

## Action Alliance for Suicide Prevention (AASP)

Date: July 17, 2019, 9:30 – 12:00pm

Webinar with an in-person option: Department of Health Tumwater office, TC1, Room 164



Attendees: John Wiesman, Rashi Gupta, Therese Hansen, Pama Joyner, Sarah Mariani, Duncan MacQuarrie, Jennifer Stuber, Beth Vandehey, Roy Walker, David Windom, Richard Harruff, David Luxton, Liz Clement, Kelly Cooper, Xinyao deGrauw, Conrad Otterness, Jessica Byrne, Jennifer Barron, Victoria McDermott, Peggy Needham, Andrea O’Malley-Jones, Sigrid Reinert, George Banks, Neetha Mony

### Meeting Notes

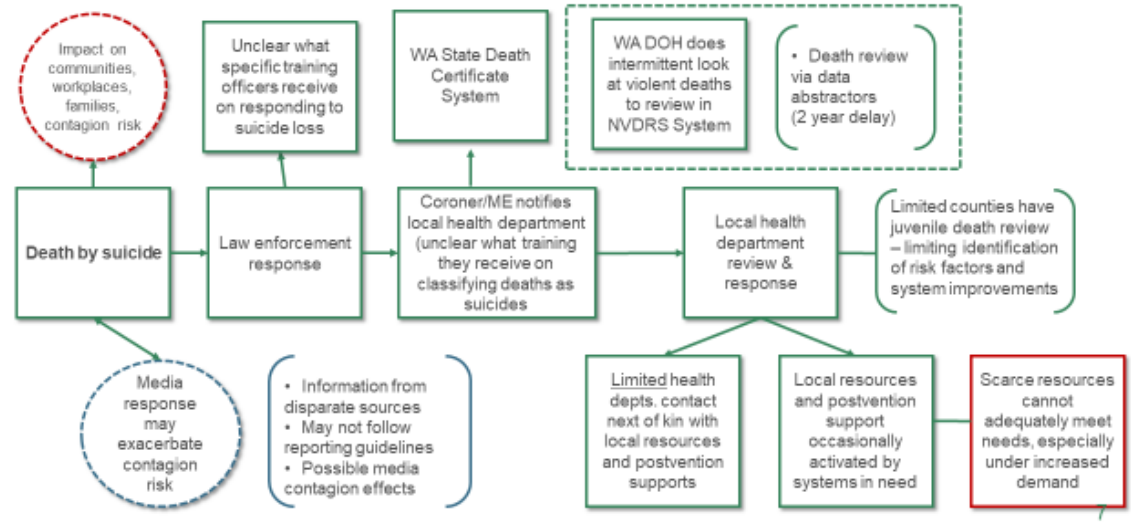
Topic	Lead	Notes	Discussion
<b>Welcome and agenda review</b>	Sec. John Wiesman, DOH		
<b>Introductions</b>	ALL		
<b>Community-based suicide prevention grant update</b>	<a href="#">Sarah Mariani</a> , Division of Behavioral Health and Recovery, Health Care Authority	<ul style="list-style-type: none"> <li>Through the decision package, DBHR received about \$450,000 for community suicide prevention grants. This is about half of what had been requested due to a mistake requiring Medicaid match.                             <ul style="list-style-type: none"> <li>Grants will focus on evidence-based practices and DBHR will use data to reach underserved and under resourced communities.</li> <li>Any group with a fiscal entity can apply, including suicide prevention coalitions, schools, ESDs, CPWI coalitions, community agencies, faith agencies, etc.</li> <li>Grantees will be required to work with other coalitions in their communities.</li> <li>DBHR is working on grant details, but they expect grants to go from Nov. 1, 2019 – June 30, 2021.</li> </ul> </li> <li>If you have questions or comments about the grants, email Sarah at <a href="mailto:Sarah.Mariani@hca.wa.gov">Sarah.Mariani@hca.wa.gov</a>.</li> </ul>	<ul style="list-style-type: none"> <li>Question: Since suicide research is fairly young, can promising practices also be considered?                             <ul style="list-style-type: none"> <li>Answer: Yes, these will be considered.</li> </ul> </li> <li>Question: How have the current grants through the CPWI coalitions been evaluated?                             <ul style="list-style-type: none"> <li>Answer: Evaluations have not been done due to small scale projects.</li> </ul> </li> <li>Question: Do any communities focus on specific industries or workers, like logging?                             <ul style="list-style-type: none"> <li>Answer: Interested in looking into this.</li> </ul> </li> <li>Comment: Recommend allowing communities to use the <a href="#">WA State Suicide Prevention Plan</a> for ideas and prioritizing projects that federal grants won’t pay for to fill WA gaps.</li> <li>Comment: DBHR could do a RFA that calls for evidence-based programs with a reserve for innovative/promising practice funding.</li> </ul>
<b>Postvention response for multiple suicides</b>	Dr. Richard Harruff, King County Medical Examiner Dr. Jennifer Stuber, Forefront Dr. David Luxton, DSHS ALL	<ul style="list-style-type: none"> <li>Dr. Harruff provided background information on the roles of medical examiners (MEs) and coroners in suicide deaths.                             <ul style="list-style-type: none"> <li>Some counties have MEs (appointed based on education and training; they’re always MDs or DOs) and some counties have coroners or coroner/prosecutors (elected positions with varied backgrounds).</li> <li>Each death investigation is county-funded so investigations vary based on resources.</li> <li>Funeral homes complete the top half of death certificates.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Question: Are there similar responses we can look to for examples?                             <ul style="list-style-type: none"> <li>Answer: Some local health departments are currently creating responses to opioid overdoses and could be a similar model. We could also look at infectious disease models since there is concern with contagion.</li> </ul> </li> <li>Comment: Funeral directors aren’t included in this proposal and can be a valuable resource. They are</li> </ul>

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		<ul style="list-style-type: none"> <li>○ Suicide analysis includes an examination (technical) and gathering information from family (emotional)</li> <li>○ Challenges can include having other scenes to respond to, delays that lead to long waiting times for families, and lack of resources.</li> <li>● Dr. David Luxton and Dr. Jennifer Stuber presented an update from the postvention subcommittee, which met 3 times since the May meeting. <ul style="list-style-type: none"> <li>○ The problem: A coordinated response in the aftermath of suicide attempts and deaths in WA does not exist increasing the overall risk of suicide for residents of WA State. Coordinated responses that adhere to best practices after suicide deaths reduce future suicide attempts and deaths.</li> <li>○ The subcommittee started with looking at the process with suicide deaths to propose a coordinated response.</li> <li>○ See the images on p. 5 for the current and proposed processes. <ul style="list-style-type: none"> <li>▪ Current state: Law enforcement and MEs/coroners respond and it is unclear if they've received training on responding to suicide loss. Contagion impact through media, communities, workplaces, etc. is also unclear. Local health departments might have a limited response with scarce resources. DOH collects data but does not have an immediate response.</li> <li>▪ Future state: Law enforcement and MEs/coroners receive training to improve postvention response. DOH postvention coordinators are notified of a suicide and provide immediate technical assistance to local health departments, communities, and the media. With access to some data, they will be better situated to recognize possible suicide clusters. Also, through mini-grants, DOH works with communities to increase local postvention resources. Local health departments are likely better situated to help loss survivors connect with resources and support.</li> </ul> </li> <li>○ To reach the future state, the subcommittee proposes 2 postvention coordinators at DOH to improve epidemiological response, resource gathering, manage mini-grants, provide technical assistance and best practices, and work with the media.</li> <li>○ The subcommittee is also interested in a response after suicide attempts but that model will include different partners.</li> </ul> </li> </ul>	<p>trained to work with grieving families and are trusted by loss survivors.</p> <ul style="list-style-type: none"> <li>● Comment: Perhaps there's a role for local health departments in incident management response.</li> <li>● Comment: Local behavioral health services can also play a role.</li> <li>● Comment: Families need regular outreach in the first year, so consider who can continue to check in with them. <ul style="list-style-type: none"> <li>○ Comment: Our National Suicide Prevention Lifeline call centers can provide follow-up calls so perhaps we can create something in partnership with them.</li> </ul> </li> <li>● Question: How does life insurance factor in? <ul style="list-style-type: none"> <li>○ Answer: This is a real concern and why suicide might be undercounted in some communities. The Office of the Insurance Commissioner (OIC) might have information.</li> </ul> </li> <li>● Comment: The Legislature doesn't like funding FTEs so instead frame budget asks by outlining deliverables.</li> <li>● <b>Next steps:</b> The postvention subcommittee will continue to meet and provide an update at the Aug. 28 meeting. They will consider ways to scale up postvention, perhaps by beginning with a pilot or study. Neetha will try to follow up with the OIC.</li> </ul>

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<b>Supplemental decision package discussion</b>	Pama Joyner, DOH	<ul style="list-style-type: none"> <li>• The supplemental decision package subcommittee met and agreed to focus on proposals from the <a href="#">last decision package</a> that either did not get funded or where there were gaps. The current draft includes:               <ul style="list-style-type: none"> <li>○ A health promotion campaign with the YMCA and Safer Homes</li> <li>○ Additional DOH suicide prevention specialists</li> <li>○ 0.5 FTE DOH epidemiologist</li> <li>○ Funding OSPI’s regional behavioral health coordinators (OSPI will be submitting their own DP for this; DOH DP will reference this work)</li> <li>○ Forefront Center of Excellence</li> <li>○ Grants for tribal nations</li> <li>○ A suicide prevention community health worker module</li> <li>○ State government employee wellness training</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Question: Is there a legislative focus on mental health rather than suicide prevention?               <ul style="list-style-type: none"> <li>○ Answer: Last session, mental health did have a high priority (ex. Trueblood, hospitalization beds, etc.) so maybe now we can shift the focus to upstream prevention and youth.</li> </ul> </li> <li>• <b>Next steps</b> <ul style="list-style-type: none"> <li>○ The supplemental decision package will be finalized in early Sept. so we can go into more detail at the August meeting.</li> </ul> </li> </ul>
<b>Announcements</b>	Neetha Mony, DOH ALL	<ul style="list-style-type: none"> <li>• The 2019 annual report, <a href="#">Firearm Fatality and Suicide Prevention: A Public Health Approach</a>, has been selected as a <a href="#">2019 Notable Document award winner</a> by the <a href="#">National Conference of State Legislatures</a> (NCSL) Legislative Research Librarians Professional Association. Thank you to everyone who contributed to the report!</li> <li>• Liability concerns can prevent suicide care and we have heard of examples from health providers, schools, and communities. I’m looking at a panel discussion at an upcoming meeting so let me know if you have suggestions.</li> <li>• Once DVA and HCA hire their new suicide prevention specialists, the Action Alliance will move to quarterly meetings with more focused subcommittees. Suicide prevention specialists from DOH, OSPI, DVA, HCA, and UW can organize subcommittees related to their work (for example, data, youth, care linkages, military, workplaces, etc) and provide updates at Action Alliance meetings. This will also help us coordinate work as WA’s suicide prevention work grows.               <ul style="list-style-type: none"> <li>○ The Action Alliance will move to quarterly meetings after the October meeting.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Comment: Perhaps the Action Alliance can consider more recognition by the Legislature, like the Children’s Mental Health Workgroup. We could have a legislator as co-chair or a report out to the Legislature like other groups.               <ul style="list-style-type: none"> <li>○ We could have work sessions in front of health committees.</li> </ul> </li> <li>• <a href="#">Sept. 10 World Suicide Prevention Day Conference</a> hosted by Forefront.               <ul style="list-style-type: none"> <li>○ The conference will include sessions on safety planning and management, two areas that WA suicide prevention experts have noticed gaps in. This is a great conference for anyone wanting to learn about evidence-based practices to keep someone safe by helping them create a safety plan and follow-up contact.</li> <li>○ There will be a more intensive safety planning training on Sept. 11-12 by invite only.</li> </ul> </li> <li>• Sept. 26-27: Walla Walla is bringing in Justin Coffey to speak about Zero Suicide.</li> <li>• Comment: Recently a legislator remembered Forefront’s Suicide Education Day (the tombstone display during legislative session) and wanted to learn more about suicide prevention. That event made a strong impact.</li> </ul>

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			<ul style="list-style-type: none"> <li>• New suicide prevention specialist job postings:               <ul style="list-style-type: none"> <li>○ The Department of Veterans Affairs is hiring a suicide prevention specialist to develop a statewide plan to reduce suicide among service members, veterans and their families. <a href="#">Read the position description and apply</a>. The deadline to apply is July 22.</li> <li>○ Health Care Authority is hiring a couple of positions related to suicide prevention: a <a href="#">Policy and Program Supervisor</a> and a <a href="#">Prevention System Manager</a> (deadline to apply is July 22).</li> </ul> </li> </ul>
<p><b>Summary and Path Forward</b></p>	<p>Sec. Wiesman, DOH</p>		<ul style="list-style-type: none"> <li>• Thank you for being present and let's support each other. Take care of yourselves and consider taking part of <a href="#">the Crisis Text Line's Self Care Day</a> on July 24</li> </ul> <p>The next meeting will be an in-person meeting with a webinar option at the DOH Kent office on Wednesday, August 28, 9:30-noon.</p> <ul style="list-style-type: none"> <li>• Sec. Wiesman has a prior commitment so let Neetha know if you would like to facilitate the Aug. meeting.</li> </ul>

# Current State



# Future State

