of Oregon Community Mental Health Programs (AOCMHP) member programs will provide and support ongoing Mental Health First Aid training in counties throughout Oregon at least through 2017

6.1.g. By September 30, 2019, there will be RESPONSE training in high schools in four additional counties. OHA will explore funding options for statewide implementation by March 2020

6.1.h. By September 30, 2017 Kognito At-Risk for High School Educators and Step In, Speak Up! Training will be in up to 100 Oregon hig hschools that previously implemented RESPONSE

6.1.i. By June 2019, the Oregon Pediatric Society will provide its START training to clinics in five geographically diverse settings around the state and ensure the local community referral agencies are part of each of these

6.1.j. Beginning in 2016, Trauma Informed Oregon will incorporate information on the relationship between suicide risk, trauma, and retraumatization in its relevant ongoing training and policy efforts

6.1.k. By December 2019, OHA will collaborate with three communities to implement the best-practice CONNECT Program to provide a locally developed framework for postvention and community connectedness for children, youth, and young adults

Objective 6.2: Provide training to mental health and substance abuse providers on the recognition, assess delivery of effective clinical care for people with suicidal r

6.2.a. By March 2017, OHA Public Health and Health Systems divisions will engage the Health Quality Committee and Health Quality Outcomes Committee to review suicide as a health outcome, identify behavioral health needs, and discuss options for CCO engagement

6.2.b. OHA will develop a plan to meet the training needs for behavioral and health care providers, including an analysis of Washington State statutes, to identify, intervene, assess, provide means safety counseling, treat and mange patients with suicidal thoughts and behaviors by January 2017

6.2.c. OHA will assess the needs of publicly funded health systems, clinics, and hospitals to require training for healthcare workers to identify suicide risk, conduct means safety counseling, refer to care, treat, and follow-up with patients at risk of suicide by December 2019

6.2.d. The Association of Oregon Community Mental Health Programs (AOCMHP) will host at least 11 regional trainings in geographically diverse areas of Oregon for at least 550 mental health professionals in Assessing and Managing Suicide Risk (AMSR) by September 2019

Objective 6.3: Develop and implement protocols and programs for clinicians and clinical supervisors, first re and others on effective strategies for communicating and collaboratively m

6.3.a. Beginning September 2016, OHA Health Systems Division will collaborate with behavioral health clinicians, primary care providers, clinical supervisors, first responders, crisis staff, peer / family support providers, care coordinators, case managers, and others to idenfity and implement strategies for timeliness and continuity across systems of care for individuals aged 24 years and younger

6.3.b. By December 2019, at least eight counties will initiate and / or increase collaboration among behavioral and physical health providers and health systems to effectively identify, refer, treat, and manage youth at risk of suicide

Strategic Direction 3: Treatment and support service

Goal 7: Promote suicide prevention as a core component of health

Objective 7.1: Promote the adoption of Zero Suicide as an aspirational goal by healthcare and community support a defined patient population

7.1.a. Beginning January 2016, OHA will collaborate with partners on outreach to health systems to educate them about and provide tools for Zero Suicide in their patient safety initiatives

7.1.b. Washington County will comprehensively implement Goals 8 and 9 of the National Strategy for Suicide Prevention to reduce rates of suicidal ideation, suicide attempts, and suicide deaths in its service area by September 30, 2019. OHA will track and disseminate outcomes by March 2020

7.1.c. Washington County will share strategies, success, barriers, and recommendations for adopting Zero Suicide with all counties participating in the Garrett Lee Smith grant project on an ongoing basis through September 2019. OHA will track and disseminate results statewide by March 2020

Objective 7.2: Strengthen efforts to improve timely delivery of effective programs and continuity of care fo those with mental health and substance use disorders

7.2.a. Beginning January 2016, OHA will collaborate with Health Systems Emergency Department Diversion Pilot Project sites to collect, analyze, and disseminate results statewide on customized local approaches to provide safe nonhospital care alternatives for youth in mental health or suicide crisis

7.2.b. By January 2017, Trauma Informed Oregon will collaborate with early childhood agencies and other stakeholders to identify and document best-practice education programs and services addressing the relationship between early childhood trauma and suicide risk

Objective 7.3: Promote continuity of care and the safety and well-being of all patients treated for suicide ris
and primary care

7.3.a. By March 2017, OHA will collaborate with hospitals, primary care providers, families, youth and young adults and other stakeholders to identify and disseminate standardized health literacy materials for distribution by physical health providers to patients, families an families of choice, including aftercare instructions and risk reduction strategies for caring individuals 10-24 years of age who have attempted or are at risk for suicide

7.3.b. By March 2019, OHA will collaborate with Oregon emergency departments and community mental health programs to determine which suicide risk assessments are being used, the level of training clinical staff receive to administer them, and evelop a plan for distributing best practice assessment tools, providing technical assistance consultations and meeting training needs

7.3.c. By March 2019, OHA will collaborate with the Alliance to create a legislative agenda that includes provision of suicide risk assessment and crisis counseling, at the in-network level of benefits, delivered by community mental health programs or other providers. Provision of suicide risk assessment and crisis counseling should be considered an essential health benefit that cannot be denied due to provider panel restrictions, pre-authorization requirements, or other administrative functions

7.3.d. By March 2017, OHA and the Children's System Advisory Committee (CSAC) will collaborate with peer-run organizations and other subject matter experts to identify opportunities and make recommendations to OHA for the use of peer and family support services to children, youth or young adults who are discharged from inpatient / residential behavioral healthcare or healthcare facilities and are at a heightened risk of suicide

7.3.e. Deschutes, Jackson, Josephine, and Washington counties will pilot use of best practice guidelines for continuity of care for youth released from emergency departments and inpatient psychiatric units by September 30, 2017. OHA will track and disseminate outcomes by March 2018.

7.3.f. Deschutes, Jackson, Josephine, Washington, Klamath, Linn / Benton, and Umatilla counties will pilot and update their system-wide crisis response plans by December 31, 2017 and monitor quarterly therafter. OHA will track and disseminate outcomes by June 2018

7.3.g. OHA and at least eight counties will partner with the Oregon Department of Veterans Affairs and the U.S. Department of Veterans Affairs to increase the identification of at-risk veterans, provide referrals and treatment, and improve continuity of care for those military and military families living in each catchment area by

7.3.h. Counties participating in the Garrett Lee Smith grant will convene a team of decision-makers from physical and behavioral healthcare systems, including representatives from emergency departments and psychiatric units, to assess current practice guidelines for continuity of care, including follow-up care for youth leaving the emergency department or stay in an inpatient psychiatric unit after a suicide attempt, using the Suicide Care in Systems Framework. OHA will collaborate with counties to assess current practices and report to the Alliance by September 2017.

7.3.i. Counties participating in the Garrett Lee Smith grant will revise guidelines and establish policies and procedures to promote the safety and well-being of all patients treated for suicide risk, execute memoranda of understanding or other interagency agreements, adopt and monitor guidelines, including means safety counseling, among emergency departments, hospital inpatient units and primary care by September 29, 2017. OHA will compile the results and disseminate them statewide by March 2018.

Objective 7.4: Develop collaborations between emergency departments and other healthcare providers to p
to emergency department care and hospitalization when appropriate, and to promote

7.4.a. By March 2019, OHA will recommend protocols for emergency departments to notify CCOs and private insurers upon release of individuals aged 24 years and younger who have been treated for a suicide attempt or are assessed at high or moderate risk for suicide

7.4.b. By March 2019, OHA and the Alliance will collaborate with youth and young adults, families, public and private insurers, emergency departments, behavioral health providers and other subject matter experts to recommend protocols and implementation strategies for conducting check-ins within 48 hours of release from the emergency department of patients aged 10-24 years at risk of suicide. Check-ins will cover patient safety, family welfare, and links to follow-up care. Options for entities conducting check-ins may include insurers or emergency departments, or under contract with peers, crisis lines, community mental health programs or by electronic means

7.4.c. By March 2019, the Alliance and stakeholders will explore options and recommend strategies for emergency departments to adopt best practices for planning at release for patients aged 24 years and younger in mental health or suicide crisis

Protocols will include standards from the Joint Commission (Sentinel Event Alert #46, 11/17/2010; National Patient Safety Goals Goal 15, 1/1/2015) and the Suicide Prevention Resource Center (Caring for Adult Patients with Suicide Risk: A Consensus Guide for Emergency Departments, 2015)

Additionally, the Alliance will consider standards for emergency departments to inform the patient, guardian or other individual selected by the patient who will act to support aftercare to:

Keep the patient safe at home or next care setting; understand medication side effects; follow discharge instructions; resolve barriers to effective care post discharge; link the patient and family to peer supports, when available; and assess the patient's and caregiver's capacity to follow up on aftercare plans

Goal 8: Promote and implement effective clinical and professional practices for assessing and treat

Objective 8.1: Adopt and implement guidelines to effectively engage families and concerned others, when persons with suicide risk

8.1.a. By December 2017, OHA in collaboration with CSAC, will work with behavioral health and primary care health providers, peers, prevention specialists, faith-based communities, and suicide prevention advocates to idenfity and establish model guidelines to provide peer support for parents, family of choice, and siblings of persons with suicidal ideation or who attempt suicide. OHA will identify or develop a guidebook to assist families, families of choice, friends and siblings of children / youth / young adults who are experiencing suicidal ideation or who attempt suicide

8.1.b. Subject matter experts will convene a group, including youth / young adults and their families or families of choice, to help them identify and distribute guiding documents for physical and behavioral healthcare providers, addressing release of patient information among providers and to families, families of choice and caregivers under the Health Insurance Portability Act (HIPAA), 42 CFR Part 2 (Confidentiality of Alcohol and Drug Abuse Patient Records), Family Educational Rights and Privacy Act (FERPA), and Oregon House Bill 2938 (2014)

Objective 8.2: Collaborate with behavioral health providers to identify policies and procedures to assess sui suicidal behaviors among patients receiving care for mental health and / or su

8.2.a. Integration of behavioral health and primary care services is key to successful screening and intervention for those at risk of suicide. OHA will continue to address this issue through ongoing collaboration with stakeholders to develop and implement standards for integration of behavioral health services and physical health services in patient-centered primary care homes (PCPCH) and behavioral health homes

8.2.b. OHA will identify best practices and existing resources, and convene a group of behavioral health and primary care providers to identify, develop, and disseminate model Oregon policies, procedures, and training programs that define how to assess for suicide risk, intervene and treat suicidal patients aged 10-24 years, and to promote safety among children, youth, and young adults receiving care for mental health and / or substance use conditions

Goal 9: Provide care and support to individuals affected by suicide deaths and attempts to promote he

Objective 9.1: Engage suicide attempt and loss survivors in suicide prevention planning, including support education, and the development of guidelines and protocols for su

9.1.a. By June 2018, OHA will collaborate with stakeholders to use electronic means to distribute resources for attempt and loss survivors, including information on national, state, and local organizations that provide support groups, how to access support services, and communication tools for individuals and communities seeking to assist people who have lost a friend, family, or community member to suicide

9.1.b. Beginning January 2016, OHA will monitor national efforts in the emerging suicide attempt survivor movement and disseminate information about recommended and best pratice programs as they become available, including information to encourage development of support groups for attempt survivors in Oregon

9.1.d. By June 2019, OHA will collaborate with loss and attempt survivors and their advocates to identify and disseminate trauma-informed information on self-care for physical and behavioral health providers, first responders, medical examiners, funeral directors, clergy, school and university staff and students, volunteers, and others who offer services and supports to attempt and loss survivors

9.1.e. By September 2019, OHA will collaborate with loss and attempt survivors and their advocates to identify training and information-sharing opportunities for support group facilitators, both electronically and in easily accessible locations statewide

9.1.f. By January 2018, OHA will collaborate with Oregon groups and agencies representing and serving attempt and loss survivors to promote services and supports available for attempt and loss survivors. Partners include, but are not limited to, Lines For Life, the Dougy Center, the American Foundation for Suicide Prevention Oregon chapter, survivor support group facilitators and volunteer supports statewide

9.1.g. Beginning March 2016, OHA and Alliance will actively recruit members who are loss and attempt survivors and their advocates and include them in suicide prevention planning, including support services, treatment, community suicide prevention education, and the development of guidelines and protocols for support groups

Objective 9.2: Adopt, disseminate, implement, and evaluate guidelines for communities to respond effec cultural context, and support implementation with education, training,

9.2.a. Beginning January 2016, OHA will identify and disseminate best practice guidelines and tools to schools; law enforcement; medical examiners; media; counties; community coalitions; clergy; agencies that serve children, youth, and young adults; and other gatekeepers on effective response to suicides, including use of peers and volunteer supports, and the latest evidence for activities to reduce potential contagion

9.2.b. Beginning January 2016, OHA will engage with communities and offer technical assistance, education, and training on best practice response to suicide clusters and contagion

Strategic Direction 4: Surveillance, research, and evalua

Goal 10: Increase the timeliness and usefulness of surveillance systems relevant to suicide prevention this information for action

Objective 10.1: Improve and expand the state's capacity to routinely connect, analyze, report, and use suici

10.1.a. OHA Health Analytics and Policy Division will obtain emergency department data necessary to track and monitor suicide attempts treated in emergency departments

10.1.b. The Public Health Division will obtain emergency department data from the OHA Health Analytics and Policy Division for tracking and monitoring suicide attempts treated in emergency departments, developing incidence and prevalence rates, and linking emergency department data with hospitalization and death data to identify trends and create annual reports
10.1.c. The Public Health Division will obtain and analyze all relevant suicide, suicide attempt, and other relevant data, produce data files and develop a web-based dashboard able to be queried to disseminate data
10.1.d. The Public Health Division will develop quantitative methods to conduct epidemiologic investigation of how suicide affects minority populations with disproportionately high rates of suicide and gather information on what culturally relevant intervention and prevention messages could be used
Goal 11: Evaluate the impact and effectiveness of suicide prevention interventions and system
Objective 11.1: Disseminate the evidence in support of suicide prevent
11.1.a. OHA will collect data from Garrett Lee Smith grantees in Oregon, compile the results and report on outcomes by January 2019
11.1.b. Beginning January 2016, OHA will convene an evaluation committee of internal and external subject matter experts, including families and youth, to identify performance measures and indicators to monitor the implementation of the Youth Suicide Intervention and Prevention Plan

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Enrolled
Senate Bill 707

Sponsored by Senator GELSER; Senator WAGNER, Representatives BOLES, DRAZAN, FAHEY, KENY-GUYER, NOBLE

CHAPTER .....

AN ACT

Relating to suicide prevention; creating new provisions; amending ORS 418.731 and 418.733; and prescribing an effective date.

Be It Enacted by the People of the State of Oregon:

SECTION 1. (1) There is created a Youth Suicide Intervention and Prevention Advisory Committee to advise the Oregon Health Authority on the development and administration of strategies to address suicide intervention and prevention for children and youth 10 through 24 years of age. The Director of the Oregon Health Authority shall appoint members of the advisory committee and members shall serve at the pleasure of the director. The authority shall provide staffing for the advisory committee.

(2) The director shall ensure that advisory committee membership reflects the cultural, linguistic, geographic and economic diversity of this state. The members of the advisory committee must include, but need not be limited to:

(a) Individuals who have survived suicide attempts;

(b) Individuals who have lost friends or family members to suicide;

(c) Individuals who have not attained 21 years of age;

(d) Representatives of state agencies, including but not limited to the Department of Human Services, the Oregon Health Authority and the Department of Education, who provide services to individuals who have not attained 21 years of age;

(e) Representatives of Oregon Indian tribes;

(f) Representatives of colleges and universities;

(g) Medical and behavioral treatment providers;

(h) Representatives of hospitals and health systems;

(i) Representatives of coordinated care organizations and private insurers;

(j) Suicide prevention specialists; and

(k) Representatives of members of the military and their families.

(3) Members of the advisory committee other than members employed in full-time public service may be compensated for their services and may be reimbursed by the authority for the member's actual and necessary expenses incurred in the performance of the member's duties. Members of the advisory committee who are employed in full-time public service may be reimbursed by the member's employing agency for the member's actual and necessary expenses incurred in the performance of the member's duties. Reimbursements under this subsection are subject to the provisions of ORS 292.210 to 292.288.

(4) The advisory committee shall meet no less than once every three months.

(5) The advisory committee may recommend potential members for appointment to the advisory committee.

(6) The advisory committee shall consult with the Youth Suicide Intervention and Prevention Coordinator on updates to the Youth Suicide Intervention and Prevention Plan under ORS 418.733.

SECTION 2. ORS 418.731 is amended to read:

418.731. (1) As used in this section and ORS 418.733:

(a) "Youth" means a person 10 through 24 years of age.

(b) "Youth suicide" means a completed or attempted suicide by a person 10 through 24 years of age.

(2) There is established a Youth Suicide Intervention and Prevention Coordinator within that part of the Oregon Health Authority that works with mental health and addiction issues. The coordinator shall:

(a) Facilitate the development of a statewide strategic Youth Suicide Intervention and Prevention Plan to address youth suicide and youth self-inflicted injury, and develop strategies for intervention with suicidal, depressed and at-risk youth;

(b) Improve outreach to special populations of youth that are at risk for suicide and self-inflicted injury;

(c) Identify barriers to accessing intervention services for suicidal, depressed and at-risk youth; and

(d) Provide technical assistance to state and local partners and coordinate interagency efforts to establish youth suicide and youth self-inflicted injury prevention and intervention strategies.

(3) The coordinator shall review data and prepare an annual report to interim and regular committees of the Legislative Assembly with subject matter jurisdiction over child welfare, mental health and addiction issues, and to the Oregon Health Authority, regarding:

(a) The number of emergency room admissions for completed and attempted youth suicides and incidents of youth self-inflicted injury;

(b) The manner and method of completed and attempted youth suicides and incidents of youth self-inflicted injury;

(c) The counties in which the completed and attempted suicides and self-injury incidents occurred;

(d) The number of middle schools and high schools with completed youth suicides among the student body;

(e) The number of completed youth suicides where the youth had previously been admitted to a hospital or emergency room for treatment of attempted youth suicide or self-inflicted injury or had been the subject of a request for intervention services related to depression, suicidal ideation or self-injury within the prior 12 months; [*and*]

(f) Demographic information regarding youth who completed or attempted youth suicide or who had self-injury incidents, including but not limited to:

(A) Age;

(B) Gender;

(C) Race;

(D) Primary spoken language;

(E) Sexual orientation;

(F) The existence of any physical, mental, intellectual or emotional disability; and

(G) Foster care status[.]**; and**

(g) Recommendations for administrative and legislative changes to address service gaps in youth suicide prevention, intervention and post-suicide activities, developed in consultation with the Youth Suicide Intervention and Prevention Advisory Committee established in section 1 of this 2019 Act.

SECTION 3. ORS 418.733 is amended to read:

418.733. The Youth Suicide Intervention and Prevention Coordinator**, in consultation with the Youth Suicide Intervention and Prevention Advisory Committee established in section 1 of this 2019 Act,** shall update the Youth Suicide Intervention and Prevention Plan under ORS 418.731 a minimum of once every five years. Updates must include, but are not limited to:

(1) An assessment of current access to mental health intervention, treatment and support for depressed or suicidal youth, including affordability, timeliness, cultural appropriateness and availability of qualified providers;

(2) Recommendations to improve access to appropriate mental health intervention, treatment and support for depressed or suicidal youth, including affordability, timeliness, cultural appropriateness and availability of qualified providers;

(3) Recommendations for best practices to identify and intervene with youth who are depressed, suicidal or at risk for infliction of self-injury;

(4) Recommendations for collaboration among schools, school-based health clinics and coordinated care organizations for school-based screening for depression and risk of suicide or infliction of self-injury among middle school and high school students;

(5) Recommendations related to the use of social media and the Internet to provide opportunities for intervention and prevention of youth suicide and self-inflicted injury;

(6) Recommendations regarding services and strategies to respond to schools and communities following a completed youth suicide;

(7) Identification of intervention and prevention strategies used by other states with the five lowest rates of youth suicide and self-inflicted injuries; and

(8) A comparison of Oregon's youth suicide and self-inflicted injury rates with those of other states.

SECTION 4. This 2019 Act takes effect on the 91st day after the date on which the 2019 regular session of the Eightieth Legislative Assembly adjourns sine die.

Passed by Senate April 18, 2019

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Lori L. Brocker, Secretary of Senate

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Peter Courtney, President of Senate

Passed by House May 30, 2019

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Tina Kotek, Speaker of House

Received by Governor:

.....M.,....., 2019

Approved:

.....M.,....., 2019

.....
Kate Brown, Governor

Filed in Office of Secretary of State:

.....M.,....., 2019

.....
Bev Clarno, Secretary of State

Alliance Membership
SB 707

Excerpt

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h) Representatives of hospitals and health systems;
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