

Action Alliance for Suicide Prevention (AASP)

Date: September 6, 2018, 9:30-11:30am

In-person with webinar option: Department of Health Kent office, Room 309



Attendees: John Wiesman, Colbie Caughlan, Camille Goldy, Therese Hansen, Joe Holliday, Pama Joyner, Matthew Layton, Donn Marshall, Jason McGill, Aurélie McKinstry, Tina Orwall, Dan Overton, Billy Reamer, Jenn Stuber, Beth Vandehey, Colleen Thompson, David Windom, Mamadou Ndiaye, Brycen Huff, Sigrid Reinert, Reese Holford, Mary Roberts, Amina Gaye, George Banks, Neetha Mony

Meeting Notes

Topic	Lead	Notes	Discussion
Welcome and agenda review	Sec. John Wiesman, DOH		
Introductions	ALL		
WA's Violent Death Reporting System (WA-VDRS)	Mamadou Ndiaye, DOH Therese Hansen, DOH	<ul style="list-style-type: none"> • WA-VDRS is a CDC surveillance system that collects de-identified data on deaths by suicide, homicide, legal intervention, undetermined, and unintentional deaths. It has a stage implementation plan and will be covering all WA counties beginning in 2018. It uses data from death certificate and reports from medical examiners (ME) and coroners, law enforcement, and toxicology. <ul style="list-style-type: none"> ○ Beginning with 2017 data, the WA-VDRS team has started tracking special circumstances not required by CDC, including mentions of being a burden to others, social isolation, revenge, and non-suicidal self-injury. • This presentation is on WA-VDRS data from 2015 (9 counties) and 2016 (15 counties). In this time, there were 2,152 violent deaths in WA and 76% were suicides. <ul style="list-style-type: none"> ○ In 2017, there were 1,292 suicides by Washingtonians (in 2016 there were 1,123 suicides). The groups with the biggest rate increases were ages 85+, 20-24, and 18-19. Also increases with suicides by firearm and suffocation. • WA-VDRS team works with ME and coroners to improve quality of reports. • Location of suicide: Almost 70% occurred in homes/apartments followed by motor vehicles (7%) and in nature (6%). 	<p>From the WA-VDRS suicide data, DOH identified 3 Insights for possible intervention strategies.</p> <ol style="list-style-type: none"> 1. Hospitalizations for suicide attempts and intentional self-harm. 2. Role of intimate partners 3. Older adults and physical health issues. <ul style="list-style-type: none"> • At the meeting, members identified these as Explore More topics. <ul style="list-style-type: none"> ○ Details about locations (like bridges) ○ Details about schools and colleges ○ National data and trends ○ Trends about attempts ○ LGBTQ+ ○ Treatment providers ○ Crisis lines ○ Families of military and veterans ○ 2018 update on National Strategy for Suicide Prevention goals • Question: Does the system capture is someone is a student and where they went to school? <ul style="list-style-type: none"> ○ Answer: Student can be mentioned as an occupation. While we might have the name of a school from a report, CDC doesn't use names of places in VDRS. Everything is de-identifiable. • Question: Is death with dignity included? <ul style="list-style-type: none"> ○ Answer: That is not considered a suicide in WA, but the team is tracking if the person

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		<ul style="list-style-type: none"> • 26% of cases disclosed intent. Of those, 38% disclosed to a previous or current intimate partner. 25% disclosed to another family member. • Reviewed how to read the polycircumstances heatmap and other data on circumstances. <ul style="list-style-type: none"> ○ Comparing under 17 years old with 18-24 years old, mental health problems were important for both age groups although family problems was more prominent for the under 17 group. ○ Physical health is markedly present among 75+ and those who have ever served in the armed forces. ○ Substance abuse and relationship issues are also noticeable among men in the middle years. ○ Substance abuse and mental health problems were highest for those who were homeless. 	<p>looked into it and perhaps wasn't eligible or it was too expensive.</p> <ul style="list-style-type: none"> • Comment: Over time we'll be able to look at state and national trends but it's limited for now. Beginning in 2018, all states, D.C., and Puerto Rico will be participating in VDRS. • Comment: Spokane County suicide count is up 30% from 2016 to 2017. • Next steps: Create a small data group to explore data with DOH. <ul style="list-style-type: none"> ○ Jenn, Dan, and Camille are interested. ○ If you are interested in participating, contact Neetha.
American Indian Health Commission	Jan Olmstead, American Indian Health Commission	<ul style="list-style-type: none"> • The Port Gamble S'Klallam Tribe hosted the 2018 Intertribal Youth Suicide Prevention Summit Aug, 28-29. The conference focused on <i>Pulling Together for Wellness</i>, a public health strategy AIHC has developed. (see p. 4 of notes for image) • AIHC is hoping to have a public health discussion at the tribal leaders' education conference and they work closely with OSPI. • Shoalwater Bay youth have been working on tobacco use policies with tribal leaders. • AIAN have higher rates of suicide. Also great health disparities when comparing to non-Hispanic whites. • In 2016, as part of DOH's youth suicide prevention grant, 5 tribal leaders gathered and identified tribal challenges. • 7 Generation refers to strategizing by learning from the past 3 generations and looking forward to the next 3 generations. • Culture is key to AIAN health. The presentation included culturally relevant models tribes use. <ul style="list-style-type: none"> ○ Note: <i>Zero Suicide is mentioned. Dr. Ursula Whiteside gave a Zero Suicide presentation at the April 2017 Action Alliance meeting.</i> • Feedback from the youth suicide prevention conference included wanted to learn more about how to support each other. 	<ul style="list-style-type: none"> • Comment: At the next meeting we'll talk about next steps for AIHC and follow-up on evaluations from the conference.

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		<ul style="list-style-type: none"> • Another concern raised at the conference was about native youth in the foster care system where tribes are still responsible for them. • AIHC will work on conference evaluations. 	
Decision package update	Colleen Thompson, DOH	<ul style="list-style-type: none"> • The package is about \$18-19 million for the biennium with about 22.5 FTEs total. • There are 2 campaigns to address “how” (Safer Homes campaign) and “why” (awareness campaign). • Includes grants for communities, schools, and tribes. • DOH plans to submit package to OFM soon. The DOH version includes all the information but HCA and OSPI are including their budget requests in separate packages. 	<ul style="list-style-type: none"> • Comment: This year we focused on a systems approach. We plan to take programs to scale so we can better evaluate the work. It also lays out the need to the governor, legislators, and the public. The message is aligned across agencies to strengthen the approach. • Update: The final decision packages have been submitted and are online. Next steps are waiting to hear back from OFM and the Governor’s Office on what makes it into the budget. <ul style="list-style-type: none"> ○ DOH suicide prevention decision package – The full description of all proposals. ○ OSPI – Includes OSPI’s budget request for the regional coordinators and other work. ○ HCA – Includes HCA and DBHR’s budget requests for staff and community grants.
Announcements			<ul style="list-style-type: none"> • Safer Homes received a significant grant to continue their work next year.
Summary and Path Forward	Sec. Wiesman		The next meeting will be a webinar meeting with an in-person option 10-12pm on Nov. 7 at the DOH Kent office.



TRIBAL PUBLIC HEALTH

AIHC Mission: Improve the Overall Health of Indian People of WA State
Strategy: Advocacy, Policy and Programs to Advance Best Practices

Leadership Engagement

Community Engagement

PULLING TOGETHER FOR WELLNESS

Tribally and Urban Indian Driven

- Maternal Infant Health
- Women, Infant, Children (WIC)
- Maternal, Infant, Early Childhood Home Visiting
- Immunizations
- Food Sovereignty, Healthy Eating and Active Living
- Commercial Tobacco and Vaping
- Youth Marijuana Prevention and Education
- Youth Suicide Prevention
- Elder's Chronic Care Blood Pressure Self-Mgt.
- Foundational Public Health Services
- Public Health Emergency Preparedness Response

Culturally Grounded and Community Specific

Maternal Infant Health Strategic Plan

In Partnership with WA State Departments of Health, Early Learning and the Health Care Authority, and Department of Social and Health Services

Historical Intergenerational Trauma & ongoing Discrimination and Racism
Equity and Health Disparities
Adverse Childhood Experience
Lateral Violence / Oppression

DATA

DATA

PULLING TOGETHER FOR WELLNESS