The National Suicide Prevention Lifeline Network
Steering Committee and Subcommittees
Revision 4/30/2008
Roles, Structure, Operations and Selection Process

Section One: Mission of the Steering Committee

As an integral component of the National Suicide Prevention Initiative, the mission of the National Suicide Prevention Lifeline is: to reduce suicide nationally by reaching and effectively serving more American residents at risk of suicide through a national network of crisis call centers linked to one or more toll-free numbers.

In turn, the mission of the Steering Committee and Subcommittees for the National Suicide Prevention Lifeline is to provide recommendations and advisement that support Lifeline’s overall mission, and will enhance its capacity to effectively reach and serve persons that could be potentially suicidal throughout the United States.

Section Two: Role, Structure and Selection of the Steering Committee

Role overview. The role of the National Suicide Prevention Lifeline Steering Committee is to provide the network’s primary investigators/administrators—Link2Health Solutions, Inc (L2HS)—with expert guidance on the issues that affect the SAMHSA-funded National Suicide Prevention Lifeline network, its administration, the crisis center community and its service to current and potential consumers. The Steering Committee serves as a collective voice representing a broad spectrum of key stakeholders in the area of suicide prevention, ensuring that the Lifeline’s operations and activities are informed by a full, balanced range of experienced viewpoints that are invested in its mission. The Steering Committee provides a forum for review and discussion of reports from the network’s administration, the project’s independent evaluation team, the subcommittees and workgroups, as well as any promotional materials, research, legislation or other external factors that may affect the vital operations of this network. The Steering Committee’s recommendations support the continued advancement and development of the network towards more effectively accomplishing its mission, as noted above. In addition to providing their valuable input to improve overall project operations, the Steering Committee’s role is to also help integrate the work of the Lifeline into state and local health and behavioral health systems around the country. Therefore, Committee representation must include health and behavioral health leadership perspectives outside of the crisis center community, as well.

Structure of Committee roles. The members of the Steering Committee act in accordance with their prescribed roles and in the manner that is appropriate to the leadership of the National Suicide Prevention Lifeline (eg: represent the National Suicide Prevention Lifeline’s mission and goals as defined). The Chair of the Steering Committee is selected by the network’s Executive Leadership Team (ELT; constituency is described in next section). The Chair will, in turn, provide leadership in conducting the activities of the group and shall oversee the function of the committee and be the primary facilitator of committee meetings. The Vice-Chair of the Steering Committee (to also be appointed by the ELT) will act as the Chair in his/her absence for regularly scheduled Steering Committee activities and functions. The Secretary of the Steering Committee (ELT-appointed) will assure that proper documentation, including minutes of Steering Committee
meetings, subcommittee meetings, and reports (including work group reports) are available to the Steering Committee and the L2HS, the Lifeline’s administrators. Each Steering Committee member must be able to participate in at least half of the officially-scheduled meetings or conference calls to retain his/her role as a member.

Selection of Steering Committee. The Steering Committee has representation from each member organization of the Lifeline’s Executive Leadership Team (ELT): the Substance Abuse and Mental Health Services Administration (SAMHSA); SAMHSA’s contracted marketing firm for this project, Macro International; the project’s primary administrator, Link2Health Solutions (L2HS), Inc.; L2HS’s parent organization and administrative services partner in the grant, the Mental Health Association of New York City; L2H’s partner in this grant, the National Association of State Mental Health Program Directors (NASMHPD; and a representative from the project’s independent evaluation team from Columbia University’s Research Foundation for Mental Health. In addition to representatives from the network’s Executive Leadership Team, the Steering Committee consists of a maximum of 16 members chosen for a three year term. This total number of selected members is limited to a size that eliminates the excess formality required for a larger group, so that productive discussion can proceed. The Committee represents individuals and groups with a variety of roles within the suicide prevention community, allowing for a cross section of representation from varied geographic and demographic areas (e.g., regional location, size of crisis center and affiliation, urban and rural, ethnicity, gender, etc.).

Selection of committee members is weighted by such factors as: persons with greater experience in work related to suicide prevention; persons already recognized as leaders within key groups with a stake in suicide prevention; and those satisfying overlapping (more than one) of the demographic and experiential criteria noted within the list below. Membership representation areas may include:

- Crisis center directors participating in the Lifeline network
- Nationally recognized researchers and experts in suicidology
- State and county mental health program directors
- Representative leaders from national public health/healthcare organizations.
- Prominently recognized leaders from behavioral health consumer advocacy groups (particularly those representing perspectives of suicide attempt survivors and family members of suicide loss)
- Leaders from national organizations specifically dedicated to suicide prevention
- National leaders in racial and ethnic group suicide prevention work
- National leaders in veteran suicide prevention initiatives

The Executive Leadership Team will exercise a majority vote to determine Steering Committee membership for any person(s) nominated.

Section Three: Role, Structure and Selection of Subcommittees

To assist the Lifeline in the two key areas of its mission, this project has established two Subcommittees: The Consumer-Survivor Subcommittee (to help the network reach more people at risk of suicide) and the Standards, Trainings and Practices Subcommittee (to serve callers more effectively). Each Subcommittee has a Chair (or Co-Chairs), who is/are selected by the project’s Executive Leadership Team. Each Subcommittee Chair or Co-Chair will also serve as a member
of the Steering Committee, to which he/she will provide Subcommittee reports, recommendations and act as an overall liaison between the two bodies.

The Steering Committee and Subcommittees may, in turn, designate work groups when the scope of issues is so broad and/or extensive that they require additional input and work process from experts, members of the network, and others in the suicidology community. Additionally, on an “as needed” basis, Subcommittee and Steering Committee members may recommend consultation from outside sources who exhibit expertise or knowledge of import to the issues before their respective advisory bodies.

The Consumer-Survivor Subcommittee will review marketing materials/promotional campaigns, key network outreach and partnership strategies, standard network practices, evaluations of network coverage and caller demographics to ensure that the Lifeline is effectively reaching critical populations at higher risk for suicide. Recommendations to the Steering Committee will be derived from a majority vote of the subcommittee membership. Membership representation may include:

- Family members of suicide loss
- Survivors of suicide attempts
- Persons with serious mental illness
- Variety of age groups (youth/young adult, adult, middle aged and older persons)
- Key ethnic groups (e.g., American Indian/Alaska Native, Latino, Asian, African American, etc.)
- Gay/Lesbian/Bisexual/Transgender
- Veterans
- Persons in recovery from substance abuse/addiction
- Interfaith community leaders

As is also true of the Steering Committee, membership selection for the Consumer-Survivor Subcommittee will be heavily weighted towards the degree to which nominees are recognized as representative leaders within a network of constituents similarly dedicated to their interests. This enables such individuals to better represent an array of knowledge, experience and perspectives from within their constituent group(s) to the Subcommittee. Further, to the extent their network of contacts is broad, they are capable of acting as messengers to many who could benefit from an awareness of Lifeline’s initiatives. As with the other consulting bodies, this Subcommittee will also seek regional diversity of its membership.

Consumer-Survivor Subcommittee membership will include no more than 20 members.

The Standards, Trainings and Practices Subcommittee will work to identify and recommend essential, minimum standards for network member center credentialing and quality service, as well as accompanying recommended practices and trainings to support the maintenance of network policies and standards, where needed. Standards, policies, trainings and practice recommendations will be derived from prevailing research, commonly accepted field practices and the collective experience of Subcommittee members, and will be approved through the majority of the Subcommittee membership prior to presenting to the Steering Committee. Membership representation may include:

- Experts in credentialing and/or certification of call centers, health and mental health organizations
- Crisis center training directors/coordinators (may include center directors if they also oversee training)
- Experts/researchers in suicidology
- Experts in competence-based training (including culturally competent training adaptations) and evaluation of training

As with the other consulting bodies, this Subcommittee will also seek regional diversity of its membership.

This Subcommittee’s membership will not exceed a maximum of 15 members.

Section Four: Routine Operations and Frequency of Meetings for the Steering Committee and Subcommittees

The Steering Committee will function in a manner that allows for the efficient management of the various issues that the network will be called upon to address by utilizing the revised Robert’s Rules pertaining to small groups. These guidelines offer the operational description as that of “members of the organization meeting with the idea of getting something done and (in this case) acting as a committee in full and free discussion, courses of action to be taken in the name of the entire group.” The common purpose of these meetings implies that the gatherings are collegial and not contentious, assuring that all points of view are heard and that there can be no question about fairness and propriety of the outcome.

The Steering Committee will be charged with making recommendations to the Administrators of the Lifeline—L2HS—based on the feedback and research of the subcommittees and workgroups determined as appropriate to the issues at hand. L2HS, while working in consultation with the Steering Committee, Subcommittees and its partners, shall have primary decision making authority in the matter of the National Suicide Prevention Lifeline network, with final approval of decisions reserved for SAMHSA.

The Steering Committee and Subcommittees will each convene twice annually in face-to-face meetings, at minimum. Each consulting body will convene for two additional conference calls annually, or as needed, to ensure continuing consultations in support of relevant project developments. In addition, workgroups may be commissioned by the Steering Committee or Subcommittees to produce information, resources, reports and recommendations between meetings of the three consulting bodies.

Although chair persons of the subcommittees are expected to attend Steering Committee meetings as previously indicated, they may designate a subcommittee member to report on their behalf in the event they will be absent from the Steering Committee meeting. All Committee and Subcommittee members are expected to attend at least 50% of the meetings to maintain their membership.

Section Five: Honoraria and Travel Expenses for Steering Committee and Subcommittee Members

For members participating in face-to-face Steering Committee and subcommittee meetings, an honorarium of $400 per meeting day and reasonable travel expenses to be arranged though SAMHSA and L2HS will be paid for each participant in compliance with federal travel regulations. For Committee and Subcommittee conference calls arranged by L2Hs and/or SAMHSA, an honorarium of $150 per participant will be provided.

Section Six: Member Replacement and The Nomination Process
Steering and Subcommittee seats may become available through a variety of means. Some examples include: a member leaves on his/her own volition; a member is asked to leave due to insufficient attendance, and/or behavior that significantly disrupts committee business, and/or is not in the best interests of the project’s mission, goals and objectives; or the committee determines additional representation is needed. Removal of members is determined by an 80% majority vote of the full committee, excluding the vote of the individual in question. For Subcommittee member removal, an 80% majority vote must first be attained before a recommendation for removal is brought to the Steering Committee, upon which it must then be approved through another 80% majority vote.

The National Suicide Prevention Lifeline Steering and Subcommittee member selection process may occur either through recommendations of standing committee members, an open call for nominations from crisis centers and other key stakeholders in the suicide prevention community, or both. From the subsequent field of nominees, the Executive Leadership Team (consisting of key personnel from L2HS, MHA of NYC, SAMHSA, Macro Intl, NASMHPD, and Columbia University’s Research Foundation for Mental Health) will make the final selections of Steering and/or Subcommittee members.