MEETING NOTICE
ILLINOIS DEPARTMENT OF PUBLIC HEALTH (IDPH)
Illinois Suicide Prevention Alliance
September 22, 2023
12:30 p.m. – 1:30 p.m.

Approved on November 15, 2023

WebEx https://illinois.webex.com/meet/ISPA. Select "Call Me" option; enter 10-digit number then the meeting will call you – other options are to "Call Using Computer" or "I Will Call In" Meeting number (access code): 2456 377 4566 Recording

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AGENDA

I. Roll Call
II. Welcome & Introductions
III. Annual Report
    a. Next Steps
IV. Questions
V. Public Comment

Appointed Members in Attendance
Present

Chuck Johnson	Illinois Hospital Association	
Amber Clark for Hannah Jordan	Representing veteran services (Bob Michel VA)	X
Eric Davidson	Higher Education	X
Jenna Farmer-Brackett	Representative from a suicide prevention program serving rural communities	X
Steve Moore	American Foundation for Suicide Prevention - Illinois Chapter	X

Ex-Officio Members in Attendance

Julia Strehlow	Illinois State Board of Education (ISBE)	

Brian Kieninger	Illinois Department of Public Health (IDPH)	
Dana Wilkerson	Illinois Department on Aging	X
Colonel Marcus Gipson	Illinois State Police	X
Dr. Teresa Glaze	Illinois Department of Human Services/Division of Mental Health	X
Dr. Melvin Hinton	Illinois Department of Corrections	X
Dr. Erin Alexander	Illinois Department of Children and Family Services, DCFS	
Jill McCamant	IDPH Violence and Injury Prevention Section (IDPH/VIPS)	X

Stakeholders In Attendance

- Becky Doran
- Desaree Smith
- Edward Landreth
- Jennie Pinkwater
- Kathy Carey
- Laura Trakhtman, VA, VISN12
- Jennifer Martin, IDPH Injury and Violence Section
- Madiha Qureshi
- Maryann Mason, Northwestern University
- Megan Koch, IDPH Injury Epidemiologist
- Michael Deschamps
- Michael Isaacson, Kane County Health Department
- Michelle Augoustatos, Hines VA
- Michelle Langlois, Jesse Brown VA
- Nabil Abou Baker
- Randyl Wilkins
- Rafiah Maxi
- Samantha Kanish
- Sarah
- Tracy Levine

Welcome and Roll Call

Steve reminded the group that the alliance represents multiple parties and interests. Some alliance members, such as those representing state agencies and legislators, may recuse themselves from taking official positions on public policy. Opinions taken by the alliance does not necessarily reflect all members of the alliance. Steve also noted that the meeting is being recorded for not taking purposes.

Steve stated that the agenda for today's meeting is to discuss the annual report and next steps. Jill reinforced that the discussion for today will be next steps for the annual report. Jill stated this could be for the next 5 years, or the next 2 years, whatever timeframe the group decides upon. Jill stated that there is a quorum and called roll.

Annual Report—Next Steps

It was discussed as to how would be the best approach to discuss next steps. Jennifer suggested to go through and decide what should be taken out and might be outdated. She then suggested to go through and think about the current environment and different funding sources and add more steps. Jennifer reminded the group that the intent is that if an organization were to say they wanted to invest resources into suicide prevention, this would provide some direction into what the alliance would recommend the next step of supporting suicide prevention would be.

Steve gave a general background that since Jill has started there has been someone dedicated to doing suicide prevention. Not only is there funding from the state, but there has also been federal funding. Therefore, there is an opportunity to direct some resources that haven't been available in the past. Steve stated that for years the alliance had no money, and now there are considerable funds that the alliance is able to provide directive. Steve asked if there were any comments regarding what is being shown on the screen currently. Jennifer made a comment in the chat box that Steve agreed with in that this is representative of the state not just IDPH's work. Therefore, the suggestions should be representative of whole state. Jennifer added that based on what is currently listed under next steps, it aligns with what is in the legislation. Jennifer mentions she isn't sure if there is that requirement, or if it can align more with the state plan. Jennifer added that within the state plan there are different domains and therefore the next steps can be listed out per the domains. Jennifer suggests that a decision should be made on whether the steps should be aligned with the legislation or based on the state plan format. Steve adds that everything currently listed is consistent with the statue and the state plan. Steve adds that there isn't anything he feels needs to be removed but asks the group for suggestions on anything that may be missing.

Dr. Glazed asked Jill regarding a bullet point stating developing and evaluating five model suicide prevention comprehensive pilot programs may look like. Jennifer and Steve clarified that this was part of the legislation. Jenna Farmer Brackett added that she was going to ask about this point also for more clarification. Jennifer added that when the legislation was passed without any appropriation therefore the pilot programs were never developed, and it was always on the wish list of next steps.

Jennifer stated that when she is thinking about things that have been added since the development of these next steps, such as 988. Steve added that there are points within the next steps that may address this, such as increasing current capacity and network for crisis lines in Illinois which is being done with

the 988 taskforce that was created with legislation this past spring. Steve also points out that this group doesn't have much influence over this, though there may be individual stakeholders that have a part in that.

Jennifer also points out that toward the end there is language regarding the Illinois Violent Death Reporting System and asks if Maryann has any language that she would like to change with this. Maryann stated that from her point of view, this works.

Maryann stated that she wanted to bring up a "sticky issue" and asked if we ever get to the point where we mandate counties to participate. Currently we are at 71 out of 102 counties in Illinois and the counties that aren't participating are mostly rural and the issues there are mostly going to be suicide. Maryann adds that they have done a lot to encourage them all to participate but there's some hold out. Maryann wonders if there is some room to talk about what mandating participation would be like. Steve states that he would imagine that this would have to be done through legislation. Maybe providing incentives, monetary incentive to cover costs, which may be part of the objection to opting into the program. Steve reminded the group that the alliance cannot be proposing legislation. However, the alliance can certainly identify a problem, such as this one mentioned and the general assembly needs to consider solutions. Maryann suggests adding something along the lines of "supporting county participation in the system." Steve and Maryann suggested "Maintain, expand and support…in order to collect more effective and accurate data on suicide death in all Illinois counties."

Jenna stated that she wasn't sure if it's in the scope of funding, or if there is another way to approach it, but there is nothing related to hospital diversion resources, such as crisis stabilization unites or living room models. Jenna wonders if there's anything that could be added either along the lines of collecting information data to see if that's feasible to even operate more of those within the state. Steve stated that it would certainly be a good role for this document to encourage the continuum of care.

Madiha apologized for coming to the call late but asked for clarification regarding the activities. Jill reminded the group that this are activities for the future. Madiha further asked for clarification regarding the activities where some are based on appropriation, but other activities are based on grants and other funds, and questioned if these activities be realistically done from the resources that are needed are available. Jennifer commented that this was a good point. Jill asked for Jennifer's assistance in answering the question. Jennifer stated that some of the activities point to when appropriations are available, which is the language of the legislation, but others make it sound like funds have been appropriated. Madiha added that some of the action items, one of which states that there are mini grants, have those funds been allocated or is that money dependent on appropriation, and if there is an action item regarding a public awareness campaign is there funding available or is that dependent on appropriation? Jennifer commented that it seems like most of all of these would be dependent of when funding is available or appropriated. Jennifer reiterated that this is the original intent of the next steps as this are things that need to be done because they're not being funded. Steve stated that the way that he sees it these are some things that could be done with funding from the department through Jill's work, but this document could also be used by just about anyone to go to the general assembly and say put money into this. The state has already determined this is part of our plan and based on that you

should be putting money in XYZ program. Steve shared that he sees this document as something that anyone can take to the general assembly and ask for funding for whatever proposal they have. Jennifer added that if ISBE were to say we're applying for funding, and we justify spending money on this because the state suicide prevention plan says next steps should include these items for a school. Madiha asks that if it would be worthwhile to have a caveat somewhere in the beginning that these activities are dependent upon appropriation and funding for the very reason Steve mentioned, if you're going to the members of legislature. Madiha mentioned that she feels it's important to include that none of this is funded and this is what the experts in the start are recommending be done. Madiha also expressed she felt that as part of an annual plan when a yearend review about what is achieved and what you didn't achieve and to include that the reason that things we're achieved isn't because there is no momentum, it's because there wasn't money to do it. Madiha added that it's also fair to say that there is the momentum, energy, and interest into wanting to get this done, but money isn't being funneled into these initiatives so we can't do anything or do much. Jill asked the group if a short explanation should be added to the beginning. Dr. Glaze added that we could add onto the sentence already in place starting with "the following initiatives are recommended" and after getting to "the goals of the Illinois Suicide Prevention Strategic Plan "pending legislative appropriate" or something along those lines.

Jennifer stated that she is thinking about populations. The annual report addressed youth, juvenile justice, and child welfare. However, thinking across the lifespan and thinking about different population that are at risk. Jennifer would like to add in something that addresses populations that are disproportionately impacted and affected and resources to reach those populations. Jennifer also adds that something regarding lethal means should be included if it's not already. Jill and Steve both add that they do not believe that lethal means in addressed and asked Jennifer what her thoughts were on adding lethal means. Jennifer added that her thoughts were to go to the state plan and see what the language is there.

Steve stated that going back to Jenna's point he would like to add another bullet point around implementing the continuum of care that includes support of 988, support of emergency crisis mobile response teams, and however the last way is to be worded. Jenna stated she wasn't sure what language would be best, but hospital diversion. Steve suggested stabilization centers is a term he's seen being used. Jenna shared that an issue with "mobile crisis response" there are two main outlets. Either they're deflecting and they remain in the community, or they need something more than community stabilization and inpatient psychiatric resources are often very limited. Therefore, if there were the middle grounds of hospital diversion of sorts, that would be extremely helpful. Jenna added that more inpatient psychiatric beds would be great but may not be in the scope of this alliance.

Jenna added another point that may go with one of the existing points, or may need to be added, efforts to increase engagement and retention and working within our roles that support suicide prevention. Jenna added that it seems there are a lot of places that have a lot of openings and very few people applying. Jill asked if the group wanted this point to be a separate bullet point. Steve added that what's currently being shown on the screen is perhaps what was being discussed and could be expanded. Jenna suggested workforce wellness as the language used. Steve expended that in thinking of programs for

tuition reimbursement, or things that help build up the behavioral health workforce to build up some of these people who can apply for these jobs.

Jennifer added that she just added about addressing COVID and the long-term impact of COVID on behavioral health. Jennifer also added that she's thinking about infrastructure and there being a lot of interest in to being able to build local capacity like having a network of local coalitions or network of providing that capacity at the local level. Next steps already include language stating, "expanding new effective, efficient coalitions and partnerships."

Jill asked Jennifer or Steve to read the chat. Michelle in the chat stated "what about targeting curriculum in higher ed, ie teaching, SW, psych to have better training on SP. I train MSW students and none of them had any training in SP when asked." Jill points out there is already language addressing early intervention. Dr. Glaze mentions that more language can be added to this section relating to higher education. Jill suggests changing to "early intervention and higher education" and Dr. Glaze agrees. Jennifer and Dr Glaze added that the language previously used workforce development. However, Jennifer mentions that's geared more toward when you're already in the workforce and not when you're up and coming, such as students and residents. Jenna mentions using the language workforce readiness. Eric stated that he would recommend focusing more on curricular and workforce development than regular general education. This is because of the Early Action on Campus Act has requirements for things like mental health first aid to be disseminated to students, staff, and faculty. Therefore, you might get a little further if you're connecting it with that preprofessional trainings and co-curricular focus and alignment. Jennifer asked Eric to get suicide prevention within the curriculum of something like social work programs, there's a curriculum team on campus. Eric stated that it's probably better off making it more generalized because every discipline, especially if they're accredited, may have a different accreditation. Eric added that he wasn't sure about social work or psychology programs, but public health has different accreditation standards they must go through. So, depending on the national accreditation standards, they must go through the curriculum. Eric suggests that if it's made more generalized goal that maybe certain disciplines or academic domains have suicide prevention as part of their curriculum, it might be easier to get it inserted into the curriculum. Whereas if it were to state that just solely social work, you're only going to get the schools that have social work programs and miss on the other campuses that have a clinical psych program, or a counseling program, or human services program. Jennifer clarified that this would help to get it into the curriculum and not just students who took a training. Eric verified this to be correct. Eric also added that what is being found with the mental health act in some departments are leading a little bit more toward using mental health first aid as being part of that paraprofessional and preprofessional training that we're delivering to our students who are going end up going out and being teachers, or counselors, or social workers. Whereas others are saying that if you're getting a masters in counseling, those are already elementary skills and that should have already been a part of their counseling curriculum, they need something more. Therefore, it also depends on if you're looking at the undergraduate or master's level. Steve suggested language such as "encouraging professional development that includes suicide prevention, appropriate for the discipline/profession." Eric questioned what the goal of the statement would be, to increase more intervention. Eric also added that he has a unique background with his masters training in clinical

psychology but doctorates in health promotion and health education and when the term “prevention” is used it’s sometimes being used instead of intervention and treatment instead of primary prevention. For example, the prevention that a public health community individual might do is far different than the prevention that a counselor or social worker will do to intervene with a person that is contemplating suicide. Therefore, it might be helpful to have an idea of what is intended. Is it more of signs and symptoms and how to intervene and step in, assess an individual and determine their level of risk and get them clinical care. If that’s the case, is there a particular model? Is there a particular program and intervention? This might be helpful to help guide any legislation that might be created by what is being recommended. Madiha asked for clarification as to which item was currently being discussed. Jennifer stated, and asked Michelle to share also, that when this topic of early intervention and training, they think about gatekeeper training but then you also need to do training with the clinicians on how to respond. Jennifer shared that during her Master of Social Work training they had maybe one evening talking about suicide prevention and responding to suicidality. Therefore, there is a lack of training for future professionals for when they come into the field, they don’t feel comfortable addressing situations related to suicide ideation. So, how do we start earlier in their learning process, so they’re trained and feel competent when they do encounter someone who is struggling and needs help. Michelle stated that she does a lot of training in suicide prevention and consult a lot with people they work with in mental health, and it is pretty apparent that a lot of people are not being well trained, even in the mental health professions. Michelle stated that she was somewhat alarmed when the new batch of MSW students came on none of them had suicide prevention training at that point. It’s a master’s level and they’re coming from multiple schools, so that was concerning. Michelle added that while the target audience is children, they’re not sure what the training is for teachers, but if the MSW students aren’t getting it, maybe only as an elective and not part of the curriculum, people are not going to be in a good place when they start in the field. Michelle shared that they have quite a few insecure mental health professionals that they work with who utilize them and their team, but there are a lot of folks who are feeling very uncomfortable with talking about suicide. Therefore, starting early and making sure that individuals who get into the field are getting training on suicide prevention so they’re confident when they start in the field. Madiha stated she suggested in the chat that it would be helpful to add something broader and just as it related to health professionals. They shared they work at a children’s hospital, and everyone freaks out when there’s suicide risk if they’re not a psychiatrist. Madiha suggested a term that would encompass everyone, such as higher education or professional degrees, that would target everyone from MD, LCPC and MSW; or, concretely saying there needs to be training on screening, assessing, and referring as it related to suicide and suicide risk because it does span across every discipline both within the mental health field and beyond. Jenna added that as a provider, Illinois requires that they use the Illinois Medicaid Crisis Assessment tool (IM-CAT) for mobile crisis response and they’re also governed by the laws and regulations that Illinois sets forth, but to their knowledge there is no trainings or professional development opportunities that bring all these pieces together to dispel the myths, stigmas, and concerns. If there was a way to unify this information to make it much more clear on what the boundaries are with respect to youth, adults, voluntary and involuntary. There are a lot of pieces that are just left for our own interpretation and most people just avoid it altogether. Dr. Hinton added that while the discussion is interesting it is also veering off course. The original suggestion was to have something in here that says more training is needed or insert training through

education. Dr. Hinton added that if we keep the suggestion broad, that will provide those experts the opportunity to build on the specifics of what type of training.

Jill reminded the group that there are only have 8 minutes remaining of the meeting and asked if the group wanted to add in the suggestions or if they wanted to rework the wording. Steve added that the point number 3 that is being discussed is really talking about a statewide conference as the only method being used to enhance professional development and that struck Steve as limiting. Steve suggested to either remove “conference” or add in “including but not limited to” into the language.

Jill reminded again there are 5 minutes remaining in the meeting and requested any other suggestions. Steve suggested to end the meeting early as there were no more suggestions and requests what next steps were. Jill stated Neva would go through the recording and modify the next steps page and send it out. Jill asked the group if another meeting was required before the alliance meeting in November, which is when the final document will be voted on. Jill stated that after the vote, they would go through the process of getting approval through communications and then the document will be sent to the governor’s office in December. Steve suggested that another meeting at the end of October would be best.

Closing

Steve closed in recapping that Jill would listen to the recording and take the suggested language and other language and write it up. Steve added that if anyone has any other suggested language after this meeting, to send the suggestions in an email to Jill to be added.