

Action Alliance for Suicide Prevention (AASP)

Date: May 22, 2019, 9:00 – 11:00am

In-person with a webinar option: Department of Health Tumwater office, TC1, Room 337



Meeting Notes

Topic	Lead	Notes	Discussion
Welcome and agenda review	Sec. John Wiesman, DOH		
Introductions	ALL		
National Suicide Prevention Strategies	<p>Farah Kauffman, National Action Alliance for Suicide Prevention</p> <p>Kerri Nickerson, Suicide Prevention Resource Center</p>	<ul style="list-style-type: none"> • The National Action Alliance for Suicide Prevention is a public-private partnership created in 2010. Their first task was to create the National Strategy for Suicide Prevention (2012), which had an assessment report in 2018. • Their 3 main priorities are: <ul style="list-style-type: none"> ○ Transforming health systems ○ Transforming communities ○ Changing the conversation • In addition to these three priorities, the Action Alliance is committed to ensuring progress in the following areas, which support and contribute to efforts across all three Action Alliance priority areas: research, data and surveillance, access to lethal means, and lived experience. • Transforming health systems <ul style="list-style-type: none"> ○ Building safer health care systems, which includes training the workforce, caring contacts, adoption of recommended standard of care, and Zero Suicide. ○ New Joint Commission National Patient Safety Goals that go into effect July 1, 2019. ○ CARF added screening for suicide risk to its assessment standards. ○ Timely and effective crisis services, including a centralized coordinated system, mobile crisis services, residential crisis stabilization programs, and crisis care. <ul style="list-style-type: none"> ▪ Examples include Crisis Now and #CrisisTalk • Changing the Conversation <ul style="list-style-type: none"> ○ Working with the media to increase safe reporting on suicide and with the entertainment industry on safer depictions of suicide. ○ Equip the public with tools for safe messaging. ○ Oregon had some great work with their Breaking the Silence campaign in April 2019. 	<ul style="list-style-type: none"> • See the National Action Alliance's new promotional video (5 min). • Question: Is there funding for more upstream suicide prevention work, especially with youth? <ul style="list-style-type: none"> ○ Answer: The American Indian Alaska Native task force is looking at recommendations for this. Most of the National Action Alliance work focuses on adults since historically the suicide prevention efforts have been limited to youth. • To improve messaging with the media, also promote successes you have. • Question: What can HCA do to promote standards of care and Zero Suicide? <ul style="list-style-type: none"> ○ Answer: Promote that these resources exist, start a dialogue with health systems, and find out who is already doing it. ○ Another idea is adding Zero Suicide to legislation, like Colorado did. ○ Comment: Consider improving contracts for providers of Medicaid and public employee services. • Question: Who are social media collaborators? <ul style="list-style-type: none"> ○ Answer: Facebook uses algorithms to identify risk. AFSP is working with Instagram. • Question: Strategies for screening in primary care? <ul style="list-style-type: none"> ○ Answer: SPRC has a section for primary care including a new toolkit. Massachusetts also has a psychiatry hotline that primary care providers can call if they have questions.

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		<ul style="list-style-type: none"> ○ There will soon be a media roundtable with the VA, EDC, TAPS, and SAVE on safe reporting on suicides in VA facilities and military bases. ● Transforming Communities <ul style="list-style-type: none"> ○ Supporting and improving community-based suicide prevention efforts by equipping leaders and gatekeepers with skills in suicide prevention, addressing it in public safety sectors, improving data collection and surveillance, reducing access to lethal means for those at risk, and strategies for veterans and service members. 	<ul style="list-style-type: none"> ○ Comment: At a recent panel with Kaiser, they mentioned having patients complete screenings on tablets while waiting for their appointment. The electronic records can then be reviewed before or during the appointment. ● Question: What is the evidence for caring contacts? <ul style="list-style-type: none"> ○ Answer: There's info on the Zero Suicide website.
<p>Response to multiple suicides</p>	<p>Karyn Brownson, Seattle & King County Public Health Neetha Mony, DOH</p>	<ul style="list-style-type: none"> ● In April, there were multiple youth suicides in King County in one weekend. Local public health was asked about response processes and resources. <ul style="list-style-type: none"> ○ The medical examiner works with the King County Child Death Review coordinator so they notify the coordinator when there has been a youth suicide. The coordinator contacts the school and offers postvention support. The local health jurisdiction (LHJ) also works with media partners to promote safe messaging. ○ Following the recent suicides, the LHJ brought together data and subject matter experts to look at real time data. ○ One outcome from the conversation is the need for Child Death Review to be able to review cases of young adults ages 18-24 who are still in high school or connected to high school social circles. ● In July 2018, the Colville Confederated Tribes issued a State of Emergency after experiencing multiple critical incidences on the Colville Reservation, including suicides and suicide attempts. They reached out to HCA for assistance and resources <ul style="list-style-type: none"> ○ The Tribe identified 2 immediate recommendations: funding for a strategist who could come in and help them develop a crisis plan and a refresher for their behavioral health staff on crisis outreach protocols and resources. ○ HCA worked with the Tribe, DOH, OSPI, DSHS, and SAMHSA to create a list of resources and agencies who could offer technical assistance. Agencies also reached out to suicide prevention and mental health experts in their networks, including the Northwest Portland Area Indian Health Board, Forefront, the local Behavioral Health Organizations, and the local suicide prevention coalition (SPCNCW). HCA submitted the list of resources to the Colville Confederated Tribe. ○ The Tribe worked with the Northwest Portland Area Indian Health Board and the Indian Health Services. IHS deployed their Portland Area behavioral health staff to support the Tribe. With the help of 	<ul style="list-style-type: none"> ● Question: What happens at DOH with emergency responses approaches? <ul style="list-style-type: none"> ○ Answer: There's a public health focus. Grant County will be doing a table top exercise on suicide response so we can look at what they come up with. ● Question: <ul style="list-style-type: none"> ○ Answer: ● Comment: In addition to the things mentioned for the response with Colville Confederated Tribes, there were deployments from DC who helped for a month. There has also been ongoing support and assistance. The Tribe is also looking at learning from data they have access to. ● Discussion: What can AASP do? <ul style="list-style-type: none"> ○ The crisis centers working with the Lifeline are willing to do follow-up calls after a suicide attempt or loss. ○ Having a coordinated community response. Maybe a workgroup to draft a plan. ○ Support media training on safe messaging. ○ Address confidentiality concerns. ● Next steps: Create a workgroup to outline recommendations and needs to improve a public health postvention response. Contact Neetha if you would like to participate. The first call will be June 4, 11-12pm.

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		<p>these organizations, the Tribe developed a comprehensive short term and long term plan to address suicidality and crisis in their community.</p> <ul style="list-style-type: none"> ○ DBHR identified unexpended Tribal funds from the Mental Health Promotion Project funds and offered Colville a onetime grant of \$67,000 to assist them with implementation of their plan. Colville also received \$10,000 from DBHR’s mental health promotion grants, which are available annually. 	
Legislative summary	Rep. Tina Orwall Ryan Black, DOH	<ul style="list-style-type: none"> ● We had big wins for behavioral health this session. Some highlights include: <ul style="list-style-type: none"> ○ HB 1593 Establishing a behavioral health innovation and integration campus within the University of Washington School of medicine. ○ SB 5903 Concerning children's mental health, including the Partnership Access Line ○ HB 1216 Concerning non-firearm measures to increase school safety and student well-being (OSPI’s decision package proposal included). ● New biennium funding overview (see p. 5-9 for details) <ul style="list-style-type: none"> ○ Suicide-Safer Homes Task Force - \$561,000 (one-time) <ul style="list-style-type: none"> ▪ Pharmacy Quality Assurance Commission - \$24,000 (one-time) ○ National Suicide Prevention Lifeline and Crisis Text Line - \$1.15 million (ongoing) ○ Veteran-focused suicide prevention plan - \$282,000 (one-time) ○ Work with agricultural industries - \$138,000 (one-time) ○ Community-based suicide prevention grants and staff at Health Care Authority - \$3 million (one-time) ○ Forefront - \$110,000 (one-time) ● Although not connected with the decision package, the Department of Corrections received \$6.3 million (one-time) to increase staff for mental health stays, needs, and suicide watches. 	<ul style="list-style-type: none"> ● OSPI will receive continued funding for Camille’s position and a contract with Forefront. Although 1216 passed, there’s not enough funding to implement it fully and currently the focus is on mass shootings, not suicide. ● Next steps <ul style="list-style-type: none"> ○ Bring on new legislators who are interested in suicide prevention. ○ Is there ongoing work that only received one-time funding? ○ What policies are needed?
Supplemental decision package discussion	Neetha Mony	<ul style="list-style-type: none"> ● Quick data overview of suicide in WA <ul style="list-style-type: none"> ○ Suicide rates are higher in our rural counties with higher number of deaths in our urban counties. ○ Method <ul style="list-style-type: none"> ▪ Suicide by suffocation is highest with youth ages 10-14 and decreases with age. ▪ Suicide by firearm tends to increase with age. ▪ Suicide by poisoning peaks in middle age. ○ In 2015-2016 NVDRS data, cases mentioned: 	<ul style="list-style-type: none"> ● For the supplemental decision package, let’s focus on items from last year’s decision package unless there’s a high priority or urgent need. ● We also need to understand the full scope of what we received this session.

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		<ul style="list-style-type: none"> ▪ In at least 36.4% of firearm suicides to children under age 18, the child's parent owned the gun. ▪ In at least 26.1% of firearm suicides, the victim owned the gun. ○ Since 2000, suicide rates have increased in all age groups, with the highest rate increases with 15-24 year olds (90% increase) and 55-64 year olds (55% increase). ○ Rates have increased for all races with AIAN having a high, unstable rate. ○ For hospitalizations for intentional self-harm, the rate has increased for females ages 10-24 years since 2011. 	
Summary and Path Forward	Sec. Wiesman, DOH		<ul style="list-style-type: none"> • Next steps: <ul style="list-style-type: none"> ○ Create two workgroups to work on the budget for the decision package and postvention response. Contact Neetha if you would like to be part of either. ○ Are there any policies we should consider? <p>The next meeting will be a webinar meeting with an in-person option at the DOH Tumwater office on Wednesday, July 17, 9:30-noon</p>

Suicide Prevention Funding

Summary

This document summarizes what we know about new support for suicide prevention across state agencies from the 2020-2021 biennium operating budget as well as policy bills relevant to this topic.

2019-2021 Biennium Operating Budget Suicide Prevention Funds (ESHB 1109.PL)

Agency	Amount
Dept. of Health	\$1,873,000
Dept. of Corrections	\$6,328,000 (increased staffing for multiple purposes; not all prevention)
Dept. of Veterans Affairs	\$282,000
OSPI	\$0 (Confirmed)
Health Care Authority	\$3,080,000
University of Washington	\$220,000
Dept. of Agriculture	\$0 (Confirmed)
TOTAL	\$11,783,000* <i>*much of this is Corrections staffing; not all direct prevention</i>

Department of Health (DOH)

Suicide-Safer Homes Task Force

\$561,000 GFS (one time funding: \$257,000 in FY 2020, \$304,000 in FY2021)

Funds will allow the Suicide-Safer Homes Task Force established in RCW 43.70.445 to expand support to industries, professions, and workplaces impacted by high rates of suicide. Supports specified in the budget include:

- development of online resources and dissemination of information re: best practices in workplace mental health and suicide prevention;
- training for industries with highest suicide rates, and who are unable to pay for their own training;
- a workplace suicide summit;
- delivery of the SSHTF's SAFER intervention and firearms and medication locking devices for distribution in twelve rural communities, statewide;
- development and distribution of both a tool kit for suicide prevention and a curriculum for firearms safety instructors;
- and distribution of suicide awareness and prevention materials tailored to firearms owners, to all firearms dealers in the state.

Pharmacy Quality Assurance Commission

\$24,000 GFS (one time funding: \$16,000 in FY 2020, \$8,000 in FY2021)

Funds will allow the Pharmacy Quality Assurance Commission (Commission) to:

- distribute suicide awareness materials developed by the SSHTF to licensed pharmacists;

- survey licensed pharmacists re: “methods to bridge the gap between suicide awareness and prevention training, including identifying barriers that exist in putting the training into practice.” and practice. The Commission must consult with the SSHTF to develop the survey, and must report survey data to “appropriate committees of the legislature” by November 15, 2020.

**Improving Behavioral Health and Suicide Prevention in the Agricultural Industry
\$138,000 GFS (one-time funding: \$69,000 per year; pilot ends in FY 2021)**

These funds are intended to cover wrap up work for the [Behavioral Health and Suicide Prevention in the Agricultural Industry Task Force](#) (TF) created in 2018 by Second Substitute House Bill 2671.

**Crisis Hotline and Text Line
\$1.15 Million GFS (ongoing)**

\$1.15 Million General Fund State was provided (ongoing) for the crisis hotline and for enhancements to the text line which provides real-time crisis support and intervention. This will allow the Department of Health to continue its partnership with the National Suicide Prevention Lifeline. It will also provide an incentive for two additional call centers to become National Suicide Prevention Lifeline-affiliated crisis centers and respond to increased call volumes from across the state.

Department of Corrections

\$6,328,000 GFS (one time funding: \$3,314,000 in FY 2020, \$3,014,000 in FY2021)

Funds will cover increased staffing in prison facilities “to provide watch staff for hospital stays, mental health needs, and suicide watches to reduce overtime hours.” This is not direct suicide prevention activity, but related.

Department of Veterans Affairs

\$282,000 GFS (one time funding: \$140,000 in FY 2020, \$142,000 in FY2021)

Proviso funds will support development of a statewide plan to reduce suicide among service members, veterans, and their families. The proviso requires collaboration with government and nongovernment agencies and organizations and cultivation of peer-led organizations serving veterans in transition and recovery. It also requires creation of statewide suicide awareness and prevention training programs with content specific to service members, veterans, and their families, and (in collaboration with the SSHTF) provision of safer homes materials and safe firearms storage devices to the Washington National Guard, Washington State Patrol, allied veteran groups, and other organizations serving or employing veterans. DVA must report to the legislature regarding development of the plan no later than December 1, 2020.

Office of the Superintendent of Public Instruction

No new funding was received.

Health Care Authority

\$3,080,000 Total (one-time funding: \$1,466,000 General Fund-Federal, \$814,000 General Fund State in FY 2020, \$800,000 GFS in FY 2021)

Funds will support HCA's implementation of State Action Alliance for Suicide Prevention recommendations for the performance and administration of clinical services for suicide assessment, treatment, and management of suicide prevention grants to community groups and coalitions, statewide.

University of Washington

\$220,000 Total, (one-time funding: \$110,000 in FY 2020, \$110,000 in FY 2021)

Funding supports operations at Forefront Suicide Prevention, focused on reducing suicide through community empowerment, sustainable action and systemic change. Specific operational efforts will include the work of the Higher Education Suicide Prevention task force and the work outlined in 2018's [SSB 6514](#).

Department of Agriculture

No new funding was requested nor received.

2019 Passed Suicide Prevention Related Legislation

E2SHB 1216: Concerning non-firearm measures to increase school safety and student wellbeing

Among other broad school safety related requirements, this bill addresses suicide in schools by requiring Educational Service Districts (ESDs) to establish regional school safety centers to provide behavioral health coordination, including:

- support for school districts' development and implementation plans re: recognition, initial screening, and response to students' emotional or behavioral distress;
- suicide prevention training for school counselors, psychologists, and social workers;
- facilitation and coordination of schools and local behavioral health care resources to increase student and family access to services and supports;
- capacity building support for identification and linking of students in need of behavioral health support to community-based services;
- Medicaid billing related training, technical assistance, and coordination;
- Guidance on best practices re: response to and recovery from suicides completed or attempted by students.

The bill also requires OSPI to establish a statewide school safety center, to work with regional centers in a statewide school safety network.

Important note: Although HB1216 passed the legislature it was not fully funded in the operating budget. The current resources allocated will not be used for suicide prevention or regional mental health supports. Additionally, the requested funds for providing training to the ESDs for suicide prevention and grants for school districts did not get included or funded. In order for successful implementation, ESDs will need additional funding to support regional mental health capacity and school district suicide prevention.

ESSB 5027: Extreme Risk Protection Orders

An extreme risk protection order (ERPO) is a civil court order that temporarily prevents individuals who are a high risk of harming themselves or others from accessing firearms and concealed pistol licenses. An ERPO petition may be filed by a family member or the respondent, or by law enforcement. This bill expands the already-existing ERPO law to cover any person who has access to a firearm (and not just owner of the firearm). To illustrate: the law now allows for juvenile courts to issue ERPOs for individuals under the age of 18 who may not themselves own firearms, but have access to them in their homes.

2SSB 5082: Social Emotional Learning

A 2015 budget proviso directed OSPI to convene a work group to recommend comprehensive benchmarks for developmentally appropriate interpersonal and decision-making knowledge and skills of social-emotional learning (SEL) for grades K-12. A 2017 proviso continued the work group.

This bill creates in OSPI, subject to funds appropriated for its purpose, a SEL Committee, whose goal is to promote and expand SEL in Washington schools. The committee will:

- Develop and implement a statewide framework for SEAL that is trauma-informed, culturally sustaining, and developmentally appropriate;
- Review and update SEL standards and benchmark, and align them with relevant standards and guidelines;
- Identify best practices and guidance for schools implementing SEL;
- Identify and update professional development opportunities;
- Consider data collection systems, monitor implementation;
- Identify strategies to improve coordination between early learning, K-12 education, youth-serving community partners and culturally-based providers, and higher education; and
- Engage with and seek feedback from stakeholders.

Subject to appropriations, OSPI must also create and publish a list of professional development resources for staff on these topics:

- SEL;
- Trauma-informed practices;
- Recognition and response to emotional or behavioral distress;
- Consideration of adverse childhood experiences;
- Mental health literacy;
- Anti-bullying strategies; and
- Culturally sustaining practices.

SB 5903: Children's Mental Health Workgroup (CMHWG)

The CMHWG was established in 2016 to identify barriers to accessing mental health services for children and families, and to advise the Legislature on statewide mental health services for these populations. The CMHWG expires in December, 2020.

This bill requires:

- Washington State University and the University of Washington to each offer one additional 24-month residency position to residents specializing in child and adolescent psychiatry;
- School districts to use one professional development learning day every other year, starting in the 2020-2021 school year, to train district staff in one or more of the following: SEL, trauma-informed practices, recognition and response to emotional or behavioral distress, consideration of adverse childhood experiences, mental health literacy, antibullying strategies, or culturally sustaining practices;
- The CMHWG to form an advisory group to develop a funding model, by December 1, 2019, for expansion of the Partnership Access Line to include additional client groups.