

Suicide State Plan Steering Committee

CHARTER

August 2014



Steering Committee Charter

Committee Name: Suicide State Plan

Steering Committee

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Workgroup Members:

DOH Staff:

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Steering Committee Members (to be confirmed):

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Anthony Sparber, Veterans Administration Suicide Prevention Program

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Brian Buckingham, Makah Recovery Services

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Representative Tina L. Orwall, Washington State Legislature

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Susanne Hughes, League of Women Voters of Washington

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Tommy Simpson, Washington State Department of Health & Washington State Department of Veterans Affairs

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Background:

On March 27, Governor Jay Inslee signed Engrossed Substitute House Bill (ESHB) 2315 into law. This bill, sponsored by Representative Tina Orwall, builds on the foundation laid by the Matt Adler Suicide, Assessment, Treatment and Management Act of 2012. The 2014 law establishes three new strategies to reduce the number of suicides in Washington State. These include:

- 1) Suicide prevention training for healthcare providers
- 2) Statewide suicide prevention plan

3) Consultation program to support primary care providers.

The law became effective June 12, 2014 and funding to implement the law was made available July 1, 2014. Implementation of the providers training and the suicide prevention plan strategies will be led by the Department of Health (department). The Department of Social and Human Services (DSHS) and the Health Care Authority (HCA) will lead work on the consultation program.

Our state's current plan for suicide prevention, published in 2009, is focused on youth. The legislature determined that there was a critical need to develop a statewide plan for suicide prevention across the lifespan. The law requires the department to convene a steering committee to act in an advisory role in the development of this plan. The law requires representatives from the following groups/agencies: experts on suicide assessment, treatment, and management; institutions of higher education; tribal governments; the department of social and health services; the state department of veterans affairs; suicide prevention advocates, at least one of whom must be a survivor of suicide and at least one of whom must be a survivor of a suicide attempt; primary care providers; local health departments; and any other organizations or groups the secretary deems appropriate.

The plan must be complete no later than November 15, 2015, published on the department's website, and copies submitted to the governor and the relevant standing committees of the legislature.

The Washington Statewide Plan for Suicide Prevention (WA SPSP) will require hard work from many people and organizations, but it will serve as an important step forward in preventing this tragic public health problem.

Purpose:

Develop recommendations for the WA SPSP. The recommendations could include new models of prevention and cover the continuum of care from prevention and wellness to suicide postvention strategies. The plan could include models tailored to specific population groups as well as more comprehensive broad-reaching goals and action areas.

Objectives:

- 1. To prevent suicidal behaviors by enhancing resiliency, increasing awareness and promoting the education of Washington residents about suicide risk and protective factors.
- 2. Utilize the knowledge and resources of community members and the WA SPSP Steering Committee to reflect national research and experience of other states, and use a variety of approaches to save lives.
- 3. Address health disparities and heath equity concerns in a health systems framework.
- 4. Act to improve accessibility, availability, and continuity of suicide prevention care for all individuals in the health systems specifically addressing disparities in spatial (physically limited) ethnic, racial, and minority groups.
- 5. Support individuals, families and communities affected by suicide or suicidal behaviors.
- 6. Achieve the objectives of the Triple Aim across Washington: better care, better health, and lower cost.

7. Ensure the recommendations are aligned with the 2012 National Strategy for Suicide Prevention, the 2009 Washington State's Plan for Youth Suicide Prevention, the National Institute of Mental Health, the Centers for Disease Control and Prevention, the American Foundation for Suicide Prevention, the Suicide Prevention Resource Center, and other emerging initiatives and models for healthcare delivery in Washington.

Activities:

- 1. Establish a framework for suicide prevention in Washington including goals, objectives, action plans, recommendations, and next steps.
- 2. Identify protective and risk factors, existing models for prevention and postvention strategies, e.g., previous work done at the department, innovations and demonstration projects in Washington, and other states' models.
- 3. Convene work groups to advise the Steering Committee on specific topic areas to ensure the plan is consistent with current research, community resources, and work that is already taking place in Washington.
- 4. Identify health policy implications, regulatory barriers and recommend changes to statute and rule that would be needed for effective action.
- 5. Identify existing and needed data to save lives.
- 6. Prepare and submit a report to the secretary of health, the governor and legislative committees, and others as directed.

Workgroup Roles:

- The Secretary, in consultation with the Suicide State Plan Steering Committee, will develop the WA SPSP.
- The Suicide State Plan Steering Committee will provide consultation to the secretary to develop all components of the WA SPSP.
- The Department of Health will serve as the lead organization. Martin Mueller, Assistant Secretary is the Executive Sponsor for the Secretary of Health.

Outcomes:

- A Washington Statewide Plan for Suicide Prevention that:
 - Prevents deaths due to suicide across the life span,
 - Reduces the occurrence of self-harmful acts,
 - Reduces the suffering associated with suicidal behaviors and the traumatic impact on loved ones,
 - Provides opportunities and settings to enhance resilience, resourcefulness, respect, nonviolent conflicts resolution and interconnectedness for individuals, families, and communities across the state.
- A foundation and direction for policy changes to implement the recommendations and inform state health planning.

Decision making authority

Decisions within the workgroup will be made using a modified consensus whenever possible with an emphasis on mutual respect, listening to, drawing out minority points of view, and coming to full agreement.

Relationship to other groups

Members will be cognizant of other efforts that contribute to suicide prevention and align work when developing and implementing strategies and actions.

Key Dates and Milestones	
Initiate first steps: conduct research; identify work groups, topics and issues; and work with community members as needed	August 2014
Work groups submit topic area findings to Steering Committee for discussion	October 2014
Begin drafting the SPSP	November 2014 – January 2015
Review first draft of SPSP	February 2015
Develop final draft of SPSP	April 2015
Review final draft of SPSP	June 2015
Submit final draft of SPSP to Department of Health for review and approval	August 2015
Submit 2015 Washington Statewide Plan for Suicide Prevention to Governor and Legislature	November 15, 2015