

Action Alliance for Suicide Prevention (AASP)

Date: September 7, 2017, 9:30am-12:00pm

Webinar and in-person location: Department of Health Kent office, Room 310



Attendees: John Wiesman, Janna Bardi, Camille Goldy, Michael Itti, Jim Jeffords, Pama Joyner, Matthew Layton, Sarah Mariani, Jason McGill, Aurelie McKinstry, Neetha Mony, Najla Neumann, Tina Orwall, Daniel Overton, Paul Quinnett, Karie Rainer, Jeff Rochon, Peter Schmidt, Greg Simon, Jennifer Stuber, David Windom, Libby Craig, Edward Esparaza, Garrett Shotwell, Cathy Hill, Will Hitchcock, Aimee D’Avignon, Carolyn Ham, Kirstin McFarland, Conrad Otterness, Brycen Huff

Meeting Notes

Topic	Lead	Notes	Discussion
Welcome and agenda review	Sec. John Wiesman, DOH		
Introductions	Everyone	Members also shared a highlight from the past year.	
Updates from Department of Veteran Affairs	Peter Schmidt, DVA, Peters@DVA.WA.GOV Daniel Overton, DVA, DanielO@DVA.WA.GOV	<ul style="list-style-type: none"> • Military family suicide prevention workshop scheduled for Sept. 30. <ul style="list-style-type: none"> ○ To develop a comprehensive landscape of policies and programs to support military families. • Dr. Ursula Whiteside and Najla Neumann worked with DVA to apply for a Zero Suicide (ZS) grant. <ul style="list-style-type: none"> ○ The grant would implement 2 ZS programs: 1 with primary care at Confluence (North Central ACH) and 1 with care transitions in Pierce County. ○ 70% of veterans don’t seek VA help. ○ Will help displaced vets from clinic shutdowns in North Central. • TBI Max Impact app <ul style="list-style-type: none"> ○ Was developed for WA and is confidential. ○ This is available for everyone with a traumatic brain injury, although many resources are for veterans. ○ The goal is to encourage people to reach out when in crisis. ○ Includes how to find a local provide with an autodial feature. ○ App includes a FAQ primarily for caregivers. 	<ul style="list-style-type: none"> • Question: Are resources updated on the TBI Max Impact app? <ul style="list-style-type: none"> ○ Answer: Yes, and there’s a PDF download option. • Question: Are you tracking any data? <ul style="list-style-type: none"> ○ Answer: Collect number of downloads, how many clicks, and how long is spent on each page. Also any voluntary information submitted. • Update: Since this meeting we have learned that DVA did not receive the ZS grant. Confluence still plans to implement ZS.

Topic	Lead	Notes	Discussion
Crisis Text Line	Garrett Shotwell, Seattle-based supervisor, garrett@crisistextline.org Libby Craig, West Coast Director, libby@crisistextline.org	<ul style="list-style-type: none"> • Background <ul style="list-style-type: none"> ○ Started through a text network for teen volunteers, when some youth responded with crisi3,500 volunteer crisis counselors all over the county. ○ Counselors can initiate an active rescue if needed. ○ High risk texters are identified by their initial message and are given priority in the queue. ○ Average response time is 52 sec. ○ Over 47 million messages exchanged since Aug. 2013. ○ For data, visit https://crisistrends.org/. ○ There have been 32,900 text conversations in WA so far. <ul style="list-style-type: none"> ▪ 9% of WA texters are 9 yrs old or younger. • Partnerships <ul style="list-style-type: none"> ○ They offer unpaid and paid partnerships. Paid partnerships include more data based on the chosen word used to initiate a conversations. ○ For example, the city of Tacoma has chosen “HEAL”. 	<ul style="list-style-type: none"> • Question: Is there any data on veterans or resources for them? <ul style="list-style-type: none"> ○ Answer: Recently launched the keyword “VET”. ○ Most conversations involve de-escalation techniques for a crisis. Only share resources in about 30% of conversations. • Question: What about quality assurance? <ul style="list-style-type: none"> ○ Answer: For some texters, at the end of texting asks if the conversation was helpful. • Question: How are you funded? <ul style="list-style-type: none"> ○ Answer: Through private funders, corporate partnerships (ex. Facebook, Youtube), and other partnerships, including higher educations and states. Also ask partners to help promote volunteer recruitment. • Question: Do you offer bilingual services? <ul style="list-style-type: none"> ○ Answer: Not now but looking into it. • Summary: This is a valuable investment to consider for year 2.
2016-2017 AASP Year In Review	Neetha Mony	<p>Reviewed AASP highlights from the past years and topics discussed at meetings.</p> <ul style="list-style-type: none"> • Updates <ul style="list-style-type: none"> ○ Initial reports of 2016 data show a slight decrease in suicide deaths. A full analysis hasn’t been done yet. ○ DOH submitted a grant application to increase our National Suicide Prevention Lifeline in-state call rates. The proposal is to expand capacity for the plan that was developed for the budget proviso funds allotted for the 2017-2019 biennium. ○ EAP has coordinated a suicide prevention in the workplace committee for state employees. ○ The WA Apple Health customer service center requested suicide intervention resources for new training and policies for their call specialists. 	<ul style="list-style-type: none"> • Updates since the Sept. meeting <ul style="list-style-type: none"> ○ The Center for Health Statistics found a coding error in their data so 2016 numbers might change. Will provide an update when available. ○ DOH received the award from MHA-NYC to expand our call center capacity for the Lifeline.

Topic	Lead	Notes	Discussion
Plan for 2017-2018	Sec. Wiesman ALL	<p>Everyone was asked to consider and jot down their responses to these questions. Then everyone shared their response to the 2nd item.</p> <ul style="list-style-type: none"> • Name one success/highlight of AASP’s work for WA suicide prevention in the past year. • What gap in the work do you think should be a Year 2 priority? • If you could change one thing for the field or community you represent on AASP, what would it be? 	<ul style="list-style-type: none"> • The full list of responses is on the last page. • Summary: Main takeaways include coordinating efforts and resources
Zero Suicide review and next steps	Tory Gildred, Coordinated Care Greg Simon, Kaiser	<p>The group has learned about Zero Suicide and had some discussion on next steps. Does the Action Alliance want to support ZS and if so, how? Are there any concerns?</p>	<ul style="list-style-type: none"> • Concerns <ul style="list-style-type: none"> ○ It won’t solve anything, need to focus on other items like Medicaid reimbursements, zero seems like an unrealistic goal. • Responses <ul style="list-style-type: none"> ○ Supporting ZS doesn’t mean excluding other ways to change health systems and it doesn’t conflict with other approaches. ○ In WA, we have Target Zero for car accidents as a goal to strive towards. ○ • Question: What pieces are needed to be successful? <ul style="list-style-type: none"> ○ Systems approaches, budget, and policy pieces. • Summary: Suicide prevention in healthcare must be a priority
Summary and Path Forward	Sec. Wiesman	<p>The next meeting will be a webinar meeting 1-3pm on November 17. If you would like to join in-person, we have a conference room at the DOH Kent office.</p>	

Responses to “What gap in the work do you think should be a Year 2 priority?”

Identified gap	Who plays a role?	Action needed?
<p><u>Connecting resources</u></p> <ul style="list-style-type: none"> • Linkage and support to primary care • Institutions K-12 and higher education → Crisis Text Line • Raising public awareness of resources • Gap in service and outreach for high-risk groups like older adult males • Coordination of the Lifeline, text line, and WA apps across the lifespan • Resources for incarcerated and getting resources to high risk folks when they enter jail/prison • Increase availability of resources (money, technical assistance, training) for all schools statewide and other agencies to meet suicide prevention planning 	<p>OSPI School districts/ESDs DEL Community agencies Higher education Hospital Association? Primary care providers Behavioral health providers DOH HCA DOC LHJs</p>	<ul style="list-style-type: none"> • Funding for public health campaign • Funding for Crisis Text Line • Funding to take HB 1336 to scale • Programmatic change in predominantly male services, ex. Substance abuse treatment, DV treatment, anger management, etc • Other
<p><u>Expanding existing programs</u></p> <ul style="list-style-type: none"> • Safer Homes/ safe storage – fit to scale • Increase institutional access to best practices (practical application to folks who need it) – primary care, middle and high schools, veterans • Understand statistical problem and data, timely access, better look at our data (ex. Why are we down for 2016?) • Timely access to mortality data to assess our programs • Gap between training for providers and what’s being done at systems like Zero Suicide; close the practice gap (legislative and policy solutions) 	<p>DOL DOH Legislature Schools and staff DVA Center for Health Statistics Healthcare systems Healthcare providers Healthcare systems</p>	<ul style="list-style-type: none"> • Legislative changes around safe storage practices and education. • Programmatic changes in services for priority populations. • Policy change in release of/access to data. • Policy changes in expectations for healthcare systems. • Other
<p><u>Focusing on priority populations</u></p> <ul style="list-style-type: none"> • Understand and address culture of vets who don’t want to be reached • Culturally and linguistically appropriate info and resources • Culture shift to understand second amendment rights groups • Look at services for rural communities, communities of color, including LGBTQ communities • Working across different cultures → tribes 	<p>DVA Veterans service agencies DOH LHJs Community agencies Gun owners Tribal governments AIAN agencies (AIHC & NWPaiHB)</p>	<ul style="list-style-type: none"> • Funding for research to reach priority populations • Funding for translation services for materials • Policy changes to prioritize telehealth services for the identified communities. • Other

Identified gap	Who plays a role?	Action needed?
<p><u>Changing the framework</u> Framework – centralized and evidence-based, like Zero Suicide and ACH Medicaid work Infrastructure to support Zero Suicide → core philosophy Coordination of infrastructure → close the disconnect and capacity (involuntary commitment)</p>	<p>HCA SAMHSA Hospital Association ACHs Crisis response teams and services</p>	<ul style="list-style-type: none"> • Legislative and policy changes to promote best practice frameworks • Funding increase for Medicaid reimbursements for suicide treatment. • Funding for state staff to oversee Zero Suicide initiatives and ensure quality assurance • Policy changes in who responds to mental health crises and seeking innovative treatment options. • Other

Post-It Responses from AASP Sept. 2017 Meeting

PINK: Name one success/highlight of AASP's work for WA suicide prevention in the past year.

- Huge success organizing a body of agencies to change the landscape around suicide prevention
- Safer Homes-Safe Storage Campaign (mentioned 5 times)
 - Particularly in efforts to keep lethal means out of hands of children
- Gained more situational awareness
- Brining stakeholders to the table
- Start of inventory of suicide prevention efforts
- Significant awareness raised and partnerships developed. It seems clear that there is an emerging collective impact from this alliance.
- Tracking and passing of legislative initiatives

ORANGE: What gap in the work do you think should be a Year 2 priority?

- Highlighting and expanding Safer Homes safe storage campaign. More resources needed to protect people from harm. Extremely important!
- Linkage with and support primary care building capacity for suicide prevention
- Alignment of efforts tied to a framework that we've all agreed to.
- Partnering with Crisis Text Line would be great. (mentioned 3 times)
 - Would be interested in exploring possible application to prisons.
- Increasing institutional access to reliable and up to date best practices info.
- Promote culturally and linguistically relevant messages to raise suicide awareness and prevention.
- Adopting Zero Suicide as framework and statewide suicide prevention philosophy (mentioned 2 times)
- Connecting with ACHs and partnering with Healthier WA
- Support crisis lines to their full capacity
- Understanding the statistical problems with current data

YELLOW: If you could change one thing for the field or community you represent on AASP, what would it be?

- Maximize pharmacist/patient interactions that can identify potential interventions. Threats include mandatory mail order.
- Increase flexibility and nimbleness to address one issue (suicide) across several systems; collaboration/coordination across systems.
- Greater continuity of mental health care for people transitioning out of prison. To be able to establish service connection prior to release would be exceptional.
- Coordinate access to reliable and helpful information.
- Increased education to every person in WA State around suicide prevention and to reduce stigma.
- Collection of data for NHPI ethnicities on Healthy Youth Survey. Add language support for BRFSS respondents.
- Focus on underlying causes. Move to more active prevention. At least gain understanding.
- Zero Suicide framework to healthcare systems.
- Integrate this data into assessments and ACH work.