Action Alliance for Suicide Prevention (AASP)
Date: April 3, 2018, 1:00-3:00pm
Webinar with in-person option: Department of Health Kent office, Room 309

Attendees: John Wiesman, Cal Beyer, Ian Corbridge, Charissa Fotinos, Camille Goldy, Therese Hansen, Joe Holliday, Michael Itti, Pama Joyner, Sarah Mariani, Duncan MacQuarrie, Donn Marshall, Jason McGill, Aurélie McKinstry, Tin Orwall, Daniel Overton, Peter Schmidt, Jennifer Stuber, Beth Vandehey, Roy Walker, Ginny Weir, Kirstin McFarland, Will Hitchcock, Sigrid Reinert, Nicole Gabrail, Neetha Mony

Meeting Notes

Topic	Lead	Notes	Discussion
Welcome and agenda review	Sec. John Wiesman, DOH		
Introductions	ALL		• Announcements o National Suicide Prevention Lifeline: On January 31, two WA crisis centers began taking calls from WA counties without a National Suicide Prevention Lifeline-affiliated call center. After the first month, our in-state answer rate improved from 43% to 70%. They will continue to work towards a 100% answer rate. o Crisis Text Line: DOH and OSPI have started the process for a partnership with the Crisis Text Line with the keyword "HEAL". On March 28, the Crisis Text Line had a WA launch to promote this keyword. Along with promoting the word, we also ask for partners to promote volunteering with the Crisis Text Line to improve quick response times.
Suicide data	Mamadou Ndiaye, DOH	• See p. 6 for more details.	• Question: Can we look at other factors like mental health facilities, BRFSS, access to care, etc? • Comment: Similar geographic data as opioid overdose data. • Comment: This would be a great Results WA presentation for the governor. • Question: Do we know if there was a mental health diagnosis? o Answer: Will through NVDRS, if mentioned in medical examiner or law enforcement reports.

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			• Comment: If veterans were a county, they'd have the highest rate. • Question: How do we look at protective factors too and overlap it with this data? • Summary o Trends continue to increase. o There's interest in AI/AN suicides by location. o With younger age groups there are more connections with mental health issues. With older adults, more physical health issues. o There are things to consider, like the work in hospitals (hospitalizations and emergency departments) and continuity of care.
Updates • Legislative updates • National Governor's Association meeting summary • Safer Homes • Youth mental health promotion/suicide prevention mini-grants • Bree Collaborative • Enterprise suicide prevention workgroup	Rep. Tina Orwall Jason McGill, Governor's office Jennifer Stuber, Forefront Sarah Mariani, DBHR Ginny Weir, Bree Collaborative Neetha Mony, DOH	• Legislative updates o Great session! Legislation that passed includes: ▪ SSB 6514: Suicide prevention in higher ed ▪ 2SHB 2671: Behavioral health and suicide prevention in the agricultural industry ▪ 2SHB 1377: Improves K-12 students' mental health by enhancing nonacademic professional services. ▪ ESHB 1047: Drug takeback bill ▪ SSB 5553: Permits the voluntary waiver of firearm rights. • National Governor's Association meeting summary o A suicide prevention conference for Western state. WA representatives were Jason McGill, Peter Schmidt, and Billy Reamer. o Many states were interested in the health professional mandatory training. o Other interests include suicide prevention training for state employees. Will have a debrief meeting soon on next steps. o Presentations on p. 5 • Safer Homes o Great feedback from tables at gun shows. Safer Homes volunteers do a brief screening with attendees on their storage practices and provide recommendations. • Youth mental health promotion/suicide prevention mini-grants	

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		○ DBHR and DOH pooled $200,000 for youth mental health promotion and suicide prevention grants. ○ The list of awardees are on p. 4. • Bree Collaborative ○ Purpose of the group is to identify recommendations for health systems. The group will have a report in the fall. • Enterprise suicide prevention workgroup ○ Working to finalize the charter and will show it to John for approval. ○ The main priorities right now are to post a suicide prevention section for employees on the DES website and training options (looking at in-person and online options). • 2018 WA suicide prevention report has been released.	
Summary and Path Forward	Sec. Wiesman	The next meeting will be an in-person meeting with a webinar option 1:00-3:30pm on May 21 at the DOH Tumwater office.	

Mental Health Promotion & Suicide Prevention Grantees (suicide prevention grantees highlighted)

Official Agency Name	City	County	MHP/SP	Amount	Primary Project	Secondary Project
Quality Behavioral Health	Pomeroy	Garfield	promote mental health	20,000	Second Step	PAX Good Behavior Game
Skagit County Public Health	Mount Vernon	Skagit	prevent suicide	20,000	Sources of Strength	
City of Prosser	Prosser	Benton	promote mental health	20,000	Guiding Good Choices	
Port Angeles	Port Angeles	Clallam	prevent suicide	20,000	Sources Of Strength	
Mt. Adams School District	White Swan	Yakima	promote mental health	17,158	Primary Project	
Monroe School District	Monroe	Snohomish	prevent suicide	20,000	Sources of Strength	CAST
Willapa Behavior Health Teen Advocacy Coalition	Raymond	Pacific	promote mental health	20,000	Guiding Good Choices	Second Step
United General District 304	Sedro-Woolley	Skagit	prevent suicide	20,000	QPR Gatekeeper Training	
Whatcom Family and Community Network	Bellingham	Whatcom	prevent suicide	20,000	MAD HOPE	
Walla Walla County Department of Community Health	Walla Walla	Walla Walla	prevent suicide	20,000	Sources of Strength	

National Governor's Association Suicide Prevention Conference presentations

State Strategies for Averting Early Deaths: Innovations and Best Practices for Preventing Suicide
Introduction

- Alex Crosby, Centers for Disease Control and Prevention slides
- Richard McKeon, Substance Abuse and Mental Health Services Administration slides

Comprehensive Suicide Prevention: What Does it Entail?

- Eric Caine, Center for the Study and Prevention of Suicide slides
- Jerry Reed, Education Development Center slides
- Jarrod Hindman, Colorado Department of Public Health and Environment slides

Focusing on Specific Populations: Suicide Prevention for Veterans

- Keita Franklin, Department of Defense slides
- AnnaBelle Bryan, National Center for Veterans Studies slides
- Pete Gutierrez, VA Rocky Mountain MIRECC slides

Focusing on Specific Populations: Suicide Prevention for American Indians/Alaska Natives

- Pamela End of Horn, Indian Health Service slides
- Tori Whipple, Great Plains Tribal Chairmans' Health Board slides

Strategic Partnerships to Prevent Suicide: Law Enforcement and Gun Shops

- Kimberly Myers, Utah Department of Human Services slides

Upstream Prevention: Enhancing Protective Factors and Resiliency

- Scott LoMurray, Sources of Strength slides
- Kim Kane, Idaho Department of Health and Welfare slides

What are Promising Policy & Practice Solutions: State Innovations

- Justin Chase, Crisis Response Network slides
- Jason McGill, Office of Governor Inslee slides

Data presentation summary

Category	Pros	Work to do	WA programs	Follow-up questions
Geography	Some counties have seen a decrease in suicides from 2007-2011 vs. 2012-2016. • Okanogan: 29% decrease from 51 deaths to 36. • Franklin: 23% decrease from 40 deaths to 31.	Most counties have seen an increase in suicides from 2007-2011 vs. 2012-2016. • Grays Harbor: 67% increase from 51 deaths to 85. • Cowlitz: 40% increase from 68 deaths to 95. • The counties with the highest number of suicides in 2012-2016 were King (1290), Pierce (742), Snohomish (546), Spokane (448), and Clark (361). The highest rates of suicide in 2016 were in small town/isolated rural areas (20 per 100,000) and suburban areas (18.1).	• DOH has a SAMHSA youth suicide prevention grant in Grays Harbor (year 4 of 5). • 2SHB 2671 – Improving behavioral health in the agriculture industry	• What has changed in the counties with decreases? Access to care, programs, systems changes, etc.? • For all the data, could increases be due to better reporting by MEs and coroners?
Race	• Non-Hispanic Pacific Islanders had a 7% rate decrease from 2007-2011 vs 2012-2016. • Hispanics have the lowest rate of suicide (6.5 per 100,000 in 2012-2016) but a 21% rate increase since 2007-2011 (5.3).	• American Indian and Alaska Natives (AIAN) have the highest rate in 2012-2016 (26.6 per 100,000) and a 34% rate increase from 2007-2011 (19.9). • Whites have the largest number of suicides (4,526 in 2012-2016). • Non-Hispanic Blacks and Asians had a 17% rate increase from 2007-2011 vs. 2012-2016. o Black: 7.8 in 2007-2011 to 9.1 in 2012-2016 o Asian: 6.3 in 2007-2011 vs. 7.4 in 2012-2016.	• AIAN programs: American Indian Health Commission, Northwest Portland Area Indian Health Board (NPAIHB), individual tribes.	• Are there any culturally-informed prevention programs for Black and Asian people?
Age and Sex	Hospitalizations for intentional self-injuries have been decreasing in WA since 2010, except for females age 10–14.	• Males of all ages have higher suicide rates and counts than females their age. • Females accounted for 61.2% of hospitalizations for intentional self-harm. • A firearm is used in almost half of all WA suicides and poisoning is used in the majority of these hospitalizations.		• Are there ways to improve hospitalization data? • When will we have suicide attempt data? • Are there standard follow-up policies for hospitalizations?
Method	Comparing percent of methods used in 2012-2016 vs. 2017:	• Comparing percent of methods used in 2012-2016 vs. 2017: To date, suffocation has a 4% increase.	• Safer Homes Coalition, Harborview, Seattle Children's, Lok-It-Up,	• What are best practices for reducing access to suffocation means?

Data presentation summary

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	• To date, poisoning has a 4% decrease.	• In 2012-2016, over half of males who died by suicide used firearms, and almost 40% of females used poisoning.	Firearm Tragedy Prevention Workgroup • Drug Takeback bill	
Youth – ages 10-24		• Of the counties with the highest number of suicides in 2012-2016, Yakima and Clark counties had higher proportion of youth suicides (ages 10-24). • The rate of youth suicides (ages 18-24) tends to be higher than the state rate. • Method: o Ages 10-17: More than half of deaths were by suffocation. o Ages 18-24: Almost half of deaths were by firearm. • In NVDRS, family relationships and suicide thought history were the most common problems mentioned.	• OSPI work, Forefront in the Schools, DBHR/DOH youth grants, DOH GLS grant, school-based programs (ex. Sources of Strength, Signs of Suicide, Hope Squad, etc.), Teenlink, MAD HOPE • JED campus programs, higher ed task force	• Are there community youth suicide prevention programs in Clark and Yakima?
Men in the Middle Years (MiMY) – ages 35-64	• The suicide rate of MiMY has remained fairly stable over the past 10 years.	• In 2012-2016, firearms were used in about half of MiMY suicides and suffocation in almost a quarter.		• Are there non-work programs in WA for MiMY suicide prevention?
Older Adults – 65+ years old	•	• Ages 75+ have a higher rate of suicide than ages 65-74. Both age groups have higher rates than the state rate. • In 2012-2016, 64% of older adult suicides were by firearm (the total state percent of suicides by firearm was 48%). • In NVDRS, physical health problem was the most common problem mentioned (in about half of cases). Suicide thought history and mental health problem were also mentioned about a quarter of cases.	• Washington Association of Area Agencies on Aging	• Are there any residential suicide prevention programs in WA?

Data presentation summary

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American Indian and Alaska Natives (AI/AN)	• Poisoning is less common method in AI/AN suicides than the total state.	• The rate of suicide among AI/AN has increased from 19.9 (2007-2011) to 26.6 (2012-2016). • Among AI/AN, ages 15-24 and ages 25-44 had the highest rates and number of suicides. • Compared the total state percent, suffocation is more common in AI/AN suicides.	• Youth Intertribal Summit (AIHC), NPAIHB campaigns, individual tribes	
Veterans		• In 2016, the rate among military service members and veterans was 38.0 compared to the state rate of 14.9. • In NVDRS, physical health problems, intimate partner problems, and suicide thought history were the most common problems mentioned.	• Suicide prevention in bases and through VA, DVA military family suicide care workshop	
Occupation		• Not a lot of occupational data. • In NVDRS, there were 43 suicides where the individual was homeless. The most common problems mentioned were history of mental illness treatment and suicide thought history.	• Construction Industry Alliance for Suicide Prevention, Enterprise suicide prevention workgroup, military and veteran programs • Agriculture industry behavioral health bill	• What mental health services or screenings are available for the homeless?
Preliminary 2017 Data	Unknown yet	• 1247 deaths (rate=16.5) in 2017 compared to 1123 (rate=14.9) in 2016. o 11% increase in count and 11% in rate • Most of the increase in firearm and suffocation. • Higher increase in younger and older age groups.		