

Illinois Suicide Prevention Illinois Suicide Prevention Alliance (ISPA)
 Summary of Minutes November 21, 2014
 10:00 a.m. – 2:30:p.m.
Approved February 17, 2015

VIDEO CONFERENCE:
 122 S. Michigan Ave., 7th floor, Chicago
 One Natural Resources Way, Rock River Room, Springfield
 2309 W. Main St., Marion

<u>Appointed Members in Attendance</u>		<i>Present</i>	<i>Excused</i>	<i>Un-Excused</i>
Chuck Johnson	Illinois Hospital Association	<i>Phone</i>		
Colleen Daley	Illinois Council Against Handgun Violence	<i>Springfield</i>		
Eric Davidson	Illinois Higher Education Center	<i>Springfield</i>		
Jessica Gerdes	Illinois State Board of Education		X	
Judy Ashby	LifeSavers Training Corporation		X	
Lora Thomas	NAMI Illinois – National Alliance on Mental Illness		X	
Mariann Blacconiere	Representing service members, veterans, and their families		X	
Nicole Pekovitch	Representing mental health consumers	<i>Phone</i>		
Paul Fleming	Survivor	<i>Chicago</i>		
Peter Mulhall	Center for Prevention Research and Development	<i>Phone</i>		
Steve Moore	American Foundation for Suicide Prevention	<i>Chicago</i>		

<u>Ex-Oficio Members in Attendance</u>				
Jennifer Martin	Illinois Department of Public Health	<i>Springfield</i>		
Jessica O’Leary	Office of the Attorney General	<i>Chicago</i>		
Mary Mayes	Illinois Department on Aging	<i>Springfield</i>		
Mary Ratliff	Illinois Criminal Justice Authority	<i>Springfield</i>		
Master Sergeant Ed Petrik	Illinois State Police	<i>Chicago</i>		
Patricia Reedy	Illinois Department of Human Services	<i>Chicago</i>		

<u>Stakeholders in Attendance</u>				
Becky Levin	Lurie Children’s Hospital	<i>Chicago</i>		
Ben Arbise	Illinois Department of Public Health	<i>Springfield</i>		
Carol Gall	Sarah’s Inn	<i>Chicago</i>		
Erin Canavan	University of Illinois Springfield	<i>Springfield</i>		
Jessica Trame	Illinois State Police	<i>Springfield</i>		
Libby Bair	Illinois Department of Public Health	<i>Springfield</i>		
Lori Carnahan	DuPage County Health Department	<i>Phone</i>		
Verletta Saxon	Centerstone of Illinois	<i>Phone</i>		

Meeting was called to order at 10:08 a.m.

Introductions/Welcome

Introductions and a welcome were made by Ms. Ratliff. Quorum is met.

Review and approval of August 18, 2014 minutes

Copies of the minutes were distributed to the members prior to the meeting and copies were available during the

Meeting at the Springfield location. Mr. Moore motioned for the approval of the minutes, with a second from Mr. Johnson. All in favor, motion carried.

Update from Illinois Department of Public Health (Department)

Ms. Martin introduced Ms. Erin Canavan, who will be interning with the department next semester for 15 weeks. She is a student at the University of Illinois Springfield. She will be involved in ISPA efforts in the spring and will give a full introduction at the February meeting.

Update of ISPA leadership positions and membership vacancies

Ms. Martin indicated she presented at the Bullying Conference at Eastern Illinois University, as well as the Midwest Injury Prevention Alliance's Summit at Ann and Robert H. Lurie Children's Hospital. Additionally, Ms. Martin will be preventing at the upcoming Illinois Association of School Board Association's conference in Chicago.

Ms. Martin also attended the Substance Abuse and Mental Health Administrations' (SAMHA) Implementation Academy via an invitation from the Illinois Department of Human Services. This event had a focus on veterans, and the Illinois group that attended will be regrouping with SAMHSA to continue their efforts throughout the year.

ISPA leadership met to follow-up on August's Governor's Office of Health Innovation and Transformation (GOHIT) discussion and identified which ISPA members were identified with the effort. Ms. Mayes reported there are no suicide prevention-related efforts within GOHIT to report, and GOHIT is trying to wrap-up its efforts due to the new administration coming in after December.

Ms. Martin noted the annual report will be produced as a combined-year effort. She will send a request for lists of 2014 activities at the beginning of the New Year.

Ms. Martin extended a thank you to everyone for turning in their ethics forms.

The topic of physician-assisted suicide was presented to the alliance leadership. Ms. Martin wanted to bring this to the table for a thoughtful discussion, however there was not time during the agenda for the day. Ultimately, the plan is not necessarily to take a stance on the topic, but discuss carefully and possibly have a panel at the conference related to it.

Mr. Arbise presented data published in the CDC's Preventing Chronic Disease journal. These data maps look at youth self-inflicted injury hospitalizations to target high-risk communities. This data is specifically targeted at the high school age range. To identify high-risk areas, rate above the state rate and counts in the top 2 quartiles were used. Through the peer review process, smaller counts were requested to be removed as a whole in terms of making assumptions on the rates. Ms. Martin added this particular project was based on a set of maps that was presented at the FY14 conference. Ms. Martin and Mr. Arbise have submitted a data request for a map of suicide deaths in all age groups. Mr. Arbise clarified the data is based on the home county of each youth, not the county of the hospital. Mr. Moore suggested it might be useful to compare methods in urban areas vs. rural areas. Mr. Arbise said with a 10-year set this might be possible because rural counties would have more data.

Update on ISPA leadership positions and member vacancies

Ms. Martin reported all vacancies are on hold, as staff changes are upcoming. She will continue to follow up on these vacancies.

Guest Speakers

a. Discuss concerns and questions on the impact of reporting a “person determined to pose a clear and present danger” – e.g., concerns of school personnel, implications to being put on a list and questions about being ineligible for a Firearm Owner Identification card due to mental health status.

Ms. Martin overviewed ISPA history of this discussion throughout the last two quarterly meetings. She introduced guest speakers from:

- i. Illinois State Police – Jessica Trame, Chief of the Firearm Services Bureau
- ii. Illinois Council Against Handgun Violence – Colleen Daley

The following questions were addressed collaboratively by Ms. Trame and Ms. Daley:

- *For those listed as presenting “clear and present danger,” is that report kept filed forever?*

Ms. Trame indicated there is no master list to maintain this information. After the initial report, the reported person is checked to see if they have a FOID card. If there is a FOID card, the first thing done is putting that person on an investigative status, and place a freeze on their ability to purchase firearms. Ultimately, the report is reviewed to make the final determination as to whether a person meets the clear and present danger threshold. Those reports come from entities such as law enforcement and school administration. Illinois State Police (ISP) makes the final determination. If the person meets the clear and present danger definition, and the child is a minor (under the age of 21 for a FOID card), ISP will reach out to the parents. If the individual reported is not a FOID card holder or is determined to not meet the clear and present danger definition, the information is kept for six months and then shredded.

Ms. Trame indicated there are lists housed by Department of Humans Services (DHS)—those who have been diagnosed developmentally or intellectually disabled, those who have voluntarily admitted themselves for mental health treatment at a hospital or health facility (outpatient treatment is not a prohibitor), those who have been admitted on an involuntary basis for mental health treatment, and those who report clear and present danger by a physician or qualified examiner. She added she personally cannot speak to what DHS does with their data and how long they keep it.

ISP takes their FOID database and runs it against the DHS database. If there are matches, ISP takes action. If a FOID card is denied or revoked, ISP keeps the record for long-term, but there is the opportunity to get privileges back through an appeal process.

- *Concealed carry law overview*

Ms. Trame stated that in order to qualify for a license, one must have a FOID card. Any time someone is denied or revoked, there is an appeals process. If a person has a misdemeanor involving the use of a firearm on record within in last 5 years, they are prohibited from having FOID card. If one is diagnosed as intellectually or developmentally disabled, they are prohibited from having FOID card. If one has been hospitalized for mental health concerns, they are prohibited for 5 years. After 5 years, that person needs to have a certification from a qualified examiner to state they are not a clear and present danger to themselves or others.

If someone has been involuntarily admitted to a hospital for mental health issues, they are federally prohibited from receiving a concealed carry license. However, IL has an appeals process for this.

ISP has the ability to object to the awarding of a concealed carry license based on criminal history. If an individual has received alcohol treatment in the last 5 years, they are prohibited from a license. If someone has been arrested, charged, and is going through court proceeding where they could lose their FOID card, they are prohibited from a license.

Ms. Daley addressed the concern that some people are not seeking treatment for mental health concerns because they are afraid of the FOID/Concealed Carry implications. She indicated the Illinois State Medical

Society is taking the lead on the concerns specifically related to developmental disabilities—there is talk of changing the reporting age to 14 (age where it is determined whether one will have lasting effects or not), however no bills have been filed and she has not seen any specific language yet. There is also work being done to look at the levels of developmental disabilities, and consideration of only requiring reporting at severe levels.

Mr. Moore inquired as to what the standards were for an appeal process of FOID revocation. Ms. Trame indicated that for mental health admissions, one has to provide hospital records, a current letter within the last 30 days of treatment by a physician/psychologist/psychiatrist, reference letters from family members, and a police report (if one was involved). A panel reviews this material and then makes a recommendation to the ISP director. The director will either approve or deny the appeal.

If one meets criteria for an appeal, the review process should take no more than 30 days for law enforcement officers or employment cases and 90 days for others. Review does not begin until one has provided everything they need for the process.

For those that are intellectually or developmentally disabled, there is not a formal reviews process. The ISP is working on this.

Ms. Daley reported there is a consortium of individuals that have come together to look at gun violence from an evidence-based approach. A forum was to be held December 16th at Loyola Chicago. Specifically, the forum was to be looking at gun violence restraining orders, which would allow for immediate family members and dating partners to reach out to courts and retrieve a gun violence restraining order for their loved one. This provides due process and helps in cases where well-being checks were made on an individual but means were not removed because a person did not break the law.

Overview of suicide prevention related legislation

- a. Steve Moore, American Foundation for Suicide Prevention – Illinois Chapter

Mr. Moore indicated there was no new legislation to report.

Workgroup updates

- a. **Community Awareness Workgroup ***

Ms. Gall updated there has been a request put in with Market M for website usage data. There should be analytics to share by the next quarterly meeting.

Due to some decreased contractual funding, Market M had to take components out of this year's activities. One of the strategies was to construct a partner guide, which the CA workgroup will work on.

The draft suicide prevention webpage is still in progress. Ms. Martin reported her division chief talked with the OHPm deputy director about this matter, and Ms. Martin was given a format to convert our current information to. Ms. Martin would like to have this request in by the end of the year.

Ms. Matrtn also reported the workgroup continues to work on recommendations from the consensus building meeting-- -- Connecting to other existing initiatives, using technology more effectively, and involving youth.

Ms. Bair gave general updates regarding all pending issue paper drafts:

- "suicides" were changed to "died by suicide" in all drafts
- Language was added in the "Looking for Help" section of all papers indicating that while help is on its way, one should stay with a person who is displaying immediate warning signs of suicide.

- Resources were added within the body text to direct readers to additional information. Specific strategies are clearly attributed to the source and further support.
- Due to general concern as to who are the intended audiences of the issue papers and what their purposes are—Ms. Bair developed descriptions for each paper that include this information.

Ms. Reedy inquired as to how often the issue paper drafts will be updated in the future. Ms. Martin indicated the workgroup will review the papers once a year. There has been talk of making the papers less data-heavy due to the frequent reviews needed.

Suicide and Older Adults

Ms. Bair reported there was concern about the recommendation to unload/store ammunition in another place/add trigger lock a firearm if the older adult will not remove firearms from home. Ms. Bair and Ms. Martin consulted with the CA workgroup, and ultimately decided to keep this language in the paper due to restricting access to means being a recommended practice.

The group voted to approve the issue paper draft. All in favor, no opposed. Motion passed.

Suicide and College Students

Ms. Martin stated some of the issue papers have ended up being longer than 4 pages (including the College Students draft). She inquired to the group as to how the papers are used, whether they are printed or not, etc. Responses from both viewpoints were given.

On the College Students drafts, Ms. Ratliff noted there was a bullet point missing on page 4.

The group voted to approve the issue paper with Ms. Ratliff's edit. All in favor, no opposed. Motion passed.

Suicide Prevention in the Juvenile Justice System

Ms. Bair indicated this issue paper has undergone a couple rounds of internal review. Ms. Martin added a few components between drafts, including the inclusion of protective factors. After the most recent draft was sent to the workgroup for review, Mr. Fleming spoke with Ms. Bair and Ms. Martin regarding a number of potential changes to be made. Changes were made to clarify that the paper was taking a systems-wide approach, however those incarcerated may be at increased risk. Overall, the paper is separated by each entity involved with the juvenile justice system.

Mr. Fleming indicated to the group that he volunteers in JJ and expressed concern as to how often the courts/parole officers are directly involved with JJ youth and if they should be included in the issue paper. He feels the main focus should be at the arrest and detention level. Ms. Gall responded suicide prevention embodies the idea that everyone should be involved/educated and there continues to be problems in the JJ system overall.

Ms. Pekovitch added her experience with the JJ system and that she feels recovery support specialists should be included with the JJ system. She feels one may not feel like there is a way out once they enter the system and that it is traumatizing in general. Ms. Gall stated work has been done to make this more of a recovery system rather than a punitive system. Mr. Fleming added in commitment facilities youth get together for discussion groups, go to school, etc.

Ms. Gall suggested having a guest speaker address the JJ system as a whole and thanked Ms. Pekovitch for sharing her lived experience.

Mr. Petrik commented the data looked outdated, to which Ms. Martin responded the data came from the most recent version of a widely-used JJ study.

Ms. Gall recommended sending the current draft to Dr. Jennifer Jaworski, Chief of Mental Health Services at the Illinois Department of Juvenile Justice as a next step in the peer review process.

b. Data Workgroup

Dr. Mulhall reported analyses being reported on the Kognito training data. Through evaluation, it has been found some schools mandate the trainings while other schools may have only one staff member listed within the reports. Participation amounts per school vary widely.

Dr. Mulhall overviewed the training and survey process and indicated most participants complete a pretest and posttest survey to accompany each training. However, participation is much less likely for the 3-month follow-up survey.

Overall, Dr. Mulhall says there has been impact on participants' understanding of the issue and what kinds of responses should be taken in mental health crisis situations. A component missing from the 3-month follow up is that there isn't much understanding as to how those trained have been able to use what they learned. The trainings seem to have positive effects in the short run, but due to lack of follow-up, there isn't a great deal of understanding beyond.

The data workgroup is also continuing to work on the data matrix project, which includes connecting several areas of data to relevant entities. Ms. Martin is starting to look at outreaching to programs to see if they are doing programming centered around any of the data indicators.

Ms. Martin sent out a map via email that shows Illinois as having the lowest suicide rate in the Midwest. The workgroup has been discussion possible explanations behind this, including urban vs. rural and the presence of Native American tribes.

Ms. Levin reported the Illinois Violent Death Reporting System (IVDRS) is now federally funded to look at deaths from 2015-2019. Currently the project looks at 6 counties, and additional counties will be added through the grant. U.S. Centers for Disease Control and Prevention (CDC) has had an issue with wanting full geographic coverage of states, however, this has never been entirely feasible for IL's 102 counties. The new funding will allow for 80% of counties to be accounted for, and there is a plan developed to phase in the counties. Six states in the Midwest region have VDRS funding, and there are talks of possibly collaborating on some items because the presence of funding in these neighboring areas.

Ms. Levin added there is an emphasis on dissemination moving forward with this project. The team is looking for ways to share information with participating counties more.

In general, data collection is very prescribed by the CDC and there is not much flexibility on that front.

Starting January 1, the IVDRS team is working on a data sharing agreement for preliminary access to death certificate data. This is a process that used to take much longer than anticipated with this new agreement.

Dr. Mulhall also reported resources are being updated on the data manager reports. Also, in the future, the Illinois Youth Survey will include questions on suicidal ideation.

c. Education and Training Workgroup

Ms. Bair reported the following items regarding the 2015 Statewide Suicide Prevention Conference:

- The committee discussed the pros and cons of different locations and ultimately decided to go with the Bloomington-Normal area to keep the location fairly centralized but also provide easier access to those in the Chicago area.

- The conference date is Thursday, April 30th. Pending a contract, the event will be held at the DoubleTree by Hilton in Bloomington. The dates were approved internally; the final step is for IPHA to finalize the contract with the venue.
- Ms. Bair and Ms. Martin, along with 2 Illinois Public Health Association (IPHA) representatives, made a site visit to the venue a couple of weeks ago. The space is conducive to conference purposes; the area is bright, the parking is right by the entrance and easy to navigate, etc. Ms. Wanger from IPHA has worked with this venue previously for other conferences.
- Ms. Martin added the venue will be flexible to a potentially growing number of registrants. There is space to grow beyond 200.
- The title of this year's conference is the same as last years in the interest of making the event known annually. The logo is different and can be seen on the conference webpage.
- The committee developed goals and objectives applicable to this year's effort. Changes include an inclusion of best practices as a priority in the conference, along with a strong push to provide concrete materials for presenters to apply in their work and a focus on attracting youth as participants in not only the conference program itself, but as potential attendees. These goals are also viewable on the conference webpage.
- During the last ad-hoc meeting IPHA reported on the CEU utilization of last year—despite some credits being much more utilized than others, we ultimately decided to pursue offering all again due to all being at little to no cost.
- Dr. Mike Hogan will serve as the behavioral/health care integration keynote and will also be taking the lead in the Zero Suicide pre conference session.
- More about the Zero Suicide academy will be promoted by a more defined name due to the initial reaction "Zero Suicide" may elicit. During this preconference, a local perspective will be shared by an Illinois entity (Centerstone) who is working on the ZS initiative. Centerstone is located in Southern Illinois. Dr. Hogan has already started pulling in both Centerstone and Suicide Prevention Research Center into planning conversations and Ms. Martin is also reaching out to Illinois Department of Human Services.
- The committee considered the possibility of including both youth and young adult perspectives on the plenary session panel, however, it was ultimately decided not to look for youth speakers due to the fact there could be liability issues with speakers under 18.
- The committee is looking for a young adult from an attempter perspective, a young adult from a friend/survivor perspective, and a parent of a youth or young adult who died by or attempted suicide.
- An email date saver draft is complete and ready for forwarding—the committee is waiting for approval from Department staff.
- The committee is working with IPHA to also get a Call for Abstracts released and is hoping to set a submission deadline for mid-January for breakout presentations. Poster and program displays applications will be accepted as well, but for a longer time period as they don't require the level of decision that breakouts do.
- The committee is considering the idea of asking for sponsorships in the interest of sustainability and building supportive partnerships. The next step is to review materials from the 2004 conference for this and see what can be adapted. The committee is considering the idea of charging for-profit orgs and not charging non-for-profits.

Ms. Martin overviewed the potential breakdown of the Zero Suicide training, which includes a conference call ahead of time with health care administrators. The committee would like admin to start thinking of who they would send to the training—possibly two from each agency, one from senior staff and one from mental health. After the training there would be a follow-up call.

Ms. Martin reported there was a webinar earlier in the week covering the topic of substance use disorders and suicide prevention, in which Laurie Davidson from SPRC provided a 1.5 hour training. 150 were registered and 85 were live on the training. Ms. Martin added this was a good opportunity for follow-up from participants.

Ms. Bair reported the high education survey project is still in progress and currently is in the rough draft stage. Ms. Bair and Ms. Martin consulted with Dr. Davidson to amend this draft, and Ms. Bair is working to make structural changes that align with his suggestions.

Ms. Bair noted another component of the task is determining who to send the survey to on each campus. Dr. Davidson provided Ms. Bair with a point person listing he has used with similar efforts, and he also suggested contacting Dr. Sandy Colbs, who has also agreed to provide counseling center contacts. Dr. Davidson added one of the biggest challenges for this project will indeed be finding a point person from each campus to pass along various questions to the appropriate personnel. This prevents receiving multiple surveys from each campus with a potential for disconnect.

d. State Agency Support and Review Subcommittee

Ms. Reedy deferred to Ms. Martin to speak about the planning of the substance use disorder provider training. Ms. Martin reported the ad-hoc committee has determined regional trainings are not feasible with the current budget, but they have considered regional videoconference into a central training. The Illinois Certification Board (ICB) is interested in collaborating with this effort and has reserved a 5-hour slot within their spring conference if the committee would like it. This leaves two options—either the committee can plan their own one-day training, or participate in the ICB training. The committee will be meeting early December to make a decision. Ms. Martin has outreached to SPRC for a quote for providing a presentation, and confirmed she has secured an individual willing to give a TIP-50 webinar prior to the training.

Ms. Reedy reported Ms. Lora Thomas is leading the competency project. They have decided to do a strategic partnership and involve the Education and Training workgroup. Ms. Reedy, Ms. Thomas, and Ms. Katie Jones will be meeting to discuss further. They are looking to partner with the National Association of Social Workers, but a potential meeting will not happen until the New Year.

Ms. Martin indicated her attendance in the SAMHSA Implementation Academy; the group started coming with strategies during their initial meeting and will be hosting a site visit to try to pull the existing plan together. The visit is scheduled for December 16 in Chicago, and Ms. Reedy has been asked to participate as well.

The Guidelines for Clinical Workforce will be on the agenda for the next meeting, which Ms. Martin will forward out.

Ms. Martin reported the ad-hoc committee for the impending juvenile justice training met in October. Members of this committee represent several entities within the system. During the October meeting, the committee discussed who the audience will be for the training as well as potential focus areas (programming, awareness, training). Ms. Martin developed a survey for distribution at an IL Association of Probation and Court Services conference to see what attendees would like to see in our training, however the survey only generated 5 responses. Ms. Martin is looking into to distributing the survey electronically. Ms. Reedy noted there is a possibility the survey could be sent through JJ-involved clinicians who could then forward onto courts.

Announcements

Ms. Reedy commented tomorrow (November 22) would be Survivors of Suicide Day.

Mr. Johnson indicated Quincy now has a grief support group, which meets each month. 12 attended the first meeting, which was promoted with area coroners, funeral home directors, churches, as well as emergency rooms.

Adjourn at 1:52