

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH (IDPH)**

Illinois Suicide Prevention Alliance

May 14, 2020

10:00am - 1:00pm

Approved August 26, 2020

**WebEx** <https://illinois.webex.com/meet/IVPP>. Select "Call Me" option; enter 10-digit number then the meeting will call you – other options are to “Call Using Computer” or “I Will Call In” Meeting number (access code): 801 034 610.

**Phone** +1-312-535-8110 United States Toll (Chicago) or +1-415-655-0002 USA Toll – Access code: 801 034 610

**AGENDA**

- I. Welcome & introductions
- II. Review & approval of February 14, 2020 meeting minutes \*
- III. Guest speaker
  - Syndromic Surveillance
  - Stacey Hoferka, MPH, MSIS – IDPH Surveillance and Informatics Epidemiologist
- IV. Update of ISPA member vacancies
- V. Overview of suicide prevention related legislation
- VI. Update from the committee revising the Illinois Suicide Prevention Strategic Plan
- VII. Plan for the 2020 Suicide Prevention Summit
- VIII. Update on the ISPA Adolescent Suicide Prevention Ad Hoc Committee
- IX. Discussion around how partners are addressing the COVID-19 response
- X. Set FY21 meeting dates
- XI. Partner sharing
  - a. IDPH – Update on federal grant applications (Zero Suicide and Comprehensive Suicide Prevention)
  - b. Illinois Department of Human Services – Governor’s Challenge: To Prevent Suicide Among Servicemembers, Veterans, and their Families
  - c. Partners – please share information about your agency’s suicide prevention activities

*\* Action Needed*

**Appointed Members in Attendance**

		<i>Present</i>	<i>Excused</i>	<i>Un-Excused</i>
Stan Lewy	Survivor of suicide loss	X		
Jenna Farmer-Brackett	SP Program serving rural communities	X		
Mike McCarter	Representing emergency medical services			
Katie Jones	Representative for the lesbian, gay, bi-sexual, transgender and questioning community			
Chuck Johnson	Illinois Hospital Association	X		
Hannah Jordan	Representing veteran services, Peoria	X		
Eric Davidson	Higher Education	X		

**Ex-Officio Members in Attendance**

Dr. Teresa Glaze	Illinois Department of Human Services (IDHS)	X		
Rebecca Doran	Illinois State Board of Education	X		
Brian Kieninger	Illinois Department of Public Health (IDPH)		X	
Mike Berkes	Illinois Department on Aging	X		
Tony Webster (proxy for Lt Colonel Akil Smith)	Illinois State Police	X		
Mary Ratliff	Illinois Criminal Justice Information Authority	X		

Dawn Whitcomb	Illinois Department of Veterans' Affairs	X		
Brenda Henderson	Illinois Department of Children and Family Services		X	
Jennifer Martin	IDPH Injury & Violence Prevention Program	X		

**Stakeholders in Attendance**

- Angela Thinnis, Thresholds
- Angel Hamilton, survivor of suicide loss
- Beth Morrison, Southern Illinois University Carbondale
- Cassandra Booth, IDPH
- Debbie Nunez, Chicagoland Fibromyalgia & Chronic Disease Pain Organization
- Frances Zucco
- Holly Bill, Hope Center for Healthy Living, Central Illinois Area
- Joel Frieders, Hope for the Day
- Kelly Ryan, Linken Oak Behavior Hospital
- Kim Bryan, Survivor of suicide loss, Rattle the Stars
- Maryann Mason, IVDRS/SUDORS
- Meghan Bertolino, IDPH
- Shirley Davis, consumer
- Stacey Hoferka, IDPH
- Steve Moore, American Foundation for Suicide Prevention (AFSP), Illinois Chapter
- Tandra Rutledge, Riveredge Hospital

**Welcome & Introductions (Steve and Dr. Glaze)**

- Steve Moore welcomed and thanked everyone for attending the meeting. Dr. Glaze invited everyone to introduce themselves.

**Review & approval of February 14, 2020 meeting minutes (Jennifer)**

- Dr. Glaze motioned to approve the minutes. Seconded by Hannah Jordan. Minutes approved.

**Guest speaker - Syndromic Surveillance (Stacey)**

- During the last ISPA meeting, several data managers, including Stacey Hoferka, MPH, MSIS – IDPH Surveillance and Informatics Epidemiologist, volunteered to share data. She is the Special Projects Coordinator in the Office of Policy, Planning and Statistics’ Division of Patient Safety and Quality. She is the program lead for the implementation of the near real-time reporting system of hospital visits, particularly emergency departments, into the state’s syndromic surveillance system.
- We welcome Stacey as today’s guest speaker. During today’s call she will provide a better understanding of the data, how can we provide the amount of data of data that’s needed to really drive better action for what we are trying to accomplish in the community, and how we can track suicide data.
- **Overview of Syndromic Surveillance –**
  - Is an automated way that all hospitals in the state send data. Hospitals are mandated to send to all their emergency department visits; but have expanded it so almost all hospitals provide inpatient admissions data. It is an option to send data about their behavioral health or rehab inpatients. Some facilities choose not to send. Behavioral health data has not been the primary use of the syndromic surveillance system.
  - Emergency department data are pulled from real-time. 185 acute care hospitals and 3 free standing emergency departments participate which leads to about 16,000 emergency visits a day. It takes about 48 hours to receive the data and see any meaningful trends.
- **What data is in the syndromic surveillance?**
  - Demographics (age, sex, race, ethnicity), Zip code/city, visit date/time, **reason for the visit, diagnosis, disposition, unique patient ID, facility name and ID, and patient class and facility/visit type.** The crux of the data are the categories of “reason for the visit” and “diagnosis”, in addition to timing (visit date) and visit type. They look at chief complaint (free text query), triage notes, and diagnosis codes. They categorize the data into difference categories such as mental health and violence categories. They work with CDC to develop appropriate definitions that reflect trends. They system is not designed to capture every incident. The goal is not to collect data on every incident (e.g. suicide attempt) rather to track change over time.

- **Who's in the data?**
  - Primary data sources (patient location and facility location), geographic views of data (county, ZIP code, facility, IDPH region) and additional data sources (national view, weather, chief complaint validation from other states, DOD/VA-not yet available, other states-if shared).
- **Data access**
  - IDPH, local health departments (LHDI users, CDC, and the overdose hospitals are the only entities who has access to the raw data. Access varies for each user. If you do not fall into these categories, then work with your LHD. If the LHD is not familiar with using the suicide-related data, then they can outreach to IDPH for direction on setting up things like dashboards. Stacey shared sample dashboards on substance abuse.
- **Requesting Access**
  - Currently State and Local Health Departments and if sharing with CDC
  - Access varies for each type of users
  - If you're not in these groups= interface with local hospitals or work with state health departments
  - Use of dashboards?
- **Demonstration** - Alerts (myAlerts) and Dashboards (myESSENCE)
- **Data Interpretation** - IDPH webpage - <http://dph.illinois.gov/data-statistics/syndromic-surveillance> - includes important considerations for understanding and interpreting the data.
- **Questions**
  - How difficult would it be to mandate hospitals to report suicide ideation/attempts?
    - Stacey says it may be beyond her decision, ex. Opioids was legislation
    - Does it need to be mandatory reporting? If so, does this system work well for it?
    - It is possible to scan the data to see suicide ideations/attempts (ED visits, 90% does inpatient)
      - Do we need specific mandates for suicide? Perhaps the next step is to gain an understanding of what data is available then staff can provide analysis and initial reports to gain feedback to how well does the data represent the problem as we know it.
  - Does it include self-inflicted harm? (Does the question need to be reworded to include intentional?)
    - Stacey says there is no specific question that asks "self-inflicted"
    - Not collected in behavioral
  - Chuck Johnson suggests involving Illinois Hospital Association if wanting to change the reporting structure\* through the emergency room.
  - Is the system used just for tracking opioid use? The data are used for a lot of different things; the basis was in communicable disease
    - Paired with other data (i.e. calls to position control, suicide hotline calls, etc.)
    - Used in COVID-19 like symptoms
  - Stacey notes that all healthcare utilization changed drastically mid-March (i.e. ED visits are down 40-50%)
    - There's a reason to be concerned that people are not seeking care that should be
      - Injury data is trending down but that does not necessarily mean injuries are not happening. Health behavior patterns have changed
    - Not a good system to capture death because so many deaths may happen in the home or during transport to emergency departments.
  - Joel mentioned, as a public official, the he receives summary of daily police reports and since November they have been tracking hotline calls and suicide attempt/ideation calls. Is there a way to collect 911 call information? This may capture people who call a hotline but don't end up at emergency department and help understand the volume with regards to suicide attempts
    - Stacey says you can correlate the data, but not sure about availability with 911 calls. She recommends building a partnership with your local hospital and police department to look at how best to bring together these two sources.
    - Jennifer asked if there's a state 911 contact.
      - Tony mentioned the 911 program is housed in the State Police and he will reach out to them for follow up.

- Stan suggests for the group to become a monthly recipient of the National Suicide Prevention Lifeline reports.
- Stacey mentioned they are partnering with states in HHS Region V to look at statistics across the region. Currently, there is an effort to utilize National Violent Death Reporting System to look at regional suicide data. There also is a regional syndromic surveillance group looking at similar issues.
  - Mortality statistics
  - Conference cancelled
  - Track morbidity relative to mortality
- Stacey says learned from these meetings, the groups that talk about the work we are doing is a learning experience for her. She learned how diverse the interventions need to be based on the group you are trying to reach. She gained insight into programs and mentioned she can stratify the data in different ways (geography, age, race) for our partners to address the groups we want to reach.
  - Stacey suggestions to connect to reach out on how to best look at the data/ looking for feedback to help achieve end goal
    - Chuck shared concerns about direct correlation in high unemployment and increased suicide rates

#### **Update of ISPA member vacancies (Jennifer)**

- No new appointees or new nominees to announce since the last meeting. There are several applications still pending. Jennifer will wait to follow up on status next week

#### **Overview of suicide prevention related legislation (Steve)**

- Illinois General Assembly is out of session, will come back next week to focus on the budget and absolute “must” legislation.
  - Suicide prevention/behavioral legislation didn’t get out of the committee
  - There may be behavioral health components of the COVID relief legislation.
  - The Governor’s budget included \$750,000 for suicide prevention to IDPH. Steve will watch to see if it stays in the budget especially under the current COVID-19 response. He anticipates 25% - 28% cut across state agencies, it may not be across the board but could be problematic. AFSP started letter writing campaign to ask legislators to approve the level budgeted to IDPH;
- Eric asked about the legislation college campus, effective July 1. No one has heard an update.
- Federal government: US Senate passed bill for 988 three-digit suicide prevention hotline number (SB2661)
  - Hope to go to House next week; has supports but a matter of mechanics
  - Question – do we know when the 988 number will be available? It is a technical issue of when the hotline can be used (i.e. rural areas may be an issue); estimate about a year.

#### **Update from the committee revising the Illinois Suicide Prevention Strategic Plan (Steve)**

- The recent legislation required ISPA to update the state plan. A task force (about 27 members) was formed and they have had a couple of calls, then separated into a smaller task force of six people that has met every two weeks and developing drafts. Looked at state plans from other states, added best practices, emphasis on most recent Federal Plan (2012) and recognize the need to address COVID-19 in the in the plan (i.e. employment and isolation). It has been an active group; not sure the draft will be ready in August but will have something for the task force to review before the next meeting. Jennifer also recommended seeing what other state workgroups responding to COVID-19 are recommending and incorporating that in the state plan.

#### **Plan for the 2020 Suicide Prevention Summit (Steve and Tandra)**

- The summit originally was planned for May 2020 and are looking at moving it to December 2020. There has not been much follow-up on planning since the planning partners are responding to COVID-19 as a priority.

### **Update on the ISPA Adolescent Suicide Prevention Ad Hoc Committee (Jennifer)**

- During the last meeting, Jennifer reported their graduate intern, Geetu, ended her internship early. They were matched with another intern, but they had to decline the position at the last minute. Jennifer regrouped with ad hoc committee and IDPH/Maternal Child Health staff with an update. Jennifer introduced Cassandra Booth, a Masters of Public Health student at Northern Illinois University who will do her summer practicum with IDPH until early October.
- The ad hoc committee met in March. Staff provided an update on staffing, discussed restructuring the committee, reviewed a survey to schools, reviewed an action plan, and planned for next steps.
- Staffing – even though Geetu left and her replacement declined the position, IDPH has lined up summer interns to help keep activities moving. In addition to Cassandra, the IDPH Maternal Child Health Program plans to have a couple summer interns. If IDPH is matched with another graduate intern, then they will start mid-August.
- Meeting restructure – the ad hoc committee will meet every other month (odd months), subcommittee will determine the frequency of their meetings based on the projects they are working on. The goal is to have a smaller, active ad hoc committee but recognize many people want to stay updated on activities so quarterly updates will be sent to them by email.
- Staff converted the survey to schools to an online format. That was done prior to spring break. When students did not return to school after spring break, there was uncertainty if schools were in a place to complete a survey. There may be an opportunity to send the survey to targeted school personnel. The goal is to develop a training planning based on the survey results.
- Determine priorities for 2020
  - **General** - Review data, outreach to LHD and Hospitals, develop a Webpage, Promote Suicide Prevention Month, and Fact sheets
  - **Screen & Link Services (Obj 3.9)** - Promote guidelines, develop resource guide, and Identify way to increase capacity to screen and link
  - **Assess Mandates (Obj 6.3)** - Survey schools/review results, Training for schools, Collaborate with ISBE, and Tools/TA for schools
- Next meeting - Tuesday, July 7, 2020 at 2p. The goal will be to develop subcommittees and begin signing up members

### **Discussion around how partners are addressing the COVID-19 response (Dr. Glaze)**

- What are the biggest concerns or barriers on your mind? (It's okay to whine)
- Have you been able to pivot your activities somewhat, what have you done, and how are you doing it?
  - Illinois Department of Human Services DMH does not have a formal response to COVID-19; however, they meet with IDPH and others on a daily basis. There are resources listed on their website - <https://www.dhs.state.il.us/page.aspx?item=124215>. There are some grant opportunities for providers in the community who are interested in doing some crisis intervention work.
  - AFSP doesn't provide services, rather they provide education. They have collaborated with other mental health agencies to distribute information about mental health services availability and to take care of yourself. Started to do presentation remotely.
  - IDPH IVPP wants to ensure what we do supports what DMH is doing. IDPH data staff reviewed data to see the impact on violence, including suicide. One of the concerns about sharing suicide-related data during a crisis. As always, there is caution about sharing the numbers, there is a delay in the data, and we will not know the full impact until later; rather it is important to spread hope and where to find help. The importance is to have a unified message and promote safe messaging.
  - Stan shared we should look at it as an opportunity, keep doing what we're doing but more and better.
  - Mary mentioned it is opportunity to realize we can do things virtually (save resources).
  - Maryann is working with IDPH to understand impact. Also, concerned not to release data too soon but believe they can report data from March with caveats. They plan to do blogs.
  - Chuck shared their local coalition develop PSA on effect of COVID-19 on community. The committee is concerned about "people are not coming to office" so they are working with the local United Way and media to let the public know there are services available. Also, looking at ways to work with schools as they

prepare for students to come back. They received grants for offer free counseling related to COVID-19. Dawn also shared the coalition, did a fun thing - everyone is cooped up, donated decorative stones with semicolon and hotline number, strategically placed in community recently then created a Facebook page "find a stone share at stone".

- Hannah from the Peoria VA shared veterans are being seen via email and phone, they can be seen in emergency situations. They are a back-up resource to the public sector. Continue to provide support to veterans. COVID Coach is an app (open to the public) that allows you to work through anxiety. Info on COVID-19 perfect storm for suicide; "COVID Coach" app for iPhone/Android. They are doing much mailings as a means to outreach, and training staff. VA to be prepared for private patient influx. Fill lack of ability to outreach, encourages group to conduct online trainings
- Mike stated IDoA is sharing resources widely. His role is to oversee home and community waivers. They have a large number of provider who serve an even larger number of individuals, you can consider the magnitude COVID-19 has had on IDoA and the impact on how services are provided. Appendix K: unlocks fed funding, unlock preservation grants (meals, housing, utilities, etc.), all training goes to virtual platform, made websites more user friendly, exacerbation of symptoms during COVID, Grant opp – purchase ipad/grandpads (simplified ipad platform). Major concern: social isolation
- Kelly from Linden Oaks in Naperville mentioned they are part of a larger system. They stay in contact with hospitals on the East coast. They noticed their numbers were lower than suddenly flooded with behavior request. The concern with not being able to care for patients. Put together a COVID-19 healing team to work with frontline workers on the COVID units of acute care hospitals. The healthcare workers are burning out, especially in the ICU – people are not recovering and people are experiencing despair. Challenging to do partial hospitalization in telehealth, rapid rate for caring for higher acuity patients (able to have inpatients/stay open), – foresee that will be a problem
- Angie from Thresholds in Chicago/surrounding counties mentioned she runs the Williams Drop-In centers. They changed the way they do things. Started doing daily calls, hosting Zoom drop in center to run groups. With coaching, participates can connect virtually. Concern about how to get back to normal. She shared they are promoting the Call4Calm (text 552020 – which is the day the campaign was launched "Cinco de Mayo") and Warm Line hours have been extended. Doing remote intakes in the Chicago office.
- Debbie asked for resources/links where volunteers can go to help (remotely)? Idhs.il.gov has a link on how to register to volunteer
- Beth, SIU, has been making daily adjustments. They changed their platform that provides mental health services. Went to a telehealth platform. They realized some of their students were on spring break so they created emergency safety housing. They provided well checks with students in quarantine. They donation drives to help students with food insecurity, there is a CARES fund from alumni/faculty to provide laptops etc., Partner with rec center to do a walking challenge to keep community involvement. Even though they have a higher social present, they still are hearing students not feeling connected or sense of belonging. They had a support system at school but may not at home - seeing issue with isolation especially with LGBTQ+ students. They provided extra activities to reach them.
- Eric, EIU, encouraged students to go home but about 200 stayed on campus (some had unsafe home environments, LGBTQ students who didn't a place to go, and international students. They will be relocated to off campus housing. In the Fall, students will have single rooms but worry about isolations. They had to cancel their annual suicide prevention conference. Did a virtual marathon. They paid all student workers regardless of federal work status. The emergency preparedness team is figuring out a wide variety of issues that have to be addressed. IHEC had adjustments in trainings and anticipating a staff change.
- How can ISPA support you moving forward?
  - Use the listserv to share resources regularly and ask questions. Jennifer reminded everyone to utilize the Listserv. The intent is for the members to actively use the Listserv for group discussion.
  - The Illinois Partnership for Safety plans to track COVID-19 funding to support injury-related strategies in IL.
  - Help provide guidance on how we can create a unified message.

## Set FY21 meeting dates (Steve)

- Same meeting format (in-person and WebEx)?
  - Next meeting will have to be WebEx. Possibly go back to meeting in-person the remaining dates.
  - Stan suggests alternating; in-person, WebEx.
  - Hybrid is also possible in the future.
- Same locations?
  - Unsure if there's staff at the facilities to reserve the meeting space.
- Met quarterly (August, November, February, May).
  - Meet on different dates of the week.
  - If there are certain dates to take.

## Partner Sharing

- IDPH (Jennifer)
  - Jennifer mentioned a new injury epidemiologist, Meghan Bertolino, joined the staff.
  - IDPH applied for the Zero Suicide grant from SAMHSA and the Comprehensive Suicide Prevention from CDC
    - Zero Suicide in Health Systems - Funding Opportunity Number SM-20-015; CFDA No.: 93.243 (Project Period: 08/30/2020 – 08/29/2025 - if funded, would support two health or behavioral health care systems in Illinois to implement the Zero Suicide model, establish a statewide network to provide technical assistance and support to systems currently or pursuing implementing the model, and evaluate the IZSI project activities. The budget included a project manager and evaluator.
    - Illinois Comprehensive Suicide Prevention Project Funding Opportunity Number CDC-RFA- CE20-2001 (Project Period: 09/01/2020 – 08/31/2025) – if funded, would support a behavioral scientist, an epidemiologist, and grants to 10 organizations to implement at least one strategy from the *Preventing Suicide: A Technical Package of Policy, Programs, and Practices* to address community-based (Tier 1), healthcare-related (Tier 2), and/or upstream interventions (Tier 3). Eligible applicants will be organizations reaching counties with suicide rates higher than the state average.
    - IDPH currently is funded under the State Violence and Injury Prevention Project and will receive additional funding to address ACES and suicide prevention to respond to COVID. The notice will be release in a few weeks.
- Illinois Department of Human Services (Dr. Glaze)
  - Governor's Challenge: To Prevent Suicide Among Servicemembers, Veterans, and their Families – a collaboration of seven different states developing teams of policy makers, leaders, and people who are invested in veteran suicide prevention. The team has been working since March to develop a plan. The challenge will participate in an online policy academy to create recommended policy. The team meets weekly and Dr. Glaze serves as the team lead. Subcommittee were developed around front line, messaging, service gaps, finance, and legislation. The team is comprised of people who make up the veteran population. The target audience is the public, the public health models that we are working in to prevent suicide of not only veterans.
- Stan – Suicide Prevention Association is working with Illinois Institute for Technology to develop a program for attempt survivors to walk through a decision tree to determine if they should or should not share their experience with either suicidal ideation or suicide attempt. It is a group process requiring six to eight individuals and peer facilitators to provide instruction. The association provided funding to convert the decision-making process from a group exercise to an individual process. It is almost done. With COVID, the individual process was changed to a Zoom process. They will go back to make the group process into a Zoom group process. They would like to make it available to others in the state, and over the county.
- Dawn – Adams county – just released three PSA – LGBTQ, elderly, and suicide survivor. They will be streamed locally on their local networks, digital media, and streaming. They are finalizing the funding to do a bus wrap which will include their logo and the National Suicide Prevention Lifeline number.
- Beth – SUI held a virtual Out of the Darkness walk. They were able to have Josh Riverdale, national suicide attempt survivor speaker. He provided a webinar prior to the walk, then came back the day after to provide more

information and share lived experience to the virtual walkers. During COVID, they also provided mindfulness classes online to students and will offer it to staff over the summer as well. These are free four-week meditation classes. They also are doing meditation challenges through social media and doing some live videos through social media. They plan to do a wellness survey to learn what information and resources students would need when they first come to campus. The survey will include COVID related questions.

- Steve – AFSP updated the Real Conversations programs and Seize the awkward to integrate with COVID-19.
- Stan – congratulate Steve and AFSP and what they have grown into.

*Minutes drafted by Cassandra Booth and Jennifer Martin*