

Nebraska State Suicide Prevention Coalition (NSSPC)

Meeting Minutes

August 26th, 2016 1:00 PM - 2:30 PM CST

Bryan West Hospital - Classroom #2

Dr. Don Belau and Dr. Dave Miers, Co-Chairs

Tiffany Mullison, State Suicide Prevention Outreach Coordinator

Attendees: Tiffany Mullison, Ray Remier, Pam Oltman, Cindy Buesing, John Walsh, Ginie Davis, Mark DeKraai, Kathy Karsting, Quinn Lewandowski, Rose Hood Buss, Jessica Schlegelmilch, Jill Schubauer, Brenda McDonald, Shannon Sell, Melissa Schaefer, Ann Koopman, and Sandy Morrissey

I. Approval of Minutes and Agenda

Pam Oltman made a motion to approve the June 24th meeting minutes; Cindy Buesing seconded the motion; the June meeting minutes were approved.

Pam Oltman made a motion to approve the agenda for August's meeting; Cindy Buesing seconded the motion; the August agenda was approved.

II. Youth Suicide Prevention in Nebraska – Mark DeKraai, University of Nebraska Public Policy Center (Data from Boys Town Lifeline: 10-24 year olds from Nebraska over a five year period [2011-2015]).

A. Trends over time

- a. The number of calls to the hotline made by 10-24 year olds has increased dramatically from year to year throughout the five year time period. There were 112 calls in 2011; in 2015, there were 277 calls.
- b. The YRBS percentage of suicides by 10-24 year olds has remained fairly consistent over time, in the 12%-14% range.
- c. The percentage for sad/hopeless individuals, for individuals who have considered suicide, for individuals with a suicide plan, and for suicides attempted also stayed relatively constant.
- d. 2015 was the first time in a decade that suicide ideation rose

B. Geographic Differences

- a. When looking at suicide rates by health department, we see the highest rate for the Public Health/Southwest region with 11.7. The lowest rate is the North Central/Loup Basin/East Central area with 5.7.
- b. The data reinforces that areas with a relatively large number of calls to the hotline have lower suicide rates, and the areas with relatively fewer calls have higher suicide rates; however, Public Health/Southeast area is an exception, having many calls and a high number of suicides.
- c. West central/Southwest area has relatively few calls and relatively high suicide rates. An effort should be made to do outreach here to give information about the lifeline and encourage people to call it.

C. Gender Differences

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- a. Young females are much more likely than young males to make the call; however, by ages 21-24 the distribution of calls by gender are fairly equal, including with males making more calls at age 22.
- b. In the five year period in Nebraska, 270 males aged 10-24 completed suicide, but only 61 females in the same age group completed suicide.
- c. In regards to relationship concerns risk factors, 20.4% of males were concerned about relationship loss, while only 11.9% of females were. A slightly higher percentage of females were abuse victims than males (5.6% and 2.5%, respectively).

D. Age Differences

- a. A request was made to separate the data from ages 10-24 down to more age groups, considering that three developmental stages are encompassed in the current age range.
- b. Underreporting to the SDC about completed suicides after discharge from the Nebraska Behavioral System in Nebraska for individuals aged 9-17 is an issue.

III. SPARK talk (Common Ground: Reducing Gun Access) - SPARK Talks are Short, Provocative, Action-oriented, Realistic, and Knowledgeable videos of leaders in the suicide prevention movement. Each of these innovators describes a new development or direction in the field that can have an impact on suicide and issues a call to action. SPARK talks are available on the SPRC website. <http://sparktalks.sprc.org/>

IV. Review Action Plan for Year 3

A. Recruitment and Promotion Efforts around AMSR

- a. Some possible groups/individuals to reach out to for participation in AMSR:
 1. Individual therapists (the use of one-on-one invitations has also been helpful)
 2. Service coordination and case management departments for clinical services.
 3. Clergy
 4. Those with a relationship to new, young moms
 5. Those with a relationship to the homeless

B. CAMS programs

- a. Discussion was held on how CAMS should stay clinician based.
- b. All Regions were required to budget for CAMS; and how many they would like to complete was left up to each Region.

V. Youth Suicide Prevention Outreach Specialist Update- Reminders

- A.** Budgets are due July 15- no penalty for early submission
- B.** Flat, two dimensional promotional materials can be placed on bulletin boards in the State Office Building lobby (no cards, brochures, or pamphlets) for entire month of September
- C.** Brochures have been reprinted in English (~3,000 copies); will be brought to regional prevention meeting, as well as LOSS team materials to be passed out
- D.** Each region has agreed to add a line item for \$700 to their budget to cover expenses of the LOSS conference in March. In addition to the \$700, each region should also expect to budget \$50 per person for registration fees for the LOSS conference.

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- E. DVD has been put on YouTube- feel free to put link on web page/Facebook page. The whole video is 30-45 minutes long with segments on youth suicide, military suicide, and elderly suicide that can be shown independently of the others

VI. Behavioral Health Region Updates and Regional LOSS team updates

Region I- A law enforcement meeting was conducted regarding LOSS team development; all five law enforcement agencies are on board. There is a plan to activate the Region's first LOSS team by January 1, 2017. The Region's overall goal is to have four active LOSS teams; there is potential to create at least three in the Panhandle area. Kevin Hines will visit the Region in August. All Region staff will attend the QPR TOT in Norfolk.

Region II- The Region will continue with its media campaign. A few Youth Mental Health First Aid Trainings are scheduled in the next few months. Work is being done to potentially create a LOSS team; an informational meeting may be held to gauge interest. AMSR and CAMS training will continue to be offered in the region.

Region III- Staff is working with ESU-10 to connect with school counselors across the Region to set up AMSR and CAMS trainings. The Region is also assisting a new suicide prevention coalition in Buffalo County.

Region IV- Five billboards have been put up in the area. Efforts are being made to set up AMSR and QPR TOT, staff is waiting to hear from the trainer. There was a meeting between Region IV (Norfolk), the State Coalition, and the Northeast Nebraska Suicide Prevention Coalition, where target areas were identified for (up to four) LOSS teams in Cherry county area. One or two LOSS teams are planned to be up and running by January 1, 2017. For Year 3, the Region would like to branch out more to the Native American Communities and schools.

Region V- The Lincoln Coalition's subcommittees continue their hard work and the parking garage signs are already being put up throughout the city and UNL parking garages. The Region is also investigating a QPR-endorsed suicide prevention program called Hope Squad, which is led by youth and school-based.

Region VI- The Region's successes for Year 2 include partnering with the Kim Foundation and the development of the Metro Area Suicide Prevention Coalition.

VII. Regional & Coalition Updates

a. State Coalition

- a. Tiffany is planning a proclamation event in September that local coalitions will be invited to. There may possibly be a reception afterwards that media will be invited to attend.
- b. The webpage is being finalized and updated. Future meeting dates will be on agendas, which are posted to the webpage.

VIII. Awareness Updates

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a. Governor's Proclamation of September as Suicide Prevention Awareness Month

IX. Upcoming Training Opportunities, Events, and Conferences

- a. Surviving Stigma Together 5K Run, 2 mile Walk, and Celebration – Sept. 18th at 12:30 PM in Lincoln, NE, register at <https://www.eventbrite.com/e/surviving-stigma-together-5k-run-2-mile-walk-tickets-27052489725?aff=es2>, \$20 for Adults (19+) \$10 for children (18 and under)
- b. There are six AFSP Out of the Darkness walks in September. Visit <http://afsp.donordrive.com/> to find one near you.
- c. Healthy Youth Nebraska Conference – Sept. 19th in Kearney, NE
- d. National LOSS Team Conference – Sept. 28th & 29th in Fort Worth, TX
- e. Public Health Association of Nebraska Annual Conference – Sept. 29th & 30th in Lincoln, NE
- f. Re-engaging with Life, Creating a New You: Turning Impossible to I'm Possible by Josh Rivedal, Bryan Medical Center East – October 5th from 6:30 PM-8:00 PM, Free Registration, bryanhealth.org/calendar or 402-481-8886.
- g. Workshop by Josh Rivedal, Healing Heart Wounds through Exploration and Play: How to Help People Re-engage with Life - October 6th from 9:00 AM – 11:00 AM, There is a fee to registration fee, bryanhealth.org/professional-education
- h. Bryan Health Capital City Classic, 5K, 15K, and 1 Mile Kids Run Sunday October 23rd, 3:00 p.m.-Register at bryanhealth.org/run
- i. A Time for Hope & Healing with Dr. Thomas Joiner – November 9th in LaVista. Register Here: <http://www.thekimfoundation.org/a-time-for-hope-and-healing.html>

X. Announcements

No other announcements were shared

XI. Remaining Meeting Dates in 2016

October 28th

December 9th

XII. Tentative Meeting Dates in 2017

January 20th

March 17th

May 19th

July 21st

September 15th

November 17th