



A Leadership Guide for Alliance Committee Chairs

March 2022

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Preface

Who We Are

The [Oregon Alliance to Prevent Suicide](#) is a statewide advocacy and advisory group in Oregon working to prevent youth suicide and strengthen suicide intervention and postvention services. It was established in 2016 when the Youth Suicide Intervention and Prevention Plan (YSIPP) was submitted to the legislature by the Oregon Health Authority (OHA). The Alliance is charged with advising OHA on statewide youth suicide prevention and intervention policy and implementation of the YSIPP. Members are appointed by OHA and include leaders from the public and private sectors, legislators, subject matter experts, suicide attempt and loss survivors, and young people from across the state of Oregon.

Our Mission

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

Our Vision

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

Equity Statement

To achieve our vision, we acknowledge the impact of white supremacy, institutionalized racism, and all forms of oppression. The Alliance endeavors to make Oregon a place where suicide reduction and prevention is achieved for people of all ages, races, ethnicities, abilities, gender identities, sexual orientations, socioeconomic status, nationalities and geographic locations.

What We Do

We inform and strengthen Oregon’s suicide prevention, intervention and postvention policies, services and supports to prevent youth and young adults from dying by suicide.

The Alliance

- Spreads **Hope** by partnering with other organizations to train community members through a variety of evidence-based trainings such as Mental Health First Aid and CONNECT.
- Advocates for a future where people can find the right **Help** at the right time by helping to pass legislation such as Adi’s Act (SB52) which requires Oregon schools to have suicide prevention plans in place.
- Helps communities foster **Healing** by advocating alongside community members for effective and necessary legislative changes that will improve access to suicide prevention and better mental health care in Oregon.
- Connects the field by opening up communication and promoting collaboration among Regional Suicide Prevention Coalitions across the state and between state agencies to achieve collective impact on suicide prevention.

Hope
Promote a sense of hope and highlight resilience.

Help
Make it safe to ask for help and ensuring that the right help is available at the right time.

Healing
Work with individuals and communities in the healing process after an attempt or suicide.

Alliance Committee Chairs Leadership Guide

Introduction

The Youth Suicide Prevention and Intervention Plan (YSIPP) for 2021-2025 was released December 2021. Its foundation is the successful strategies that Oregon implemented over the last five years and new initiatives have been added to further strengthen state, county and local ongoing efforts. The updated YSIPP is posted here <https://oregonalliancetopreventsuicide.org/policy/>. The Alliance staff developed this packet of materials to:

- Increase our understanding of the updated YSIPP and Alliance responsibilities in its implementation
- Support committee and advisory group chairs in their leadership role
- Provide guidance for committees as they develop their workplan and carry out their work

The materials in this packet provide information on the full YSIPP and information about focus areas for each committee. All materials are based on the elements of the **YSIPP framework** which are:

- a. **Strategic Pillars** – in the first five-year plan these were referred to Strategic Directions; in the updated plan, they are the same and have been renamed “Strategic Pillars”. The Pillars are the strength and supports to achieve the Strategic Goals. These will not change over time, they are:
 - Healthy and empowered individuals, families and communities (universal level)
 - Clinical and community prevention services (selected level)
 - Treatment and support services (indicated level)

Research, data, evaluation and policy are the foundation of the suicide prevention framework. The whole framework is supported and grounded in these efforts.

- b. **Strategic Goals** – are long term and big picture elements of each Pillar and there are 3 -4 goals for each Pillar. The goals are based on the National Strategy for Suicide Prevention, the CDC Technical Package for suicide prevention and Oregon’s suicide prevention landscape. The goals are what the five-year plan aims to achieve and are measured using the next level down (strategic pathways). The strategic goals are the “what” – What needs to happen? The strategic pathways are the “how” – How will we do this work?
- c. **Strategic Pathways** –are the ways to focus work to achieve the related goal. The strategic pathways are the measurable way we will know that we’ve succeeded in our strategic objectives. Each goal has 2 – 5 strategic pathways. For example, under the goal of “means reduction,” one pathway is “All Oregonians experiencing behavioral health problems will have access to safe storage of lethal means.” Strategic pathways may change over time, or new strategic pathways may be added, based on how effective efforts are.
- d. **Initiatives** - for each pathway, strategic priority initiatives layout the work ahead, they are the “project plan” for how Oregon will achieve success within each strategic pathway. The initiatives are the actions and activities designed to achieve the related goals. These initiatives will be SMART (specific, measurable, achievable, realistic and timely). They will change over time and reflect what is needed next.
- e. **Foundation and Centering Lenses** - underpin all activities and flow through all work. The lenses are: Policy, Funding, Data and Evaluation, Equity, Trauma Informed Practice, Lived Experience Voice,

Collective Impact, and Collaboration. For example, the data and evaluation lens tell us how we’re doing, what’s working and where adjustments are needed. Another example is lived experience voices. They serve as a model for hope, provide insight into prevention, treatment, education, improved care and help tailor approaches to meet needs.

See Attachment B for a depiction of the YSIPP Framework.

This Tool . . .

Increases our understanding of the updated YSIPP and Alliance responsibilities in its implementation

This Leadership Guide is a tool to focus our work in advising OHA and in advocating for suicide prevention with partners across the state. One component of this guide is a set of tables that layout YSIPP strategic pillars, strategic goals, pathways and initiatives. These tables provide a high-level view of the YSIPP. They do not tell what the tasks and milestones are or give us a plan on how goals and initiatives will be achieved. The tables do identify levels of responsibilities for each YSIPP initiative. Committees and advisory groups will be referencing these tables as they determine workplans for the next year. For each YSIPP initiative, the display shows:

- Lead organization and collaborative partners
- Alliance YSIPP implementation responsibilities
- Alliance committee(s) and/or advisory group(s) designated to monitor and advise OHA on initiative implementation
- Alliance staff role/responsibilities for implementing YSIPP and supporting committee work.

Here is an example from YSIPP Table 1, Strategic Pillar 1.

Strategic Pillar 1: Healthy and Empowered Individuals, Families and Communities (Universal)

Strategic Goal And Pathways	YSIPP Initiatives Lead Organization and Partner	Alliance YSIPP Responsibilities	Alliance Committee Responsible for Monitoring Implementation and Advising OHA (RASCI)*	Alliance Staff Responsibilities (RASCI)
<p>Goal Integrated & Coordinate Activities Pathway “Coordinated Activities” Youth suicide prevention programming is coordinated between tribes, state, county, and local leaders to maximize reach and ensure equitable access for all Oregonians.</p>	<p>Big River statewide coordinators meet monthly to align work, give program updates, connect and learn. Lead: OHA; Partners: Lines for Life, AOCMHP, Matchstick Consulting</p>	<p>Monitor (consult)</p>	<p>Workforce Committee Monitor implementation (informed)</p>	<p>Staff will attend Big River meetings. Stay apprised of implementation status of Big River activities and share information via website and ongoing email communications as indicated (consult)</p>

See Attachment A for definition of Responsible, Accountable, Support, Consult, and Informed

Supports committee and advisory group chairs in their leadership role

The YSIPP Tables can help organize committee and advisory group work by informing meeting agendas, SMART goal and workplan development, and reporting on work progress and challenges to the Executive Committee. This guide can also be a helpful tool when recruiting new members by surfacing a need for expertise in a particular area related to committee and advisory group work. In addition to the YSIPP tables, attached materials provide a ready source of information and a file of frequently needed forms. Here's an "at a glance" list of the attached items:

- Definitions
- YSIPP Framework
- Alliance By-laws
- Forms: SMART Goals and Outline for Committee Reports
- Calendar of 2022 Key Dates

Material specific to each committee and advisory group will be included in the packet for each chair. For example, a copy of HB2315 for Workforce Committee. All chairs will also be provide a copy of the YSIPP Tables. The Alliance website is frequently updated, please visit for additional information about Alliance activities, resources, and meeting times, agendas and materials, and the YSIPP. <https://oregonalliancetopreventsuicide.org/>

Provides guidance for goals, workplan development and tasks to carry out work

The Alliance is charged with overseeing implementation of the YSIPP, evaluating the effectiveness of suicide prevention programs, monitoring risk factors and advising OHA regarding public policy agenda priorities for suicide prevention. Alliance committees and advisory groups are critical to meeting this mandate and it is through their combined efforts and staff work that the charge to the Alliance is met.

The materials in the Leadership Guide and packet are designed to inform committees and advisory groups in their development of goals and workplan actions, timelines, and milestones. Workplan formats may vary as each committee and advisory group will determine a format that works best for them. Other sources such as local and state data, stakeholder feedback during the YSIPP updating process and recently passed suicide prevention legislation are also available. These sources, and others, will infuse the workplan development process with information about the Oregon suicide prevention landscape.

How to . . .

As stated earlier, the Alliance provides oversight of suicide prevention in Oregon. The primary way this is done is to monitor and advise OHA on YSIPP implementation and public policy priorities. The question has come up, "What does that mean for our work?"

Monitoring means to observe and check the progress or quality; keep under systematic review over time. For our work, that means the Alliance is "purposeful and systematic" in its observation of YSIPP initiatives and activities to track progress on the YSIPP strategic goals. How that is done is to gather and examine information from a variety of sources. For example, sources may include:

- Local, state, and national data and surveys
- State policy related to suicide prevention
- Reports, sources such as the State Auditor's Office, schools, OHA, behavioral health
- Program presentations by OHA and other state agencies or local agencies/organizations

- A review of best and promising practices and practice innovations
- Stakeholder feedback such as youth, suicide prevention coalitions, community partners, subject matter experts and those with lived experience
- Collaboration across Alliance committees and advisory groups

The examination of the gathered information is used to analyze the progress that is being made and to better understand what is working, highlight successes and surface challenges to be addressed. These findings form the basis for **advising** OHA. Advising means to give a recommendation or feedback.

The Alliance's responsibility to advise OHA on the development and administration of strategies to address suicide intervention and prevention for Oregon's youth and young adults to age 24 years (codified in SB707). This means the Alliance provides recommendations to OHA on YSIPP implementation and public policy agenda priorities for suicide prevention across the state. Recommendations may result from ongoing monitoring of YSIPP activities by staff, committees, advisory groups, full membership discussions or at the suggestion of OHA. Recommendations may be given in an informal way to OHA during an Executive Committee meeting or conversations with staff. An example is OHA requesting recommendations of groups to engage for feedback on specific programs or initiatives such as YSIPP development. Formal recommendations on the other hand are provided in writing and submitted to the contract monitor who will then direct it to the appropriate person at OHA. For formal recommendations, the Executive Committee reviews and approves a letter, legislative concept or other work products before sending to OHA. Alliance by-laws specify when formal recommendations are taken to the full membership for approval.

One example of advising on public policy is the Policy Option Package (POP) process. The POP is the mechanism various state departments use to develop funding request to be included in the State's biennial budget. Every two years OHA asks the Alliance for recommendations on future funding for suicide prevention efforts. The Alliance process is for committees and staff to develop recommendations, staff presents written proposals to the Executive Committee where it is determined which items move forward to the full membership for a vote on priorities. Alliance proposals may or may not be selected by OHA to move forward through state budgeting process. If Alliance proposals are not funded, they remain active within the Alliance policy agenda if membership determines it is an area for long-term consideration and potential legislative action.

The Alliance by-laws (Attachment C) recognize that the work of the Alliance moves forward through committees. Committee are determined at the June quarterly by the full Alliance. The by-laws require all committee chairs to serve on the Executive Committee and the expectation is that chairs attend meetings, report information on their committee work and participate in fulfilling these Executive Committee responsibilities:

- 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 that come before the Alliance
- Make decisions between meetings on behalf of the Alliance membership
- Make recommendations to OHA on new Alliance members
- Prioritize special projects, especially those focusing on diversity, equity and inclusion and groups that are at disproportionate risk of suicide.

While the by-laws determine how committees operate and identify responsibilities, advisory groups are not under the same requirement. Table 1 summarizes similarities and differences between committees and advisory groups.

Committee	Advisory Group
Governed by Alliance by-laws	Not required or determined by Alliance by-laws
By-laws require - <ul style="list-style-type: none"> chairs of standing committees serve on the Executive Committee. 	Chair of an Advisory Groups does not serve on Executive Committee
<ul style="list-style-type: none"> committees to establish annual goals and action steps each year in the spring and must meet at least quarterly to assess progress towards the annual goals. 	Advisory groups are not required to set goals and develop workplan, however, most groups do. Groups meet on an ad hoc basis, generally monthly and may operate over an extended period of time.
<ul style="list-style-type: none"> each committee to have a committee chair (selected by committee members) who is tasked with facilitating committee meetings and ensuring goals are met and deliverables are completed. 	Advisory Group chair is selected by group members; chair facilitates meetings, and if goals and workplan are set, and with members works to achieve goals and complete workplan
Membership	Membership
Committee members volunteer to participate and may be Alliance members or affiliates; subject matter experts may also participate. The Alliance by-laws require that to be eligible for nomination as the Alliance Chair or Vice-Chair a member shall have served on a committee prior to their nomination. Youth are encouraged to join and be active members.	Advisory group members volunteer to participate and represent stakeholders who have interest in a specific area, such as: <ul style="list-style-type: none"> a population at higher risk for suicide like LGBTQ+ Advisory Group a group that broadly informs all Alliance work such as Lived Experience and Equity Advisory Groups. Youth are welcomed and encouraged to participate.

Alliance Standing Committees

The Alliance standing committees are listed below, see the Alliance website for meeting information. <https://oregonalliancetopreventsuicide.org/committees/>

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, a health professional, all other committee chairs, and a representative from the Oregon Health Authority.

Data And Evaluation

The Data and Evaluation Committee is responsible for working with the University of Oregon for monitoring completion of the Youth Suicide Intervention and Prevention Plan and tracking risk factors for suicide in Oregon.

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.

Advisory Groups

Alliance 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.

LGBTQ+

This Advisory is comprised of those in the LGBTQ+ community and their allies. Their goal is to bring the perspective of this community to Alliance related activities and to be that connection between the LGBTQ+ community and the Alliance.

Lived Experience

This group is comprised of those who identify as having lived experience with the behavioral health system, living with a mental health diagnosis, are an attempt survivor, loss survivor, or as an ally to someone with the above. The group is in the early stages of forming with the hope of providing the lived experience lens on Alliance activities.

Lethal Means and Firearm Safety

A group of folks came together to work on recommendations for a strategic plan on Lethal Means for OHA. Due to the lethality of firearms, this group first focused on recommendations for firearm safety and is adding substances, such as opioids, as a lethal means to look at to provide recommendations to OHA.

Youth and Young Adult Engagement Advisory

YYEA is dedicated to amplifying young adult voices in decision-making for all local and state agencies by providing ongoing opportunities for young adults and adult allies to engage in self-advocacy, building community relationships with youth-serving agencies and providers, and advising the Children's System Advisory Council, the Oregon Alliance to Prevent Suicide, Healthy Transitions Steering Committee, and other system partners on important issues that matter to youth.

The roles and responsibilities of a committee and advisory group chair centers on guiding the group to successfully achieving its goals. For example:

- **Meetings** – attend planning meeting with staff to set agenda, identify materials, arrange for presentations guest speakers or representatives from other committees, and facilitate. Agenda, meeting materials and minutes are available on the Alliance website. Take time at each meeting to check on workplan action steps and record progress, challenges and make adjustments to tasks and timelines as needed. Remember committee meetings are public meetings (advisory groups are not) and must follow public meeting laws. Check in with staff if you're not clear about what that means.
- **Support Members** – engage all members in meeting discussions, encourage participation in development of work products and carrying out tasks to ensure active involvement. Youth may need additional support to be active members and dedicated staff is in place to support youth. Staff is available between meetings to answer questions, problem solve and provide guidance and are a resource for both chair and committee/advisory group members. One key to engagement is to celebrate committee successes and milestones.
- **Collaborate** – committee chairs are members of the Executive Committee are expected to attend monthly meetings and report on committee work. The expectation is that committees and advisory groups support one another by providing information from their work and collaborating in areas of work that may overlap. Our partners from OHA attend committee meetings and this is an opportunity to hear first-hand about their work on YSIPP implementation, statewide data, collaborative efforts at the state level and policy implementation.

Conclusion

Thank you for your commitment to the Alliance and your dedication to preventing suicide. The extra time you devote to chairing a committee or advisory group is greatly appreciated and recognized as a tremendous benefit to our work statewide. This guide is a ready reference and tool for you in you. Here's what staff does to support your important role:

- **Supports Committee and Advisory Group Meetings** – meets with chair to plan agendas, problem solve and prepare meeting materials; arrange for presentations; provides reports on progress, challenges and potential adjustments to workplans; and co-facilitates meetings. Builds and maintains relationships with all committee and advisory group chairs and members and is available by phone and email outside of meetings to support chair in their leadership role. Staff also develops resources, gathers information/research, stays apprised of state data, tracks legislation during legislative sessions and writes materials.
- **Multiple Communications Strategies** - post agendas, meeting materials and minutes on website; maintains a weekly listserv and circulates priority updates from committees; and maintains Alliance website. Staff facilitates communication between partners and local suicide prevention organizations through webinars and phone conferences. Committee work is supported by communication materials developed by staff including press releases, summary documents, position papers and legislative materials.

- **Stakeholder and Youth Engagement** – convenes stakeholders and cultivates working relationship with coalitions, state agencies and community partners; helps identify and recruit committee and advisory group members; is available by phone or email to provide opportunity for ongoing engagement and support; and builds active engagement of youth in committees and advisory groups through dedicated staff time and individual support.
- **Collective Impact** – the big picture: staff builds relationships and liaisons with OHA/OHA SIPP team, other state agencies, University of Oregon and community partners to strengthen a cross sector approach to suicide prevention. This in turn facilitates broad representation on the Alliance and its committees/advisory groups and develops a common understanding, bringing together a statewide effort to suicide prevention and aligning resources to achieve collective impact.

Attachments

A. Definitions

B. YSIPP Framework

C. Alliance By-laws

D. Forms

 SMART Goals

 Committee Update - Report Form

Definitions

Adapted from the YSIPP 2021-25

Cross-sector approach within strategic pathways: A cross-sector approach occurs when initiatives are identified by more than one sector within a single strategic pathway. Youth are often in spaces where sectors naturally overlap. It is likely that education, healthcare, behavioral healthcare, youth-serving organizations and juvenile justice would all have relevant initiatives within a strategic pathway. The specific strategic priority initiative to address that strategic pathway might be different, depending the sector.

Levels of Interventions/Strategies

Universal or Primary Level — These interventions have broad, community-wide reach. All people in Oregon will benefit from these interventions. They are similar to Tier 1 in a Multi-Tiered Systems of Support (MTSS) model in education.

Selected or Secondary Level — These interventions are given to specific, targeted sectors, or populations to strengthen their benefit. They are similar to Tier 2 in a MTSS model in education. These interventions happen alongside universal interventions.

Indicated or Tertiary Level — These interventions are given to a very narrow scope of sectors or populations that have higher risk or need more intervention. These represent things like treatment for suicide thoughts and care coordination between levels of care. They are similar to Tier 3 in an MTSS model in education. These interventions are given alongside all other levels of intervention.

Lived Experience Voice: Lived experience generally refers to a person who has direct and relevant experience with a social issue or combination of issues. In suicide prevention, this term includes those who have:

- Experienced suicidal thoughts or behaviors
- Attempted suicide
- Supported a friend family member, or other important person through a suicidal crisis, or
- Lost a loved one to suicide.

A core value of the Alliance is to value lived experience including youth and families. For more information on lived experience voice, the Suicide Prevention Resource Center's toolkit can be found at <https://www.sprc.org/livedexperiencetoolkit/about>.

RASCI Model: The RASCI model is a project management tool which helps to clarify the roles and responsibilities of people working on a project or assignment. In the context of the YSIPP, this model is used to assign levels of involvement for people carrying out a strategic priority initiative. The OHA suicide prevention team has agreed to assign strategic priority initiatives using this model as much as possible. RASCI is an acronym derived from the five key criteria most typically used: Responsible, Accountable, Supporting, Consulted and Informed. (Source: <https://www.eltis.org/it/glossary/ras-ci-matrix>) This is what these levels of involvement mean:

- **Responsible** - this partner is in charge of completing the task.
- **Accountable** - this partner endorses the result of the task.
- **Supporting** - this partner delivers input that can help the responsible body achieve the task completion.
- **Consulted** - this partner needs to be asked for feedback, and feedback needs to be taken into account.
- **Informed** - this partner needs to be kept up to date with the progress of the plan development.

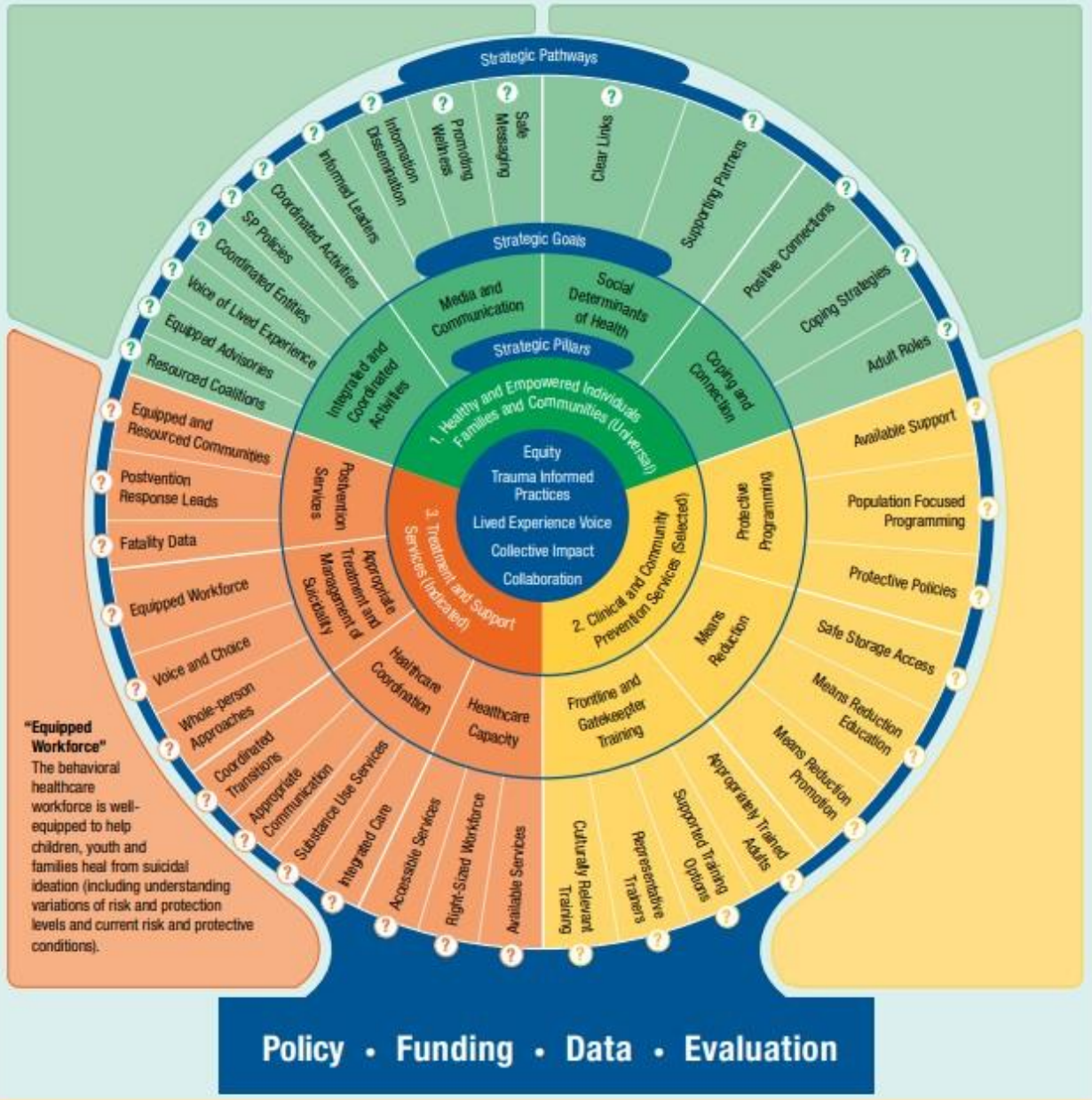
The RASCI Model fundamentally it helps to understand who is responsible for what and to create clear tasks and timelines.

Sector or Sector based Approach: The term sector is used here to describe an area where youth suicide prevention can happen. A sector- based approach means that the framework will include distinct strategic priority initiatives for certain sectors. Some sectors have multiple subsectors. While there are many more sectors that could be included in this work, the highlighted sectors are:

- Education
- Physical Healthcare
- Behavioral Healthcare
- Youth-serving Entities
- Juvenile Justice

Strategic Priority Initiatives: Strategic priority initiatives are the “project plan” for how Oregon will achieve success within each strategic pathway. They represent the steps we will take. These initiatives will be SMART (specific, measurable, achievable, realistic and timely). They should reflect what’s needed next, so they will change over time. They will likely be edited yearly based on success, new needs, changing resources and other factors. For example, a strategic priority initiative might be “Every local mental health authority will receive information on the availability of low or no cost medicine lock boxes and gun safes through the Association of Oregon Community Mental Health Programs (AOCMHP) by Dec. 15, 2021.”

Youth Suicide Prevention Framework



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.

In 2021, Oregon's legislature passed SB 563 making the YSIPP cover ages 5 through 24 for more upstream prevention work.

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 be reappointed. 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.

The Alliance places a high value on ensuring that its statewide work connects with efforts in local communities and recognizes the important role of Regional and County Suicide Prevention Coalitions play in that work. When considering membership recruitment, the Executive is encouraged to work towards regional representation of the coalitions.

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

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.

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.

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 Vice-Chair position is intended to support the chair and prepare the individual for serving as Alliance Chair in the future. The Alliance Chair and Vice-Chair will be elected by Alliance members at the quarterly meeting held in June. Chair and Vice-Chair may serve two consecutive terms. At the end of two terms, the Chair must be transitions and can be nominated for appointment after a period of two years.

The work of the Alliance is moved forward through committees. Committees are determined at the 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 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 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 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.

Committee & Advisory Group Meetings

- All Committee meetings will follow Oregon’s Public Meeting Law, ORS 192.610 – 192.690.
- Advisory Group meetings do not follow Oregon’s Public Meeting Law, ORS 192.610 – 192.690. These groups are population specific and serve as an advisory group to the full Alliance and to Committee work as needed.
- 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 appointed member, with the exception of members who are OHA staff, 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. 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.

2019December13 Revisions Adopted
Revised August 3, 2020; August 26, 2021
Revisions Adopted September 11, 2020; September 2, 2021; March 11, 2022

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?

Alliance Committee Update

Name of Committee:

Chair(s):

Committee Members (*italicized members are either youth or young adult members*):

List Committee's Strategic Priority(ies) FY21-22:

- Current priorities listed in committee SMART Goals:

Highlights and/or Progress on Priorities (include data if available):

Request for Feedback from Executive Committee: Yes No If yes, what type of feedback is needed?
N/A

Discussion or Presentation Needed at Quarterly: Yes No N/A.