**Action Alliance for Suicide Prevention (AASP)**

**Date:** September 7, 2017, 9:30am-12:00pm  
**Webinar and in-person location:** Department of Health Kent office, Room 310


### Meeting Notes

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<tr>
<th>Topic</th>
<th>Lead</th>
<th>Notes</th>
<th>Discussion</th>
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<tbody>
<tr>
<td>Welcome and agenda review</td>
<td>Sec. John Wiesman, DOH</td>
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<td>Introductions</td>
<td>Everyone</td>
<td>Members also shared a highlight from the past year.</td>
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| Updates from Department of Veteran Affairs | Peter Schmidt, DVA, [Peters@DVA.WA.GOV](mailto:Peters@DVA.WA.GOV)  
Daniel Overton, DVA, [DanielO@DVA.WA.GOV](mailto:DanielO@DVA.WA.GOV) | - Military family suicide prevention workshop scheduled for Sept. 30.  
  o To develop a comprehensive landscape of policies and programs to support military families.  
  o Dr. Ursula Whiteside and Najla Neumann worked with DVA to apply for a Zero Suicide (ZS) grant.  
  o The grant would implement 2 ZS programs: 1 with primary care at Confluence (North Central ACH) and 1 with care transitions in Pierce County.  
  o 70% of veterans don’t seek VA help.  
  o Will help displaced vets from clinic shutdowns in North Central.  
  - **TBI Max Impact app**  
    o Was developed for WA and is confidential.  
    o This is available for everyone with a traumatic brain injury, although many resources are for veterans.  
    o The goal is to encourage people to reach out when in crisis.  
    o Includes how to find a local provider with an autodial feature.  
    o App includes a FAQ primarily for caregivers. | - Question: Are resources updated on the TBI Max Impact app?  
  o Answer: Yes, and there’s a PDF download option.  
  - Question: Are you tracking any data?  
    o Answer: Collect number of downloads, how many clicks, and how long is spent on each page. Also any voluntary information submitted.  
  - Update: Since this meeting we have learned that DVA did not receive the ZS grant. Confluence still plans to implement ZS. |
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| Crisis Text Line   | Garrett Shotwell, Seattle-based supervisor, [garrett@crisistextline.org](mailto:garrett@crisistextline.org)  
                      Libby Craig, West Coast Director, [libby@crisistextline.org](mailto:libby@crisistextline.org) | • Background  
  o Started through a text network for teen volunteers, when some youth responded with crisis, 500 volunteer crisis counselors all over the county.  
  o Counselors can initiate an active rescue if needed.  
  o High risk texters are identified by their initial message and are given priority in the queue.  
  o Average response time is 52 sec.  
  o Over 47 million messages exchanged since Aug. 2013.  
  o For data, visit [https://crisistrends.org/](https://crisistrends.org/).  
  o There have been 32,900 text conversations in WA so far.  
  ▪ 9% of WA texters are 9 yrs old or younger.  
• Partnerships  
  o They offer unpaid and paid partnerships. Paid partnerships include more data based on the chosen word used to initiate a conversation.  
  o For example, the city of Tacoma has chosen “HEAL”. | • Question: Is there any data on veterans or resources for them?  
  o Answer: Recently launched the keyword “VET”.  
  o Most conversations involve de-escalation techniques for a crisis. Only share resources in about 30% of conversations.  
• Question: What about quality assurance?  
  o Answer: For some texters, at the end of texting asks if the conversation was helpful.  
• Question: How are you funded?  
  o Answer: Through private funders, corporate partnerships (ex. Facebook, Youtube), and other partnerships, including higher educations and states. Also ask partners to help promote volunteer recruitment.  
• Question: Do you offer bilingual services?  
  o Answer: Not now but looking into it.  
• Summary: This is a valuable investment to consider for year 2. |
| 2016-2017 AASP Year In Review | Neetha Mony | Reviewed AASP highlights from the past years and topics discussed at meetings.  
• Updates  
  o Initial reports of 2016 data show a slight decrease in suicide deaths. A full analysis hasn’t been done yet.  
  o DOH submitted a grant application to increase our National Suicide Prevention Lifeline in-state call rates. The proposal is to expand capacity for the plan that was developed for the budget proviso funds allotted for the 2017-2019 biennium.  
  o EAP has coordinated a suicide prevention in the workplace committee for state employees.  
  o The WA Apple Health customer service center requested suicide intervention resources for new training and policies for their call specialists. | • Updates since the Sept. meeting  
  o The Center for Health Statistics found a coding error in their data so 2016 numbers might change. Will provide an update when available.  
  o DOH received the award from MHA-NYC to expand our call center capacity for the Lifeline. |
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| Plan for 2017-2018             | Sec. Wiesman, ALL           | Everyone was asked to consider and jot down their responses to these questions. Then everyone shared their response to the 2nd item.  
- Name one success/highlight of AASP’s work for WA suicide prevention in the past year.  
- What gap in the work do you think should be a Year 2 priority?  
- If you could change one thing for the field or community you represent on AASP, what would it be? |  
- The full list of responses is on the last page.  
**Summary:** Main takeaways include coordinating efforts and resources  
  
| Zero Suicide review and next steps | Tory Gildred, Coordinated Care, Greg Simon, Kaiser | The group has learned about Zero Suicide and had some discussion on next steps. Does the Action Alliance want to support ZS and if so, how? Are there any concerns? |  
- **Concerns**  
  - It won’t solve anything, need to focus on other items like Medicaid reimbursements, zero seems like an unrealistic goal.  
- **Responses**  
  - Supporting ZS doesn’t mean excluding other ways to change health systems and it doesn’t conflict with other approaches.  
  - In WA, we have Target Zero for car accidents as a goal to strive towards.  
  -  
- **Question:** What pieces are needed to be successful?  
  - Systems approaches, budget, and policy pieces.  
- **Summary:** Suicide prevention in healthcare must be a priority  
  
| Summary and Path Forward       | Sec. Wiesman                | The next meeting will be a webinar meeting 1-3pm on November 17. If you would like to join in-person, we have a conference room at the DOH Kent office.                                                                 |  

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<th>Identified gap</th>
<th>Who plays a role?</th>
<th>Action needed?</th>
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<td><strong>Connecting resources</strong>&lt;br&gt;• Linkage and support to primary care&lt;br&gt;• Institutions K-12 and higher education → Crisis Text Line&lt;br&gt;• Raising public awareness of resources&lt;br&gt;• Gap in service and outreach for high-risk groups like older adult males&lt;br&gt;• Coordination of the Lifeline, text line, and WA apps across the lifespan&lt;br&gt;• Resources for incarcerated and getting resources to high risk folks when they enter jail/prison&lt;br&gt;• Increase availability of resources (money, technical assistance, training) for all schools statewide and other agencies to meet suicide prevention planning</td>
<td>OSPI&lt;br&gt;School districts/ESDs&lt;br&gt;DEL&lt;br&gt;Community agencies&lt;br&gt;Higher education&lt;br&gt;Hospital Association?&lt;br&gt;Primary care providers&lt;br&gt;Behavioral health providers&lt;br&gt;DOH&lt;br&gt;HCA&lt;br&gt;DOC&lt;br&gt;LHJs</td>
<td>• Funding for public health campaign&lt;br&gt;• Funding for Crisis Text Line&lt;br&gt;• Funding to take HB 1336 to scale&lt;br&gt;• Programmatic change in predominantly male services, ex. Substance abuse treatment, DV treatment, anger management, etc&lt;br&gt;• Other</td>
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<td><strong>Expanding existing programs</strong>&lt;br&gt;• Safer Homes/ safe storage – fit to scale&lt;br&gt;• Increase institutional access to best practices (practical application to folks who need it) – primary care, middle and high schools, veterans&lt;br&gt;• Understand statistical problem and data, timely access, better look at our data (ex. Why are we down for 2016?)&lt;br&gt;• Timely access to mortality data to assess our programs&lt;br&gt;• Gap between training for providers and what’s being done at systems like Zero Suicide; close the practice gap (legislative and policy solutions)</td>
<td>DOL&lt;br&gt;DOH&lt;br&gt;Legislature&lt;br&gt;Schools and staff&lt;br&gt;DVA&lt;br&gt;Center for Health Statistics&lt;br&gt;Healthcare systems&lt;br&gt;Healthcare providers&lt;br&gt;Healthcare systems</td>
<td>• Legislative changes around safe storage practices and education.&lt;br&gt;• Programmatic changes in services for priority populations.&lt;br&gt;• Policy change in release of/access to data.&lt;br&gt;• Policy changes in expectations for healthcare systems.&lt;br&gt;• Other</td>
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<td><strong>Focusing on priority populations</strong>&lt;br&gt;• Understand and address culture of vets who don’t want to be reached&lt;br&gt;• Culturally and linguistically appropriate info and resources&lt;br&gt;• Culture shift to understand second amendment rights groups&lt;br&gt;• Look at services for rural communities, communities of color, including LGBTQ communities&lt;br&gt;• Working across different cultures → tribes</td>
<td>DVA&lt;br&gt;Veterans service agencies&lt;br&gt;DOH&lt;br&gt;LHJs&lt;br&gt;Community agencies&lt;br&gt;Gun owners&lt;br&gt;Tribal governments&lt;br&gt;AIAN agencies (AIHC &amp; NWPAIHB)</td>
<td>• Funding for research to reach priority populations&lt;br&gt;• Funding for translation services for materials&lt;br&gt;• Policy changes to prioritize telehealth services for the identified communities.&lt;br&gt;• Other</td>
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<td><strong>Changing the framework</strong></td>
<td>HCA</td>
<td>• Legislative and policy changes to promote best practice frameworks</td>
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<td>Framework – centralized and evidence-based</td>
<td>SAMHSA</td>
<td>• Funding increase for Medicaid reimbursements for suicide treatment.</td>
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<td>Framework – like Zero Suicide and ACH</td>
<td>Hospital Association</td>
<td>• Funding for state staff to oversee Zero Suicide initiatives and ensure quality</td>
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<td>Medicaid work</td>
<td>ACHs</td>
<td>assurance</td>
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<td>Infrastructure to support Zero Suicide →</td>
<td>Crisis response teams and services</td>
<td>• Policy changes in who responds to mental health crises and seeking innovative</td>
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<tr>
<td>core philosophy</td>
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<td>treatment options.</td>
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<td>Coordination of infrastructure → close the</td>
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<td>• Other</td>
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<td>disconnect and capacity (involuntary</td>
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<td>commitment)</td>
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**Post-It Responses from AASP Sept. 2017 Meeting**

**PINK:** Name one success/highlight of AASP’s work for WA suicide prevention in the past year.
- Huge success organizing a body of agencies to change the landscape around suicide prevention
- Safer Homes-Safe Storage Campaign (mentioned 5 times)
  - Particularly in efforts to keep lethal means out of hands of children
- Gained more situational awareness
- Brining stakeholders to the table
- Start of inventory of suicide prevention efforts
- Significant awareness raised and partnerships developed. It seems clear that there is an emerging collective impact from this alliance.
- Tracking and passing of legislative initiatives

**ORANGE:** What gap in the work do you think should be a Year 2 priority?
- Highlighting and expanding Safer Homes safe storage campaign. More resources needed to protect people from harm. Extremely important!
- Linkage with and support primary care building capacity for suicide prevention
- Alignment of efforts tied to a framework that we’ve all agreed to.
- Partnering with Crisis Text Line would be great. (mentioned 3 times)
  - Would be interested in exploring possible application to prisons.
- Increasing institutional access to reliable and up to date best practices info.
- Promote culturally and linguistically relevant messages to raise suicide awareness and prevention.
- Adopting Zero Suicide as framework and statewide suicide prevention philosophy (mentioned 2 times)
- Connecting with ACHs and partnering with Healthier WA
- Support crisis lines to their full capacity
- Understanding the statistical problems with current data

**YELLOW:** If you could change one thing for the field or community you represent on AASP, what would it be?
- Maximize pharmacist/patient interactions that can identify potential interventions. Threats include mandatory mail order.
- Increase flexibility and nimbleness to address one issue (suicide) across several systems; collaboration/coordination across systems.
- Greater continuity of mental health care for people transitioning out of prison. To be able to establish service connection prior to release would be exceptional.
- Coordinate access to reliable and helpful information.
- Increased education to every person in WA State around suicide prevention and to reduce stigma.
- Collection of data for NHPI ethnicities on Healthy Youth Survey. Add language support for BRFSS respondents.
- Focus on underlying causes. Move to more active prevention. At least gain understanding.
- Zero Suicide framework to healthcare systems.
- Integrate this data into assessments and ACH work.