Suicide Prevention Program Community Advisory Board

Membership Application

The Community Advisory Board (CAB) is an advisory body to the Suicide Prevention Program (SPP) within the Division of Violence and Injury Prevention at the Massachusetts Department of Public Health.

CAB Background:

Community members with lived experience with suicide are essential to the development and enhancement of SPP programs and services. The SPP currently does not have a formal mechanism to receive feedback about our funded services from people who receive those services. The MDPH Bureau of Substance Abuse Services and the MDPH Office of HIV/AIDS operate long-standing, successful Community Advisory Boards, which have positively informed their programs and services to better serve their clients and guide their work in a more client and community-centered way.

CAB Mission

The mission of the Suicide Prevention Program Community Advisory Board (CAB) is to provide a mechanism for community members (hereafter referred to as stakeholders) to have meaningful input into the development of services, programs, and policies that address their needs. The CAB seeks to support the creation of comprehensive, community-based suicide prevention, intervention, and support services that are accessible, inclusive, responsive, and of high quality, and one that supports the adage, "Nothing about us without us."

CAB Goals

Community members are well positioned to assess the quality, appropriateness, and effectiveness of funded services. In the pursuit of this mission, the CAB has the following goals:

- To provide stakeholder input to the development, implementation, and enhancement of Massachusetts Department of Public Health (MDPH) Suicide Prevention Program services, policies, and community-based providers.
- To act as liaison between stakeholders, the MDPH SPP, and service providers.
- To educate and bring together stakeholders through a variety of activities that support health and well-being and encourage stakeholder involvement.
- To ensure equitable programs and services.
- To participate in at least one CAB subcommittee

CAB Meetings

There will be a total of 10 meetings in fiscal year 2018. Meetings will be held monthly and take place from 6:30-8:30pm. We will ask that CAB members commit to participating in at least 8 out of 10 meetings either in person or by phone (if absolutely necessary). Future meeting locations will be determined based on feasibility and accessibility for CAB members. Dinner will always be provided.

Reimbursements

CAB members may be reimbursed for transportation while attending CAB meetings.

CAB Member Responsibilities

In order to ensure that the CAB meets the aforementioned goals it is important that applicants understand that active membership in the CAB is a year-long commitment including attendance at monthly CAB meetings and active participation in at least one subcommittee. **At an absolute minimum you will be required to attend 8 out of 10, 2-hour monthly CAB meetings, not including commute time, and participate in 1-hour monthly subcommittee calls.** If you are unable to attend a CAB or subcommittee meeting or need to resign from the CAB, it is expected that you notify SPP CAB staff with as much notice as possible.

CAB Membership Application Process

If you would like to become a SPP CAB member, please fill out the application below and submit to Brandy Brooks by **no later than August 3rd, 2018**. You may scan and email, mail, or fax your application as follows:

Email: Brandy.Brooks@state.ma.us

Mail: MA Department of Public Health
Suicide Prevention Program
250 Washington Street, 4th Floor
Boston, MA 02108
Attn: Brandy Brooks

Fax: 617-624-5075 - Please include, "Attn: Brandy Brooks"

Once all applications have been received and reviewed, current CAB members will reach out to all applicants within two weeks.

If you have any questions about the SPP CAB application process and/or serving on the CAB, please contact Brandy Brooks at Brandy.Brooks@state.ma.us or 617-624-5494.

Please reach out to a Suicide Prevention Program staff member if you have questions/concerns about your involvement in the CAB.

Thank you and we look forward to receiving your application!

Massachusetts Suicide Prevention Program
Community Advisory Board Application
September 2018 – August 2019

Please provide all the information requested. Your information will only be available to Suicide Prevention Program staff. If there is a personal question that you feel uncomfortable answering or a question that is not applicable to you, please leave it blank.

First Name: _____ Last Name: _____

Address: _____

Email Address: _____

Primary Phone Number: _____ Secondary Phone Number: _____

OK to send text messages on your cell phone? ☐ Yes ☐ No

SPP CAB members will regularly receive information to review prior to CAB meetings. Indicate which method would work best for you to receive such materials. ☐ Email ☐ Mail

Indicate which category you would be able to represent as a member of the SPP CAB. *Check all that apply.*

I am an / a, or have:

☐ Loss survivor (lost a loved one to suicide)

☐ Suicide attempt survivor

☐ Friend or family member of an attempt survivor

☐ Currently received, or have received, mental health/suicide prevention services

☐ Suicide prevention advocate/volunteer

☐ Mental health provider

☐ Never received suicide prevention services

☐ Other, please specify: _____

Which subcommittees are you interested in?

☐ Education and Cultural Empathy ☐ Hospital Survivor Support

Please indicate the regions of Massachusetts in which you work, live and/or receive Suicide Prevention Program related services. *Check all that apply.*

I work in:	☐ Cape and Islands	☐ Northeast MA	☐ Greater Boston
	☐ Bristol County	☐ Central MA	☐ Metro West
	☐ Pioneer Valley	☐ Berkshire	☐ Plymouth
I work in:	☐ Cape and Islands	☐ Northeast MA	☐ Greater Boston
	☐ Bristol County	☐ Central MA	☐ Metro West
	☐ Pioneer Valley	☐ Berkshire	☐ Plymouth
I receive services in:	☐ Cape and Islands	☐ Northeast MA	☐ Greater Boston
	☐ Bristol County	☐ Central MA	☐ Metro West
	☐ Pioneer Valley	☐ Berkshire	☐ Plymouth

Please provide all of the information requested. Your information will only be available to SPP staff. If there is a personal question that you feel uncomfortable answering or a question that is not applicable to you, please leave it blank.

I am:	☐ Female	☐ Male	☐ Transgender	☐ Other: _____
I identify as:	☐ Heterosexual	☐ Gay/Lesbian	☐ Bisexual	☐ Other: _____
My age range is:	☐ 18 – 29	☐ 30 – 39	☐ 40 – 44	☐ 45 – 49
	☐ 50 – 59	☐ 60 – 69	☐ 70 or over	
I am:	☐ Hispanic or Latinx		☐ Not Hispanic or Latinx	
	☐ White		☐ Multiracial	
I identify as:	☐ Black		☐ Asian	
(select as least 1)	☐ Native Hawaiian or Pacific Islander		☐ American Indian or Alaskan Native	

I speak in:	☐ English ☐ Spanish ☐ Portuguese ☐ Other: _____
I read/write:	☐ English ☐ Spanish ☐ Portuguese ☐ Other: _____
☐ I do not have any accessibility needs ☐ I have the following accessibility needs: _____	

I am an employee, consultant, volunteer, or board member of the following organizations:	
Organization	Role

Please indicate which special skills, areas of expertise, or life experiences you would bring to the SPP CAB. *Check all that apply.*

I have skills and experience with:	☐ Advocacy/Awareness Building ☐ Community Organizing ☐ Research and Evaluation ☐ Epidemiology ☐ Public Health Administration ☐ Agency Administration ☐ Health Communications/Marketing ☐ Advisory/Planning Bodies ☐ Legal/Financial Services	☐ Substance Use Services ☐ Housing Services ☐ Case Management Services ☐ Holistic Health Services ☐ Mental Health Services ☐ Individual Suicide Prevention Services ☐ Group Suicide Prevention Services ☐ Suicide Outreach/Field work

	☐ Faith-Based Communities ☐ Writing ☐ Arts	☐ Suicide Counseling & Screening Services
I have personal and/or professional expertise regarding these populations:	☐ Attempt Survivors ☐ Veterans/Active Duty ☐ Military Families ☐ Loss Survivors ☐ Public Safety Personnel (EMS, Police, Fire, etc.) ☐ Lived experience with substance abuse ☐ Lived experience with mental illness	☐ Middle-aged people ☐ Young people ☐ LGBTQ people ☐ People with disabilities ☐ People over age 55 ☐ Immigrants/Refugees ☐ Communities of color ☐ Inmates/Ex-offenders ☐ Trauma Survivors
Other expertise, skills, or experiences:		

Please respond briefly to the questions below.

1.	From the above list of skills, expertise, and life experiences, which do you find most important in shaping the perspective and advisory guidance you will share with the SPP CAB? (Max 150 words)

2.	Please explain why you would like to be a SPP CAB member? (Max 200 words)

Statement of Applicant Commitment

If selected to serve as a member of the Suicide Prevention Program's Community Advisory Board, I agree to a one-year term and acknowledge that I have read and I agree to comply with the following policies and agreements:

Attendance & Program Volunteering:

_____ Information shared during SPP CAB meetings will be documented and disseminated as meeting minutes. When possible, SPP CAB staff will seek to protect the anonymity of CAB members. However, in order to use the information generated during these CAB meetings, to inform future decisions about Suicide Prevention Services offered by the MA Department of Public Health, full anonymity cannot be maintained. In signing this agreement form, I understand that my identity as a member of the SPP CAB will not be confidential and anonymous.

_____ I will devote sufficient time and energy to actively support the SPP CAB in meeting the goals and the objectives set forth by the Department of Public Health's Suicide Prevention Program.

_____ I will be an active member of the CAB for the full term of my application from September, 2017 to August, 2018.

_____ At a minimum, I will attend **at least 8 of the 10 2-hour monthly** CAB meetings during my year-long term.

_____ At a minimum, I will join **at least one subcommittee and actively participate in 1-hour monthly calls**.

_____ I will devote sufficient time and energy to actively support the SPP CAB in meeting the goals and the objectives set forth by the Department of Public Health's Suicide Prevention Program.

Communication:

_____ I will provide advanced notice to the SPP CAB if I am unable to attend a meeting.

_____ If I must be unexpectedly absent from a meeting listed above due to illness, family emergency, etc., I will inform SPP CAB staff with as much notice as possible.

_____ If conference calls or other SPP CAB activities are conducted, I will make every effort to participate.

_____ I will provide advanced notice if I need to resign from the CAB.

_____ **I cannot agree to all of the statements above**
Please explain:

_____

_____

Acceptance Signature:

Name:_____Date:_____

Thank you! We look forward to receiving your application on or before August 3rd, 2018.

If you have questions about joining the SPP CAB, or about the membership application process, please contact Brandy Brooks at 617-624-5494 or brandy.brooks@state.ma.us

Please send completed applications no later than August 3rd, 2018 to:	Email:	Brandy.Brooks@state.ma.us
	Mail:	MA Department of Public Health Suicide Prevention Program 250 Washington Street, 4th Floor Boston, MA 02108 Attn: Brandy Brooks
	Fax:	617-624-5075 Attn: Brandy Brooks