Bree Collaborative | Suicide Care Workgroup
June 14th, 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, MSW, Psychologist, Harborview Medical Center
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
Jeffrey Sung, MD, Washington State Psychiatric Association
Jennifer Stuber,* PhD, University of Washington School of Social Work

STAFF AND MEMBERS OF THE PUBLIC

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. Dr. Straley updated the group that the name of the group was changed to "Suicide Care" at the request of the workgroup members.

Motion: Approve 5/10/2018 Minutes.
Outcome: Passed with unanimous support.

FINALIZING LANGUAGE FOR RECOMMENDATIONS

The group reviewed *Recommendation Focus Areas* and discussed:

- Possibility of making screening for safe medication and weapons storage a part of regular preventative care for everyone, not just those who may be at higher risk for suicide.
    - Possible pushback from NRA and second amendment groups.
    - Already in place in a pediatric setting (e.g., Seattle Children's).

Action Item: Jen Stuber to send evidence that shows impact safe storage of firearms and medication

- Under Follow-up and Support "caring contract" was changed to "collaborative safety planning."
- Distinction between the C-SSRS as opposed to the full Columbia interview. There are many versions of the tool. The workgroup decided to not be prescriptive of the specific tool.

Group reviewed *Stakeholder Actions and Quality Improvement Strategies* and:

- Added "socialization strategies for distraction and support."
- Adding language to the follow-up care after a suicide attempt section that clearly states the need for contact after someone is discharged from an inpatient setting.
    - Describing clear protocols and structure for follow-up care.
- Added additional language to supported pathway to adequate and timely care.
    - Defining who is responsible for hand offs and primary care contact.
- Addition of peer support as a potential follow-up. This is not in place in the majority of in- or out-patient settings. CHI Franciscan does have a peer support program.

- Patient decision authority in choosing care.
    - Lack of choices.
- Developing recommendations for an emergency department.
    - Notification of behavioral health provider.
    - The barrier of denial of coverage for behavioral health crisis and complexity codes.
    - Recommending reimbursable codes for crisis management.
- Separating focus areas of Management and Treatment.
    - Management can be done in primary care while treatment more likely will take place in specialty care. Managing suicidality does not address underlying issues and should be separated for the care pathway. Many people also only receive management of suicidality and never evidence-based treatment, which can lead to a suicide.
- Incorporating family involvement into risk management.
    - Barriers of access to information about family members. The patient would need to connect the provider or care team to family members.
    - Including friends, coworkers, or other support systems outside of family.
    - All can only be done with the patient's buy-in.

Action Item:

- Jeffrey Sung to send SPRC crisis plan
- Workgroup members to review latest iteration of recommendations and then are comfortable sending the recommendations on to the Bree Collaborative for dissemination for public comment.

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.