

State Suicide Prevention Plan Steering Committee

Meeting Notes

October 20, 2014

9:00 AM – 12:00 PM



Agenda Item/Discussion	Actions/ Decisions
(1) Open and Introductions	None
(2) Workgroup Structure Martin Mueller outlined the workgroup structure and responsibilities	<ul style="list-style-type: none">• Work should continue to use the framework of the National Strategy• Groups should consider a co-lead to distribute workload• Dept. of Health staff will support workgroups with communication, however, the workgroup model requires participation from all members• The department recommends that workgroups meet roughly 2 times each month• Use the social-ecological model as a guide in your work• Remember this plan will help drive public policy so make specific and use SMART (specific, measurable, attainable, realistic, time-bound) objectives/recommendations whenever possible• Each workgroup will present their chapter draft at spring meetings. Clinical & Community Presentative Services (Scott Waller) has volunteered to present at the Jan. 29th meeting
(3) Lead Report-Out 1) Healthy & Empowered Individuals, Families & Communities (Jenn Stuber): Workgroup has met once and identified these key points: -National Plan is vague so the goal is to make the WA Plan more specific -Integrate upstream prevention into the first chapter ie. consider ways to think about prevention before individuals are	None

ever at risk
-It is not feasible to focus on all issues so this workgroup will focus on strengthening areas that already exist
-Consider recommending that gatekeeper training be expanded to areas that are not normally approached like: physicians, dentists, etc.
-Plan should consider enhancing resources in communities beyond those that currently exist
-Improve responsible reporting by the media
-Leverage individuals with a lived experience and build on grassroots efforts with social media

2) **Clinical & Community Preventative Services** (Scott Waller):

One telephone meeting discussed what brings each member to the group, and workgroup has started a resource analysis in addition to brainstorming recommendations for areas of improvement

3) **Treatment & Support Services** (Daniel Clark):

The group has met once and is using other states' plans and SAMHSA (Substance Abuse and Mental Health Services Administration) for ideas.

The workgroup is using the matrix to identify challenge areas and needs and available resources.

Expressed the need to include postvention strategies in the state plan.

4) **Surveillance, Research, and Evaluation** (Ursula Whiteside):

Workgroup has held one meeting, and discussed the need for an increase in more timely public data sets. This group sees great value in harnessing data to drive our plan and future efforts in suicide prevention (and stop funding programs that are not effective). Current data on attempt survivors is poor, however, Veterans Administration is aggressively attempting to gather attempt data.

(4) Plan Framework

1) Special Populations

These are areas that need to be addressed (youth, American Indian/Native American, veterans, rural populations, white males, older than 65 years, and minority groups). S.C. suggested additional groups to consider like: individuals subjected to domestic abuse, specific occupations, attempt survivors, etc.

2) Needs Identification

Groups should think broadly across the spectrum (social ecological model) in your needs assessment.

3) Recommendations

-Include short term and long term goals and recommendations. Consider including recommendations that are meaningful to policy and decision makers, 2-4 years out, and long term aims that may be revisited in 5-10 years.

-Write recommendations that are concrete and action oriented.

-Consider funding and resource needs and/or limitations.

-Avoid repetitive recommendations that may be the same for each population.

-When writing goals consider providing a background to the problem, resource identification, and recommendations (short and long term) that will drive policy and population change.

-Reference Affordable Care Act and activities funded by the State Innovation Models grant or Health Care Authority.

4) Success Stories

How do we capture these stories?

-Each workgroup should identify possibilities.

-The department will help vet the information so it can be highlighted in the

1) Change “white males, older than 65 years” to White Males

2) Brian Buckingham expressed significant need for more tribal representation.

3) Compile a list of resources: Rebecca Wolf and Crisis Center have access to a large list of resources to share with the group.

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Future Meetings

- Thursday, January 29th (Seattle University)
- Monday, February 23rd (Tumwater, WA)
- Monday, March 2nd (St. Luke's Rehabilitation Institute—Spokane, WA)
- Wednesday, March 18th (Seattle University)
- Monday, April 6th (Kent, WA)
- Friday, April 24th (Seattle University)
- Monday, May 4th (Seattle University)
- Tuesday, June 16th (Tumwater, WA)