WHITE PAPER

Community Safety Summit, Nov. 20, 2018

Benton-Franklin
Community
HEALTH
ALLIANCE

BACKGROUND

We started talking about suicide

Suicide is the second-leading cause of death for ages 10-to-24 in Washington State, second only to unintended (accidental) death. Nationally, suicide among youth has tripled since the 1940's. Ages 18-to-25 have the highest rate of suicidal thoughts among all age groups.

Benton and Franklin Counties have rates of youth suicide and suicide attempts that are consistently higher than state average. In Benton and Franklin Counties, a dozen young people have been lost to suicide since 2017. This, despite the dedicated work of the Youth Suicide Prevention Coalition, ESD 123 staff, school counselors, and community volunteers.

In the ten years between 2006 and 2016, fifty-six youth were lost to suicide. Twelve more were lost in just the eighteen months ending in June 2018. Young men are six times more likely to die by suicide than women of the same age.

The Benton-Franklin Community Health Alliance, through its Behavioral Health Committee, identified mental health as a significant community health issue in its 2017 update of the Community Health Improvement Plan.

But, it's not just about suicide

One in five middle and high school students report being bullied in the past 30 days. LGBTQ students are twice as likely to be bullied and are three times more likely to have been purposefully hurt by a partner. Four in ten LGBTQ students report being physically hurt by an adult.

More than 450 surveyed students reported being involved in a gang within the past twelve months. One in four aged 13-to-18 has been in a physical fight in the past 12 months.

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[1] CDC, September 2017, Suicide Among Youth
[2] Online: http://www.bentonfranklintrends.ewu.edu
[3] Benton-Franklin Health District, Youth Suicide Fact Sheet, 2018
[4] Data compiled and analyzed by Benton-Franklin Health District
[5] http://www.bfcha.org/assets/chip_update_7_2017.pdf
[6] Youth Risk Fact Sheet, Benton-Franklin Health District
[7] ibid

Our schools have active school safety programs like the Kennewick School District's Report it!, and Safe Schools, which is a nationally syndicated program funded at least in part by the schools' liability carrier. Safe Schools includes an online reporting function as well as training for school district staff. Some districts have a link to the Safe Schools page front-and-center on their home page, inviting parents, students, and others to use it to report concerns. Others use only the training module and have their own branded program.

"It's not just a school problem; it's a community problem."

Those words, spoken by a school administrator, illustrate the problem with school-based programs. School is typically a Monday-through-Friday enterprise. Try as they might, communication between schools in the same district can be problematic and the problem is further compounded for communications between school districts.

Today's kids are global

In the not-too-distant past, the local high school was the venue for most friendships. Kids from one school tended to associate most with kids from the same school. Now, cell phones and other digital devices make it possible for young people to connect and interact with peers (and others) literally around the globe. Add to that the reality that many youth are on their own, either by choice or by circumstances, and no longer in school.

There had to be a better way

To be honest, we didn't know what we didn't know until a state senator had a chance conversation with Conner Mertens, a Southridge High graduate who has become an LGBT activist. He told Senator Sharon Brown, (R-8), about a statewide confidential tip program operated by the State of Michigan:
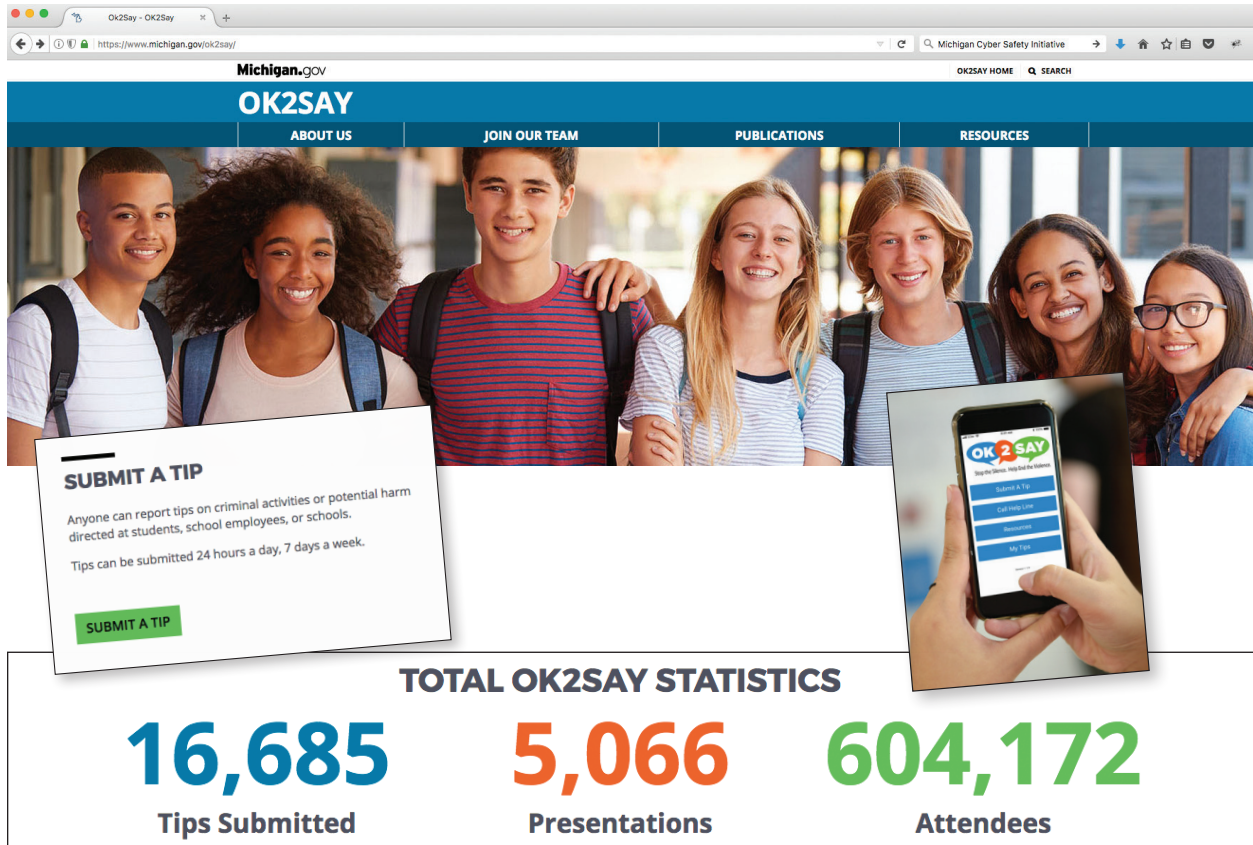
We wanted to know more …

We reached out to Mary Gager Drew, Consumer Programs Administrator for the Michigan Attorney General's office. We wanted to share her enthusiasm for the concept, and see how it landed with school, law enforcement, and youth services leaders in our community. Mary graciously agreed to address what we called a "Community Safety Summit" on November 20 by Skype.

Following Ms. Drew's presentation, Carla Prock, Senior Manager—Healthy People and Communities, Benton-Franklin Health District, presented results of the Youth Suicide Summit, which was held in early October. The 65 people who attended the Youth Suicide Summit adopted this as one of its three main goals: Identify and Support Youth at Risk/ Create Protective Environments.

"In the world of bullying prevention, we all need to be creative and think very differently. When the idea for OK2SAY was brought up, the response was 'No one will use it'. Two years and close to 5,000 reports filed later, we've changed the playing field and given kids and parents hope."

~ Kevin Epling, Parent Advocate

Community Safety Summit

Thirty-seven community leaders in education, law enforcement, mental health, and youth services attended, representing cabinet-level educators, police department command staff, the Sheriffs of Benton and Franklin Counties, United Way, and youth services (see page 10). They were led through a SWOT—Strengths, Weaknesses, Opportunities, Threats—analysis of a statewide confidential tip system like Michigan's OK2SAY. Following is a summary of the larger themes developed through the SWOT exercise. The full transcript of our notes and individual comments begins on page 6.

Strengths

The most significant strength is that a statewide system would be available 24/7 on a youth-friendly platform with text, chat, online, and voice. It would be able to triage tips both for urgency and referral to the appropriate local responder(s).

Another important strength of this proposal is that it does not force changes in local responses—it is another source of intelligence for existing local action networks.

Weaknesses

Our experts called out the relatively narrow age group targets of the Michigan program as a potential weakness that could and should be addressed in a Washington version, i.e. college age students, those youth who are not in school. Language and cultural barriers were also identified. Another potential weakness identified was the perception that a tip would not be considered 'urgent enough' to warrant immediate action when needed.

The need for a unified statewide system was clearly identified, including the need for the state's most populous counties and state agencies to be "on board" in order to succeed. Difficulties in launching a new system were identified, particularly if there is a lack of time for planning and implementation.

Opportunities

Our evaluators identified strongly with the notion that a statewide tip line would strengthen cooperation between State and Local law enforcement, medical and mental health providers, and a variety of youth-serving organizations. The opportunity and necessity of cooperation between local schools and the Office of the Superintendent of Public Instruction (OSPI) were identified in this discussion.

Threats

The predominance of the discussion about threats concerned liability if a tip was mishandled and there was a bad outcome. Prank reporting was also a concern.

There was also concern voiced that reporting would result in finger-pointing ('your school had more tips, so it must not be as good as my school'), or in competition for funding among responders. The Michigan model has addressed these concerns through careful structuring of the reporting process.

The following pages are a transcript of our flip chart notes, followed by notes gleaned from individual attendees' worksheets, a list of attendees, and a breakdown of calls received by the OK2SAY call center.

ATTENDEES represented cabinet-level school administrators, police department command staff, Sheriffs of Benton and Franklin Counties, Mental Health professionals, and community leaders representing a variety of youth-oriented organizations.

Worth quoting:

> "In a room of 37 people some people clearly did not understand the presentation. How can you get everyone to understand the program so they can give authentic feedback on the program?"

> "If the entire community, including schools and law enforcement are on board, then it could have a big collective impact—but this is the situation with any program and why we currently do not have a community-wide 'program' that is effective."

FROM FLIPCHART NOTES
(* or ** indicate duplicated or stressed responses)

STRENGTHS
Confidentiality*
Turnkey –sharing by Michigan*
Youth-friendly platform**
24/7 access**
Trained technicians
Immediate access for Local Law Enforcement
Standardized process
Standard access numbers, links
Community approach to responses
Focus on Prevention
Followup on tips/outcome reporting
Addresses all threats
Data reported
Tips have weight: "from State Police"
Respects local efforts
Single Point of Contact
Alternative to Crisis/911
Meets youth where they are (readiness)

WEAKNESSES
Age group restriction**
Synch with local school programs*
Awareness of local resources
Skill level and training of staff(?)
May miss those not in school

Lack of local call center
Tech access (firewall)
Transition/implantation problems**
Multi-lingual gap*
Perception of state solution to local problem
Perception that prevention is not 'urgent' vs. 911 "state your emergency"
Is it far enough "upstream"?
Need for new Legislation
Startup cost vs. sustainability
King County buy-in
Liability for recipients of referrals
Damage to existing programs (Clear Risk, Report-It)
Tech turnover (secondary trauma)
Is our Mental Health system robust enough to handle referrals?
Gaps if not everyone is 'on board' for implementation
Personal connection to support tipsters
Corollary Data Conversation (if we report numbers, will finger-pointing follow?)
Needs a strong "Champion"

OPPORTUNITIES
Reach all youth-serving organizations (local-state)
Schools and OSPI cooperation
Medical and Mental Health organizations and associations*
Local and State Law Enforcement**
Attorney General
Migrant Education Program
Public Health
Local prosecutors (role)
Cross-state cooperation
Awareness of community partners
Higher Ed w/high school youth (can it work for both populations?)
DCYF; CPS and Juvenile Justice
Statewide lobbying organizations
Liability Insurance, i.e. Clear Risk*
HCA/ACHs Medicaid
Insurance plans
Marijuana Tax funding
Tech industry partners
Media
Encourage collaboration/collective impact
Cost data for poor outcomes (supports prevention)

THREATS
Poor marketing=poor outcomes*
Perception of data (finger-pointing)
Who gets referrals? (competition for funding)*

Funding to address issues
Mental Health system capacity
Perceived as government-driven (negative)
Risk/Liability for errors
Cybersecurity (risk)
Rushed implementation (right vs. right now)
Unreliable funding for sustainability**
False reporting = resource drain
2-1-1 investment may dilute youth focus
"Not Invented Here"
Local inability to respond to tips
Responsibility for staffing (state/local?)
Logistics of reporting

FROM INDIVIDUAL WORKSHEETS

STRENGTHS
Connection between education, mental health, law enforcement with confidentiality
Saves lives
Michigan model reveals lots of opportunities
Uniformity of response from call center
Preventive not reactive

WEAKNESSES
Not marketed to strongest-need demographics*
Reporting CPS issues to schools a concern
Teachers not adequately trained to talk with students/parents about these issues
People who lack technology
Technicians' personal bias (diversity)
No clear data on reduction of suicide from Michigan program
Perceived as critical of existing local programs
Not anonymous, could be perceived as risk by youth
Time to ramp-up could mean loss of interest

OPPORTUNITIES
Train bus drivers
Collaboration: many stakeholders
Special Ed!

THREATS
Taxpayers reject
Cultural, religious, family
Pushback from existing text line (others)
Lack of adolescent clinicians
Region-specific support lacking
OSPI fails to support**

Attended or were briefed on the Community Safety Summit Nov. 28, 2018

Name	Organization
LAW ENFORCEMENT	
Aaron Clem	Kennewick Police Department
Bob Metzger	Pasco Police Department
Chris Lee	Richland Police Department
Jim Raymond	Franklin County Sheriff
Jerry Hatcher	Benton County Sheriff
Jeff Taylor	Richland Police Department
Ken Roske	Pasco Police Department
Scott Child	Kennewick Police Department
Thomas Grego	West Richland Police Department
Terry Bloor	Benton County Prosecutor's Office
SCHOOLS	
Dana Camarena	ESD123
Galt Pettett	Richland School District
Jack Anderson	Kennewick School District
Kay Lynn Olson	WSU Nursing
Katie Haynes	ESD123
Michelle Whitney	Pasco School District*
Ron Williamson	Kennewick School District
COMMUNITY HEALTH AND WELL-BEING	
Amy Person, MD	Benton-Franklin Health Officer
Brian Ace	Boys and Girls Club
Cameron Fordmeir	Youth Suicide Prevention Coalition
Carla Prock	Benton-Franklin Health District
Cathy Manderbach	Kadlec Regional Medical Center
Cheri Snowhite	Amerigroup
Jim Davis	Tri-Cities Community Health
Kirk Williamson	Benton-Franklin Community Health Alliance
Kirsten Metcalf	Greater Columbia Behavioral Health
Kyle Sullivan	Benton-Franklin Counties
LoAnn Ayers	United Way
Marisol Lister	Planned Parenthood
Mark Brault	Grace Clinic
Mark Lee	Communities In Schools
Pat Lacy	Emmaus Counseling
Rosanna Herrera	SARC
Ruvine Jimenez	Youth Suicide Prevention Coalition
Sen. Sharon Brown	State Senator/Convener
Tara Symons	Benton County Mental Health Court
Tobaski Snipes	Youth Suicide Prevention Coalition/ANSIL

Consumer Programs Monthly Report - November 2018

OK2SAY Tips

Category	November 2018	9/1/14 - 11/30/2018
Alcohol	6	214
Assault	13	280
Bullying	121	3,471
Cyberbullying	42	1,154
Child Abuse	19	413
Dating Violence	2	110
Domestic Violence	0	20
Drugs	60	1,282
Explosives (bomb)	0	15
Fighting	8	187
Fire Starting	0	1
Gangs	0	11
Guns	2	81
Human Trafficking	0	5
Kidnapping/Attempted Kidnapping	0	5
Knives	0	27
Planned Flights	22	165
Planned School Attack	21	631
Self-Harm	46	1,300
Sexting	28	492
Sexual Misconduct	8	439
Stalking	1	47
Stealing	4	46
Suicide Threats	174	3,721
Threats	28	551
Unsafe Driving	0	10
Vandalism	0	20
Weapons Possession	9	117
Other (e.g. anxiety, stress, depression, harassment)	64	1,691
Total Tips	**686**	**16,685**