

Action Alliance for Suicide Prevention (AASP)

Date: May 21, 2018, 1:00-3:30pm

In-person with a webinar option: Department of Health Tumwater office, TC1, Room 164



Attendees: John Wiesman, Alfie Alvarado-Ramos, Cal Beyer, Ian Corbridge, David Dickinson, Julie Garver, Camille Goldy, Topher Jerome, Pama Joyner, Vicki Lowe, Terri Mail, Donn Marshall, Jason McGill, Daniel Overton, Robby Pellett, Karie Rainer, Billy Reamer, Jeff Rochon, Cheryl Sanders, Nina Smith, Jennifer Stuber, Denece Thomas, Beth Vandehey, Roy Walker, Ginny Weir, David Windom, Neetha Mony

Meeting Notes

Topic	Lead	Notes	Discussion
Welcome and agenda review	Sec. John Wiesman, DOH		
Introductions	ALL		
Crisis Services and Suicide intervention in Washington State: A look at crisis services on the ground	Robert Pellett, DSHS	<ul style="list-style-type: none"> • In WA, counties offer different crisis services: <ul style="list-style-type: none"> ○ Crisis line: Some are warm lines and other are just for crisis services. ○ Mobile crisis team and/or crisis triage <ul style="list-style-type: none"> ▪ Mobile crisis teams are more upstream intervention resources to help people where they are. They can talk about multiple issues and provide local referrals. ○ Crisis stabilization ○ Crisis respite • Designated Crisis Responders (DCRs) assess if hospitalization is needed and can involuntarily commit people for mental health and substance use disorders. <ul style="list-style-type: none"> ○ DCRs are Masters level clinicians and receive trainings every 2-3 years. Additionally mental health professionals licensed in WA are required to take suicide prevention training every 6 years. • See p. 4-5 for information on WA crisis triage services, stabilization units, and respite centers. • See p. 6-18 for WA State Designated Mental Health Professionals (DMHPs) Office Information for each county. 	<ul style="list-style-type: none"> • Question: Are these services in every county? <ul style="list-style-type: none"> ○ Answer: The handout shows crisis resources by county. • Question: What qualifies someone to use these? <ul style="list-style-type: none"> ○ Answer: It can be a self-identified crisis. • Question: How many calls are received, suicide-related versus other mental health metrics? How do you measure success? <ul style="list-style-type: none"> ○ Answer: Metrics are collected for involuntary treatment but not for all contacts to the crisis system. Or it might be collected but not necessarily analyzed for suicide. • Question: Does DSHS track admissions to facilities? <ul style="list-style-type: none"> ○ Answer: Yes, since we need to do follow-ups within 24 hours of admission. • Comment: Maybe HCA/DBHR can troubleshoot BHO contracts and collect data. • Comment: The National Suicide Prevention Lifeline is a foundational piece and will be in the decision package. • Comment: DCRs see about 12,000 calls/month. Detain about 50% of calls and find less involved treatments for others. About half of detainees are in for about 14 days and about a third are in for 180 days. • Question: Do we know the impact of laws like Joel's Law or Ricky's Law?

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			<ul style="list-style-type: none"> ○ Answer: Have had about 100 cases from Joel's Law and less than 50% became orders. About 50-60 people so far have used Ricky's Law but there are still some challenges in court. ● Comment: Not all counties have crisis teams. King County DCRs do both. ● Questions: Are we giving providers, families, and people in crisis enough resources and tools? For the decision package, what do we need in the state for prevention, intervention, and postvention to build the foundation for this work? <ul style="list-style-type: none"> ○ Answer: Include more lived experience voices, like peer bridger programs. They have experienced crisis services and transitional care. ○ The Crisis Text Line is another upstream approach. ● Questions: How are people providing these services experiencing ripple effects? <ul style="list-style-type: none"> ○ Answer: In the Dept. of Corrections, staff receive training on how to work with inmates and also how to receive support for themselves. ○ Answer: One challenge is getting metrics on successful cases.
Bree Collaborative Update	Ginny Weir, Bree Collaborative	<ul style="list-style-type: none"> ● The group began in 2011 with 20 members appointed by the governor. The group selects about 4-5 health issues to analyze and then send a report to HCA for consideration and application. ● The suicide prevention group has identified 5 focus areas: <ul style="list-style-type: none"> ○ Identification of suicide risk ○ Risk formulation ○ Risk management and treatment ○ Follow-up support after an attempt ○ Follow-up support after a suicide loss ● The plan is to complete the report in July-Sept with a month long public comment process. Then it will go back to Bree to review before being sent to HCA. HCA can then include recommendations through purchasing contracts, the ACHs, or individual systems, like Swedish or Confluence. 	<ul style="list-style-type: none"> ● Questions: Has there been any thought on working with Managed Care Organizations (MCOs) on cost, like depression screenings? <ul style="list-style-type: none"> ○ Answer: Jason will work with Ginny, someone from a MCO, OFM, and Charissa on estimates for the decision package. ● Comment: Can work with Office of Insurance Commissions on cost of a rate study. ● Comment: Have worked with 6-8 hospitals on SBIRT and hope to receive more grants to expand this. In 2015, the Bree Collaborative recommended universal adoption of SBIRT.

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Office of Superintendent of Public Instruction's suicide prevention work	Camille Goldy, OSPI	<ul style="list-style-type: none"> • There are 295 school districts and 9 Educational Service Districts (ESDs). In the presentation, the stars represent OSPI pilot projects. • It's important to note that OSPI provides guidance on best practices and recommendations but school boards get to decide what will be implemented. • SSB6431 funded half of Camille's position. This legislative session OSPI received funding for one year of the Crisis Text Line. • The Mental Health and High School curriculum includes material on mental health literacy. • The Children's Mental Health Workgroup is conducting a case study on regional mental health pilot project, which is due in 2019. Mona and Ron are working to develop the social emotional learning (SEL) benchmarks. 	<ul style="list-style-type: none"> • Comment: Is there a connection between funding streams, like for SEL versus suicide prevention? The governor is working on school safety and will connect with Camille. • Question: With suicide data surveillance, how can schools and the Colville Tribes work together. <ul style="list-style-type: none"> ○ Answer: Camille will follow-up on this.
Decision Package Update	Neetha Mony, DOH	<ul style="list-style-type: none"> • The decision package answers what a basic core suicide prevention program looks like and ties to the state plan: prevention efforts in the community, systems-approach and early intervention, crisis services and hotlines, and data and research. • See p. 19 for the list of recommendations <i>(Note: This has changed since the last meeting)</i> • Contributing agencies include DOH, DVA, OSPI, HCA, DBHR, DSHS, LNI, DOC, UW, AIHC, and CAPAA. • We will go into more detail at the July meeting. 	<ul style="list-style-type: none"> • Comments <ul style="list-style-type: none"> ○ Disparities could be addressed through community work and healthcare ○ Maybe combine #5, 7, and 10 for a comprehensive approach. ○ How to use block grant funds and Medicaid too ○ Could have multi-year approaches to expand essential services. ○ Each tribe has a committee chair on Health and Human Services ○ #11, 16, and 22 can be combined. ○ Missing public-private partnerships, especially workplaces and businesses. ○ Missing Department of Transportation ○ How can philanthropy fit in? Look into this after we finalize recommendations.
Announcements	ALL		
Summary and Path Forward	Sec. Wiesman		Meeting date change: The next meeting will be an in-person meeting with a webinar option 1:00-3:00pm on July 30 at the DOH Tumwater office.

How many crisis triage facilities are in Washington?

Two types of licensed facilities provide crisis services in Washington: “crisis stabilization units” and “triage facilities.” Additionally, behavioral health agencies may provide “crisis respite” services in non-licensed community settings or licensed facilities.

A “crisis stabilization unit” is defined in RCW 71.05.020(6):

“Crisis stabilization unit” means a short-term facility or a portion of a facility licensed by the department of health and certified by the department of social and health services under RCW 71.24.035, such as an evaluation and treatment facility or a hospital, which has been designed to assess, diagnose, and treat individuals experiencing an acute crisis without the use of long-term hospitalization.

The unit is secure for involuntary individuals and must have nursing staff continuously on site and constant access to physician consultation. Patients can be held up to 12 hours, during which they are stabilized and released or evaluated by a DMHP. Individuals are generally transported to the unit by law enforcement. If the patient is detained for additional treatment, the individual is transferred to an evaluation and treatment unit or facility.

A “triage facility” is defined in RCW 71.05.020(48):

“Triage facility” means a short-term facility or a portion of a facility licensed by the department of health and certified by the department of social and health services under RCW 71.24.035, which is designed as a facility to assess and stabilize an individual or determine the need for involuntary commitment of an individual, and must meet department of health residential treatment facility standards. A triage facility may be structured as a voluntary or involuntary placement facility.

A triage facility may be secure for involuntary individuals or unsecure for voluntary individuals. Triage facilities are not required to have nursing staff continuously available, although a physician, ARNP, or RN must be continuously available for consultation. Patients can be held up to 12 hours during which they are stabilized and released, may choose to remain in the triage facility voluntarily, or are evaluated for further treatment by a DMHP. If the decision is to detain the patient, the individual is to be transferred to an evaluation and treatment unit or facility.

“Crisis respite” services may be provided by behavioral health agencies under WAC 388-877A-0200 through 0280. Individual may be served in a residential home or other community setting such as house or apartment owned or leased by a service providing agency, or in a DOH-licensed facility. Crisis respite services are often referred to as “respite” or “hospital diversion.”

The following is a list of crisis providers and number of beds in Washington.

Crisis Stabilization Units

Bridges E&T Crisis Beds 201 South 2nd Avenue, Yakima, WA 98902 (509) 469-2085	16 beds
Recovery Innovations Crisis 9601 Steilacoom Blvd SW #27, Lakewood, WA (253) 584-2300	16 beds
Lower Columbia Crisis Beds 921 14th Ave, Longview, WA 98632 (360) 423-0203	5 beds
Diversion Beds 2428 W. Reynolds Ave Centralia, WA 98531 (360) 330-9044	3 beds
Crisis Clinic 615 8th St, Hoquiam, WA 98550 (360) 532-4357	10 beds
Crisis Solutions Center 1600 S. Lane St, Seattle, WA (206) 682-2371	39 beds
Stabilization Services 1401 N. Calispel St, Spokane, WA (509) 838-4428	16 beds
Elahan Place 7415 NE 94th Ave, Vancouver, WA 98662 (360) 253-6019	4 beds
Total	109 beds

Triage Facilities

Transitions Triage Center 1175 Carondelet Dr., Richland, WA 99354 (509) 943-9104	16 beds
Thurston County Telecare Triage 3436 Mary Elder Rd NE, Olympia, WA 98506 (360) 943-1907	10 beds
Snohomish County Triage 3322 Broadway Ave, Everett, WA 98201 (425) 349-7289	16 beds
Whatcom County Crisis Center 2030 Division St, Bellingham, WA 98226 (360) 676-2020	5 beds
Thurston County Crisis Stabilization Treatment Unit 3285 Ferguson St. SW in Tumwater, WA 98511 (360) 528-2590	10 beds
Total	57 beds

Crisis Respite Services

Peninsula Behavioral Health provides crisis respite services to up to 6 persons in a home owned by the Salish BHA at 118 E. 8 St, Port Angeles, WA 98362 ((360) 457-0431).

Stevens Co has a Crisis respite that they call Crisis Stabilization services.

Thurston Co has a Crisis Respite that they call Thurston Co Crisis Transitional Diversion Center.

Washington State Designated Mental Health Professionals Office Information

Updated 12/22/17

Adams County

Agency: Adams County Integrated health services
Office: 425 East Main Suite 600 Othello, WA 99344
Contact: Amanda Zepeda amandag@co.adams.wa.us
Telephone: (509) 488-4074
Fax: (509) 488-0166
Crisis Line: (509) 488-5611 or (509) 659-4357

Asotin/Garfield Counties

Agency: Quality Behavioral Health
Address: 900 7th Street Clarkston, WA 99403
Contact: Danika Gwinn dgwinn@qbhs.org
Telephone: (509) 758-3341
Fax: (509) 758-8009
Crisis Line: 1-888-475-5665 (After Hours)

Benton/Franklin Counties

Agency: Lourdes Health Crisis Services
Address: 500 North Morain Street, Suite 1250 Kennewick, WA 99336
Contact: Cameron Fordmeir Cameron.fordmeir@lourdesonline.org
Tony Larsen Tony.Larsen@lourdesonline.org
Telephone: (509) 783-0500
Fax: (509) 783-9129
Crisis Line: (509) 783-0500

Chelan-Douglas Counties

Agency: Catholic Family and Child Services
Address: 145 South Worthen Street, Wenatchee WA 98801
Contact: Eric Skansgaard eskansgaard@ccyakima.org
Kris Davis
Telephone: (509) 664-7350
Fax: (509) 662-6761
Crisis Line: (800)852-2923

Clallam County (east of Lake Crescent)

Agency: Peninsula Behavioral Health
Address: 118th E. Eighth Street Port Angeles, WA 98362
Contact: Brittney Jensen brittneyj@peninsulabehavioral.org
Telephone: (360) 457-0431
Fax: (360) 457-0493
Crisis Line: (360) 452-4500 or 1-800-843-4793

Clallam County (west of Lake Crescent)

Agency: West End Outreach
Address: 530 Bogachiel Way Forks, WA 98331
Contact: Heidi Ross heidir@forkshospital.org
Telephone: (360) 374-5011
Fax: (360) 374-6691
Crisis Line: 1-800-843-4793 (After Hours)

Clark County

Agency: Clark County Crisis Services
Address: 1601 4th Plane Blvd #17-C152, Vancouver, WA 98661
Contact: Daneil Jass Daniel.Jass@clark.wa.gov
Telephone: (360) 397-8198
Fax: (360) 397-8476
Crisis Line: 1-800-626-8137

Columbia County

Agency: Blue Mountain Counseling
Address: 221 East Washington Avenue, Dayton, WA 98328
Contact: Chrisann Christensen – chrisann.christensen@bluemtncounseling.org
Telephone: (509) 382-1164
Fax: (509) 382-1166
Crisis Line: 1-866-382-1164

Cowlitz County

Agency: Columbia Wellness
Address: 921 14th Avenue, Longview, WA 98632
Contact: Drew McDaniel – Drew.McDaniel@columbiawell.org
Telephone: (360) 423-0203
Fax: (360) 423-2311
Crisis Line: (360) 425-6064 or 1-800-803-8833

Ferry County

Agency: NEW Alliance Counseling Services
Address: 65 N. Keller, Republic, WA 98166
Contact: Lynne Guhlke – lguhlke@co.stevens.wa.us
Telephone: (509) 775-3341
Fax: (509) 775-8906
Crisis Line: 1-866-268-5105 After Hours

Grant County

Agency: Grant Mental Health Care
Address: 840 E. Plum Street, Moses Lake, WA 98837
Contact: Juan Padilla ipadilla@co.grant.wa.us
Telephone: (509) 765-9239
Fax: (509) 765-1582
Crisis Line: (509) 765-1717 or 1-877-467-4303

Grays Harbor County

Agency: Columbia Wellness
Address: 615 8th Street, Hoquiam, WA 98550
Contact: Alice Larsen alice.larsen@columbiawell.org
Telephone: (360) 209-6097
Fax: (360) 538-0124
Crisis Line: 1-800-685-6556

Island County

Agency: Compass Mental Health
Address: PO Box 160, Coupeville, WA 98239
Contact: Amy Pereira Amy.Pereira@compassh.org
Telephone: (360)-678-555
DMHP Office: (360) 678-4055 or 4057
Fax: (360) 978-3636
Crisis Line: 1-800-584-3578

Jefferson County

Agency: Discovery Behavioral Healthcare
Address: 884 West Park Ave. Port Townsend, WA 98837
Contact: Robin Runyan robinr@discoverybh.org

Telephone: (360) 385-0321
Fax: (360) 379-5534
Crisis Line: 1-877-410-4803

King County

Agency: Crisis and Commitment Services
Address: 401 Fifth Avenue Suite 400, Seattle, WA 98104
Contact: Diane Swanberg – Diane.Swanberg@kingcounty.gov
Telephone: (206) 263-9200
Fax: (206) 205-5192
Crisis Line: (206) 461-3222

Kitsap County

Agency: Kitsap Mental Health Services
Address: 5455 Almira Dr. NE, Bremerton, WA 98311
Contact: Charles Doyal charlesd@kmhs.org
Telephone: (360) 405-4010
Fax: (360) 377-0458
Crisis Line: (360) 373-3425 or 1-800-843-4793

Kittitas County

Agency: Kittitas Service (CWCMH)
Address: 220 W. 4th Ave. Ellensburg, WA 98926
Contact: Harry Kramer – hkramer@cwcmh.org
Telephone: (509) 925-9861
Fax: (509) 925-1277
Crisis Line (509) 925-4168 or (509) 925-9861

Klickitat County

Agency: Comprehensive Healthcare
Address: 112 W. Main, Goldendale, WA 98620
Contact: Candi Didier – candi.didier@comphc.org
Telephone: (509) 773-5801
Fax: (509) 493-4961
Crisis Line: 1-800-572-8122

Lewis County

Agency: Cascade Mental Health
Address: 2428 W. Reynolds Ave. Chehalis, WA 98531
Contact: Sherri Maywald maywalds@cascadementalhealth.org
Telephone: (360) 330-9044 Ext. 2289
Fax: (360) 736-2106
Crisis Line: (360) 330-9044 or 1-800-559-6696

Lincoln County

Agency: North East Washington Alliance Counseling Services
Address: 1211 Merriam Street, Davenport, WA 99122
Contact: Lynne Guhlke lguhlke@co.stevens.wa.us
Telephone: (509) 725-3001 or 1-888-725-3001
Fax: (509) 725-1609
Crisis Line: 1-888-380-6823

Okanogan County

Agency: Okanogan Behavioral HealthCare
Address: 1007 Koala Dr., PO Box 3208, Omak, WA 98841
Contact: Danielle Shawgo dshawgo@okbhc.org
Lena Maples lmaples@okbhc.org
Telephone: (509) 826-6191
Fax: (509) 826-3029
Crisis Line: (509) 826-6191 or 1-866-826-6191

Pacific County

Agency: Willapa Behavioral Health
Address: (South County) 2204 Pacific Ave. Long Beach, WA 98631
(North County) 300 Ocean Ave. Raymond, WA 98577
Contact: Elizabeth Limbocker limbockere@willapabh.org

Telephone: North County – 360-942-2303
South County – 360-642-3787

Fax: North County – 360-942-5312
South County – 360-642-2096

Crisis Lines: (NC) 360-942-2303
(SC) 360-642-3787
1-800-435-2197

Pend Oreille County

Agency: Pend Oreille County Counseling Services
Address: 105 S. Garden Avenue, PO Box 5053 Newport, WA 99156
Contact: Renee Morrison rmorrison@pendoreille.org
Telephone: (509) 447-5651
Fax: (509) 447-2671
Crisis Line: (509) 447-5651 After Hours 1-866-847-8540

Pierce County

Agency: Good Samaritan Mobile Outreach Crisis Team (M.O.C.T.)

Address: 3315 Street 23st suite 310 Tacoma

Contact: Silvia Riley – Silvia.Riley@multicare.org,

Ian Callahan callaia@multicare.org

Telephone: (253)-697-8686

Fax: (253) 301-5209

Crisis Line: 1-800-576-7764

San Juan County

Agency: Compass Health

Address: PO Box 247, 520 Spring Street Friday Harbor, WA 98250

Contact: Brandon Foister Steven.Foister@compassh.org

360-676-2020 ex. 1013

(Compass supervisor) Jessica Vann-Campbell Jessica.Howard@compassh.org

Telephone: (360) 378-2669

Fax: (360) 378-5669

Crisis Line: 1-800-747-8654

Skagit County

Agency: Compass Health

Address: 1100 S. Second St. Mt. Vernon, WA 98273

Contact: Amy Pereira Amy.Pereira@compassh.org

Telephone: (360) 419-3639

Fax: (360) 419-3535

Crisis Line: 1-800-747-8654

Skamania County

Agency: Skamania County Community Health
Address: PO Box 369, Stevenson, WA 98648
Contact: Tamara Cissell - tamarac@co.skamania.wa.us
Telephone: (509) 427-3850
Fax: (509) 429-0188
Crisis Line: (509) 427-3850

Snohomish County

Agency: Snohomish County Involuntary Treatment Program
Address: 3000 Rockefeller Avenue, Mail Stop 305, Everett, WA 98201
Contact: Carola Schmid - Carola.Schmid@co.snohomish.wa.us
Brian Austin Brian.Austin@co.snohomish.wa.us
Telephone: (425) 388-7214
Fax: (425) 388-7216
Crisis Line: (800) 584-3578 Public Line
(415) 258-1352 - Professional Line

Spokane County

Agency: Frontier Behavioral Health
Address: 107 S. Division St. Spokane, Wa. 99202
Contact: Staci Cornwell, Director - scornwell@fbhwa.org
Telephone: (509) 838-4651 ext 317465 or 312777
Fax: (509) 363-2768
Crisis Line: (509) 838-4428

Stevens County

Agency: N.E.W. Alliance Counseling
Address: 165 E. Hawthorne, Colville, WA 99114
Contact: Lynne Guhlke lguhlke@co.stevens.wa.us
Telephone: (509) 684-4597
Fax: (509) 684-5286
Crisis Line: (1-888) 380-6823

Thurston-Mason Counties

Agency: Olympic Health and Recovery Services
Address: 612 Woodland Square Loop Suite 401
Lacey, WA 98503
Contact: Jessica Shook jessica.shook@tmbho.org
Telephone:
Fax: (360) 763-5828
DMHP: (360) 754-1338
Crisis Line: (360) 586-280

Wahkiakum County

Agency: Wahkiakum County Health & Human Services
Address: 42 Elochoman Valley Road, Cathlamet, Wa 98612
Contact: Thomas Eno enot@co.wahkiakum.wa.us
Telephone: (360) 795-8630 or 1-800-635-5989
Fax: (360) 795-6224
Crisis Line: (360) 795-8630

Walla Walla County

Agency: Central Washington Comprehensive Mental Health
Address: 1520 Kelly Place, Suite 220, Walla Walla, WA 99362
Contact: Courtney Hesla - Chesla@cwcmh.org
Telephone: (509) 524-2920
Fax: (509) 524-2995
Crisis Line: (509) 524-2999

Whatcom County

Agency: Whatcom Counseling and Psychiatric Clinic
Address: 2030 Division, Bellingham, WA 98226
Contact: Brandon Foister Steven.Foister@compassh.org
Telephone: (360) 676-2020 Ext 1013
Fax: (360) 676-2210
Crisis Line: 1-800-584-3578

Whitman County

Agency: Palouse River Counseling
Address: 340 NE Maple Street, Pullman, WA 99163
Contact: Kelly Heinlen kheinlen@prcounseling.org
Telephone: (509) 334-1133
Fax: (509) 332-1608
Crisis Line: (509) 334-1133

Yakima County

Agency: Central Washington Comprehensive Mental Health

Address: 402 S. 4th Avenue, PO Box 959, Yakima, WA 98907

Contact: Courtney Hesla - Chesla@cwcmh.org

Telephone: (509) 941-8501 or (509) 576-4312

Fax: (509) 574-5118

Crisis Line: (509) 575-4200 or 1-800-572-8122

KEY PROVISIONS OF LEGISLATION (PROPOSED/PRELIMINARY/FOR CONSIDERATION BY STATE AGENCIES)

Statewide Recommendations

Policy Requests

1. MANDATORY EMS REPORTING (SD4: GOAL 1)
2. DEATH CERTIFICATES (SD4: GOAL 1)

Fiscal Requests

3. COORDINATING HUB – CENTER OF EXCELLENCE AT UNIVERSITY OF WASHINGTON
4. INCREASE STATE SUICIDE PREVENTION CAPACITY (SD1 AND SD2; EO ITEM 3C)
5. SUPPORT COMMUNITY EFFORTS (SD1: GOAL 2, GOAL 6)
6. REGIONAL MENTAL HEALTH COORDINATORS AT ESDs (K-12) (SD1: GOAL 5)
7. ADDRESS SUICIDE CALLS TO HOTLINES (SD2: GOAL 5)
8. IMPROVE STATE DATA CAPACITY (SD2: GOAL 1; SD4: GOAL 1, REC. 1, 2, 3, 6, 7, 8, 13; EO ITEM 1)
9. HCA OR BREE COLLABORATIVE RECOMMENDATION
10. DSHS CRISIS SERVICES (SD3: GOALS 2 AND 4)
11. STATEWIDE SUICIDE PREVENTION PUBLIC AWARENESS CAMPAIGN (SD1: GOAL 1 REC. 2, GOAL 4 REC. 1)
12. STATE SUICIDE FATALITY REVIEW (SD4: GOAL 1, REC. 9)
13. SUPPORT TRIBES (SD2: GOAL 1, REC. 3; EO ITEM 3C)
14. EXPAND SAFER HOMES DISTRIBUTION
15. DOC SERVICES
16. WA STATE SUICIDE PREVENTION SUMMIT

Recommendations for Select Groups

Policy Requests

17. RAISING CHILD DEATH REVIEW AGE TO 24 (SD4: GOAL 1)
18. MANDATORY REPORTING IN RESIDENTIAL FACILITIES
19. MANDATORY MEANS-SAFETY COURSE FOR FIREARMS OWNERS AND RETAILERS
20. EXPAND TRAINING OPTIONS FOR HEALTH PROFESSIONALS (SD2, GOAL 3)

Fiscal Requests

21. DOH CHILD PROFILE MAILINGS (SD1: GOAL 5, REC. 5)
22. RESEARCH ON WA MEN (SD1: GOAL 6, REC. 8)
23. (MANDATORY) TRAINING FOR STATE EMPLOYEES (SD2: GOALS 1&2)
24. COMMUNITY HEALTH WORKER MODULES (SD2: GOAL 2)