

Illinois Suicide Prevention Illinois Suicide Prevention Alliance (ISPA)  
 Summary of Minutes August 18, 2014  
 10:00 a.m. – 2:30:p.m.  
**Approved November 21, 2014**

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

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

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

<b><u>Stakeholders in Attendance</u></b>				
Libby Bair	Illinois Department of Public Health	<i>Springfield</i>		
Gail Simpson	Illinois Department of Children and Family Services	<i>Springfield</i>		
Ben Arbise	Illinois Department of Public Health	<i>Springfield</i>		
Trina Diedrich	Illinois Department of Human Services	<i>Springfield</i>		
Sandy Spyrka	Illinois Department of Public Health	<i>Springfield</i>		
Stan Lewy	Suicide Prevention Association	<i>Chicago</i>		
Becky Levin	Ann & Robert H. Lurie Children’s Hospital of Chicago	<i>Chicago</i>		
Peter Eckart	Illinois Public Health Institute	<i>Chicago</i>		
Katie Mason	Mental Health America of Illinois	<i>Chicago</i>		
Katie Jones	Molina Healthcare of Illinois	<i>Springfield</i>		
Megan Erskine	Chicago Public Schools	<i>Chicago</i>		

**Meeting was called to order at 10:05 a.m.**

**Introductions/Welcome**

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

### **Review and approval of May 16, 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. Johnson motioned for the approval of the minutes, with a second from Mr. Moore. All in favor, motion carried.

### **Update from Illinois Department of Public Health (Department)**

Ms. Martin reported the same approach was taken for scheduling FY15 meetings for the ISPA. All workgroups have decided to meet on the same days as they did during FY14. A list of FY15 meeting dates and locations were provided to the members.

There has been internal discussion that was presented to the ISPA leaders regarding transforming the email list into an official Listserv. Positives to this (which were pointed out in responses to a survey sent to stakeholders) are easy communication to all those interested in suicide prevention in Illinois, and access to subject matter experts. Concerns included a potential increase in the amount of messages in inboxes. The ISPA leaders agreed to take the approach of having two listservs—one for ISPA business and one for suicide prevention resources. The leaders decided on this after looking at three separate approaches. With the chosen approach, everyone on group email will be added to the resource listserv, but will have to option to opt out of it. Ms. Martin is looking forward to having this available for the group so people can communicate with each other. Once approved and set up, she will let ISPA members know.

Ms. Blaccioniere inquired as to whether there be a SharePoint so we can have access to the resources whenever listserv subscribers want them. Ms. Martin will look into adding this to the proposal, as a SharePoint would also be a good place to put handouts before meetings.

Ms. Martin also shared information from the federal youth suicide prevention grantee meeting and also added there will not be a grantee meeting next year. She, Dr. Mulhall and Ms. Reedy represented Illinois this year. As of now, 49 states have received funding. The GLS grant has undergone a redesign, including a major focus on goals 8 and 9 of the national strategy. Goals based on several areas—but 8 & 9 addresses strategies around treatment and services. Goal 8 promotes suicide prevention as a core component of services, and Goal 9 focuses on incorporating effective clinical practices for assessment of those identified at risk for suicidal behaviors.

Additional GLS changes include using data not only at start of grant, but using it to modify the grant along the way. The FOA also calls for involvement of youth voice and suicide attempt survivors, one intensive community based effort, and a sustainability plan. Previously, GLS has been allocated at \$400,000 for 3 years, but now it is awarded at \$730,000 for 5 years.

### **Update of ISPA leadership positions and membership vacancies**

Ms. Martin reported Jeff Dill of fire service retired and resigned from the ISPA. She has reached out to another active person in the field, Pat Kenny, to see if he would be interested. Ms. Jones noted she knows someone who might be interested, and will reach out to field interest.

Ms. Martin did not receive feedback on how to reach out to state agency vacancies. There are still two vacancies for co-chair open. Ms. Jones has been serving as interim chair of the Education and Training workgroup, and Ms. Diedrich has volunteered to step in as chair. They will co-chair the October meeting to transition the position over.

Ms. Reedy inquired as to whether there has been any news on Mr. Lewy's appointed member application. Ms. Martin has followed up on this, but has not heard anything.

## Guest Speakers

a. Alliance for Health - Governor's Office of Health Innovation & Transformation Initiative (invited)  
Peter Eckart – Illinois Public Health Institute

Mr. Eckart began by explaining Illinois is in a period of fast, dynamic change in service delivery, relationships with feds and state, and relationships between state and provider. He explained his presentation would outline how the state is structuring a process for change. He considers himself an “ambassador for participation,” as he is not a state employee. The Illinois Public Health Institute has a specific interest in how systems are formed and improved, and sees the GOHIT initiative as a place where providers and consumers can be involved.

The goal of the GOHIT is to develop the strategic implementation plan for the 1115 Waiver and Alliance for Health. Mr. Eckart stated the groups are in the early stages of a 6-7 month process. So far, there are almost 1,000 stakeholders involved trying to create recommendations. Mr. Eckart says there is a place for all to participate who are interested, as GOHIT created a structure to try to get as many people to participate as possible.

There are 5 workgroups: Data and Technology, Integrated Delivery System Reform, Public Health Integration, Services and Supports, and Workforce. Mr. Eckart pointed the group's attention to the 4<sup>th</sup> slide in the handout, which outlines the implementation work group process. Within the outlined process, the workgroups are still somewhere in the Initiate and Collaborate stages.

Specifically, Mr. Eckart focused on the Long-Term Services and Supports sub-committee within the Services and Support Work Group. Lora McCurdy of HFS is chairing this workgroup. This particular sub-committee is broken into 5 separate breakthrough groups. Three of these groups have already been formed, and the other two are to follow. Those particular groups will be focused on behavioral health and another on developmental disabilities. Both of these groups will have new opportunities for outside participation for those interested.

Mr. Eckart noted the GOHIT meeting process is complicated, and they are asking people involved to come prepared for each meeting. While not every issue will end in a consensus, these meetings are a place for stakeholders to voice their opinions.

Mr. Eckart provided an address for those interested in workgroups to send their intention to participate, as well as a website with information on GOHIT and the 1115 Waiver.

Ms. Gerdes inquired as to what the waiver was, to which Mr. Eckart responded there are 9 waivers waiving Medicaid requirements. The 1115 funding waiver process is designed to clasp all of the 9 programs together and allow participants to get services based on need, not what waiver they previously met.

Ms. Reedy added she encourages everyone to get very familiar with this topic, as it will change how healthcare is delivered in Illinois. Specifically, it relates to the alliance focusing on Goals 8 and 9 of the National Suicide Prevention Strategy.

Ms. Blacconiere asked what kind of time commitment is required for participation, to which Mr. Eckart indicated a serious one. Breakthrough groups will be meeting once a month, if not more frequently. Ms. Jones commented she has participated in GOHIT meetings, finding the experience overwhelming yet invigorating.

Ms. Simpson asked how healthcare providers will factor into the workgroups, as she notices there isn't a specific workgroup dedicated to them. Mr. Eckart noted since a systems approach is being taken, providers should be active across all workgroups, not just one. Ms. Reedy also added many providers and professional associations are weighing in pretty heavily on the Workforce workgroup.

Ms. Ratliff added the leadership committee for the ISPA should come together to talk about how to address this issue, possibly gathering before the next scheduled leaders meeting.

b. Overview of the National Action Alliance for Suicide Prevention, Suicide Attempt Survivors Task Force

i. Stan Lewy, Suicide Prevention Association

Mr. Lewy gave background information on the National Action Alliance for Suicide Prevention. The National Action Alliance was envisioned with the goal of reducing the amount of suicides in the U.S. by 20,000 in a 5-year period. It is broken into various workgroups/segments, and the material at hand is based on attempt survivors.

Mr. Lewy is part of the Suicide Attempt Survivor Task force, which has been meeting twice a month. *The Way Forward* has been written by people who have attempted suicide themselves. Parallel to this paper, there's been a movement for those with lived experience to participate in suicide prevention activities.

This particular paper contains recommendations as to how people with lived experience can be included in all aspects of suicide prevention movement. There are key recommendations as to how various agencies may be able to look at their own policies/procedures to identify what hasn't been done to address attempt survivors.

Entire paper is over 100 pages long—executive summary will enlighten you on various recommendations. Mr. Lewy recommends everyone review the document to see if there is anything that makes sense for your organization or agency, see if there is anything that makes sense to participate in upcoming suicide prevention week/month in September. This is pivotal work of many people and a very informative paper.

Mr. Lewy added there are survivor attempt groups meeting across the country, and while there was early concern as to if these would be problematic, they haven't been. Those involved have been coming together and gaining strength from each other. Also, Pat Corrigan is working on a stigma-busting project, putting people together to determine what is stigma and design actions and activities for stigma-busting.

Ms. Ashby noted each time she's held a Lifesavers retreat, an average of 2-6 kids in a group of 40-60 say they've attempted suicide. This is an indicator of the need of a youth voice in this process.

Additionally, Mr. Lewy said providers should design help/treatment for those that have attempted, as attempters are at a much greater risk.

**Follow up to the discussion about how someone is not eligible for a Firearm Owner Identification card due to their mental health status**

Ms. Martin reported on the status of this discussion—at the last ISPA meeting, Mr. Johnson gave a presentation about his local concerns/efforts with FOID privileges and the developmentally disabled. There also was ISPA discussion about how the concealed carry law affects school administrators, in which the group started talking about FOID again. “The List” is continuously brought up in discussion. Ms. Martin noted Ms. Reedy has since gave insight explaining there are actually 2 lists, and asked her to share what she knows with the group.

Ms. Reedy stated that before the concealed carry law, if one was hospitalized for a mental illness, a report was required. That list of people was electronically matched with people who have applied for a FOID card. Whoever was matched, their names were sent to the Illinois State Police. However, new legislation effective now leaves those who are developmentally disabled on the list indefinitely.

Mr. Johnson added children's names remain indefinitely on the list, and their FOID applications would be in question as well. His concern is that a whole group of people has been categorized based on disability, and some have their cards revoked when they apply for disability benefits. He has met with Senator Sullivan and Rep. Tracy to address this.

Mr. Moore continued the legislation added groups of people who are allowed to determine who goes on the list (social workers, etc.). This may discourage those who have a firearm to seek help if they get a divorce, lose their job, etc. because they're afraid they'll lose their privileges.

There was brief discussion surrounding the issue of law enforcement and whether they do or do not lose firearm privileges if they seek mental health treatment. After some debate, Mr. Petrik states any officer declared mentally ill had to be adjudicated first; there are a number of steps that need to be met before an officer is placed on the list, and the statute says everyone has to go through an involuntary admission before being put on the list unless they present clear and present danger. Those on the list must present violent danger, violent physical or verbal behavior, as deemed by clinical psychologist, qualified examiner, school administrator. This is according to 430 ILCS 65 -- otherwise known as the FOID act.

Mr. Johnson added the Illinois Hospital Association was been informed those who come in to any inpatient psychiatric unit for any reason are being reported to the list, to which Ms. Reedy responded there was concern about those who were in psychiatric units because there were no other hospital beds open. She also noted if the ISPA would like someone with expertise to speak, she can work on finding a representative who can speak to the law and its implications. Master Sergeant Petrik has been reaching out to some individuals to speak as well.

Ms. Ratliff recommended we have both a speaker from DHS and ISP to address both sides of this issue.

#### **Overview of suicide prevention related legislation**

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

Mr. Moore let the group know if there's anything in particular anyone would like for him address at a meeting to contact him.

There were two anti-bullying bills that were passed. HB 5707 required schools to implement comprehensive anti-bullying policies. HB 4207 is regarding cyber-bullying, and prohibits bullying of students through technology outside the classroom or school.

Also, there has been the formation of the Illinois Veteran Suicide Task Force. This group was formed to investigate the causes to and prevention of suicides among veterans from Illinois. There will be legislative representation, along with VA, Military Affairs, Department of Public Health, and Department of Human Services representation.

#### **Overview of recent Illinois Youth Risk Behavior Surveillance System data**

- a. Jessica H. Gerdes, MS, RN, NCSN, Illinois State Board of Education
- b. Megan O. Erskine, Chicago Public Schools

Ms. Gerdes began by explaining how the YRBS data is collected; the Illinois State Board of Education manages the survey for Illinois outside of Chicago, and Chicago Public Schools manages the Chicago surveys from CPS. The survey is made possible by a grant to the state, and it is collected in odd years and reported in even years.

Ms. Erskine continued the presentation by reviewing how the data is collected in CPS. Their YRBS is part of their HIV/STI prevention grant, and is administered through the Office of Student Health and Wellness. That office manages chronic disease and access to healthcare.

The CPS data is weighted and has been since 1991, which Ms. Erskine explained is helped by the fact CPS uses passive consent rather than active consent.

Ms. Erskine presented national data to precede her results. Based on the 2013 YRBS survey of youth in grades 9-12 17 percent reported seriously considering suicide, 13.6 percent reported creating a plan, 8 percent reported attempting suicide, and 2.7 percent suffered results that needed medical treatment. She directed the group to slide 6, which showed trends in national YRBS data. Slides 7-9 were state maps presenting the percentage of high school students who seriously considered attempting suicide, percentage of high school students who attempted suicide and percentage of high school students who attempted suicide that resulted in treatment by a doctor or nurse.

Statewide YRBS data separate from CPS shows higher percentages than the 2013 national data. Based on the national numbers, it is estimated that an average high school classroom of 30 will have almost 4 students that have attempted suicide in the 12 months prior.

Based on CPS data, it is estimated that an average Chicago classroom of 30 will have 1.5 or more that have attempted suicide in the past 12 months. Within CPS, 15.5% of students reported seriously considering suicide.

Ms. Erskine also presented CPS numbers regarding the percentage of students who had been electronically bullied, percentage of students who ever seriously thought of killing themselves, percentage of students who ever made a suicide plan, and percentage of students who ever tried to kill themselves. The latter three of those statistics were also presented for middle school as well.

Mr. Arbise inquired as to what the sample size was for this data, to which Ms. Erskine responded about 1,500 students out of 200,000-250,000 possible.

According to the data presented, students who aren't part of CPS are at higher risk for suicide. LGB youth are at greater risk regardless of their school setting.

Ms. Reedy asked if there was any idea if the students answering the survey questions know the difference between suicidality and non-suicidal self injury. In other words, are those reporting ideas about suicidality actually engaging in NSSI? Ms. Erskine responded that the CDC takes great care in testing the survey questions. Ms. Gerdes noted questions about suicide have an introductory piece that define and address suicide.

Ms. Levin expressed some concerns in the 2011 results, which were misconstrued to make others believe Chicago had the highest rate of youth suicide in larger school districts. Ms. Martin noted we did not promote that data because of such concerns.

## **Workgroup updates**

### **a. Data Workgroup**

Dr. Mulhall reported the workgroup met the previous week, continuing to think about different ways they can access and use data. They are following up on the fact there's a lot of data that isn't used and some data that isn't taken full advantage of. The workgroup is creating a data matrix to cross-walk issues related to primary, secondary, and tertiary prevention. Ms. Martin has done a great deal of work with this project, which will likely be presented at the next quarterly meeting.

Mr. Arbise and the department data team are working on a data brief related to suicide methods. The plan is to release this paper in conjunction with Suicide Prevention Month. In this paper, they plan to focus on poisonings. Lurie Children's hospital will also be releasing a data brief for this observance, which will be part of a series of data briefs.

Dr. Mulhall also reported the evaluation team continues to conduct analysis of the Kognito gatekeeper training, and Mr. Bruce Steiner, who oversees the BRFS, talked to the data workgroup about the Adverse Childhood Experiences module.

Ms. Jones expressed her interest in county-level rates, which would be useful for her to look at in terms of assessing care. Mr. Arbise noted the department maps may be relevant to her request, and are in the final stages of being put in the Preventing Chronic Disease Journal for CDC.

**b. Community Awareness Workgroup \***

Ms. Mason reported there was a webinar held by Courtney Hill of Market M, where he guided participants through the changes to the It Only Takes One website. He also covered how to utilize the site best. The webinar video was archived, and there is a link to it on the It Only Takes One website.

The next year of the grant is beginning, in which the focus will be on driving traffic to the website. Market M is building a mobile version of the website to the site is friendly to smartphones and tablets, which will help in driving youth traffic to IOTO.

Ms. Mason also reported she did a segment on WGN radio the day after Robin Williams passed away. After that radio appearance, traffic to IOTO went up. Mr. Lewy added there has been a doubling in volume of calls to the National Suicide Prevention Lifeline since Williams' passing.

Ms. Jones mentioned she'd like to hear more about the Lifeline in general at ISPA meetings, as it seems like a vital component to the ISPA's efforts. Ms. Martin responded that she has made an effort to reach out to the NSPL, and a focus on the Lifeline was added as a component of the 2014 conference. Ms. Jones added she will do what she can to encourage crisis center representatives to participate in the ISPA.

Ms. Martin reported Ms. Bair has been working full-time during the summer, giving her more time to focus on the issue papers. There were three new ones being working on, as well as reaching out to subject matter experts to correct old ones. There were three issue papers ready to present, while others need another round of review. During the August meeting, the workgroup also looked at what topics we want to look into for our next three new issue papers.

The following status updates were given/comments shared regarding the three papers presented to the group:

- College Students
  - Eric Davidson reviewed the current draft available online in the department publications. He recommended updating the statistics and eliminating older references—from an academic standpoint, the paper seemed outdated. Ms. Bair supplemented the data with newer sources that were comparable. Ms. Martin also added information from the National Strategy and added several dot points to reflect the Jed & Clinton foundation campus program.
    - Ms. Reedy commented there were a few instances where she saw “suicides” and recommended these be changed to “died by suicide”
    - Ms. Levin commented the resources presented should provide information on how to perform the recommendations suggested in the issue paper. For instance, the paper on college students recommends developing a task force. Do the resources provide additional information on how to form a task force and would our audience know to go to the resource section to gain that information?
- Veterans
  - Ms. Reedy noted there may need to be guidance as to who one shouldn't leave alone (referring to the E of Operation S.A.V.E.)
- Older Adults

- Mr. Petrik expressed concerns the suggestion to take a move ammo/lock a gun if an elderly family member refuses the remove the gun from the home. He was concerned this might add to their depression to know family members are doing things behind their back.
- This led to another discussion about if our role is to share general evidence-based strategies and not get into “what if” situations-- Ms. Jones noted we need to be cautious in considering “what if it’s this, what if it’s that” situations.

Mr. Fleming inquired as to who exactly the issue papers are trying to reach. Ms. Martin responded that the purpose of the papers are to bring attention to areas of at-risk populations. A general audience for the papers is stakeholders who are looking for resources and gathering information about suicide prevention. The issue papers are intended to serve as a linkage to resources.

There was continued discussion regarding the idea of focusing the issue papers on specific audiences and indicating those audiences when the paper is reviewed by the ISPA. Ms. Martin noted we will make sure to only have one guest speaker next meeting to make sure the issue paper drafts can be worked through fully.

### **c. Education and Training Workgroup \***

In the first year of the GLS grant there was a meeting with higher education professionals about strategies they can implement on their campuses; many of those professionals reconvened at the April 2014 conference. Ms. Martin noted one item that came out of the conference meeting is that higher education professionals want to know what other campuses are doing in suicide prevention. Ms. Bair and Ms. Martin are working with Dr. Davidson to make a benchmarking survey, which has gone through a round of revisions.

Ms. Martin also reported she has communicated with both Ms. Kim Fornero and Prevention First regarding hosting a webinar for substance use disorder preventionists. Through those discussions, it has been determined a representative from Suicide Prevention Resource Center will be presenting the content, and Prevention First will handle webinar logistics.

Ms. Bair provided an overview of the conference proposal approved by the ad-hoc planning committee, Education and Training Workgroup, and Division Chief Pressley. The proposal was fashioned off the 2014 proposal, with changes, additions and deletions made according to 2014 evaluations, recommendations, and discussion within the ad-hoc committee. Specific items pointed out include:

- The history section of the proposal still contains language about the 2004 conference as to emphasize the feat of holding the 2014 conference followed by another the next year.
- After initial review by the ad-hoc committee, a specific focus on programs recognized as best practices was added to the proposal. The committee has discussed the possibility of a keynote addressing this topic as well as a possible breakout track.
- Because youth is an emerging topic for SAMHSA, the committee is looking to include youth and young adults in the conference audience. Within the intended audience section, this group is specified as “youth and young adults who are active leaders in the field of suicide prevention.”
- Because of evaluation feedback looking for more basic knowledge, the committee added warning signs as a specific goal for increased knowledge within the conference purpose.
- The committee is looking into holding the conference somewhere in the Bloomington-Normal area and planning to hold the conference a month or so earlier than the 2014 conference.
- Taking into account feedback from the FY14 evaluations, the committee is proposing extending breaks during the conference and holding two breakout sessions rather than three. Scheduling wise, this will also allow for final remarks to be held immediately following the plenary session.
- Addressing Goal 8 of the national plan, the committee is proposing holding a Zero Suicide training as a pre-conference event.



- Ms. Martin added she is considering forming an ad-hoc committee separate from the conference committee to discuss this pre-conference event.
- The budget figures presented were based on some 2014 figures and estimates; when a venue is identified as well as a caterer, etc., the figures are expected to change.
- All in all, the conference will build upon lessons learned from 2014.

Ms. Gerdes motioned to accept the conference proposal as-is and move forward with the planning process.

Ms. Jones reported she and Ms. Diedrich will co-chair the October workgroup meeting to transition leadership positions, as Ms. Diedrich has volunteered to step in as chair of the committee.

#### **d. State Agency Support and Review Subcommittee**

Ms. Reedy reported NAMI is leading the professional competency effort. The National Association of Social Workers will be convening a meeting of professional groups on behalf of this effort. This meeting is in the beginning stages of planning; Ms. Reedy asked for anyone with ideas about who should be involved to contact she or Ms. Thomas.

Ms. Reedy also reported on the upcoming Healthy Transitions grant, which will be focusing on young people aging out of DCFS services, middle/high school to 25 years old. This grant's goal is to improve the services for this transition age. Ms. Reedy noted this period is one where our bureaucracies aren't necessarily aligned to the same goals.

The Department sent out a survey to ensure the substance use professional meeting being planned is appropriate for its target audience, which is administration, mid-level staff, and counselors. Ms. Reedy and Ms. Diedrich both helped get this survey sent out through the DHS email network. Ms. Martin reported there was a good response, and from the results there was an ad-hoc planning committee planned of nearly 30 members. The ad-hoc committee is looking into relevant topic interests; legal and ethical interests seemed to be a popular topic according to the survey results. The committee is also outreaching to speakers and considering whether it is feasible to do regional trainings. Starting out with a .5 hr call with administration to introduce training and then have a follow-up webinar is being considered as an option.

Ms. Martin also reported she is looking to have a similar meeting for Juvenile Justice and will sending out information the formation of an ad-hoc committee.

#### **Discuss activities planned for Suicide Prevention Week**

Ms. Jones reported her team is planning articles to talk about their doing QPR trainings and is trying to mirror what the ISPA is doing. They would like to have forwarded news advisories from SPRC so they are using common headlines and statistics, to which Ms. Martin responded there is a media kit from the American Association of Suicidology that likely includes these.

Mr. Johnson shared the Adams County Suicide Prevention Initiative is doing many activities, including purchasing paid ads on local television and radio as part of a full fall media campaign, as well as including information in the September issue of "Physician Focus." Mr. Johnson also plans to speak at local schools and ask owners of electronic bulletin boards to add the lifeline number for the September rotation. In addition, there is a local support group being developed for survivors of suicide which will be facilitated by psychiatric nurses.

Mr. Lewy is forwarding about 10,000 copies of "The Way Forward" digital document.

Ms. Martin reported the Illiana VA in Danville is planning a 2K Run for Life. They are also setting up a table in their facility during NSPW, completing interviews with the media, and outreaching with community providers to provide crisis line material to training clinical staff.

Ms. Levin reported Lurie Children's Hospital is planning 3 upcoming data briefs on different facets of suicide. They'd like to release one for Suicide Prevention Week, focusing on circumstances surrounding suicide in different age groups. She would like to get the ISPA an embargoed copy of the brief along with talking points related to it.

Ms. Gerdes reported there will be a blurb about Kognito trainings in the ISBE newsletters next Monday, taking advantage of media blitz for Robin Williams. She hopes this will positively affect the Kognito numbers.

**Announcements**

No announcements.

Adjourn at 2:41