



**Alliance
Quarterly Meeting
June 13, 2025
9:30 AM – 12:30 PM**

We are committed to ensuring accessibility for all participants. If you require language interpretation services, alternative formats, or any other accommodation to fully participate in this meeting, please contact Jenn Fraga at jfraga@aocmhp.org the meeting. Please contact Jenn with as much notice as possible before the meeting. We will make every effort to accommodate your needs.

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 young 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.

Purpose: The purpose of the Alliance is to work collectively to reduce suicide and provide critical supports across Oregon.

Minutes

This Meeting Was [Recorded](#)

9:30 - 9:50

Welcome

Don Erickson, Interim Chair
Jenn Fraga, Staff

Welcome

Jenn thanked everyone for joining today's meeting and reminded attendees the agenda, meeting materials, and minutes are posted on the [Alliance website](#). Jenn shared that Charlette was stepping down as chair. She acknowledged Charlette's time with the Alliance and her many contributions. In addition to chairing quarterly meetings and the Executive Subcommittee, her active role in the Transitions of Care subcommittee, her subject matter expertise and background in nursing, and her lived experience, all enriched the work of the Alliance. Jenn thanked Charlette for modeling self-care and wished her all the best during this pause from the Alliance.

Before turning the meeting over to Don Jenn reminded attendees that self-care is always important especially during these challenging times. Please feel free to step away should any part of our meeting create stress for you.

Big View

Don started this section of the meeting asking for volunteers to read our mission, vision, and equity statements. He thanked Galli (mission statement), Donna Marie (vision statement), and Kelie (equity statement) for volunteering to read our statements.

Don reminded attendees how important the various roles members have both in subcommittees and as a resource to the Alliance. He emphasized the importance of attending meetings, your input is of great value in our work. We also count on members attending meetings so we can have a quorum to conduct business. Don reminded attendees of the Alliance's purpose: The purpose of the Alliance is to work collectively to reduce suicide and provide critical supports across Oregon. Don shared whether you are a member or affiliate, the role of all participants is essential to our work and is deeply valued. He underscored his appreciation for attendee commitment to the Alliance and its mission.

Review

Don summarized what we discussed during the March quarterly meeting:

- By-laws: reviewed updates and finalized revisions
- Reviewed additions to and roles of Alliance staff
- Reviewed legislative items and timeline for the 2027 legislative session
- Jill provided an update on YSIPP 26-30
- Subcommittees provided an update on their activities.

Preview

Don reviewed today's agenda:

- Alliance Business
- Partner Presentation – 988
- Annual Alliance Survey
- Partner Presentation – OHA Data Report
- Alliance Policy Recommendation to OHA: Timeline, YSIPP Initiative, and Update

9:50 - 10:15

Alliance Business

Don Erickson, Interim Chair
Jenn Fraga, Staff

Quorum - yes

A list of voting members was posted.

Approve March Quarterly Meeting Minutes: Erin made a motion to accept minutes as presented; Kelie, seconded the motion; Don called for questions and/or discussion, hearing none motion passed by acclamation.

Alliance Leadership Vote: Don turned the meeting over to Jenn for the agenda item on electing a chair to fill the vacancy created when Charlette stepped down.

Jenn reviewed the requirements for serving as chair per the by-laws:

- Per Alliance By-Laws, the Alliance Chair and Vice-Chair
 - Must be an appointed Alliance member
 - Must 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 term would start June 2025 and would run through June 2027.

- Current Alliance Vice-Chair Don Erickson Self-Nominated for the Alliance Chair position

Jenn shared that Don self-nominated for the chair position and briefly summarized his background with the Alliance: long time member, chair of the Workforce subcommittee, vice- chair, and served as interim chair during Charlette's leave which includes chair of the Executive Subcommittee. Don has been an invaluable as a leader, active participant in Alliance work, and is a subject matter expert. Jenn thanked Don for his commitment and contributions to the Alliance.

Galli motioned for Don Erickson to become chair of the Oregon Alliance to Prevent Suicide; Donna Marie seconded the motion. Motioned passed; 19 yays, 0 nays, 3 abstain.

Don will serve a 2-year term as chair until June 2027. Don thanked everyone for the honor of serving as chair.

Vice Chair Election

Now that Don has moved into the chair position, the vice-chair position must be filled.

Don asked Jenn to walk us through the process for electing a vice-chair. Jenn shared there are two nominees: Craig Leets and Kelie McWilliams. Time wise, the elected vice chair will serve for 2 years and then move into the chair position for 2 years. It is a 4-year commitment across these two leadership positions. Jenn summarized Craig's background: he has served on the Executive Subcommittee, active on the Equity Subcommittee and WALC group, and as interim vice-chair during Charlette's leave; he works for Lines for Life, youth line. Jenn summarized Kelie's background: co-chair of Lethal Means Subcommittee, firearm safety subject matter expertise (one of our go-to resources), she has been active in equity and rural engagement work, and is a force in the policy and advocacy spheres. Jenn added that this is one of the Alliance's most difficult elections as both candidates are phenomenal.

A question was raised as to whether the Alliance could have co-vice chairs. It was clarified that is only possible if there is a revision to the by-laws.

Jenn asked Craig and Kelie if they would like to make statements.

Craig added that he deeply cares about the work of the Alliance and appreciates the three years he has been a member, it has been a privilege. He acknowledged that Kelie is a strong nominee and regardless of the outcome of the election, he looks forward to continuing with the Alliance.

Kelie added that she recalls joining the Alliance at the very same time as Craig, they were in the same orientation session. Her work has focused on suicide prevention in rural areas. She wants to see the Alliance as a place where community, State agencies, and legislative members/staff come for information. She is open to a by-laws change re: co-vice chairs. Kelie closed with appreciation for the work the Alliance does and looks forward to continued engagement.

Donna Marie motioned to vote for either Kelie or Craig for the vice-chair position. Erin, seconded the motion. Jenn asked Craig and Kelie to step into a waiting room while attendees voted. Before calling for the vote, attendees were asked if there was any discussion. Highlights of the discussion are:

- Both candidates are worthy of consideration, both strong.
- Craig may be nominated/elected to a position on the AOCMHP non-profit, ORBIT. Not a conflict, may be a workload concern.
- Could the elected vice-chair appoint a substitute or someone who can act in his or her place? No, the by-laws are clear about proxy votes.
- Hold election today; should we choose to change the by-laws to accommodate a co-vice chair structure then go through the usual process for by-law changes.
- Both candidates are strong options; when we vote we need to think about two things - 1) vote today for one person, not the potential for co-vice chair structure; and 2) consider capability of individual as vice-chair and as chair in 2 years, it is essentially a 4 year term across two roles.
- Don was asked if he has worked with either candidate: yes, with Craig when he served as interim vice-chair; he has not worked directly with Kelie, however, he highly values her work and what she has to offer.

Call for vote:

Galli modified motion to include vote by indicating either Craig or Kelie by name for position of vice-chair. Donna Marie, seconded. Craig received 9 votes, Kelie received 5 votes, there were 7 abstains. Craig will serve as vice-chair until June 2027 and chair until June 2029.

Craig and Kelie returned to the meeting room and Craig thanked everyone.

10:15 - 10:19 **Breakout**

What is a summer-time tradition you are looking forward to this year?

10:19 - 11:00 **988 Presentation**
Dean Carson, OHA
Steve Kokes, Coates & Kokes

Dean Carson, OHA, introduced Steve Kokes who will be telling us about the 988 PR campaign which launches in July. Dean shared that they are filming TV ads today, ads will be in both English and Spanish. Steve thanked Dean and summarized what will be covered today:

- What we've learned
- Who's been involved
- How we'll be launching

- Opportunities for collaboration and involvement

OHA and Kokes has been working on this campaign for a while. The first year of the campaign will focus broadly on raising the awareness of 988. We've worked closely with OHA and done a lot of listening to community to determine the approach. The campaign has been informed by.

[A series of interviews with leaders from disproportionately affected communities:](#)

- Raices de Bienestar
- Native American Rehabilitation Association of the Northwest (NARA NW)
- Northwest Portland Area Indian Health Board
- Eastern Oregon Center for Independent Living (EOCIL)
- New Avenues for Youth
- Oregon Firearm Safety Coalition
- Prism Health
- Natives of One Wind Indigenous Alliance (NOWIA) Unete Center for Farm Worker Advocacy
- African American AIDS Awareness Action Alliance (A6)
- Alliance for Culturally Specific Providers

[A 988-baseline public awareness survey of 856 people living in Oregon was fielded in October 2024, findings include:](#)

- Low awareness:
 - Only 21% of the random sample were somewhat/very familiar with 988

- Opportunities for education:
 - When an in-person response occurs
 - If you had to be in crisis to use 988
 - That it could be used for substance use support
- Top concerns included:
 - Not knowing if their issue was serious enough
 - Scripted/impersonal responses
- Privacy/confidentiality Low awareness:
 - Only 21% of the random sample were somewhat/very familiar with 988
- Opportunities for education:
 - When an in-person response occurs
 - If you had to be in crisis to use 988
 - That it could be used for substance use support
- Top concerns included:
 - Not knowing if their issue was serious enough
 - Scripted/impersonal responses
 - Privacy/confidentiality

Three on-going communications advisor groups including rural, LGBTQIA2S+ and communities of color Oregonians.

Communications advisor groups, comprised of members of priority audiences with lived mental health experiences, will have met five times by the launch of the campaign. Their work has included:

- Reviewing foundational campaign documents
- Providing feedback and recommendations on outreach activities
- Reviewing and providing feedback on creative concepts, branding, scripts, billboards, and other out-of-home advertisements

Key feedback from these groups incorporated into the campaign has included:

- Recognizing diversity within communities
- The importance of nuance and ensuring vulnerable communities are represented responsibly and thoughtfully.
- Trusted messengers and grassroots outreach strategies

Seven community-specific focus groups

Focus groups were conducted in April 2025 to review draft 988 ads including videos and billboards. Focus groups included the following communities:

- Black adults
- Black youth
- American Indian/Alaska Native
- LGBTQ+ adults
- LGBTQ+ youth
- Rural residents 55+
- Latino/a/e/x (Spanish-speaking)

Key takeaways:

- The need for clear and informative messaging about 988 including:
 - How to use the service
 - Who is eligible to use it
 - The types of issues they can call about
 - Who they would be speaking to and
 - Whether the information they share will be kept confidential
- Videos that showcase various scenarios of individuals grappling with their mental health are more impactful than those that follow a single storyline.
- Many participants were not aware that 988 provides mental health support beyond serving as a suicide and crisis line.

Where strategy meets story:

Based on the preceding research and community engagement, these five creative concepts are in production for English speaking audience. There will be 9 total, representative of a wide range of populations and situations. Some will be in Spanish.

Blue Sky



Sage



Sadie



Someone to Talk to



No Matter What


This is a close representation of the billboards, the feedback has been positive on this message. Audio ads and graphics are also in production.

**You are more than
this moment.**

988 is more than a crisis line.

988
OREGON

Call | Text | Chat

A photograph of a woman with dark hair and freckles, looking off to the side while holding a smartphone to her ear. She is wearing a ring on her finger.



Where you will see it

The campaign will run statewide in English and Spanish from July through December 2025 through:

- Billboards
- Grocery and convenience store check out screens
- Posters in senior centers
- Radio
- TV/cable
- Audio streaming
- Streaming services
- Bus tails
- Print publications
- Movie theater ads during the holidays

What's Next: Technical Assistance and Partner Engagement

We'll be hosting partner webinars in English and Spanish ahead of the July 16 launch. If you would like to receive an invitation or know someone who would, please email Claire Coffey at claire@coateskokes.com or Dean Carson at dean.carson2@oha.oregon.gov

We're open to partnering and collaborations. If you have an idea for how else we can bring 988 to life in your community, let's talk.

Q & A

How will local suicide prevention coalitions be part of rollout?

There is federal funding to cover staff time at Coates & Kokes to help local organizations get information out and specific to community; ideas may also help shape messaging. Not sure about available funding beyond the 3-year grant. Current funding covers 3 years of TV ads and billboards.

What is the specific strategy for reaching youth aged 8-24?

Ads will air close to TV shows that youth are likely to watch. We would like to get more information on reaching schools.

How is OHA preparing for a potential spike in services once campaign launches?

New staff training at Lines for Life is being scheduled to coincide with the launch and the plan is to be in close contact with Dean at OHA re: meeting the need. Other states have experienced a 20 - 30% increase when an awareness campaign launches.

Shanta shared that Northwest Human Services has almost tripled its workforce, has been working to change 311 system to redirect calls to 988, is focusing on connecting to hope - all MH crisis not just suicide prevention, and has seen an increase in dispatching responders for in-person assistance. We also have new modules for chat and text training. Our goal is to have chat and text available 24/7 by the end of the year (phones are currently 24/7).

Text and chat are available 24/7 now through the national line; if a caller doesn't reach an Oregon team response the calls/chat/text rollover to a national line.

Is the 988 text option use going up? Is there an increase in text use in rural areas?

Currently use of the text option is surpassing the chat feature particularly for youth. No data on where chat/text originates. 988 chat and text are available 24/7

Are LGBTQ+ services available for adults?

Yes. Training includes many populations including, for example first responders, all calls are responded. Lines for Life also serves the national line.

Are you marketing to care givers such as counselors?

This is an important population to reach. Our federal grant goes through 2026, the third year of a 3-year grant. This is an area we need to further explore.

Jill commented in the chat that Dean and the marketing team consulted with Dr. Joyce Chu on cultural infusion.

Kris thanked Dean, Steve, Shanta, Craig, and Claire for sharing and helping with the discussion. We welcome you back anytime with updates to the project.

September Meeting Date Change

Jenn reminded attendees that the September quarterly will be a hybrid meeting with an in-person option in Ashland. The meeting will be **Friday, September 19, 2025, 9:30 - 12:30** to coincide with the AOCMHP Behavioral Health Training

conference. An updated Zoom link was sent out and members may need to re-accept the new invite to update the calendar hold for the September 19th date. [Register here](#) For those who would like to attend in-person and need assistance with travel and room/meals, please contact Jenn.

11:00 - 11:25 **Alliance Annual Survey**

BREAK

Jenn shared that a longer break is scheduled today so attendees can complete the online survey (link provided in the chat); OHA and AOCMHP staff do not participate in the survey. The survey will also be sent via email to members and affiliates, the timeframe for completing it closes in August. The purpose of the survey is to provide feedback on how the Alliance is doing. We will break for 25 minutes to give attendees time to complete the survey and take a break, please return at 11:25.

11:25 - 12:00 **OHA Data Presentation**
Taylor Chambers, OHA

Taylor opened her presentation with a reminder that some of the data may be unsettling and asked attendees to please feel free to step away if needed and exercise self-care. The full presentation slides are available with meeting materials [here](#). The OHA 2024 Youth Suicide Prevention Annual Report provides additional data and information - see https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le8874a_24.pdf

Setting the Stage

Today we are sharing data from state-level public health reporting systems.

This data provides us with important insights...and

- Has limitations - Oregon's numbers are too small from a statistical standpoint to have data for rates of suicide; small number also increase the likelihood of a security/confidentiality breach. It is difficult to use small numbers to determine trends by year. The best way is to track over long term. Although there are limitations, this data is one of our useful tools for better understanding the complexities of suicide.
- Leave out many people's and communities experiences.

- Does not tell the entire story.

Oregon has established Oregon Administrative Rules and Statute related to standardized collection of Race, Ethnicity, Language, Disability (REALD) and Sexual Orientation, Gender Identity (SOGI) data. [Learn more about 2024 standards:](https://www.oregonlegislature.gov/citizen_engagement/Reports/OHA%20ODHS%20REALD%20and%20SOGI.pdf)

https://www.oregonlegislature.gov/citizen_engagement/Reports/OHA%20ODHS%20REALD%20and%20SOGI.pdf

Highlights from the data presentation include:

Counties and communities with low counts may need to look at state, regional and national data, including qualitative data, as opposed to individual county level data. For example:

Suicide Deaths and Age-adjusted Rates by County Designation, Oregon 2019-2023

County Designation	Average Annual Count		Average Annual Rate	
	Age 5-24	Lifespan (all ages)	Age 5-24	Lifespan (all ages)
Remote*	4	24	-	24.4
Rural	23	231	11.9	25.6
Urban	78	625	9.8	17.7
Oregon State (all counties)	105	881	10.4	19.4

* Counties that have federal designation as “frontier”

Note: Rate for youth 5-24 in frontier counties cannot be calculated. Count Data

Source: OPHAT

Population Data Source: National Center for Health Statistics

Youth suicide rates and numbers change from year to year. The best way to look at trends is to look at data overtime. Oregon's youth suicide rate peaked in 2018 and has had a decreasing rate since 2018.

The national rate for youth suicide remained stable between 2022 and 2023 (10 per 100,000 in 2022 vs. 9.9 per 100,000 in 2023). The 2023 data show that Oregon had the 11th highest youth suicide rate in the United States (tied with Kentucky).

Oregon's rate of youth suicide in 2023 was 13.5 per 100,000 compared to 14.2 in 2022. This remains above the national average (9.9 per 100,000).

Youth Suicide in Oregon

Table 3. Oregon suicide deaths and rates among those aged 10 to 24 compared to the national rate

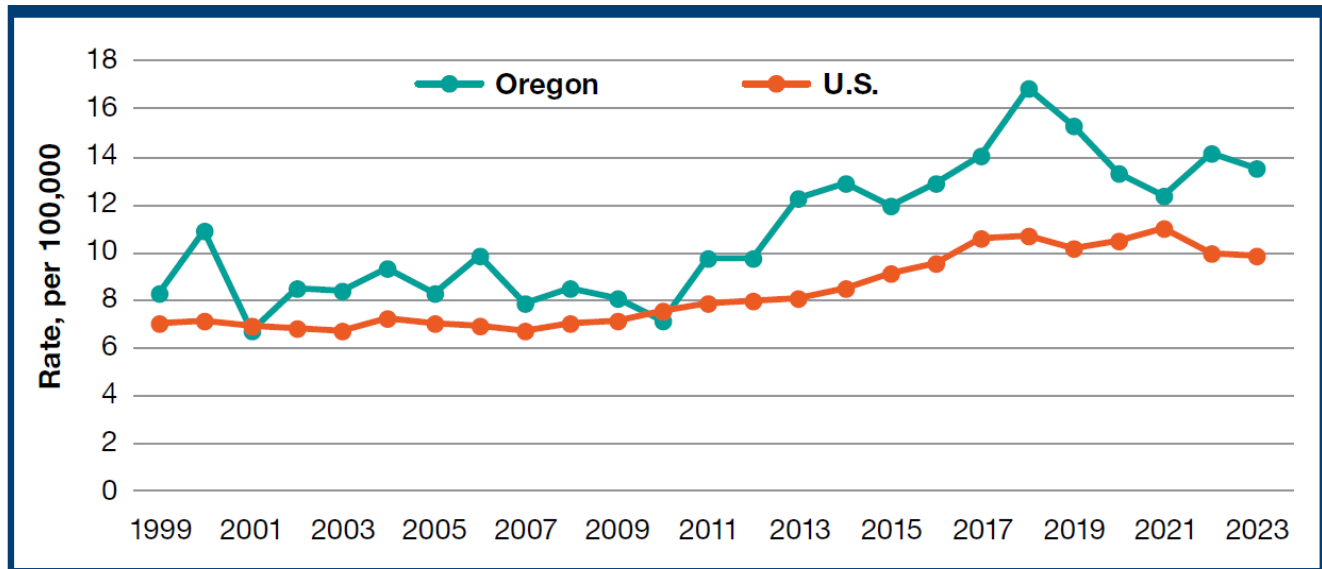
Year	Number of youth suicides	Suicide death rate (per 100,000)	Rank among 50 states (50 is lowest rate)
2014	97	12.9	12
2015	90	12	16
2016	98	13	15
2017	107	14.1	17
2018	129	16.9	11
2019	116*	15.3	11
2020	101†	13.3	18
2021	95	12.4	22
2022	109	14.2	12
2023	102	13.5	11 tied with another state

Source: WONDER and OPHAT

* In addition to these deaths among youths in Oregon aged 10–24, there were two suicide deaths among children younger than 10 in 2019.

† In addition to these deaths among youth in Oregon aged 10–24, there was one suicide death among children younger than 10 in 2020.

Suicide rates among youth aged 10 to 24, U.S. and Oregon 1999-2023



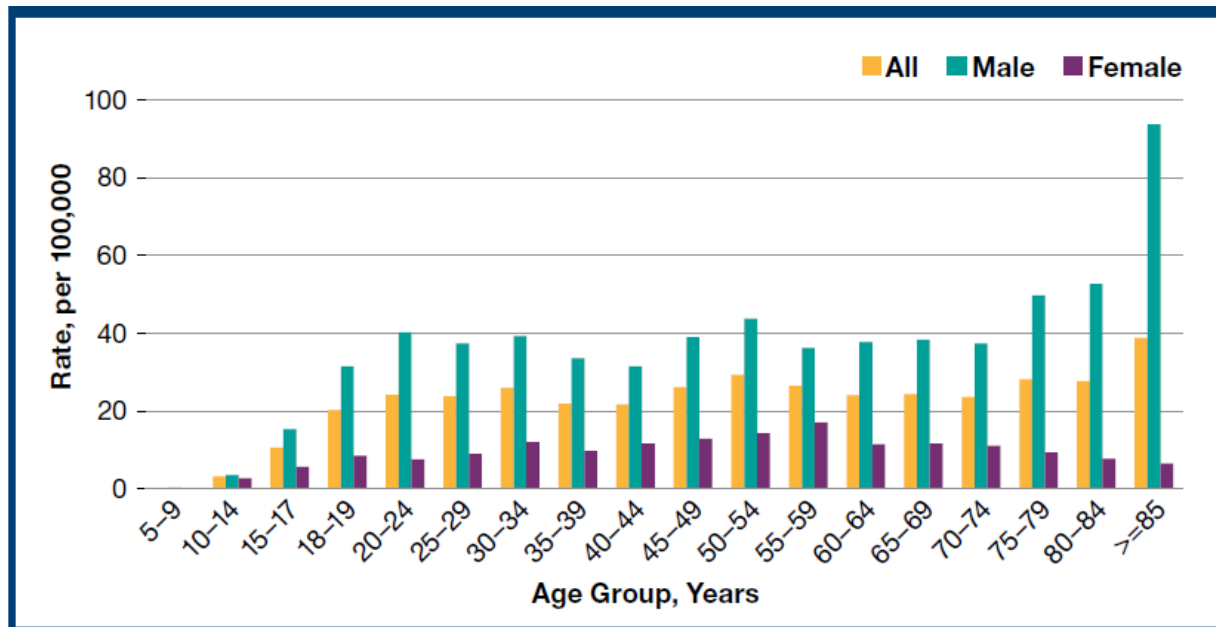
It is important to note the data does not show that in Oregon in 2019, 2 children under the age of 9 died by suicide and in 2020, 1 child under the age of 9. They are not included in Oregon's data as national data only track age 10 and above and we look to national data for comparisons. That doesn't mean these children are disregarded in our efforts to prevent suicide and to understand the complexities of suicide.

Suicide Deaths by Sexual Orientation and Gender Identity

What is called "sex" in Oregon Violent Death Reporting System refers to the person's gender identify at the time of their death. There is a separate variable for noting if a decedent was transgender, and a person can be identified as "male" or female" and also "transgender". This dataset does not allow for the identification of non-binary, gender nonconforming or other identities. OHA is not able to evaluate transgender suicide rates through this data set. Other State and national evidence tell us that transgender, non-binary and gender non-conforming people are more likely than cisgender people to attempt and to die by suicide.

National data tell us that persons of or in gender diverse communities are more likely to attempt suicide or die by suicide. It is important to note that being a part of this community does not inherently increase the risk of suicide. What we know is that living in a supportive environment significantly reduces risk. Taylor shared that the Trevor Project is a resource for data and provides ongoing support, see <https://www.thetrevorproject.org/>

Figure 3: Age-specific rate of suicide by binary sex, 2018-2023



Suicide Deaths by Sexual Orientation and Gender Identity, by Age Group, 2018-2022

Age Group	Transgender	Sexual Orientation (includes gay, lesbian or bisexual)	Total*
5-17	5	2	7
18-24	18	4	23
25-54	41	6	59
55+	0	2	9
Total	59	14	98

Source: ORVDRS

* Includes transgender, gay, lesbian, bisexual or unspecified sexual minority.

Note: In this data system, there is a separate variable for noting if a decedent is transgender, and a person can be identified as “male” or “female” and also “transgender”. This data system does not allow for the identification of non-binary, gender nonconforming or other gender identities.

Characteristics of youth suicide, Oregon 2023

In 2023, suicide was the second leading cause of death for youth younger than 25 in Oregon. (CDC WONDER, 2024). Oregon youth suicide rates continue to be higher than the United States average. Rates have stayed that way for the past decade. Key findings:

- Male youth were more than three times more likely to die by suicide than female youth. (Figure 3)
- Suicide rates increased with age among youth. (Figure 3)

		Deaths*	% of total
Age	5–17	20	20%
	18–24	79	80%
Sex	Male	82	83%
	Female	17	17%
Race/Ethnicity	White NH	56	57%
	African American NH	5	5%
	Am. Indian/Alask Native NH	0	0%
	Asian NH	5	5%
	Native Hawaiian/Pacific Islander NH	2	2%
	More than one race NH***	7	7%
	Hispanic, all races**	24	24%
Student status	Middle School	3	3%
	High School	15	15%
Mechanism of death	Firearm	60	61%
	Hanging/Suffocation	26	26%
	Poisoning	3	3%
	Other	10	10%

Source: Source: ORVDRS

Three out-of-state deaths not included.

** includes any race.

***Deaths are not counted in other race categories.

Racial Disparities

Deaths by suicide for Non-Hispanic White youth have decreased. Between 2018–2023:

- Non-Hispanic White youth suicide deaths decreased by 38.5%
- Among youth of color (Hispanic, Asian, Black, Pacific Islander, two or more races) and American Indian or Alaska Native increased by 34%

Summary and What We Know About 2024 Data

- Oregon's youth suicide rate is showing a decreasing **trend** since a peak in 2018. Preliminary 2024 youth suicide deaths appear similar to 2023 deaths.
- Racial disparities remain in the most recent finalized data. Specifically, deaths by suicide for youth identified as Non-Hispanic White have decreased overall since 2018. However, the number of youth suicides of other races and ethnicities have remained similar to 2018 levels or have increased.
- Oregon's youth suicide rate (14.2/100,00) remains above the national average of 9.9/100,000 in 2023.

Note: 2024 data are preliminary and may change as data is finalized.

Data Shared Today is Only Part of the Story

Today we shared high-level data that looks at suicide-related events which has specific uses - it is insufficient to understand the full story. This data represents one kind of data collection and reporting. State and national guidance documents call out the need for:

- Quality improvement in data to better capture the landscape
- Enhancing the completeness and consistency of data
- Increasing accessibility, useability and timeliness of data

Where to Find Data and Resources

OHA Suicide Prevention -

<https://www.oregon.gov/oha/ph/preventionwellness/safeliving/suicideprevention/pages/index.aspx>

2024 Youth Suicide Intervention and Prevention Plan Annual Report -

https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le8874a_24.pdf

COMING SOON! *2024 Adult Suicide Intervention and Prevention Plan Progress Report*

OHA Injury and Violence Prevention Program Dashboard Overview -

<https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/INJURYFATALITYDATA/Documents/Dashboard%20Overview.pdf>

OHA Data Glossary

<https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/INJURYFATALITYDATA/Documents/Dashboard%20Overview.pdf>

OHA Student Health Survey -

<https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/SURVEYS/Pages/student-health-survey.aspx>

SHS Data Portal

<https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/SURVEYS/Pages/student-health-survey.aspx>

OHA REALD and SOGI Efforts - <https://www.oregon.gov/oha/ei/pages/reald.aspx>

Jenn thanked Taylor for her presentation.

12:00 - 12:15 **Alliance YSIPP Initiatives & Policy Recommendations Timeline**

Jenn shared that subcommittees have been reviewing current YSIPP initiatives (stop, start, adjust, or continue) and the process in its final phase of review before sending to OHA for inclusion in the YSIPP 26-30.

Jill added:

- OHA team proposed a POP to fully fund the YSIPP but it didn't make it through to the governor's proposed budget. Culturally specific funding was included; we will know in a few days if it makes it through the legislature's budgeting process. The purpose of the culturally specific funding is to sustain current initiatives. Jill will send out an update on the funding when she has information to share.
- Before the end of July, Jenn will send out a legislative concept survey to prioritize legislative concepts. Alliance feedback helps finalize list; this will not replace Alliance policy recommendations.
- Jill will be presenting a webinar on July 15th to preview YSIPP 26-30. This is a first look and is an opportunity to spot check the five-year plan to see how it is coming together. The webinar will be [recorded and available](#) on the Alliance website if you are unable to attend on July 15th.

Once subcommittees finish review/finalizing Alliance initiatives and have submitted them to OHA, the next step is to develop policy recommendations. This step begins in August and will conclude by the end of the year in preparation of the 2027 legislative session. Staff will gather information about policy priorities of our partners to inform the Alliance process and to identify potential areas of alignment and collaboration.

Subcommittee Meetings

There are no subcommittee meetings during July; meetings resume in August except for the Schools Subcommittee which convenes again in September. Staff will come together for a week in July for team building. One item on the "to-do" list is to update the website with the goal of a new website by the end of the year. If you have suggestions, contact Jenn/Kris.

Membership Updates

Member Trainings Deadline

Jenn reminded attendees current appointed members **MUST** complete OHA required trainings by June 30, 2025, to maintain membership. Email Jenn to check if you have completed required trainings and she will connect you with Tamara at OHA.

Membership Applications

Some memberships are expiring in September, a notice has gone out to those members. Jenn will send another reminder this month. Membership applications will open early 2026. See <https://oregonalliancetopreventsuicide.org/alliance-members/> for a list of members and membership terms.

Please reach out to Jenn for more information about nominating someone (including self-nomination). Jenn reminded attendees the process is the Executive Subcommittee reviews applications and recommends individuals to OHA for appointment.

During the August Executive meeting there will be a discussion regarding the size of membership for the full Alliance due to past difficulties meeting quorum. The full Alliance will be brought into the process at the September quarterly. A by-laws change will be needed if it is determined to move to a maximum number. Attendees were asked for suggestions, highlights from the discussion include:

- Rather than having a set number, set up a formula for the number of subcommittees.
- There is some benefit to setting a reasonable maximum number for membership so we can meet quorum requirements and get business done.
- There is a concern that if we set a number/size it could hamper engaging marginalized populations.
- There are some instances when a large number of people volunteer for a subcommittee but don't show up and therefore no quorum. We need to look at ways to deal with that issue - for example, setting clear expectations on active participation and requirements to belong to subcommittee.
- Are there ways we can make committees more inviting, more accessible, and reduce barriers to engagement. For example, we need fewer tech steps needed and it needs to be easier (registration, meeting reminders, materials, etc.).
- Help people understand that you don't have to be an expert to join a subcommittee and participate.
- Jill can support reducing accessibility barriers such as translation and closed caption.
- Is there a way for Alliance members to connect with other community groups and bridge to Alliance work? Comment from chat: I'd want a mechanism for people to share the information from those meetings and share with staff and

clear thinking about how that participation builds the network of suicide prevention and connection to Alliance. Alliance subcommittees do need active participants.

- To better understand what the driving factor is when we don't have a quorum, do analysis of meetings where there was not a quorum. Jenn will go back over the last 6 months to gather information.

This is the beginning of this discussion and will be an ongoing conversation, please send suggestions to Jenn.

12:15 - 12:30 Announcements and Adjourn
Don Erickson, Chair

Announcement from the chat:

Create Resilience Youth Art Contest for Suicide Prevention for youth 13-21. Cash awards for winners. Entries accepted May 1 to August 1st. Contact Diane Kaufman with questions, diane@holdoncampaign.org.

Matchstick Consulting is hiring for a Statewide Sources of Strength trainer and is hiring Peer Educators (for young people ages 17-24) Contact <https://matchstickpdx.com/we-are-hiring>

Don thanked attendees for joining us today and for their commitment to the Alliance, especially Craig and Kelie for offering their continued support and leadership. Don adjourned the meeting.

Attendance

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|-----------------------------------|-----------------------------|
| 1. Aaron Townsend | 28. Julie Scholz |
| 2. Alexandra Greenberg | 29. Karen Cellarius |
| 3. Angela Perry | 30. Kathy Smith |
| 4. Anna Silberman | 31. Kelie McWilliams |
| 5. Annette Marcus | 32. Kirk Wolfe MD |
| 6. Avalon Mason | 33. Kris Bifulco |
| 7. B Grace Bullock | 34. Laura Misaras |
| 8. Catherine Bennett | 35. Laura Sprouse |
| 9. Claire Coffey | 36. Linda Hockman |
| 10. Craig Leets | 37. Maryanne Mueller |
| 11. Cristofer Delgado | 38. Mel Lawson |
| 12. David Westbrook | 39. Michelle Hampton |
| 13. Dean Carson | 40. Monica Parmley-Frutiger |
| 14. Debra Darmata | 41. Nathan Shay |
| 15. Diane Kaufman | 42. Nole Kennedy |
| 16. Don Erickson | 43. Paige Hirt |
| 17. Donna-Marie Drucker | 44. Pam Pearce |
| 18. Erin Porter | 45. Rachel Howard |
| 19. Fireflies.ai Notetaker Justin | 46. Roger Brubaker |
| 20. Galli Murray | 47. Shanda Hochstetler |
| 21. Ishawn Ealy | 48. Shanta Frisbee |
| 22. Jacob Dilla | 49. Siche Green-Mitchell |
| 23. Jamie Gunter | 50. Stephanie Willard |
| 24. Jenn Fraga (she/her) | 51. Suzie Stadelman |
| 25. Jill Baker | 52. Taylor Chambers |
| 26. John Seeley | 53. Tim Glascock |
| 27. Jonathan Rochelle | |