Friday, February 2, 2024 9:30 AM – 11:00 AM

Note: This agenda is subject to change. Additional materials and documents related to agenda items will be provided prior to the meeting.

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Meeting ID: 841 5503 7448

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Committee Members in Attendance: Co-Chair Julie Scholz, Angela Perry, Deb Darmata, Marielena McWhirter, Sarah Spafford, Stephanie Willard, Suzie Stadelman

Committee Members not in Attendance: Co-Chair Don Erickson, Gordon Clay, Kirk Wolfe, Meghan Crane, Tanya Pritt

Staff: Annette Marcus (AOCMHP), Jennifer Fraga (AOCMHP)

Guests: Erin Weldon

Agenda Item	Minutes
1. Introduction and Welcome	Attendees introduced themselves and did quick
	check-ins.
Welcome and greetings to new committee	
members (if applicable)	
Big View, Review, Preview – Getting Ready for Capitol Day	Last meeting, committee members talked about listening sessions for feedback from medical providers around the legislation this group has worked on.
	Annette is getting ready for Capitol Days which is Monday, February 12 th . Annette hopes to have messaging around this committee's legislation to share with legislators.
Update from Stephanie on Conversation	Annette would like to get Forefront to our March
with Forefront	meeting. The Alliance's co-chair, Charlette Lumby, will attend our March meeting.
	Forefront is out of University of Washington and is tasked with suicide prevention work, training, and advocacy in the state.
	Stephanie talked with Brett. Following are some notes:
	 Works as a non-profit but is part of UW Barriers they encountered include legal precedent set from a university student struggling with suicidal ideation, the university doing what they could to help, the student died by suicide, and the university was sued. This legal precedent can leave providers feeling hesitant to help because it seems like 'the more you help, the more liable you can be held if there is a death.' Look at laws between providers and actual care

- Forefront has multiple trainings on their website. A new one that is coming out –
 Cultural Competency with Firearm Owners.
 This training is free.
- There appears that there may have been a lot of contention with how mandated trainings was implemented.

The group had a discussion around types of trainings and the efficacy of them depending on professions. We aren't sure about the outcome of gatekeeper trainings like are people using what they were trained in, is this helping to decrease attempts, ideation, etc.

Stephanie believes we will need to be well-versed in the data around trainings for legislators. Sarah and Marielena noted the difficulty in quantifying this information.

Angela said that she could get data from AFSP from states that have similar legislation to show how this can make a difference.

This legislation continues to be a priority area for AFSP. Their impact measurement team has data on their different trainings. Angela has reached out to the two federal policy staff for support around seeing this data. 'From AFSP's Impact Measurement Team: We don't have data around a causal link between gatekeeper trainings and lives saved (no one has that sort of data, really). It's very hard to show any sort of causal link to lives saved with any intervention given the relative rarity of suicide compared to other causes of death, and the difficulty with measuring something NOT happening, if that makes sense.

What we do knowis that, broadly, gatekeeper trainings can be effective at increasing knowledge and awareness, correcting misconceptions, shifting attitudes and some even show effectiveness at changing behaviors (including likelihood to reach out for help and likelihood to talk to someone who may be struggling)--all of which lead to prevention. It depends on the program and the population, but broadly they can be effective.'

Questions for Brett:

- Pros and cons to their legislation
- What is the ongoing response and opposition?
- What do they provide as trainings?
- If we're able to set something up, can we use their trainings?

Next steps medical provider(s) listening session and outreach for the sessions

Are these listening sessions within Sarah and Marielena's bandwidth? Sarah, it depends on timing. The next two weeks are a no go but she could devote time to it after then. Marielena said that it would be interesting to know what OHA's support would look like. She does want us to keep our hands in the process. She has some capacity and it also depends on the timeline.

Annette is picturing these groups taking place in April so that legislation drafting could begin May/June and outreach would take place March.

Annette said that figuring out what listening sessions would look like is important. Do we want mixed professions in groups? Would we hold individual interviews?

Stephanie said that she believes the earlier we do outreach the better because of how fast schedules

can fill up. She doesn't think we should go past the first week of March for meetings in April. Annette asked if anyone is available to be part of a workgroup to be part of this that would meet towards end of February – Julie, Suzie, Marielena, Stephanie, Sarah. Stephanie says that is important to have resources for providers when they use the skills we are requiring them to learn and patients say they need help. This is also one of the biggest pieces of feedback we get from providers – what do I do if my patient says they are having thoughts of suicide. Deb asked if we have a training available for physicians that's across the lifespan. Annette said that this could be something that we could ask Forefront because they have a lot of trainings available. Deb said that feedback she has received is that we need a flowchart to show who should take what trainings. Marielena encouraged us to think that something is not necessarily better than nothing. Slowly taking off. One of our coalition grantees is **Small Steps Update** using Small Steps to build awareness in Columbia county. AllCare is putting up the posters and sharing information with their staff.