**Florida Children and Youth Cabinet Statewide Suicide Prevention Task Force**

Tuesday, August 18th, 2016

10:00AM – 12:00PM

Senate Office Building, Room 301

Tallahassee, Florida

**Meeting Summary**

*Note: The following is a summary of the highlights of the proceedings and is not intended to be construed as a transcript. To obtain meeting materials, please visit* [*www.flgov.com/childrens- cabinet.*](http://www.flgov.com/childrens-cabinet)

**Attendance Summary**

Florida Children and Youth Cabinet Suicide Prevention Task Force members in attendance:

 Chair Tanya Wilkins

 Vice-Chair Victoria Zepp

 Mike Hansen, Council for Community Mental Health

 Angelia River, Department of Education

 Sally Cunningham, Council for Community Mental Health

* Dr. Gayla Sumer, Department of Juvenile Justice
* Mat Michaels, Council for Community Mental Health
* Molly McKinstry, Agency for Health Care Administration
* Dr. Heather Flynn, Florida State University
* Melanie Brown-Woofter, Council for Community Mental Health
* Dr. Sofia Castro, Department of Children and Families
* Dr. Marc Karver, University of South Florida
* Dr. Kim Gryglewicz, University of Central Florida

Members on the phone: Executive Director Alan Abramowitz, Guardian Ad Litem Program

Staff in attendance: Lindsey Perkins

Meeting began at 9:35a.m.

**Proceedings**

**Call to Order and Welcome**

Chair Tanya Wilkins called the Florida Statewide Suicide Prevention Task Force meeting to order and welcomed everyone in attendance and on the conference call line.

The roll was called by Lindsey Perkins and a quorum was confirmed.

Chair Wilkins provided a brief overview of the Suicide Prevention Task Force and explained its purpose as well as what the members have been working on since the last meeting. The task force is currently in the data collection phase, and they will determine how to proceed forward in using the data information based on the Technology Workgroup’s findings and recommendations.

The number of youth deaths have been increasing, and suicide is currently the third leading cause of death among youth aged 10 to 24. Chair Wilkins stated that she would like to do a suicide awareness campaign across the state. Chair Wilkins also thanked Mike Hansen for his efforts and expressed that the task force would not be in existence without the work he has done.

**Technology Workgroup: Report on Current Data Programs**

Victoria Zepp, Chair of the Technology Workgroup, provided an overview of the workgroup and what they have been working on. She explained that the workgroup is currently in the collective impact phase, which is a long term process. The workgroup has been focused on creating a data dictionary and determining which data elements each agency currently has and which data elements are missing. This will provide systematic data that the workgroup and others can access. Chair Zepp stated she would like to bring law enforcement to the table in order to determine how they collect their data, and to determine how these incidents are being reported within those law enforcement agencies. This includes looking at death, injury, attempts, and ideation.

Dr. Heather Flynn discussed three phased goals of the Suicide Prevention Task Force. These phases are intended to determine the extent of the problem and the impact of interventions in order to target resources effectively and efficiently.

The first phase is to discover existing data as well as pursue national linkages. This existing data discovery process will provide information on key data gaps in the state in order to inform recommendations for developing a surveillance system that is systematic, accurate, reliable, and ideally standardized. The second phase is to develop a strategy to improve systematic and reliable data surveillance, reporting and use. The development of a statewide surveillance system will be informed by phase one, by other state models, and by the suicide research field. Florida is one of the 18 states that do not participate in the CDC’s National Violent Death Reporting System (NVDRS). Participation in the NVDRS will be explored. The third phase is to develop and implement data-driven recommendations and prevention strategies. Phase three must be driven by best known practices and evidence-based interventions. The steps for this phase would include determining populations, settings, regions, and other contexts that are at higher risk for suicide. Risk for suicidal ideation, attempts and completions must all be considered. Both rates and numbers within regions and settings must also be considered. This phase would include planning and integrating evidence-based interventions in risk areas and settings. Dr. Flynn stated that we will need to significantly enhance access to evidence-based, quality behavioral health care with a specific focus on suicide risk and prevention. Identify and address care continuity gaps such as care transitions (e.g. discharge from inpatient). And lastly, implement active outreach based on risk indicators and triggers.

**Presentation on Department of Health’s Infrastructure & Current Practices**

Karen Card, Epidemiologist with the Bureau of Emergency Oversight at the Department of Health (DOH) explained the Department’s role in suicide data collection. She stated that the Department of Health uses the Vital Statistics Death Tables for suicide reporting and all injury reporting. DOH also has an ongoing contract with the Agency for Health Care Administration (AHCA) to use their Hospital Inpatient and Emergency Department data sets. That comprises the Injury Prevention Surveillance System and the Emergency Medical Services tracking and reporting system which contains EMS data, such as collecting most of the EMS runs in the State of Florida. They also have the trauma registry records, the hospitalization records, and cause of injury for those traumatic hospitalizations.

The Bureau is where the NVRS would be housed, but Florida is not currently a part of that system because there has not been support in the past. Joining Karen was her colleague, Alan Mai, who is the Epidemiologist assigned to the Injury Prevention Program as well as the point of contact for the injury surveillance activities. Molly McKinstry, Deputy Secretary of AHCA, mentioned that AHCA is implementing an All-Payer Claims Database due to legislation that was passed in 2016 to fund the database. The legislation requires that they accept Medicaid data into the system beginning July of 2017. AHCA is currently in the process of putting together a procurement plan.

**Enhancement of State-Level Data Surveillance Systems**

Dr. Richard McKeon shared with the task force his experiences with suicide prevention, the goals and efforts of the Substance Abuse and Mental Health Services Association, what other states are working on, and data surveillance ideas for how we can move forward. Dr. McKeon complimented the make-up of the Children and Youth Cabinet stating it is beneficial because so many different state agencies are involved, as well as the private sector, to focus on the different aspects of children’s lives. This type of leadership involvement is very important.

Dr. McKeon said it is required that we get better at using data to drive decision-making. He emphasized that recording suicide attempts is very important to target those that have attempted suicide to make sure they get the help that they need. Early intervention is crucial, and some folks are able to completely recover.

One of the most recent data elements that they have been looking at is recent mental health contact. Twenty five percent of men and fifty percent of women that have died by suicide have had recent contact with some sort of mental health services. Several states have looked at suicide within their public behavioral healthcare system. Dr. McKeon stated that it is important to take a look at this data to determine where we are losing people. Dr. McKeon said mental health is not the only thing we should focus on as it pertains to suicide. Another factor to look at is youth who have touched either the juvenile justice system or the child welfare system. Suicide is at an increased rate if youth have encountered either of those two systems.

The National Violent Death Reporting System was mentioned earlier in the meeting; Dr. McKeon believes it is important that Florida become involved with this system as it provides important information, such as the recent mental health contact data element.

Dr. Flynn re-capped Dr. McKeon’s vision, which is to know who is at risk and give them the best care possible. Also, to uncover these different sources and get everyone to coordinate in terms of data that they might already be collecting on deaths and attempts and reasons for injury. Study other state models and look into bringing the NVDRS to Florida. Create a strategy where systematic data is accessible, and then collaborate all the wealth of knowledge that SAMHSA has gathered over the years in terms of data driven and evidence-based approaches, that we can deploy in a sustainable fashion in communities.

**\*\*\*Action Item: Dr. Flynn is to work with Victoria Zepp on the three phased goal approach, and the Suicide Prevention Task Force will move forward based on their findings.**

**Public Comment**

**Adjournment**

Chair Wilkins discussed the date of the next meeting that will be in late October or early November. An agenda will be provided as soon as it is available. Meeting adjourned at 12:05p.m.