Action Alliance for Suicide Prevention (AASP)
Date: April 11, 2017 9:00 a.m.-11:00 a.m.
Webinar and in-person location: Department of Health Tumwater office, TC1 Room 337

Attendees: John Wiesman, Joe Holliday, Chris Imhoff, Michael Itti, Jim Jeffords, Matthew Landon, Duncan MacQuarrie, Donn Marshall, Jason McGill, Eric Nelson, Peter Schmidt, Greg Simon, Roy Walker, David Windom, Martin Mueller, Therese Hansen, Neetha Mony, Charissa Fotinos, Sarah Mariani, Sigrid Reinert, Camille Goldy, Aurelie McKinstry, Ursula Whiteside, Tory Gildred, Jeff Rochon, Justine McClure

Meeting Notes

Topic	Lead	Notes	Discussion
Welcome and agenda review	Sec. John Wiesman, DOH	Preliminary comments	
Introductions	Everyone		
Zero Suicide Overview	Dr. Ursula Whiteside, Now Matters Now	Brief description of the Zero Suicide model	• Statistics o 50% of people who die by suicide have contact with a primary care provider in the month before their death. It's almost 80% for the elderly. o 20% of people who die by suicide have contact with mental health services in the month before their death. • Zero Suicide (ZS) is the aspirational suicide prevention goal for healthcare systems. • It requires buy in from leadership and involves everyone within the healthcare system. o Leadership must include those with lived experience and loss survivors. • ZS brings everyone together to talk about where they are losing people and what they are seeing within their agency. • Treatment can include DBT, CAMS, and caring contacts/messages.
Suicide Prevention in Healthcare Systems	Dr. Greg Simon, Kaiser Permanente Washington	Data from Dr. Simon's research and the significance of the PHQ-9 (a suicide assessment tool)	• Research on if the PHQ 9's question 9 predicts suicide risk. o Suicide Prevention Outreach Trial – should have results in 18 months. • Looked at false negatives o Alcohol use contributed to about 40% of suicide attempts where the individual had previously said they weren't thinking about suicide. • Question: Has the CSSR-S been validated among many cultures and languages? o Answer: no studies have shown this but we have best predictors.

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Grays Harbor's Community Approach	Darci Teveliet Jewitt, Grays Harbor Public Health & Social Services	A summary of the SAMHSA grant-funded work in Grays Harbor and their other suicide prevention efforts called Waves of Change	• Challenges o Getting follow-up care in EDs because there's only 1 DMHP on call at a time. o Lack of in-patient beds in Grays Harbor. o If someone is over the alcohol limit, they won't receive mental health services until sober. • The county uses the PHQ-9 and the CSSR-S if positive. • The county uses a suicidal behavior surveillance form for attempts. • Universal suicide screening for all youth (ages 10-24) and everyone who goes through outpatient. • Looking to open a 17 bed facility in Sept. 2017.
Discussion and questions	ALL		• Has there been interest/capacity for other facilities? o Indian Health Services and 4 tribal systems in WA have been trained in ZS. o Franciscan Health has attended a ZS Academy and implemented parts of it. • Are there other options, not for healthcare systems? o Universal screenings, but the challenge is connecting people to treatment. o Screening for depression without capacity to do more does nothing. • How does ZS look at prevention ahead of treatment? o Group Health looks at birth to 5 yrs old and how to help parents who never learned to parent or model adult behavior. Greg Simon mentioned Good Behavior Game (kindergarten to 2nd grade—claims one teacher got 35 mins a day in her classroom after implementing it)-Point is: "every youth needs a trusted adult in lift." • How can you screen patients with limited English proficiency? o The PHQ-9 has been studied extensively and shown promising across many languages. • What are other efforts for the groups with the highest number of suicides (ex. men over 55 and women between ages 45-55)? o One suggestion is being clear on how the assessment tool will be used. In a study on men who said they were not thinking about suicide and later attempted suicide, many said they did not disclose their thoughts because they didn't know what would happen if they did.
Legislative update	Jason McGill, Governor's Office	• HB 1379 and 1612	• HB 1379 did not get out of the House. • HB 1612 will depend on the budget.

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	Neetha Mony, DOH	• $700,000 in the House budget for suicide prevention (see NSPL FAQ)	• HB 5514 passed – allows the use of RHINO for better data surveillance. • $700,000 in the House budget for suicide prevention (see NSPL FAQ)
Next Steps	Sec. Wiesman	The next meeting will be in-person on June 21.	• Speak with your agencies and consider if Zero Suicide is something the group wants to support. • Assess ZS application across cultures and ethnicities. • If AASP decides to support ZS, next steps: o Step 1 ▪ LEADERSHIP: - Identify Largest Health Systems in WA State (one from each ACH region) - Start relationships with the heads of Behavioral Health Integration, Behavioral Health, Primary Care and those within organization who are most passionate - Also invite those with lived experience which may mean leadership must make invitation. ▪ IMPROVE: - Send Sentinel Event Alert + ZS Organizational Self-Study and ask to be completed. o Step 2 ▪ TRAIN: - ZS State academy ▪ TREATMENT: - Get reimbursement at higher level for DBT skills group for suicidal patients (legislation or Health Care Authority, HCA, insurance companies) ▪ IMPROVE: - Get measurement set up for each region around each of 7 steps of ZS approach ▪ SCREEN and TRANSITION - Support certain metrics already included in ACH work (if time to have any input)