Bree Collaborative | Suicide Prevention Workgroup
April 12th, 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
Kate Comtois, PhD, MPH
Karen Hye *, PsyD, CHI Franciscan
Neetha Mony,* MSW, Washington State Department of Health
Julie Richards, MPH, Kaiser Permanente
Washington Health Research Institute
Julie Rickard,* PhD, Confluence Health
Jennifer Stuber, PhD, University of Washington School of Social Work
Jeffrey Sung *, MD, Washington State Psychiatric Association

Staff and Members of the Public

Bruce Crow, PsyD
Jim Jackson,* Washington State Department of Social and Human Services
Alicia Parris, Bree Collaborative
Ginny Weir, MPH, Bree Collaborative

WELCOME AND INTRODUCTIONS

Hugh Straley, MD, Bree Collaborative, opened the meeting and those present introduced themselves.

Motion: Approve 3/8/2018 Minutes.
Outcome: Passed with unanimous support.

BEHAVIORAL HEALTH INTEGRATION AT KAISER PERMANENTE

Julie Richards, MPH, Kaiser Permanente gave a presentation on integration of behavioral health
Behavioral health integration

- Initial framing of behavioral health integration through screening and onsite social workers.
- Crisis response planning
- C-SSRS (Columbia Suicide Severity Risk Scale) used if patient screens positive on PHQ-2, then PHQ-9. Eight items. If patients scores above 3, they receive a same-day referral to a social worker. RNs back-up social workers.
- Limitations and barriers
    - Patient outcomes as yet unmeasured
    - Appointment time constraints
- Addressing patient needs rather than addressing risk
    - An initial question on access to lethal means as a factor
- The group discussed the merits and shortcomings of PHQ-9 and risk assessment in general
    - PHQ-9 is widely used and easier to implement than other screeners.
    - Pathways to suicidality outside of depression (i.e. immediate interpersonal loss; immediate shame and embarrassment; insomnia, drug and alcohol use). Currently the only pathway to the C-SSRS is through depression.

Action Item: Julie Richards to send risk assessment articles to Ginny Weir

- Dr. Straley inquired about accuracy of risk assessment tools being used to screen for suicide risk
- Addition of suicidal ideation to 'Problem List' in EPC
    - Recognizing suicidality as enduring vulnerability rather than momentary risk
- Kate Comtois, Ph.D, MPH, points out downfall of assuming attempts follow ideation
    - Not placing all of the emphasis on screening
- Strongest predictor of suicidality is a past attempt
- Jen Stuber, PhD, University of Washington School of Social Work, asked for more clarification on the term "attempts" used in risk assessment
    - If rehearsals are considered "attempts" when firearms are the method
- Dr. Straley asked about the correlation of harm of self and harm of others
- Higher reporting rates with if different methods of screening (not face to face interview)
- Dr. Straley asked the group about their recommendations for changes to screening
- Henry Ford Health System's Perfect Depression Care.
- Julie Rickard, PhD, Confluence Health, discussed implementation at Confluence using PHQ-2 plus the 9th item on suicidal ideation (PHQ-3).
    - Reducing push-back with changing presentation
- Using other risk factors to determine suicidality
    - Perceived burden, hopelessness, interpersonal loss, chronic pain etc.
    - Large number of warning signs that can trigger a provider to screen.
- Ms. Mony was asked about the suicide prevention plan training and how it taught providers to recognize warning signs
    - Training is more general as there is no current alternative for recognizing risk
- Excluding the PHQ-9 may lead to reluctance to buy in
    - Rather than exclusion but include additional training for response after diagnosis
- Karen Hye, PsyD, CHI Franciscan, talked about the implementation attempts at CHI Franciscan
    - Opening up providers to make one available for a hand-off to make a safety plan
    - Safe-T Guide, addresses past history attempts
- Providing intervention options can give providers more confidence to asking questions
- Group will discuss recommendations surrounding access to lethal means and addition of suicidal ideation to 'Problem List'
- Creating tiered recommendations based on provider resources

Action Items: Jen Stuber will discuss the work being done at gun shows around lethal means i.e. medications, firearms etc. at the May 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.