

Action Alliance for Suicide Prevention (AASP)

Date: November 17, 2017, 1:00-3:00pm

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



Attendees: John Wiesman, Terry Bergener, Therese Hansen, Donn Marshall, Pama Joyner, Maureen Kinley, Cheryl Sanders, Lawrence Solomon, Joe Holliday, Amanda Johnson, Aurelie McKinstry, Sarah Mariani, Camille Goldy, Julie Garver, Michael Itti, Jolene McCaw, Jeff Rochon, Julia Ortiz, Terry Mail, Jennifer Stuber, Roy Walker, Neetha Mony

Meeting Notes

Topic	Lead	Notes	Discussion
Welcome and agenda review	Sec. John Wiesman, DOH		
Introductions	Everyone	Members shared a big win from 2017.	<ul style="list-style-type: none">• Big turnout for the recent WA State Pharmacy Association suicide prevention training. There are more trainings lined up and planning an online version.• The Crisis Clinic and Volunteers of America of Western WA are partnering with DOH to increase WA's in-state call rate for the National Suicide Prevention Lifeline. They were invited to present on this partnership to all Lifeline-affiliated crisis centers.• The youth suicide prevention mini-grants offered through a partnership between DBHR and DOH will be released soon. The RFA was announced on Dec. 6 and have a Jan. 8 deadline.• Colville Confederated Tribes will soon have access to data from Johns Hopkins.• The All Patients Safe course was launched and is offered for free through UW and Seattle Children's.• Through support from the JED Foundation, Narcan was distributed at University of Puget Sound. They also have an MOU with local hospitals to help with discharge planning.• The 2016 death data has been released and numbers and rates are slightly lower than 2015.• Cal Beyer's work with the construction industry including the construction suicide prevention summit.• Mason County has looked at suicide and unemployment rates.

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2016 suicide data	Therese Hansen, DOH	<p>The Center for Health Statistics recently finalized the 2016 death data and this is a quick overview. DOH will provide another presentation once the data is analyzed.</p> <ul style="list-style-type: none"> • In 2016, there were 1,123 suicides by WA residents (1,136 in 2015) and an age-adjusted suicide rate of 14.9 (15.6 in 2015). <ul style="list-style-type: none"> ○ The Results WA goal is to reach a suicide mortality rate of 14.0 per 100,000 by 2020. • From 2012-2016, the counties with the highest suicide rates were often rural areas. <ul style="list-style-type: none"> ○ Ferry (41.5), Skamania (25.4), Jefferson (23.7), Grays Harbor (23.5), and Stevens (23.2) • In 2016, urban areas had the highest number of suicides. <ul style="list-style-type: none"> ○ King (256), Pierce (173), Snohomish (113), Spokane (90), and Clark (72). 	<ul style="list-style-type: none"> • For the National Violent Death Reporting System data, DOH is waiting for the flat file from CDC. Once received, we will analyze 2015 data for the 9 pilot counties. We expect to have initial reports in early 2018.
Review discussion from last meeting Identify priority goals and who is involved	Sec. Wiesman Neetha Mony, DOH ALL	<ul style="list-style-type: none"> • Updates <ul style="list-style-type: none"> ○ We are looking for a co-leader for the group, if anyone's interested. ○ Request for state agencies to have meetings in-between AASP meetings. Mainly to discuss the 2019 joint discussion package plans, which will need to be done by June 2018 to get into the governor's budget for the 2019-2021 biennium. • Reviewed identified gaps from last meeting, who should be involved, and possible action steps. 	<ul style="list-style-type: none"> • The following were added to the table below. <ul style="list-style-type: none"> ○ Add data as a separate theme. ○ Under "Connecting Resources" <ul style="list-style-type: none"> ▪ Increase focus on primary prevention (ex. Community trainings on general mental health and school curricula around mental health) ▪ Increase institutional access on higher education campuses ▪ Funding to support HB 1138 – Safer Homes Task Force ○ Changed 2nd need to "Restoring and expanding existing programs" <ul style="list-style-type: none"> ▪ Resources for schools, such as grant and funding opportunities ▪ Add elderly and foster care to priority populations ▪ Look at which funding has been cut ○ Under "Focusing on priority populations" <ul style="list-style-type: none"> ▪ Priority populations include men in the middle years, veterans, foster care youth, elderly, American Indian/Alaskan Natives, LBGTQ, by occupation (focus on construction and agriculture), those in

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			<p>transition (high education, military, prisons/jails, continuity of treatment care), rural communities</p> <ul style="list-style-type: none"> ▪ Look at place-based approaches <ul style="list-style-type: none"> ○ Under “Changing the Framework” <ul style="list-style-type: none"> ▪ Add DOC and DBHR to who plays a role <ul style="list-style-type: none"> • Suggestion: Look at grant and philanthropic opportunities. • Neetha will update the table and send out a survey for additional comments.
Crisis Text Line update	Neetha Mony Libby Craig, Crisis Text Line	<p>Update on the Crisis Text Line and where the conversation is at.</p> <ul style="list-style-type: none"> • Crisis Text Line’s WA data on texters’ race, age, gender, and sexual orientation. • A premium partnership will cost \$24,500/year for the most detailed data. <ul style="list-style-type: none"> ○ If WA chooses a paid partnership, Crisis Text Line encourages us to also recruit crisis counselor volunteers. ○ The minimum threshold to access data is 300 texts. CA Community Colleges hit 300 texts in one month. • Many state governments choose a location-related keyword (eg. MT, VT, WYO, BAY). <ul style="list-style-type: none"> ○ Keywords should generally be short (8 letters or fewer), easy to remember, and one word. ○ City of Tacoma is using the word “HEAL”. 	<ul style="list-style-type: none"> • Suggestions for keywords include WAHELP and WAHOPE. • State agencies will have further conversations to look at the partnership options and discuss promoting the Crisis Text Line through a campaign.
Legislative updates	Camille Goldy, OSPI Pama Joyner and Neetha Mony, DOH Jennifer Stuber, Forefront ALL	<ul style="list-style-type: none"> • OSPI submitted a budget decision package. <ul style="list-style-type: none"> ○ Next steps include 1) looking at suicide prevention training for educators, 2) request to develop online training module for all schools to use, 3) for OSPI to take the lead in the Crisis Text Line partnership, and 4) suicide prevention, intervention, and treatment resources for ESDs to support schools. • Medicaid Transformation Project <ul style="list-style-type: none"> ○ ACHs just submitted their project plans for the Medicaid Transformation Project. Six of the 9 ACHs will be using Pathways to Care model, which uses the PHQ-9 and uses community care coordination. 	<ul style="list-style-type: none"> • OSPI’s 2018 budget decision package • Summary of ACHs’ project plans • Forefront’s annual report

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		<ul style="list-style-type: none"> ○ All ACH's will be developing out requirements for providers including the screening assessment tool, across all care settings. ○ Until the updated project work plans are posted we don't which of the ACH's has specifically called it out. ● DOH's contracts with the Crisis Clinic and Volunteers of America of Western WA to increase the in-state answer rate for the National Suicide Prevention Lifeline have been executed. Beginning Dec. 8, the centers will begin answering calls from WA counties currently being sent out of state. ● Safer Homes Task Force <ul style="list-style-type: none"> ○ Released stickers for a safe storage campaign. ○ Created an online training for firearm retailers. ○ Worked with the Department of Licensing on hunter education and suicide prevention. ○ Will have a table at the Dec. 16-17 Puyallup gun show. ○ Are not planning on pursuing new legislation next year but will continue to work with partners. ● Forefront is looking at drug take back bills. ● HB 1379 (Higher education and suicide prevention) might be reintroduced. 	
Summary and Path Forward	Sec. Wiesman	The next meeting will be an in-person meeting 10-12pm on January 10 at the DOH Tumwater office.	<ul style="list-style-type: none"> ● Summary <ul style="list-style-type: none"> ○ Send out initial 2016 data and do a deeper dive at another meeting. ○ Will update table and send out with a survey. ○ State agencies will start meeting to discuss a joint decision package. ○ Have offline conversations with OSPI and other partners on next steps for the Crisis Text Line. ○ Watch legislative session and see how it goes. ● Quality Improvement – what worked well <ul style="list-style-type: none"> ○ A quick report out on data ○ Thanks for being inclusive.

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

Identified need	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 • Increase institutional access on higher education campuses • HB 1138 – Safer Homes Task Force • Increase focus on primary prevention (ex. Community trainings on general mental health and school curricula around mental health) 	<p>OSPI School districts/ESDs DEL Community agencies Higher education Hospital Association? Primary care providers Behavioral health providers DOH HCA DOC Local Health Jurisdictions</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 • Funding to support HB 1138 • Other
<p><u>Restoring and 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, higher education, veterans, foster care, elderly • Gap between training for providers and what’s being done at systems like Zero Suicide; close the practice gap (legislative and policy solutions) • Resources for schools, such as grant and funding opportunities • Look at which funding has been cut 	<p>DOL DOH Legislature Schools and staff DVA 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 changes in expectations for healthcare systems. • Other
<p><u>Focusing on priority populations</u></p> <ul style="list-style-type: none"> • Priority populations include men in the middle years, veterans, foster care youth, elderly, American Indian/Alaskan Natives, LBGTO, by occupation (focus on construction and agriculture), those in transition (high education, military, prisons/jails, continuity of treatment care), rural communities • 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 and place-based approaches • Working across different cultures → tribes 	<p>DVA Veterans service agencies DOH Local Health Jurisdictions Community agencies Gun owners Tribal governments AIAN agencies (AIHC & NWPaiHB) College campuses</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 need	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>	HCA SAMHSA Hospital Association Bree Collaborative ACHs Crisis response teams and services DOC DSHS	<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
<p><u>Creating and Improving Data</u></p> <ul style="list-style-type: none"> • 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 	Center for Health Statistics DOH Local Health Jurisdictions Healthcare systems	<ul style="list-style-type: none"> • Policy change in release of/access to data. • Funding for state epidemiologists to link and analyze data • Creation of suicide data committee with state partners • Other