
Bree Collaborative | Suicide Prevention Workgroup

March 8th, 2018 | 3:00-4:30

Foundation for Health Care Quality

705 2nd Avenue, Suite 410 | Seattle, WA 98104

Members Present

Hugh Straley, MD (Chair), Bree Collaborative

Matthew Layton,* MD, PhD, FACP, DFAPA,
Washington State University

Karen Hye, PsyD,* CHI Franciscan

Neetha Mony,* MSW, Washington State
Department of Health

Julie Richards, MPH, Kaiser Permanente

Washington Health Research Institute

Jennifer Stuber, PhD, University of Washington
School of Social Work

Jeffrey Sung, MD, Washington State Psychiatric
Association

Staff and Members of the Public

Jim Jackson,* Washington State
Department of Social and Human Services

Alicia Parris, Bree Collaborative

Ginny Weir, MPH, Bree Collaborative

* By phone/web conference

WELCOME AND INTRODUCTIONS

Hugh Straley, MD, Bree Collaborative, opened the meeting and those present introduced themselves. Dr. Straley went over the charter for the workgroup. Dr. Straley emphasized the importance of the term “implementable” as a descriptor of any recommendations the group discussed. A motion was made to approve the minutes from the previous meeting. Jeff Sung pointed out the misspelling of “psychotherapeutic”.

Action Item: Approve 2/8/2018 Minutes.

Outcome: Noting the error, passed with unanimous support.

SUICIDE STATISTICS AND EXISTING PREVENTION MEASURES

Neetha Mony, MSW, Washington State Department of Health gave a presentation *Prevention and Community Health* and the group discussed:

- What number of people would the 14 per 100,000 per year goal be with Washington state’s current population

Action Item: Neetha Mony will calculate the actual goal number based on current WA population

- How Washington suicide numbers compare to the rest of the country. Ms. Mony estimated not in top ten but near top twenty.
- Accuracy of reporting on numbers and means and possible barriers to accurate reporting.
 - Stigma in rural areas.
 - Washington’s complex system of both medical examiners and coroners affects accuracy.
- Whether self-harm was within the groups scope.
 - The group agreed that it was within its scope to address self-harm.
- Research shows that 45% of people who attempt suicide have a healthcare visit in the week before their attempt.

The group then viewed the WA Suicide Prevention Plan Strategic Direction 3 and discussed:

- Avoidance of repetition of what is already laid out in the WA Suicide Prevention Plan
- Matthew Layton, MD, PhD, FACP, DFAPA, Washington State University, shared that he will be attending a Washington State Psychiatric Association Executive Council Meeting part of which will address Strategic Direction 3, Goal 2 emergency departments and continuity of care.

Action Item: Matthew Layton to report back on WSPA meeting

The group then viewed the WA Suicide Prevention Plan Strategic Direction 4 and discussed:

- Possible sources of data on suicide and behavioral health
 - Clinical data repository currently near 5,000 people as a source for information
- Whether heroin/opioid overdoses qualify as self harm/suicide attempt or an accident
 - Could classify opioid access as access to lethal means during screening
- Jennifer Stuber, PhD, University of Washington School of Social Work, mentioned positive examples of implementation along with challenges exposed by attempted implementation
 - Possibility of integrating the zero suicide program with recommendations
 - Addressing gaps and barriers in the clinical framework
- Jeff Sung spoke on barriers to the proven intervention method, “letter of caring”
 - Grey areas of if someone is still a patient after leaving care
 - Legal implications of contacting patients once they’re no longer being treated
 - Volk v. Demirler wrongful death suit

SUICIDE PREVENTION WORKGROUP CHARTER AND ROSTER DRAFT

The group then viewed the “Problem Statement” and discussed:

- Typo “personal” should be “personnel”
- Jeff Sung challenged that suicide is higher among military personnel
 - Rose to meet national levels from previously being below but does not exceed
 - Data is based on year of the Afghanistan surge which saw a marked spike in military suicide
 - Rate is higher amongst veterans not active duty
 - Group agreed to remove “military personnel” from the Problem Statement
- Dr. Stuber recommended adding language that shows the complexity of the problem along with addressing those affected by suicide

Action Item: Dr. Stuber to send language to specifically address those closely impacted by suicide and source of information about 8-12 people impacted by suicide

- Jeffery Sung pointed out the disproportionate effect of suicide because it being a violent death

The group then viewed the “Aim” and discussed:

- Aim needs more specificity. Term "screening" sounds like an oversimplification considered that audience will not be familiar with behavioral health terms
- Group agreed they were discussing suicide prevention and care in a clinical setting
- "Suicide prevention and care" to replace the word "care"

The group then viewed the “Purpose” and discussed:

- Addressing barriers
 - Matthew Layton gave the example of delays in toxicology reports that could identification a suicide

- Establishing a system of care for survivors in the aftermath of suicide including care providers of the victim
 - Those impacted are at a higher risk of suicide
- Whether to address safe storage of guns
 - Not just guns but all lethal means like possibly lethal medications
 - Should inquiries be universal or only in conjunction with risks identified in screening
- The necessity to develop metrics to track fulfillment
- “Screening assessment” to replace “assessment”
- Replacing the word “ideation” with “risk” since eliminating ideation has not been proven to effect action
- Identifying and incorporating risk factors other than just depression
- Whether intervention should be universal regardless of risk behaviors or subgroup

The group agreed on an agenda for the next workgroup to address barriers to implementation some of which were identified as:

- Integration into "Epic system"
- EsPeR integration into Epic system
- Loss of people along the referral process

Action Item: Group members to send examples of successful implementation of prevention programs

Action Item: Dr. Sung to send a presentation on barriers to implementations and present it next workgroup meeting.

NEXT STEPS AND PUBLIC COMMENTS

Dr. Straley and Ms. Weir thanked all for attending and asked for final comments and public comments. The meeting adjourned.