



# Leadership Guide for Alliance Subcommittee Chairs

December 2024

# Table of Contents

<i>Preface</i> .....	2
<i>About The Leadership Guide</i> .....	3
<i>Youth Suicide Prevention and Intervention Plan (YSIPP)</i> .....	3
<i>Alliance Work Moves Through Subcommittee Work</i> .....	6
<i>Expectations, Roles, and Responsibilities of Subcommittee Chair</i> .....	7
<i>Conclusion</i> .....	9
<i>Attachments</i> .....	10

# Preface

## Who We Are

The [Oregon Alliance to Prevent Suicide](#) is a statewide advisory group 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 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 public and private sectors, legislators, subject matter experts, suicide attempt and loss survivors, and young people across 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 ASIST.
- Advocates for a future where people can find the right **Help** at the right time by monitoring implementation of suicide prevention policy, like Adi’s Act which requires each school district to have a suicide prevention/postvention plan and work with state partners to promote increased systems coordination and collaboration.
- Helps communities foster **Healing** by supporting postvention efforts and trainings (Connect) and working alongside community members to support their local prevention efforts (e.g. Suicide Prevention Coalitions, Mobile Crisis Response.)
- Connects the field by opening communication and promoting collaboration among Regional Suicide Prevention Coalitions across Oregon 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 Subcommittee Chairs Leadership Guide

## About The Leadership Guide

The purpose of the Oregon Alliance to Prevent Suicide is to reduce youth suicides in the state by supporting implementation of the five-year Youth Suicide Intervention and Prevention Plan (YSIPP).

The Alliance is charged with overseeing implementation of the YSIPP, evaluating the effectiveness of suicide prevention programs, and advising OHA on policy and funding priorities for suicide prevention. Alliance subcommittees are critical to meeting this mandate and it is through the combined efforts of all subcommittees and staff work that the charge to the Alliance is met.

The Leadership Guide is designed to inform the process of leading a subcommittee in identifying a focus area(s), action steps, and timelines. In addition to the attached materials, 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 subcommittee work process with information about the Oregon suicide prevention landscape.

The following sections focus on:

- YSIPP Framework - an overview of the plan's structure
- How to monitor YSIPP implementation and advise OHA on policy and funding priorities
- Expectations of Alliance members
- Public Meeting Law
- How Alliance staff support your leadership role
- Attached materials: definitions, Alliance bylaws, risk factors/protective factors/warning signs of youth suicide, meeting tips, and discussing traumatic events and suicide in a public meeting,

It is important to note that materials specific to each subcommittee's work will be provided by staff as indicated. For example, the Workforce Subcommittee may request a copy of HB2315 (mandated suicide prevention training for behavioral health providers) as they develop recommendations for OHA related to mandated training the healthcare provider workforce. 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/>

## Youth Suicide Prevention and Intervention Plan (YSIPP)

The 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/ysipp-21-25/>  
The Alliance staff developed this guide to:

- Increase understanding of the YSIPP and the Alliance responsibilities in its implementation
- Support subcommittee chairs in their leadership role
- Provide guidance for subcommittees as they carry out their work

## YSIPP Framework

The YSIPP is Oregon’s Statewide plan to address strategic **areas to reduce fatal and nonfatal suicide activity**. It is based on the OHA Suicide Prevention Framework. The components of the framework are described below.

- a. **Strategic 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, 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.

## Monitoring YSIPP Implementation and Advising OHA

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

**Monitoring** means to observe and check the progress or quality through 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 data and YSIPP annual report, and SB48 report/Suicide prevention training for medical and behavioral health providers
- 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 subcommittees and with prevention allies including task forces, workgroups, other advisory and advocacy groups, state agencies, and suicide prevention coalitions.

**Advising** means to give a recommendation or feedback. 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.

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 policy and funding priorities for suicide prevention across the state. Recommendations may result from ongoing monitoring of YSIPP activities by staff, subcommittees, full membership discussions, or at the suggestion of OHA. Recommendations may be given in an informal way to OHA during an Executive Subcommittee meeting or conversations with staff. An example is OHA requesting recommendations of groups to engage for feedback on specific programs or initiatives to update the YSIPP. 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 Subcommittee reviews and approves a letter or other work products before sending to OHA.

One example of advising on funding 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 subcommittees and staff to develop recommendations, staff presents written proposals to the Executive Subcommittee 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 if membership determines it is an area for long-term consideration.

## Alliance Work Moves Through Subcommittee Work

The work of the Alliance moves forward through subcommittees which are determined at the June quarterly meeting by the full Alliance membership. As of September 2024, Alliance standing subcommittees are listed below, see the Alliance website for meeting information. <https://oregonalliancetopreventsuicide.org/upcoming-alliance-meetings-and-events/>

The Alliance *by-laws require each subcommittee assign one chair to serve on the Executive Subcommittee* and the expectation is that chairs attend meetings, report information on their subcommittee's work, and participate in fulfilling these Executive Subcommittee responsibilities:

- Develop and review full Alliance quarterly meeting agendas
- Review and approve recommendations or proposals from each of the subcommittees
- 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.

### Executive

The Executive Subcommittee oversees all subcommittees, 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 subcommittee is made up of two youth members, two individuals with lived experience with suicide, a health professional, all other subcommittee chairs, and a representative from the Oregon Health Authority. We're also open to adding a position for a Tribal representative if the 9 Tribes are interested.

### Data And Evaluation

The Data and Evaluation Subcommittee 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 Subcommittee 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 Subcommittee 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 Subcommittee is responsible for researching and recommending programs to improve the skills of physical health providers, those serving people with mental/behavioral health and/or substance use challenges, and school staff.

## Equity Subcommittee

The Equity Subcommittee explores the intersections of equity work and the work we do as the Oregon Alliance to Prevent Suicide.

The Alliance collaborates with many suicide prevention groups and is engaged with groups that represent a particular population or cultural perspective (e.g. LGBTQ+, Lived Experience, Youth) and may have a defined area of interest, or have specific expertise. Alliance staff also regularly engage with suicide prevention coalitions from around the state. looks to these groups to inform its work by reviewing materials, recommendations for integrating information or actions into subcommittee work or work products, providing feedback and direction on YSIPP updates, and/or taking on a specific project.

## Expectations, Roles, and Responsibilities of Subcommittee Chair

### Expectations

The Alliance bylaws, revised September 2024 to comply with the Oregon Department of Justice (DOJ) requirements, encourages the following of all appointed members. If these expectations are not met, the Alliance may recommend that the Director remove a member. Alliance members are encouraged to:

- Review and follow OHA policies pertaining to volunteers and advisory board members including:
  - Maintaining a Professional Workplace Policy: <https://www.oregon.gov/das/Policies/50-010-03.pdf>
  - Preventing Discrimination and Harassment Policy: <https://www.oregon.gov/das/Policies/50-010-01.pdf>
  - Privacy and Security Awareness Policy <https://shredsystems.dhsoha.state.or.us/DHSForms/Served/me090-004.pdf>
  - Public Records Policy <https://www.oregon.gov/das/Policies/107-001-020.pdf>
- Within six months of appointment, complete the following Department of Administrative Services online courses:
  - DAS - CHRO - Overview of Boards and Commissions (1 hour)
  - DAS - CHRO - 2024 Preventing Discrimination and Harassment (1 hour)
  - DAS - EIS - 2024 Information Security Training: Foundations (40 minutes)
- Be familiar with the Oregon YSIPP 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, if applicable, 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 subcommittees or workgroups as appropriate.

Attend a minimum of 3 out of 4 quarterly meetings per year. Give notice to Contracted Alliance staff if they are unable to attend a quarterly meeting.

### Public Meeting Laws

The DOJ also provided guidance to the Alliance regarding Public Meeting Law requirements which was included in the revisions to the bylaws. The Alliance was designated an official advisory council for OHA when SB707 was enacted. We have authority to make recommendations to OHA which is a public body and by extension, the Alliance is considered a public body. What that means in practice is to be in compliance with public meeting laws we have the following responsibilities when convening a meeting:

- **Notice** - meeting notices must be made public one week in advance of a meeting. Alliance staff post subcommittee and quarterly meetings on the state’s public notice calendar one week or more in advance of meetings. In certain instances, a 24-hour notice is acceptable. Meetings are also posted on the Alliance website.
- **Accessibility** - Meeting agendas include information about accessibility and access to interpreters. Alliance staff respond to requests for assistance.
- **Public Attendance** - The public may attend; it is at the discretion of the members if the public can participate in discussions. Only members are allowed to vote.
- **Communication** - Sequential communication between meetings is not allowed.
- **Voting** – A quorum is needed for all activities of subcommittees and quarterly meetings. For quarterly meetings, a quorum is 50% plus 1 of the number of appointed members and must include either the chair or vice-chair of the Alliance. A quorum in the Executive Subcommittee will be 50% plus 1 of Executive Subcommittee members, and must include an Executive Subcommittee Chair or Vice-chair. A quorum in Subcommittees, other than the Executive Subcommittee, will be three voting members of the Alliance, and must include a Subcommittee Chair or Co-chair. In the absence of quorum, meetings may proceed, but no official votes may be taken.
- **Minutes** - Meeting minutes must be available to the public in a timely manner and are posted by Alliance staff.

Additionally, DOJ provided advised the Alliance on the Attorney Generals Public Record and Meetings Law manual direction about “serial communication”. Staff is available to answer questions about how the following affects our daily interactions related to subcommittee work.

- “Members of a governing board should not meet in private to discuss business, or exchange private communications about business, even if those involved constitute less than a quorum”
- A governing body risks violating meetings law through a series of private communications, even if a quorum isn’t involved in any single communication”

## Roles and Responsibilities

The roles and responsibilities of a subcommittee 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 subcommittees, and facilitate. Agenda, meeting materials and minutes are available on the Alliance website. Take time at each meeting to check on action steps and record progress, challenges and adjust tasks and timelines as needed. Remember, subcommittee meetings are public meetings 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 subcommittee members. One key to engagement is to celebrate subcommittee successes and milestones.
- **Collaborate** – subcommittee chairs are members of the Executive Subcommittee and are expected to attend monthly meetings and report on subcommittee work. The expectation is that subcommittees support one another by providing information from their work and collaborating in areas of work that may overlap. Our partners from OHA attend subcommittee 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 subcommittee is greatly appreciated and recognized as a tremendous benefit to our work statewide. This guide is a ready reference and tool for you. Here's what staff does to support your leadership role:

- **Supports Subcommittee Meetings** – meets with chair to plan agendas, problem solve and prepare meeting materials; arrange presentations; provide reports on progress, challenges, and potential adjustments to action steps; and, co-facilitates meetings. Staff builds and maintains relationships with all subcommittee chairs and members and is available by phone and email outside of meetings to support all chairs in their leadership role. Staff also develops resources, gathers information/research, stays apprised of state data, tracks legislation during legislative sessions, and writes materials/reports.
- **Multiple Communications Strategies** - post agendas, meeting materials, and minutes on website; maintains a weekly listserv and circulates priority updates from subcommittees; and maintains Alliance website. Staff facilitates communication between partners and local suicide prevention organizations through webinars and phone conferences. Subcommittee work is supported by communication materials developed by staff including press releases, summary documents, and position papers.
- **Stakeholder and Youth Engagement** – convenes stakeholders and cultivates working relationship with coalitions, state agencies and community partners; helps identify and recruit subcommittee and members; is available by phone or email to provide opportunity for ongoing engagement and support;

and builds active engagement of youth in subcommittees through dedicated staff time and individual support.

- **Collective Impact** – the big picture: staff builds relationships and liaisons with OHA/OHA Suicide Intervention and Prevention Plan 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 subcommittees and develops a common understanding, bringing together a statewide effort to suicide prevention and aligning resources to achieve a collective impact.

## Attachments

- A. Definitions
- B. Alliance By-laws
- C. Warning Signs, Risk, and Protective Factors for Suicide
- D. Tips for Chairing a Meeting
- E. Discussing Traumatic Events and Suicide in Public Meetings

## 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 on 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>.

**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.”

## Oregon Alliance to Prevent Suicide<sup>1</sup> Bylaws

### Background on the Alliance

In 2014, the Oregon State Legislature mandated development of a five-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 published by the Oregon Health Authority (OHA) and submitted to the Legislature in January 2016. The YSIPP 2016-2020 included an objective to create the Oregon Alliance to Prevent Suicide to oversee and coordinate suicide prevention activities statewide. The first Alliance members were appointed by OHA's Director in 2016.

In 2019 Oregon's legislature passed SB 707 which put in statute a requirement for a Youth Suicide Intervention and Prevention Advisory Committee on youth suicide ages 10 to 24, amending ORS 418.731 and 418.733. The Youth Suicide Intervention and Prevention Advisory Committee is also referred to as "Oregon Alliance to Prevent Suicide" in this document. These By-Laws will use the term "the Alliance" or "Oregon Alliance to Prevent Suicide".

In 2021, Oregon's legislature passed SB 563 expanding the YSIPP's focus to include ages 5 through 24 for more upstream prevention work.

### Purpose and Responsibilities

The Oregon Alliance to Prevent Suicide is charged with advising OHA on the development and administration of strategies to address suicide intervention and prevention for children and youth 5 through 24 years of age.

#### Responsibilities of the Alliance Include:

- Advising OHA on the development and administration of strategies to address suicide intervention and prevention for children, youth and young adults 5 through 24 years of age. (ORS 418.726(1))
- Recommend potential Alliance members to OHA. (ORS 418.726(5))
- Consult with the Youth Suicide Intervention and Prevention Coordinator (Coordinator) on updates to the YSIPP under ORS 418.733. (ORS 418.726(6))

<sup>1</sup> The Youth Suicide Intervention and Prevention Advisory Committee is also referred to as "Oregon Alliance to Prevent Suicide" in this document. These By-Laws will use the term "the Alliance" or "Oregon Alliance to Prevent Suicide".

- Advise the Coordinator on making recommendations to legislative committees on administrative and legislative changes to address service gaps in youth suicide prevention, intervention and post-suicide activities. (ORS 418.731(3)(g))

## **Alliance Structure and Membership**

The Alliance may recommend members for appointment by the Director of OHA (Director) and may recommend to OHA minimum membership in addition to the requirements in ORS 418.726(2). Alliance membership recommendations are submitted to and reviewed by the Executive Subcommittee. Recommendations are then submitted to the Director for final approval. The Alliance membership recommendations will include no more than one voting member per organization or OHA Division.

Members will be appointed by the Director. Members serve at the discretion of the Director and can only be removed by resignation or by the Director. Membership will at a minimum align with the requirements in ORS 418.726(2).

The Alliance places a high value on ensuring that its statewide work connects with efforts in local communities and recognizes the important role that Regional and County Suicide Prevention Coalitions play. When assisting OHA to recruit members, the Alliance will endeavor to send candidates from across the state for consideration to the Director, while also complying with statutory requirements.

As indicated by SB 707 (2019), the members of the Alliance 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.

The Alliance recommends OHA appoint members in term increments of three years. At the end of each term, members may be reappointed by the Director. The Executive Subcommittee will vet and recommend new members and recommended reappointments to the Director.

Contracted Alliance Staff will track membership, attendance and terms and notify OHA and the Executive Subcommittee of terms coming to an end within six months of the end date.



## **Alliance Member Expectations:**

The Alliance encourages the following of appointed members. If these expectations are not met, the Alliance may recommend that the Director remove a member. Alliance members are encouraged to:

- Review and follow OHA policies pertaining to volunteers and advisory board members including:
  - Maintaining a Professional Workplace Policy:  
<https://www.oregon.gov/das/Policies/50-010-03.pdf>
  - Preventing Discrimination and Harassment Policy:  
<https://www.oregon.gov/das/Policies/50-010-01.pdf>
  - Privacy and Security Awareness Policy  
<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/me090-004.pdf>
  - Public Records Policy <https://www.oregon.gov/das/Policies/107-001-020.pdf>
- Within six months of appointment, complete the following Department of Administrative Services online courses:
  - DAS - CHRO - Overview of Boards and Commissions (1 hour)
  - DAS - CHRO - 2024 Preventing Discrimination and Harassment (1 hour)
  - DAS - EIS - 2024 Information Security Training: Foundations (40 minutes)
- Be familiar with the Oregon YSIPP 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, if applicable, 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 Workgroups as appropriate.
- Attend a minimum of 3 out of 4 quarterly meetings per year. Give notice to Contracted Alliance Staff if they are unable to attend a quarterly meeting.
- Maintain a trauma informed lens and suicide safer language.

## **Procedure for Resignation of Membership:**

Member Resignation: A member who wishes to resign may submit their resignation in writing by electronic (email) or hard copy either directly to the Coordinator, and / or OHA's Director. The Contracted Alliance Staff or the OHA Coordinator will notify the Alliance Chair and Vice- Chair. The resignation will be documented in the Executive Subcommittee minutes at the next meeting. The Coordinator will notify the Director of the resignation.

## **Procedure for Recommended Removal of Membership:**

- Recommended Removal for not meeting member expectations: Contracted Alliance Staff or any Alliance Member may propose a member be recommended for removal to the Executive Subcommittee based on failure to meet Member expectations as stated in the bylaws.

Contracted Alliance Staff or Coordinator will inform the member that the Executive Subcommittee will review their membership.

- The Executive Subcommittee will review the recommendation and vote whether to submit it to the Coordinator. Removal recommendation, including which member expectation(s) was not met, must be documented in the Executive Subcommittee minutes. The Coordinator will notify the Director of the recommendation. The Director will choose whether to accept the recommendation and remove the member from the Alliance. The Coordinator will inform the Executive Subcommittee and the member of the Director's decision.
- If a complaint or report is received that is connected to potential discrimination and/or harassment, Alliance members, OHA staff and Contracted Alliance Staff will follow Department of Administrative Services (DAS) policy 50.010.01.

### **Alliance Chair and Vice-Chair**

To be eligible for nomination as the Alliance Chair or Vice-Chair, a member shall have served on any Subcommittee for a minimum of one-year. Nominations may come from any member and may be for any member, including self-nomination. The Alliance Chair and Vice-Chair will also serve as the Executive Subcommittee Chair and Vice-Chair.

The Alliance Chair will lead full Alliance meetings, and in their absence, the Vice-Chair may take the lead. The Vice-Chair position is intended to support the Chair and prepare the individual for serving as Chair in the future. The Alliance Chair and Vice-Chair will be elected by Alliance members at a quarterly meeting (typically held in June).

The Chair and Vice-Chair terms will typically be two years each with the Vice-Chair assuming the role of Chair following their term as Vice-Chair. In the event the current Chair or Vice-Chair resigns or is removed under Procedures for Recommended Removal, the Alliance will nominate and appoint a new Chair or Vice-Chair.

Chair and Vice-Chair may serve up to two consecutive terms and can be nominated again for appointment after a break period of two years if they have already served two consecutive terms.

### **Affiliates:**

While not an official designation, individuals who regularly participate in Alliance subcommittees, quarterly meetings or other Alliance activities but have not been appointed as a member by the Director of OHA may consider themselves Affiliates and are not voting members. Non-appointed members, such as Affiliates, cannot submit stipend request per ORS 292.495.

### **Stipends:**

Reimbursement may be provided to Alliance members in accordance with ORS 292.495 and state policy for time and expenses related to their performance of official duties. The "performance of official duties" includes attending an official meeting of a board or commission or performing assigned tasks necessary to fulfill the responsibilities of the member. Performing a task for a de minimis amount of

time does not qualify for compensation. For example, replying to an agency email to state the member will be attending the next meeting, or reading a substantive email for 5 or 10 minutes, ordinarily is minimal and not eligible for compensation. Non-appointed members, like Affiliates, cannot submit stipend request per ORS 292.495.

## **Alliance Subcommittees and Structure**

### **Executive Subcommittee**

One chair of each subcommittee will automatically serve on the Executive Subcommittee, and their term begins when that subcommittee votes them into the chair role.

Any current member of the Alliance may nominate themselves or another individual for membership to the Executive Subcommittee's Elected Positions as defined below. Any nomination will be reviewed by the current Executive Subcommittee prior to a vote by the full Alliance. The full Alliance typically votes in new Elected Positions at the autumn quarterly Alliance meeting.

The Executive Subcommittee shall:

- Recommend Subcommittees to the full Alliance annually,
- Meet to develop and review full Alliance quarterly meeting agendas,
- Review and approve recommendations or proposals from each of the Subcommittees,
- Recommend to the Alliance new or updated policies and procedures,
- Review and make recommendations on other items to come before the Alliance,
- Make time-sensitive 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 Subcommittee Membership Positions: Automatic Appointments:

- Standing Subcommittee Chairs (Term: 1 year)
- OHA / Behavioral Health Division Representative (Term: Indefinite)
- OHA Public Health Representative (Term: Indefinite)

Elected Positions: (to be filled by vote of the full Alliance)

- Alliance Chair (Term: 2 years)
- Alliance Vice-chair (Term: 2 years)
- The Alliance recommends the following positions be appointed for up to a three-year term on the Executive Subcommittee. They may serve multiple terms provided they receive a membership reappointment from the Director and are approved by Alliance members:
- 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, 25 or younger, who may be supported at Executive Subcommittee 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;
- The Alliance will always hold a space for our Tribal partners in our meetings.

### **Subcommittee Chair Determination**

Except for the Executive Subcommittee, subcommittees will vote to choose a chair or co-chairs of each Subcommittee annually. If the Subcommittee uses a co-chair structure, only one of the co-chairs shall serve on the Executive Subcommittee, which will be voted on by the Subcommittee. Subcommittee chairs will report to the Executive Subcommittee regarding Subcommittee activities and recommendations, and work with the Executive Subcommittee to review, revise and adopt these recommendations.

### **Continuing a Subcommittee**

By the end of June, all subcommittee chairs will indicate to the Executive Subcommittee if they recommend that their subcommittee continue into the following year which will be documented in Executive Subcommittee meeting minutes. Continuing subcommittees are voted upon at the September Quarterly meeting by the full Alliance.

### **Recommending a New Subcommittee**

If a Member has a recommendation for a new Subcommittee, this will be emailed to Contracted Alliance Staff who will review the process with the Member and share with Alliance Chair and Vice-Chair. If Chairs approve, this will go to the Alliance Executive Subcommittee who will review and vote on the suggestion. If approved by the Executive Subcommittee, the new subcommittee will be voted on at the next Quarterly meeting by the full Alliance.

Subcommittees may form an advisory workgroup to complete a specific scope and purpose. All subcommittee and workgroup meetings will follow Oregon's Public Meeting Law, ORS 192.610 – 192.690.

Subcommittees will establish annual goals and action steps each year in the spring. Each Subcommittee will meet at least quarterly to assess progress towards the annual goals. Each Subcommittee will have a Subcommittee Chair tasked with facilitating the Subcommittee meetings and monitoring progress of annual goals.

### **Advisory Workgroup Meetings**

Advisory workgroup can be established by subcommittees. Advisory workgroup meetings will occur as needed and follow Oregon's Public Meeting Law, ORS 192.610 – 192.690 because they advise the work of the Alliance and its subcommittees. These groups may be population specific or serve as an advisory workgroup to the full Alliance and to Subcommittee work as needed. Advisory workgroups do not have a position on the Executive Subcommittee but are looked to as a trusted resource in developing a

population specific work and ensuring that the Alliance attends closely to issues of equity and inclusion. Advisory workgroup meetings do not hold official votes.

### **Frequency of Meetings**

Meetings of the full Alliance will be held at least quarterly. Special meetings will be scheduled as needed.

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

Subcommittees other than the Executive will be held at least quarterly.

Advisory workgroup meeting frequency will be determined when the group is established.

### **Decision Making**

#### **Voting – Alliance:**

- Each appointed member is entitled to one vote on any matter referred to the full membership. Votes will require a quorum.
- A quorum will be 50% plus 1 of the number of appointed members and must include either the chair or vice-chair of the Alliance. Decisions will be made by majority vote of the members. In the absence of quorum, meetings may proceed, but no official votes may be taken.
- Any member may submit motions for vote at any meeting of the Alliance or its Subcommittees.

#### **Voting – Executive Subcommittee:**

- Each Executive Subcommittee member is entitled to one vote on any matter referred to the Subcommittee. Votes will require a quorum.
- A quorum in the Executive Subcommittee will be 50% plus 1 of Executive Subcommittee members, and must include an Executive Subcommittee Chair or Vice-chair. Decisions will be made by majority vote of Executive Subcommittee.
- Any member may submit motions for vote to the Executive Subcommittee. **Voting –**

#### **Subcommittees other than Executive Subcommittee:**

- With the exception of the Executive Subcommittee, members may self-select into Subcommittees. Each appointed member is entitled to one vote on any matter referred to the Subcommittee. Votes will require a quorum.
- A quorum in Subcommittees, other than the Executive Subcommittee, will be three voting members of the Alliance, and must include a Subcommittee Chair or Co-chair. Decisions will be made by majority vote of the total number of members on that Subcommittee that are present.
- Any member may submit motions for vote to the Subcommittee and at quarterly meetings.
- All recommendations and guidance documents that go to OHA will go to the Executive Subcommittee for approval.

## **Time Sensitive Matters**

- Time sensitive matters are those in which a decision is needed before the next scheduled meeting.
- For time sensitive matters, the Alliance or its Subcommittees may schedule a special meeting as long as it follows Oregon Public Meeting Laws. Voting records shall be contained in meeting 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 Contracted Alliance Staff, who will be responsible for bringing the matter to the relevant Subcommittee.
- The Executive Subcommittee is authorized to vote on policy recommendations and take action between quarterly meetings on behalf of the full Alliance as needed.

## Risk Factors, Protective Factors, and Warning Signs of Youth Suicide

American Academy of Pediatrics

<https://www.aap.org>

Suicide is complex, with many different factors contributing to an individual's risk of suicide. Suicide often does not have one direct cause and youth who attempt or die by suicide often have a mix of risk and protective factors in their life. The factors below have been identified by the [US Centers for Disease Control and Prevention](#) as contributing to suicide risk. This list is not meant to be exhaustive.

### Risk Factors

**Individual factors**, such as:

- Previous suicide attempts
- Mental health conditions, such as depression
- Social isolation
- Substance use

**Relationship factors**, such as:

- Adverse childhood experiences
- Bullying
- Family history of suicide
- Family or peer conflict

**Community and Societal factors**, such as:

- Barriers to health care
- Stigma associated with mental health or help-seeking
- Access to lethal means
- Unsafe media portrayals of suicide
- Systemic trauma or marginalizing experiences based on socioeconomic factors, race/ethnicity or gender/sexual identity

### Protective Factors

- Coping and problem-solving skills
- Connections to family, friends, and community
- Supportive relationships with caregivers
- Access to health care
- Limited access to lethal means

### Warning Signs

Most youth who die by suicide show some [warning signs and behavior changes](#). It is important to note that not all youth who are at risk of suicide will show these warning signs, and not all youth who exhibit these behaviors are at risk for suicide. Common warning signs include, but are not limited to:

- Talking about killing oneself, feeling hopeless, feeling like a burden, or having no reason to live
- Mood changes, including depression, anxiety, and agitation
- Behavior changes:

- Increased substance use
- Withdrawing from activities
- Isolating from family and friends
- Sleeping too much or not enough
- Giving away prized possessions
- Irritability



## Tips for Chairing a Meeting

- **Coordinate with staff to prepare the agenda.**  
Staff will circulate meeting announcement including agenda and meeting materials.
- **Start and end on time.**  
Respect everyone's time by beginning and ending the meeting on time.
- **Welcome, announcements, and agenda review.**  
Ask members and sign-in before announcements and agenda review. Check for quorum.
- **Facilitate discussion.**  
Actively encourage participation from all attendees, ensuring everyone has a chance to contribute.
- **Manage time.**  
Keep discussions on track for each agenda item and politely redirecting conversations if needed.
- **Listen actively.**  
Pay attention to what people are saying, review key points/decisions, and check for agreement and understanding.
- **Voting**  
Must have a quorum for voting. Call for motion, second, discussion, and vote (check for number of yes, no, object, and abstain). Most often the only item voted on is approval of minutes, but votes should be taken when developing recommendations to forward to OHA or others.
- **Assign action items.**  
Identify who is responsible for each action step and record in minutes. Action items are reviewed at each meeting to follow-up on completion of tasks.
- **Take meeting minutes.**  
Staff will record decisions, action items, and important details from the meeting. Minutes are approved by subcommittee members.
- **Follow-up after the meeting.**  
Staff will distribute meeting minutes with the next meeting announcement and coordinate with chair on follow-up items and action steps.



## Discussing traumatic events and suicide in public meetings<sup>i</sup>

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.

**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.

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.

**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

<sup>i</sup> 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.