Date: September 20, 2013
Time: 2 – 4 pm
Location: Grimes State Office Building, Room B50, Des Moines, IA


Members not present: Mariannette Miller-Meeks and Susan Walkup

Non-member attendees:
Mary Greene, Mike Cormack, David Epley, Gannon Hendrick, and Mary Stegmeir

AGENDA ITEM: Welcome and Introductions

<table>
<thead>
<tr>
<th>Lead</th>
<th>Follow Up: Task Force report with findings and recommendations is due to the general assembly on or before November 15, 2013.</th>
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<tbody>
<tr>
<td>Barb Anderson and Ellen McGinnis-Smith</td>
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Notes:
The meeting opened at 2:04 p.m. Barb Anderson and Ellen McGinnis-Smith thanked everyone for their commitment to serve on the task force. Anderson informed the task force members of a request to move the due date of the task force report to November 15, 2013, rather than December 15, 2013. The decision was opened for discussion and members agreed to the November 15, 2013 report due date.

AGENDA ITEM: Review legislation and purpose of SF446 XXI Section 109

<table>
<thead>
<tr>
<th>Expected Outcome: Task Force members will gain a clear and common understanding of the SF446, XXI Section 109 and the responsibility of the Suicide Prevention and Trauma</th>
<th>Lead</th>
<th>Follow Up:</th>
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<tbody>
<tr>
<td>Liz Mathis, State Senator</td>
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Informed Care Task Force

Notes:
Senator Mathis provided a review of the development of SF446. The goal of this bill is to support teachers and other school staff in identifying and responding to student needs. Mathis stated that teachers welcome students into the classroom and often have no idea what may have just happened in their lives before coming to school. By providing training around suicide prevention and trauma-informed care, teachers and other school staff will be better equipped to identify and respond to student needs, leading ultimately to better academic performance.

AGENDA ITEM: IDPH Suicide Prevention SAMHSA grant and Youth Suicide Data

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<tr>
<td>Members will have shared understanding of the scope of youth suicide in Iowa and learn of the recently awarded IDPH state wide suicide prevention grant, goals and objectives</td>
<td>DeAnn Decker, IDPH</td>
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Notes:
DeAnn Decker, Chief, Bureau of Substance Abuse, Iowa Department of Public Health (IDPH) provided an overview of IDPH’s suicide prevention grant through the Substance Abuse and Mental Health Services Administration (SAMHSA). The grant award is $440,000 for three years and seeks to:

Reduce suicides, suicidal behavior and suicide risk among Iowa’s estimated 552,000 youth and young adults aged 10 to 24 years. This will be accomplished by: (1) implementing evidence-based screening/assessment for suicide risk at all IDPH substance abuse treatment programs and all public middle and high schools; (2) increasing referrals to mental health and co-occurring services; and, (3) reaching youth using social media.

The project goals: (1) Insure suicide prevention best practices are integrated into Iowa’s youth and young adult serving programs; (2) Screen/assess all youth and young adults who seek substance abuse treatment for suicide risk; (3) Implement an At-Risk for Middle and High School Educators gatekeeper program in all middle/junior high and high schools; (4) Expand trauma informed care and other evidence-based practice trainings for providers who work with those at risk of suicide and with co-occurring disorders is expanded; and (5) Increase youth and young adults access to suicide prevention services as a result of a media campaign.

The screening and assessment strategies to be used are the Patient Healthcare Questionnaire-9 Modified for Teens (PHQ-9 Modified) and Kognito’s At-Risk evidence based gatekeeper trainings. The PHQ-9 Modified will be implemented in all IDPH substance abuse treatment provider agencies statewide. Providers will be extensively trained and given ongoing technical assistance. An estimated 14,000 youth and young adults aged 10 to 24 who seek treatment at IDPH’s statewide substance abuse treatment provider agencies will be screened/assessed and
referred appropriately each project year for a total of 42,000 individuals over the project’s lifetime.

The Kognito Gatekeeper on-line training for At-Risk for Middle and High School Educators is evidence-based and is approximately an hour in length. It will be implemented in two districts in year one of the grant, and will be offered to all Iowa public middle/junior high and high schools in years two and three of the grant. Clinicians, educators and other staff will be trained to make referrals to treatment and recovery services. Decker also provided a handout on the Your Life Iowa bullying and suicide prevention hotline. The hotline is grant funded through IDPH and receives calls 24/7 and texts from 4 pm to 8 pm every day.

Deb Chiodo, Principal, Cornell Elementary School, Saydel Community School District, asked what parent permission would be in place to obtain permission for student surveys or assessments and the process was explained.

Decker reported that suicide is the third leading cause of death for among high school students nationally and the second leading cause of death for young people ages 15 to 24 in Iowa.

Handouts— Iowa youth suicide data and 2012 Iowa Youth Survey response data related to suicidal ideation and attempts
Iowa Plan for Suicide Prevention: 2011 to 2014
NREPP SAMHSA’s National Registry of Evidence-based Programs and Practices: Kognito At-Risk for High School Educators
Your Life Iowa hotline

**AGENDA ITEM:** Trauma Informed Care

| Expected Outcome: Members will have a shared understanding of the impact of trauma on children and youth, and the role of trauma informed care in supporting children and youth. | Lead Ellen McGinnis Smith, Dept. of Education, and Gladys N. Alvarez, Orchard Place | Follow Up |

Notes:

Gladys Noll Alvarez presented information on Trauma Informed Care, which included the video *Through Our Eyes.*

- Understanding trauma is not just about acquiring knowledge. It is about changing the way you view the world.
- Trauma is something which threatens one’s physical or psychological integrity.
- Types of trauma—acute, chronic, complex and historical/intergenerational
- Essentials of Trauma Informed Care:
  - Connect-focus on relationships
  - Protect- promote safety and trustworthiness
  - Respect- engage in choice and collaboration
The following school-related information was additionally shared:

- The higher the number of types of Adverse Childhood Experiences (ACEs), the higher the likelihood of child or adolescent suicide attempts.
- The flight, fight, or freeze response of students may be misunderstood by many educators.
- The trauma experienced by students may create symptoms in the adults similar to those of the student (vicarious trauma).
- “If schools are to improve academic outcomes, addressing complex trauma should be central to their educational mission” (Blodgett, WSU News Center, 2013).

**AGENDA ITEM:** Iowa Board of Educational Examiners’ Licensure Process and Other Considerations

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<tr>
<td>Members will gain knowledge of the BOEE licensure process, monitoring and oversight in order to better inform the work of the task force.</td>
<td>Steve Mitchell, Licensure Consultant, BOEE</td>
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**Notes:**
Steve Mitchell provided an overview of the role of the Board of Educational Examiners. Mitchell stated that possible training for suicide prevention and trauma informed care might resemble the Mandatory Reporter of Child and Dependent Adult abuse Training or the concussion training required for coaches’ licensure. Mitchell said that as the task force considers training recommendations for suicide prevention and trauma informed care, it is important to consider the following questions:

- How many providers there are
- Who will approve the curriculum
- How the selected curriculum and training material will updated
- How often the training will be undated
- Who is receiving revenue from the training
- Who is required to make sure employees have the training before they work in a school?
- How many schools actually track and monitor the training
- How many people call us to ask about it (i.e. where to get it)
- What are the consequences of not completing the training
- Can our future software be used to provide and track the training, and if so, how

Further discussion included a reminder that the purpose of the task force is not to advocate for expanded funding for a particular position, but rather training for all staff in a building, and how the training would be funded.
**AGENDA ITEM:** Designation of subcommittees

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<thead>
<tr>
<th>Expected Outcome:</th>
<th>Subcommittee Leads:</th>
<th>Follow Up:</th>
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<tbody>
<tr>
<td>Three subcommittees identified:</td>
<td>1. Brian Carico</td>
<td>Subcommittees will study research and evidenced-based trainings and draft recommendations for task force consideration.</td>
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<tr>
<td>1. Suicide Prevention</td>
<td>2. Gladys N. Alvarez</td>
<td>Subcommittees will consider training methodology, audience, frequency, cost and monitoring of trainings. The subcommittees will report their findings to the full task force at the October 24, 2013 meeting for consideration and discussion.</td>
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<tr>
<td>2. Trauma Informed Care</td>
<td>3. Karolyn Zeller</td>
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<td>3. Adult/Student Relationships</td>
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**Notes:**
Three subcommittees were identified. The following Task Force members volunteered to serve on the work committees:

1. **Suicide Prevention Work Group:**
   - Brian Carico
   - Steve Mitchell
   - Keri Neblett
   - Sharon Guthrie
   - Barb Anderson

2. **Trauma Informed Care Work Group:**
   - Gladys Noll Alvarez
   - Steve Mitchell
   - Laura Larkin
   - Ellen McGinnis Smith

3. **Adult-Student Relationships**
   - Karolyn Zeller
   - Meredith Dohmen
   - Penny Bisignano
   - Deb Chiodo

**Future Task Force Meeting Dates:**

- **October 24, 2013**
- **November 1, 2013**