

Alliance Executive Committee Planning Meeting July 23, 2020

Action Steps

Mission and Vision Statement

Action Step

Present mission and vision statements to full membership in September for approval.

Values Statement

Action Steps

Annette will seek consultant with expertise in equity and inclusion and anti-racism work and ask how they will familiarize themselves with our work and the suicide prevention field. Annette will report progress at September Executive Committee meeting.

Annette, Galli and David will work with consultants to prepare for listening sessions re: values statement.

Consultants will hold three listening sessions - two during the work week and one weekend time to accommodate those unavailable during the work week.

Annette will work with the consultants to draft a Values Statement and present draft to Executive Committee for review/revisions prior to presenting to full membership at the December quarterly meeting.

Membership

Action Steps

Staff will draft revisions of By-Laws and present at August executive committee.

Staff will present recommendations to the Executive Committee regarding reappointment of current members and identifying new members to recommend prior to September meeting.

Ryan will discuss taking on membership, recruitment and retention work with the O & A Committee. The equity and inclusion consultant will assist with planning to address under and unrepresented populations and a process for engagement.

Ryan and Annette will work on the regional representation concept for membership to ensure engagement from regional coalitions.

Operational Procedures

Action Step

Annette will revise language on committee and advisory groups and remove the language around the work groups from the manual. She will report back to executive on revisions in August.

Policy Agenda

Action Steps

David will assist Annette with outreach to Gelser and developing next steps in drafting the proposed language.

Kimberly will read the Ways and Means statement and highlight key talking points for the Executive Committee at their August meeting.

Annette will invite Cherryl to August Executive Committee meeting to provide information on the current budget situation.

Executive Committee to further discuss the Alliance role in the ASIPP including talking with Jill about the relationship of the Alliance/YSIPP to the ASIPP.

At the August Executive Committee meeting, make a decision about presenting information about the ASIPP process and Alliance role to the members at the September quarterly meeting.

YSIPP 2.0

Action Steps

Alliance Committees will identify key points to include in YSIPP 2.0.

By the end of August, Alliance Committees will identify key stakeholders and stakeholder groups and develop crucial questions for focus groups. The stakeholders/stakeholder list and questions will be submitted to John Seeley.

John Seeley will present a YSIPP 2.0 update at the September quarterly meeting and work with the Executive Committee to decide whether or not to use a small group process re: stakeholder input.

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 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~~ **quarterly meeting held in June**.

The work of the Alliance is moved forward through committees. Committees are determined at the ~~fall~~ **June quarterly** 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~~ **spring**. 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.

Decision Making

Elections

- Committee chairs shall be elected for a period of one year at the committee meeting immediately preceding the ~~October~~ **June** 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~~ **June** 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 meetings~~s~~ 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.



Alliance Demographic Data

As of July 29, 2020

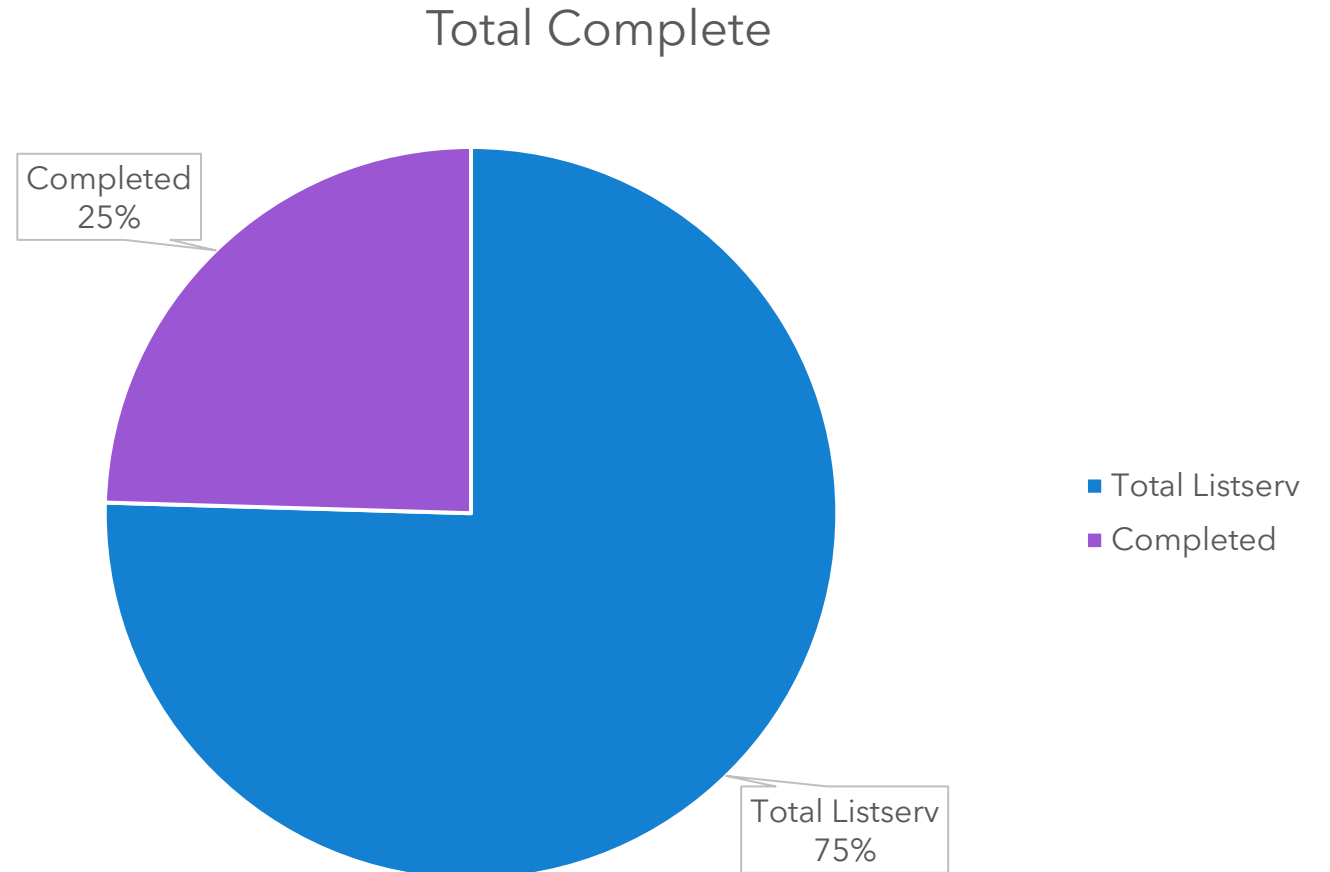


Survey Purpose

- The Alliance is a statewide advocacy group that is meant to represent Oregonians.
- In order to have a clear picture of the current demographic make-up of the Alliance, a survey was sent out to the Alliance listserv asking them to provide demographic information.
- Survey was sent out twice to the full listserv of 163 people
 - This includes voting Alliance members, Alliance Affiliates, and those interested in receiving regular information on the Alliance via emails.
- The purpose of completing this survey is to see where we are lacking in representation.
- The next few slides will show you a quick summary of major differences and areas we can potentially focus on in Outreach & Awareness Committee
- Note: When comparing certain breakdowns of groups, they don't always line up such as with age ranges. This is important to keep in mind when seeing the results.

Completion Rate

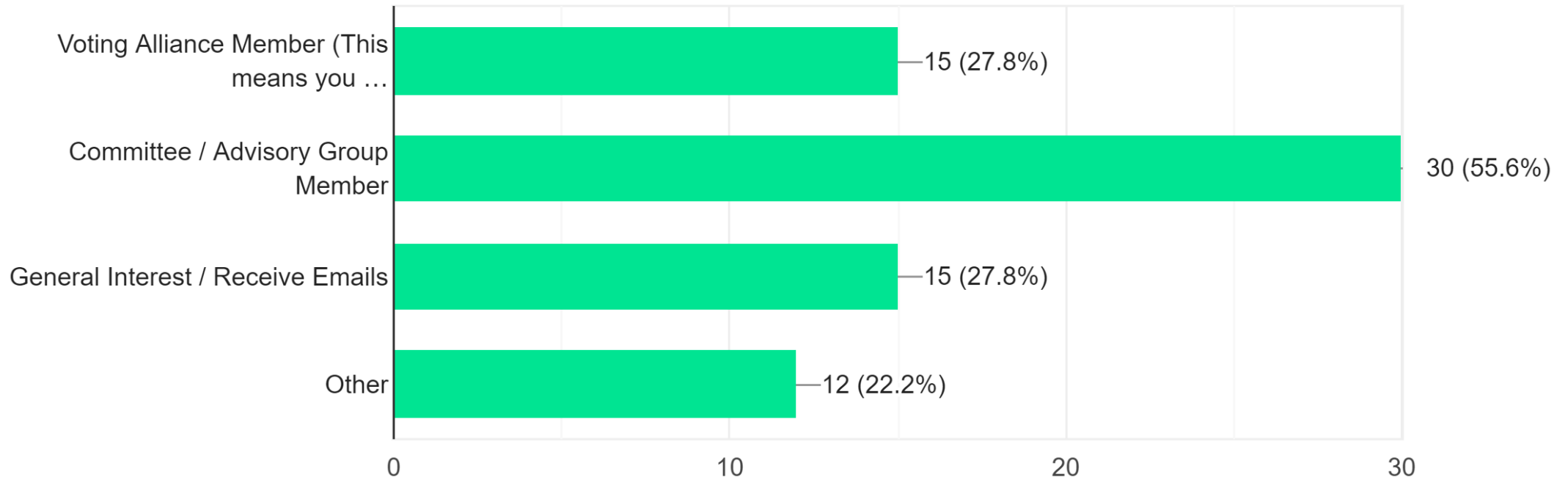
This was sent out to our Alliance listserv of **163** individuals and **53** completed the survey



Respondents Role in Alliance

What is your role in the Alliance?

54 responses



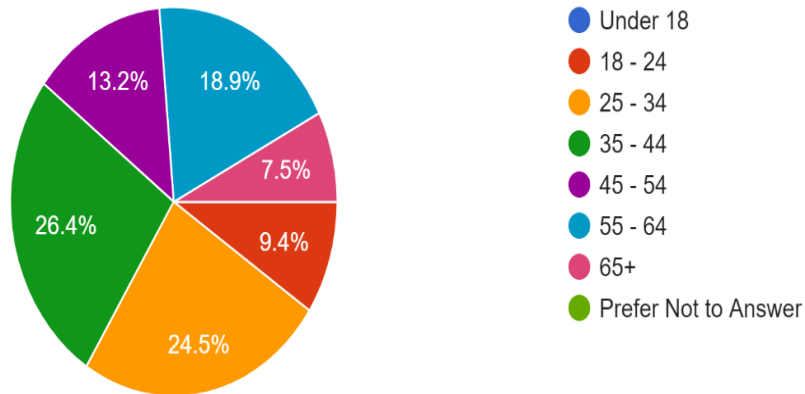
Age Make-Up

Alliance - 24 and younger: 17%

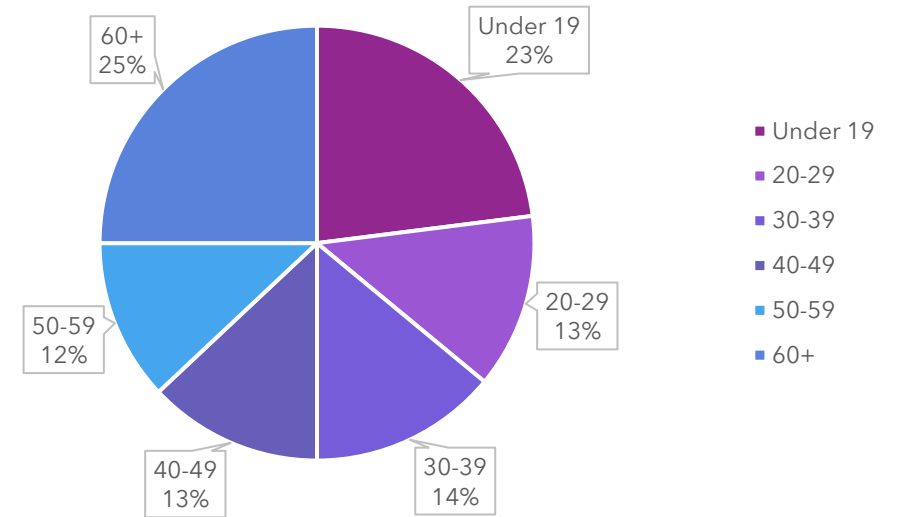
Oregon - 29 and younger: 36%

What is your age range?

53 responses



Oregon Age

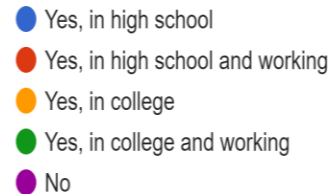
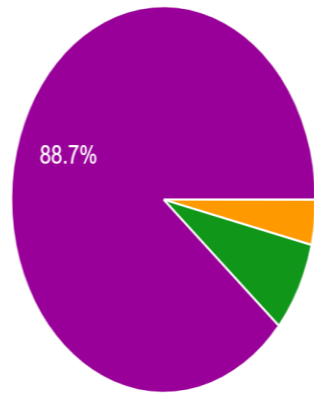


Student Status

Alliance - 11.3% are in college

Are you a current student?

53 responses



Oregon

- In 2016, 12% of population was in K-12
- I don't know where to find accurate data of how the percentage of those in College

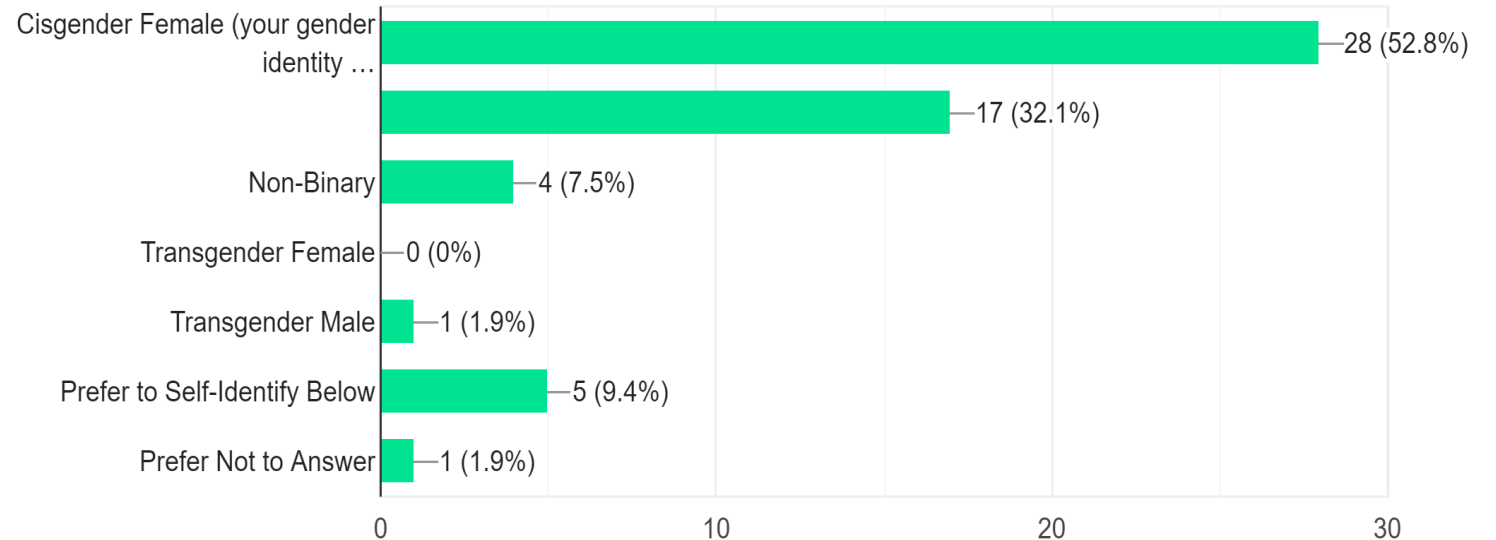
Gender Make-Up

I was unable to find stats on gender in Oregon that went beyond male and female.

Female: 50.5%

Male: 49.5%

People have many different ways of identifying their gender. For data purposes it is helpful to have some pre-designated categories. We have agreed to ...is identified below. (Please check all that apply)
53 responses

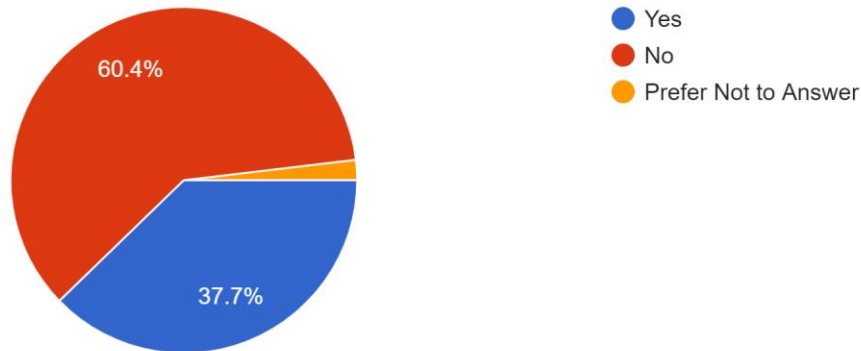


LGBTQ+ Community

Alliance - 38% Identify as LGBTQ+

Do you identify as part of the LGBTQ+ Community?

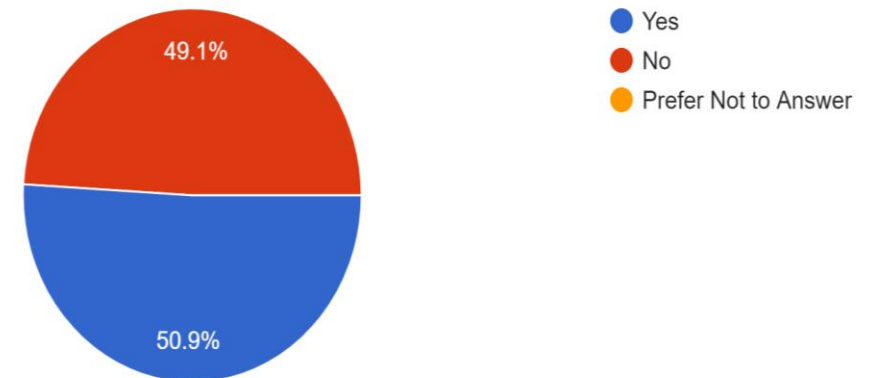
53 responses



Alliance - even split of those who identify as a parent / close relative to someone in LGBTQ+ Community

Do you identify as a parent / close relative of someone in the LGBTQ+ Community?

53 responses



Some Data on LGBTQ+ Community

OHA Healthy Teen Data

	Adult		Grade 11		
Demographics	Men	Women	Boys	Girls	Gender Non-Conforming
Heterosexual	95%	92%	92%	85%	36%
Lesbian and Gay	2%	2%	2%	1%	9%
Bisexual	2%	4%	4%	10%	15%
Questioning	NA	NA	2%	3%	40%

Source: Oregon BRESS 2013 – 2016 and Oregon Healthy Teens 2017

Movement Advancement Project Data

% of Adults (18+) Who are
LGBTQ:

5.6%

Gallup/Williams 2018

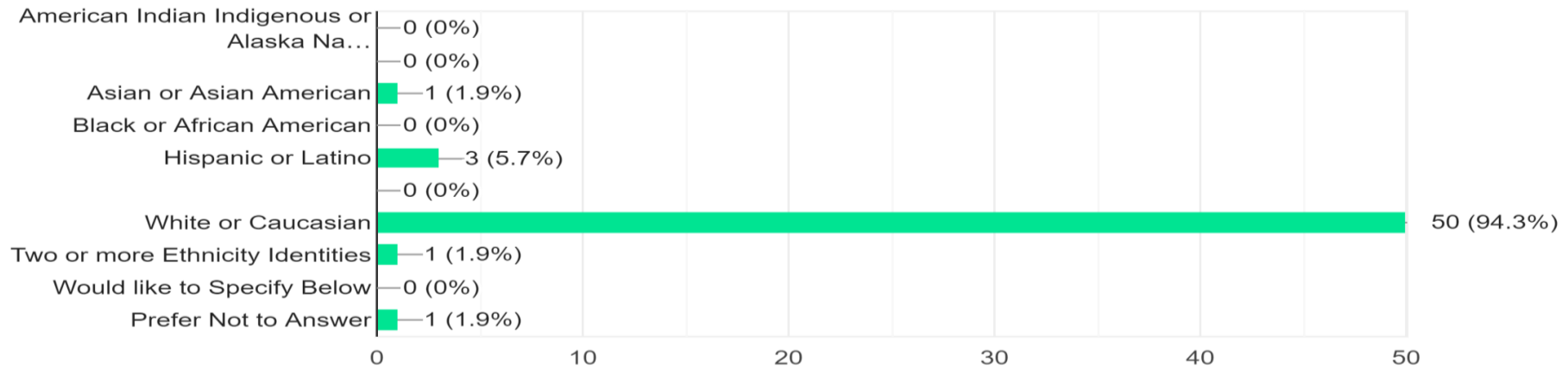
% of LGBTQ Adults (25+)
Raising Children:

23%

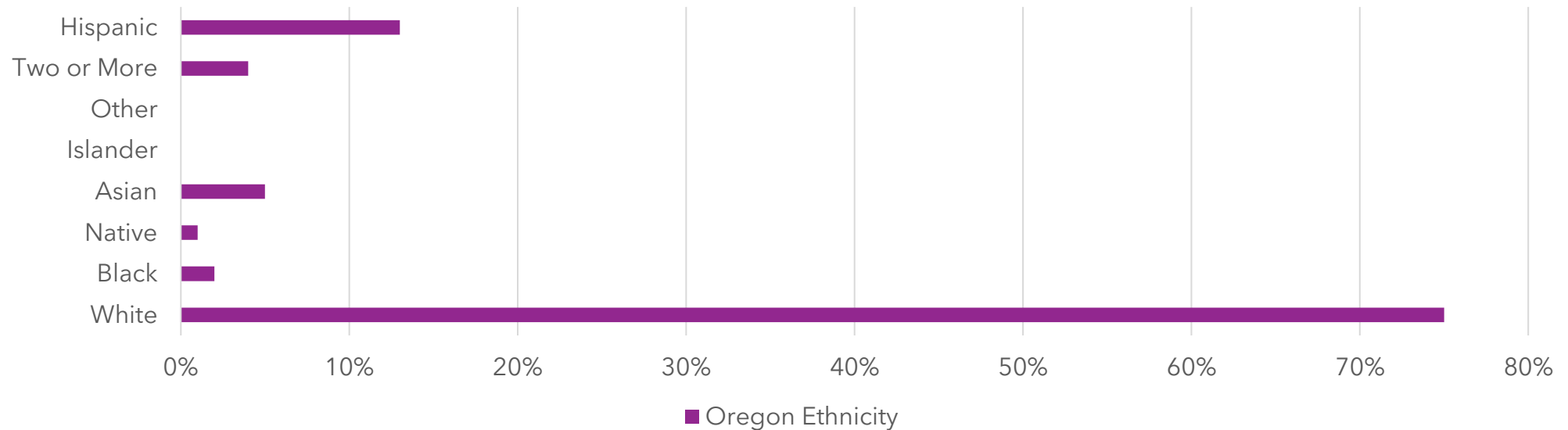
Gallup/Williams 2018

Ethnicity Make-Up

Alliance



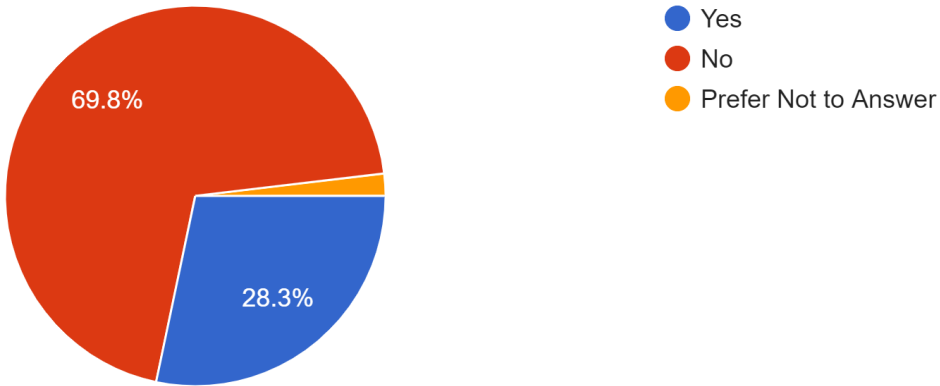
Oregon



Disability Community

Alliance - 28% identify as having a disability

Do you identify as someone with a disability?
53 responses



Oregon

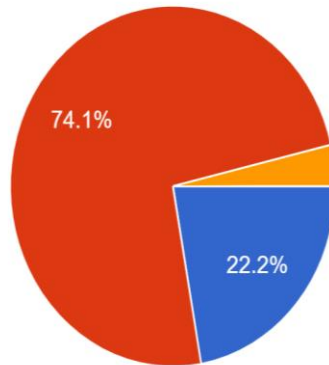
- This ranges from 15% - 26% of the population depending on which statistic I find

Lived Experience

Attempt Survivor - 22%

Are you a suicide attempt survivor?

54 responses

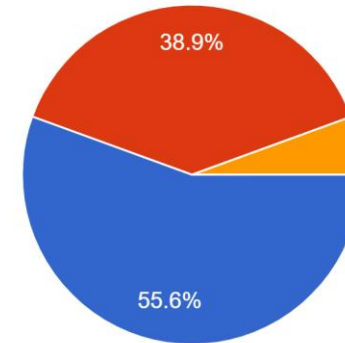


● Yes
● No
● Prefer Not to Answer

Loss Survivor - 56%

Have you lost someone to suicide (loss survivor)?

54 responses



● Yes
● No
● Prefer Not to Answer

Lived Experience

Oregon 2020



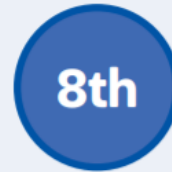
On average, one person died by suicide every 10 hours in the state.

More than five times as many people died by suicide in Oregon in 2018 than in alcohol related motor vehicle accidents.

The total deaths to suicide reflected a total of 16,408 years of potential life lost (YPLL) before age 65.



Suicide cost Oregon a total of **\$740,356,000** combined lifetime medical and work loss cost in 2010, or an average of **\$1,080,811 per suicide death.**



leading cause of death in Oregon

1st leading
cause of death for ages 10-24

2nd leading
cause of death for ages 25-34

3rd leading
cause of death for ages 35-44

5th leading
cause of death for ages 45-54

8th leading
cause of death for ages 55-64

13th leading
cause of death for ages 65+

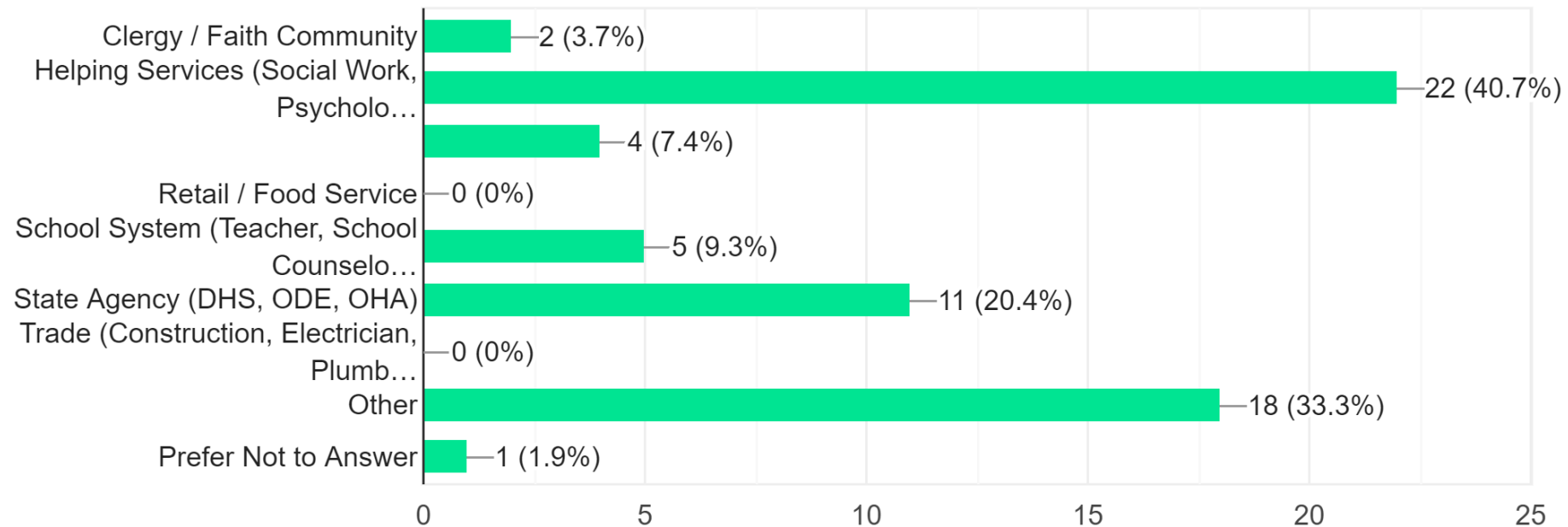
Suicide Death Rates

	Number of Deaths by Suicide	Rate per 100,000 Population	State Rank
Oregon	844	19.02	16
Nationally	48,344	14.21	

Workforces Represented Alliance

What workforce sector do you represent?

54 responses



An abstract geometric pattern featuring various shapes in blue and purple. The shapes include a large blue triangle at the top left, a blue circle at the top right, a purple semi-circle in the center, a blue circle on the left, a purple circle at the bottom left, a blue square at the bottom right, and several small purple dashes scattered throughout. The background is white.

What communities, experiences, or cultures do you feel you bring a perspective from in this work to prevent suicide?

- LGBTQ+ x7
- College Student x3
- Law
- Urban / Rural Contrasts x3
- Faith-based x5
- Pacifist
- Loss Survivor x5
- Social Worker x2
- School Setting x2
- Healthcare Worker
- Low SES Family Upbringing
- Dominant Culture x2
- Crisis Interventionist
- Domestic Violence Survivor x2
- Attempt Survivor x3
- 6th - 12th grade
- Medical Staff
- ASIST Trainer x2
- Rural Culture x4
- Parents are Attempt Survivors x2
- Multiple Attempt Survivor
- Multiple Loss Survivor
- Research Community x3
- Higher Education
- Public Health
- Youth Suicidal Ideator x2
- Queer x2
- Gender non-conforming
- Educator
- Mental Health Services Consumer x6
- Equity Advocate
- Parent is a loss survivor
- Fundamentalist Religion Survivor
- Native x2
- Hispanic
- Undocumented
- Older Adult
- LGBTQ+ Ally
- Parent of LGBTQ+ x2
- Lives with Mental Health Diagnosis x2
- Attempt Survivor
- QMHP
- Live with Chronic Pain x2
- Disability Community
- Peer Culture
- Artists

What communities, experiences, or cultures do you feel you bring a perspective from in this work to prevent suicide?

- Social Media
- Support Groups
- Inventors
- Responder
- Education
- Young Adult x5
- Lived Experience x5
- Asian American
- Sexual Assault Survivor
- Systems Perspective x2
- Suicide Prevention Coordinator
- Live with Chronic Thoughts of Suicide x2
- Work Directly with Youth
- Consultant
- Advocate x3
- Supports Someone with Chronic Thoughts of Suicide
- Community Organizer x3
- Gay
- Community Mental Health Provider
- Foster Care Youth
- Relative is a Loss Survivor
- Veteran
- Suicide Prevention Trainer
- School Mental Health
- Rural Mental Health
- Pediatric Care Coordination
- Range of SES Status
- Geeks

Other Ways you Identify as Someone with Lived Experience

- Suicidal Ideation
- Parent of a child with suicidal ideation
- Part of a friend and co-worker's suicide intervention
- Support close friend with ongoing suicidal ideation
- Daughter with suicidal ideation, nurse in the ICU who has taken care of survivors and those who have died from Suicide
- Mother is attempt survivor
- Support others with loved experience in my family and friend group
- Have a child who struggles with suicide thoughts
- Six of eight of my LGBTQI-2S Mormon friends died by suicide
- I struggle with depression and invasive thoughts of suicide

Other Ways you Identify as Someone with Lived Experience

- Yes; as a person whose first thought of suicide was a teen, as an adult who finds those thoughts reoccur "as a last resort" (I have a strong support system and know my resources); and as a person who has experienced suicide loss in a professional capacity
- Contemplated many times
- Experienced thoughts of suicide/suicide ideation
- Coping with Intensity (e.g. intrusive thoughts, urges, depression, self-esteem, flashbacks, etc.), witness, responder, peer supporter, etc.
- Parent of a youth who survived multiple attempts and persistent ideation
- Living with SI now, versus it being in the past or something I no longer experience
- Lived experience with high, persistent levels of ideation for most of my life

Other Ways you Identify as Someone with Lived Experience

- Lived experience w/ thoughts of suicide is what brought me to this work
- Some of the closest people in my life struggled with or attempted suicide
- My mother made a serious suicide attempt when I was 19 years old and thankfully survived but it significantly impacted me and my family for many years
- Lived in small community with multiple completed suicides
- Past ideation
- Live with ongoing suicidal thoughts and feelings
- Attempt survivor, live with regular thoughts of suicide, support someone who has attempted / lives with thoughts, service user, professionally worked with those who have attempts or regular ideation

What would you say your area(s) of expertise is? (The subject / field you know the most about).

- Abuse across the Lifespan
- ADHD
- Autism
- Child Welfare
- Community Building x2
- Community Mobilization
- Complex Grief
- Criminal Justice
- Crisis Management / Work x3
- Cultural Considerations
- Behavioral Health
- Behavioral Issues from TBI
- Behavioral Management
- Consumer Engagement
- Critical Care Nursing
- Curricula for Native American Wellness
- DBT
- Domestic Violence Prevention
- Eating Disorder Treatment
- Education x2
- Faith Community
- Family Support x2
- Foster Care / Foster Youth
- Grief and Loss
- Health Promotion x2
- Implementation Science
- Juvenile law and Public Defense
- Law
- Learning Disabilities
- LGBTQ+ Community x5

What would you say your area(s) of expertise is? (The subject / field you know the most about).

- Lived Experience Voice x3
- Marketing and Advertising
- Mental Health x6
- Mental Health Counseling
- Mental Health Promotion x3
- Non-Profits
- Oriental Medicine
- Peer Services
- Public Health x4
- Public Policy
- Prevention Science
- Program Design and Evaluation
- Psychology x2
- School Systems x4
- Severe and Persistent Mental Illness (SPMI)
- Sexual and Relationship Violence Prevention x2
- Social Work x2
- Stakeholder Relations
- Strengths-Based Community Work
- Substance Use and Abuse Prevention (A&D) x2
- Suicide Intervention / Prevention x15
- Suicide Prevention in Healthcare Settings
- Suicidology x3
- Systems Development
- Systems Work x2
- Training
- Trauma Injury Prevention
- Trauma Work
- Traumatic Loss
- Youth Engagement
- Wellness

What areas or populations are you most interested in working with?

- Ages 6-10 and 20-25 Years Old
- Young adult 16-25 or So
- Youth and Young Adult x8
- Adolescents and People with Chronic / Severe Mental Illness
- K - 12
- College Students
- Transitional Aged Young Adults
- School Aged Populations
- The largest group of people in most demographic or marginalized groups
- Older
- Schools x3
- General Community x3
- Adults x3
- Families of Youth and Young Adults
- Parents and Families of Choice
- Children, Families, Refugees
- Across the Lifespan x2
- Those with Lived Experience x3
- Loss and Attempt Survivors
- BIPOC x2
- LGBTQ+ x8
- Native Americans / Alaskans x2
- Latinx
- Rural Minorities
- Faith Based



What areas or populations are you most interested in working with?

- Gun Owners
 - Military / Veterans x2
 - Health / Mental Health Care Professionals x2
 - Workforce Development in Medical / Mental Health Settings x2
 - Behavioral Health Programs x2
 - Those in the Hospital Setting
 - Direct Care Workers for Transitions of Care
 - Policy / Legislative Work
 - State / Local Government
 - Homeless / Houseless Populations
 - Media / Outreach / Awareness x3
 - Inclusive / Participatory Research & Analysis
- 