



## **Collaboration on Youth Suicide Prevention**

Seattle, Washington  
January 23-24, 2003

State Action Plans and Report-Outs  
March 2003

Alaska  
Idaho  
Montana  
Oregon  
Washington  
Wyoming

## Consistent Themes Emerge at YSP Roundtable

Work plans comprised of actionable, feasible policy-related activities emerged from the efforts made at the Collaboration Around Youth Suicide Prevention, January 23-24, 2003, in Seattle. Teams consisting of state public health, mental health, and education staff, as well as legislators, gubernatorial staff, and advocates came together in a 2-day roundtable setting. Teams represented the northwestern states of Alaska, Idaho, Montana, Oregon, Washington, and Wyoming.

Participants were assisted by staff from the Association of State and Territorial Health Officials (ASTHO) and the National Association of State Mental Health Program Directors (NASMHPD), who co-sponsored the event; and by partners the National Governors Association (NGA), National Conference of State Legislatures (NCSL), and Council of Chief State School Officers (CCSO).

The roundtable featured two components: presentations by national experts from the public, private, and academic sectors; and breakout sessions in which the diverse state teams could plot implementation strategies for existing state plans, or begin work on developing state policy around youth suicide prevention.

While the participating states came from distinct stages of the policy development process, several mutual themes emerged, including:

- Lack of resources to adequately implement statewide youth suicide prevention efforts; workforce shortages
- Lack of coordination and awareness among state agencies
- The need to elevate the status of the issue, especially among high-level policymakers—this includes educating policymakers
- Lack of mental health parity
- The need to focus on youth at the highest risk—those with multiple risk factors
- Rural communities must be involved in planning and implementation
- Data must drive policy priorities, and be used to target interventions

Each team left Seattle with a promising, multi-faceted plan to address youth suicide in their state. Highlights of intended activities include:

- “Suicide 101” presentations for policymakers
- Efforts to increase cross-agency coordination and communication
- Identification of champions to assist in implementation of prevention strategies
- Opportunities for holding statewide summits to strengthen and expand partnerships

All six teams should be proud of the progress they made at the roundtable and will continue to make in the months and years to come. ASTHO, NASMHPD, and their partners will continue to monitor the state teams as they move forward with this important public health issue, and will offer assistance whenever possible.

## State A

### Key Issues

Three existing, but tenuous, volunteer-based programs:

- SPAN (Suicide Prevention Action Network)
- 800 Hotline
  - Funded primarily through the United Way (80%), along with grants and private donations
  - Staffed by 36 volunteers
  - Costs \$38,000/year
  - Receives 3,600 calls/year; 9% are urgent calls (in-progress attempt)
- Certified Crisis Worker (CCW) Program
  - Certification requires 500 hours of supervised crisis intervention work before an exam
    - Just had first person qualify to take the AAS exam

### Barriers and Challenges

- Funding (no \$ from state general funds; lost \$10,000 federal MCH Block Grant \$ after 1999)
- Lack of awareness
- Resistance/Stigma/Denial
- Lack of leadership
- State lacks mental health parity

### Priorities

- Secure funding
- Raise awareness

### Partnerships

- State legislature
- Governor's office
- National Alliance for the Mentally Ill
- Association of Counties

- Commission on Aging
- Pharmaceutical companies (Pfizer and GlaxoSmithKline)
- Gatekeepers— clergy, state family practice chapter, educators, peers
- Universities and student associations
- Professional associations
- EMS (and other first responders)
- Native American groups

### **Final Priorities and Action Steps**

- Shift money from Dept. of Ed/Dept. of Juvenile Corrections— use \$ to write a grant proposal for submission during next round of CDC grants, earmarked for suicide prevention
- Redirect the efforts of the Governor’s Coordinating Council on Families and Children to address risk factors and promote positive behaviors
- “Soft sell” concept—don’t say the ‘S’ word when discussing suicide. Focus on positive behaviors and bonds to school, community, etc.
- NGA and NCSL may organize and facilitate a larger regional meeting in the future

### **Plan for Action**

- Gather input from SPAN
- Contact Depts. of Education and Juvenile Justice
- Find a speaker to meet with state reps and other groups and stage “Suicide Prevention 101”, which would serve to educate and increase awareness

## State B

### Priorities

- Reinforcing the Plan
  - Develop strategies for community plans
  - Educate planning committee members—many not familiar with suicide prevention issues
  - Bring together multidisciplinary teams
- Maximizing opportunities for intervention of those at highest risk
  - Improve screening and referral procedures
  - Reduce resistance from partners
- Reorganizing at DHS
  - Health services cluster allows for multidisciplinary collaboration
  - Increase collaboration with Juvenile Justice
  - Build continuity among agencies
- Public Education—youth, media, professionals, etc
- Reduce access to weapons
- Reduce harassment in schools
- Improve effectiveness of crisis lines and services
- Increase access to mental health services
- Best practices education
- Support survivor groups
- After-care follow up
- Bring concept of prevention to mental health system
- Focus on grassroots efforts
- Improve identification of youth at highest risk

### Barriers/Challenges

- Lack of resources
- Lack of training opportunities
- Need to build partnerships
- Rural staff overworked/overwhelmed by having to focus on too many issues
- Model programs not issue-specific
- Message often not delivered from the appropriate source—can cause alienation
- Lack of coordination among advocates
  - Need to target organizations and issues to bring them together
- Many have a limited scope/vision of the problem
  - Gatekeeper training a good opportunity to overcome this

- Lack of mental health providers, especially in rural areas of the state

### **Action Plan**

- Seattle team will meet by telephone to strategize how best to move agenda forward with the State Agency Team
  - Buy-in from the Administration is vital
- State Agency Team will meet to identify champions for implementation of State Plan strategies
- Bring in David Hawkins to address key Administration leaders
- “Suicide 101” presentation for Commission members
  - Assess needs of the Commission and partners
- Create DHS white paper to integrate coordinated delivery of prevention services
  - Explore intervening with kids that have multiple risk factors
  - Explore ways to engage suicide prevention when kids are in contact with other agencies (i.e. juvenile justice)
- Expand partnerships with family advocacy, faith-based, and youth groups
  - Expand partnerships around specific policy issues—parity is the biggest legislative/advocacy issue

## State C

### Key issues

- State budget crisis
- Lack of funding
- Youth suicide prevention not embraced as a major issue relative to other issues
- Lack of awareness
- Get key information to people who have contact with children every day

### Barriers

- Not knowing what is going on in our own state
- Redundancy/duplication at state and national level
- Lack of parity
- Coordination of services
- Stigma/shame
- No coordination among levels of prevention
- Changing regulations
- Lack of communication among state agencies
- Agency decision-makers not present at January ASTHO meeting

### Priorities

- Increase awareness about what is going on in the state
- Increase coordination among state agencies
- Revisit the state suicide prevention plan

### Partnerships

- State Health Foundation
- Juvenile Justice
- Legislators
- Higher education
- Survivor networks
- Local and State education agencies
- Health education professionals

## Final Priority

- Coordination and coalition building

The team elected to fortify existing networks and coalitions and to expand current communication, rather than develop new groups. Although the need for increased funding remains critical, team members agreed that given the state budget crisis, enhancing partnership among agencies represented the most feasible option.

## Plan of Action

Each team member made a commitment to help raise awareness around this issue by increasing coordination.

## Actions

- **Mental Health** agency will provide to the public health and education agencies a list of all state children's resource managers.
- **Mental Health** agency will provide team members with a presentation which describes the roles and functions of the state mental health system.
- **Mental health** agency will provide the *Condition Three* report to the education agency staff. This report details, in simple terms, what contacts the mental health field staff have with local education agencies and schools.
- **Public Health** agency staff made a commitment to communicate outcomes of this meeting to agency leadership.
- **Public Health** agency will open external communication to be inclusive of staff from education and mental health agencies. This communication consists of funding opportunities, publications, or health agency trainings.
- **Education** agency staff invited mental health and public health staff to be involved in its upcoming departmental strategic plan on health and safety.
- **Education** agency staff will provide names of the state's school nursing corps, and let nurses know that they should expect a visit from public health or mental health staff.
- **Education** staff will provide names and plans of their 24 "readiness to learn" communities. These communities are funded to knit all community resources to support children. Staff will analyze mental health tasks identified in *Condition Three* and "readiness to learn" reports, in order to identify gaps or duplication in services.

- **State youth suicide prevention coordinator** (a DOH contractor) invited all team members (and their constituents) to participate in an upcoming training for front line workers.
- **State youth suicide prevention coordinator** will expand website to include resources and information provided by team members.
- **State youth suicide prevention coordinator** will send all youth suicide prevention materials and make contact with the education and mental health contact names received.
- **Governor's staff** committed to use the platform and power of the governor's office to help overcome interagency coordination obstacles.

## State D

### Key Issues Identified

- Lack of coordination between agencies and divisions
- Fragmentation/duplication of services
- Need progress on state plan
- Difficult to have face-to-face time with others

### Barriers and Challenges

- Lack of public awareness, especially through the media—need to reinforce the magnitude of the problem
- Questions over who is the lead agency
- Statewide Council lacks infrastructure
- Fragmentation between agencies; need centralized resource/communication mechanism
- Lack of dedicated funding for youth suicide prevention
- Department of Education focused on “No Child Left Behind,” which doesn’t include youth suicide prevention
- Legislative appropriations
- Limited time to write proposals and identify other sources of funding
- Some grants are only available to public health
- State governments work on “issue of the year”/ no sustainability
- Assumption that money can fix everything
- Legislative turnover/new Administration—program cuts
- Resentment towards rural areas (especially with regard to funding)
- Lack full data analysis of every youth suicide case
- Attitudes about firearms
- Because of the issue’s complexity, where draw the parameters of the Council’s work?
  - What should the Council prioritize, i.e. universal vs. indicated prevention?
  - How early should prevention start, especially with finite resources?
- Department of Education—how do you integrate youth suicide prevention into curriculum, with limited classroom time?
- Sense of hopelessness at individual and community levels
- Council membership determined by legislation
- Have not had active survivor community—geographic issues
- Many resources geared toward crisis intervention and not preventive strategies
- Different regions and SES require unique approaches
- Increase Council involvement

## **Priorities**

- Increase Council involvement
- Expand activity from the survivor community
- Reduce fragmentation between agencies—need centralized resource/communication mechanism
- Obtain dedicated funding for youth suicide prevention

## **Next Steps/ Actions**

### 1) Increase Council Involvement

- Increase membership—discuss bringing others in as non-council members; create committees
- Enhance participation with Native organizations
- Include public health on Council
- Formalize infrastructure—create bylaws
- Identify entities and individuals for non-council membership (proposed members include Tribal Health Consortium, Tribal Health Board, Department of Education, parents, providers)
- Identify sources of funding for meetings (i.e., CDC meeting funds)
- Hold meeting on “What Can I Do?” to get people involved

### 2) Fragmentation Between Agencies

- Send letter from Council to Commissioners to find out about agency activities on youth suicide prevention. This information would be used to involve other agencies and increase the number of people who can do the work.. It is also a means to identify with whom to share the Council’s work.
- Spread the word through monthly updates. Use the website, listservs, email distribution lists and newsletters to share information with other agencies.
- Advertise the web site
- Use statewide conferences as opportunities to coordinate between agencies

### Other Actions

- Establish state chapter of SPAN
- Begin a study on out-of-hospital deaths

## **What Can Federal and National Partners Do?**

- Provide links to national resources, including speakers
- Speak at state conferences
- Link to other issues the state is grappling with
- Provide “best practice” examples
- Direct federal resources to youth suicide prevention

- Elevate status of the issue—by utilizing governors’ spouses, etc.
- Review materials the state produces as an “independent” or “outside” reviewer
- Provide information on how public health is involved in youth suicide prevention, especially where public health is the lead agency, or how public health is addressing youth suicide prevention as a public health issue

## State E

### Key issues

- Statewide strategy for long-term policy development
- State crisis hotline
- State summit
- Public awareness
- State boards with responsibility for interdisciplinary approach to prevention policies
  - Crime control board
  - ICC (interagency coordination council)
- Shared funding streams/performance measures
- Data sharing
- Resource/clearinghouse for local service providers
  - Hotline
  - Online service
- Strengthen referral network
- Increase training for providers/referral staff
- Involve schools

### Barriers and challenges

- Governance
  - Coordinate committee, membership, mission
  - Elected officials—Governor, AG, State Superintendent, etc
- Multiple agencies—funding, communication, data systems, policy focus, mindsets
- Missing Constituencies—elected officials, faith-based, medical reserve corps, private sector/foundations, mental health, physicians, non-mental health medical community, mental health associations
- Federal funding from CDC, SAMHSA, etc.
- Data collection/Data Sharing
- Resources
- Ensuring balance between prevention, law enforcement and treatment

### Priority 1

- Support the implementation of the state suicide prevention plan

## Action

- Plan state summit
- Clearinghouse technical assistance center
- Single statewide crisis center

## Partnerships

- CDC/SAMHSA
- DPHHS/MMA/MHA/NASW
- Governor's office
- SOLAS, AFSP MT, CIT
- Students and Kids

## Plan for Action

- Coordinate with the 2003 statewide annual conference of the mental health association
  - The conference can serve as a *de facto* state summit on suicide

## Priority 2

- Long term
  - Raise awareness of suicide prevention
  - Create a suicide prevention "speakers bureau"
  - Develop PSAs
- Short term
  - Publicize suicide prevention activities through agency newsletters
  - Create awareness of the 2001 Strategic Suicide Prevention Plan

## Action Items

- Newsletters and conferences
- Public Service Announcements
- Develop communications plan (speakers bureau)

## Partnerships

- PRC
- Media

## State F

### Key Issues

- View youth suicide prevention as part of age continuum
- Involve rural health in partnerships
- Colleges/Universities not currently part of collaborative
- Involve Legislature and new Governor's staff
- Emphasize need for culturally competent/sensitive preventive services
- Identify evidence-based practices
- Identify resources (funding, staff, in-kind support)
- Enhance efforts to work with and through primary care providers
- Identify risk factors and appropriate interventions for middle-aged males
- Explore involvement with faith-based initiatives
- Address state-specific risk factors (significant access to firearms)
- Address workforce shortages
- Explore use of telepsychiatry at school level
- Emphasize need for specialized rural/frontier center
- Emphasize need to look at challenges in the long-term

### Action Steps

- Meet prior to Task Force meeting to take place in February 2003
- Discuss expansion of membership
- Invite representative from the Office of Rural Health
- Hold state suicide conference
- Draft invitation list

### Partnerships

- Medical society
- Governor's staff & legislature
- Membership associations
- Advocacy that represents providers

## Final Participants List

---

### **Stuart Berlow, MPP, MHSA**

Analyst, Prevention Policy  
Association of State and Territorial Health Officials  
1275 K Street, NW Suite 800  
Washington, DC 20005  
202-371-9090  
sberlow@astho.org

### **Bill Bouska, MPA**

Team Leader, Children's Treatment System  
Office of Mental Health and Addiction Services  
2575 Bittern St. NE, PO Box 14250  
Salem, OR 97309-0740  
503-945-9717  
bill.bouska@state.or.us

### **Skip Brandt**

Senator  
Idaho State Senate  
State Capitol Building, P.O. Box 83720  
Boise, ID 83720-0081  
208-332-1329  
sbrandt@senate.state.id.us

### **Jean Branscum**

Policy Advisor  
Montana Office of Governor  
P.O. Box 20081  
Helena, MT 59620-0801  
406-444-4521  
jabranscum@state.mt.us

### **Kari Burrell**

Human Services Advisor  
Office of the Governor  
PO Box 40002  
Olympia, WA 98504-0002  
360-902-0644  
kari.burrell@ofm.wa.gov

### **Merry Carlson**

Suicide Prevention Council Coordinator  
State of Alaska  
P.O. Box 240249, Suite 578  
Anchorage, AK 99524-0249  
907-269-4615  
Merry\_Carlson@health.state.ak.us

### **Barbara Cimaglio**

Manager, Community Prevention Systems  
Oregon Office of Mental Health and Addiction  
Services  
500 Summer Street, NE, #E86  
Salem, OR 97301  
503-945-6998  
barbara.cimaglio@state.or.us

### **Carla Curran, JD**

Senior Policy Specialist  
National Conference of State Legislatures  
1560 Broadway, Suite 700  
Denver, CO 80202-5140  
(303) 364-7700  
carla.curran@ncsl.org

### **Beth Dillon, MSW, MPH**

Public Health Advisor  
Health Resources and Services Administration,  
Region VIII  
1961 Stout Street  
Denver, CO 80294-3538  
303-844-7878  
bdillon@hrsa.gov

### **Sue Eastgard**

Director, Youth Suicide Prevention Program  
8511 15th Avenue, NE  
Seattle, WA 98115  
206-297-5922  
eastgard@mindspring.com

### **Ross Edmunds**

Children's Mental Health Program Specialist  
Idaho Department of Health and Welfare  
450 West State Street, 5th Floor  
Boise, ID 83720  
208-334-5726  
edmundsr@idhw.state.id.us

### **Elinor Edmunds**

Co-Founder, Board Member, and Officer  
American Foundation for Suicide Prevention,  
Montana Chapter  
PO Box 1205  
Helena, MT 59624  
406-443-9292  
eedmunds@afspmontana.org

**Barbara Eisenbarth**

Health Education Coordinator  
Idaho Department of Education  
P.O. Box 83720  
Boise, ID 83720-0027  
208-332-6950  
beisenb@sde.state.id.us

**Patrick Flaherty, MPP**

Public Health Analyst, Office of Policy, Planning,  
and Evaluation, CDC, National Center for Injury  
Prevention and Control  
4770 Buford Highway, NE MS K-62  
Atlanta, GA 30341-3724  
770-488-1008  
pflaherty@cdc.gov

**Ginger Floerchinger-Franks, DrPH**

Injury Prevention Program Manager  
Idaho Department of Health and Welfare  
P.O. Box 83720, 450 W. State Street, 6th Floor  
Boise, ID 83720-0036  
208-334-5929  
franksg@idhw.state.id.us

**Robert Glover, PhD**

Executive Director  
National Association of State Mental Health Program  
Directors  
66 Canal Center Plaza, Suite 302  
Alexandria, VA 22314  
703-739-9333  
bob.glover@nasmhpd.org

**Sybil Goldman**

Senior Advisor for Children, Office of the  
Administrator  
Office of Policy and Program Coordination,  
Substance Abuse and Mental Health Services  
Administration  
Parklawn Building, 5600 Fishers Lane, Rm 12C-26  
Rockville, MD 20857  
301-443-7023  
sgoldman@samhsa.gov

**Liam Goldrick**

Policy Analyst, Education Policy Studies  
National Governors Association, Center for Best  
Practices  
444 N. Capitol Street, Suite 267  
Washington, DC 20001-1512  
202-624-5359  
LGoldrick@NGA.ORG

**Amy Greene, MS, MPH**

Director, Adolescent and School Health Policy  
Association of State and Territorial Health Officials  
1275 K Street, NW Suite 800  
Washington, DC 20005  
202-371-9090  
agreene@astho.org

**Dollie Hambrick**

Director, Social Work Unit  
Alabama Department of Public Health  
201 Monroe Street, Suite 1010  
Montgomery, AL 36104  
334-206-5226  
dhambrick@adph.state.al.us

**W. Rodney Hammond, PhD**

Director, Division of Violence Prevention  
CDC, National Center for Injury Prevention and  
Control  
4770 Buford Highway NE, MS K68  
Atlanta, GA 30341-3724  
770-488-4362  
Rhammond@CDC.gov

**Margaret Henbest, LNP**

Representative  
Idaho House of Representatives  
6441 Plantation Lane  
Boise, ID 83703  
208-853-1092  
mhen1@mindspring.com

**Pablo Hernandez, MD**

Administrator, Wyoming Mental Health Division  
P.O. Box 177, 831 Highway 150 South  
Evanston, WY 82931-0177  
307-789-3464  
pherna@state.wy.us

**Ron Hertel**

Program Supervisor  
Learning and Teaching Support  
Office of Supervisor of Public Instruction  
Olympia, WA 98504  
360-725-6049  
rhertel@ospi.wednet.edu

**Nancy Johnson**

Co-Chair, American Foundation for Suicide  
Prevention Northwest  
9755 SW Melnore Street  
Portland, OR 97225  
503-291-0373  
chris\_nancy@columbian.com

**Sharrion Jones**

Division Director  
Health Resources and Services Administration,  
Seattle Field Office  
2201 Sixth Avenue  
Seattle, WA 98125  
206-615-2491  
sjones@hrsa.gov

**Sunny Kaste, RN**

School Health Programs Consultant  
Wyoming Department of Education  
Hathaway Building, 2nd Floor, 2300 Capitol Avenue  
Cheyenne, WY 82002  
307-777-5315  
skaste@educ.state.wy.us

**Dana Katz**

Analyst, Adolescent and School Health Policy  
Association of State and Territorial Health Officials  
1275 K Street, NW Suite 800  
Washington, DC 20005  
202-371-9090  
dkatz@astho.org

**Patricia Kempthorne**

First Lady of Idaho  
Office of Governor Kempthorne  
P.O. Box 83720  
Boise, ID 83720  
208-334-2100

**Cathy Kendall**

Director, Coordinated School Health Education  
Programs, Office of Public Instruction  
P.O. Box 202501  
Helena, MT 59620-2501  
406-444-0829  
cakendall@state.mt.us

**Keri M. Lubell, PhD**

Behavioral Scientist, Division of Violence Prevention  
CDC, National Center for Injury Prevention and  
Control  
4770 Buford Highway, NE MS K-60  
Atlanta, GA 30341  
770-488-1659  
klubell@cdc.gov

**Leigh Manheim**

Suicide Survivor  
Washington State Youth Suicide Prevention Program  
3885 Pleasant Beach Drive NE  
Bainbridge Island, WA 98110  
206-842-9480  
leigh@bainbridge.net

**Karen Matsuda, MN, RN**

Deputy Regional Health Administrator, Region X  
Department of Health and Human Services  
2201 Sixth Avenue, MS 20  
Seattle, WA 98121  
206-615-2469  
kmatsuda@osophs.dhhs.gov

**Ted Miller, PhD**

Pacific Institute for Research & Evaluation  
11710 Beltsville Drive, Suite 300  
Calverton, MD 20705-3102  
301-935-5688  
MILLER@pire.org

**Lisa Millet**

Program Manager, Injury Prevention and  
Epidemiology  
Oregon Department of Human Services, Office of  
Disease Prevention and Epidemiology  
800 Northeast Oregon Street, Suite 772  
Portland, OR 97232  
503-731-4024  
lisa.millet@state.or.us

**Martha Moore**

Injury Surveillance and Prevention Program Manager  
Section of Community Health and EMS  
State of Alaska, Department of Health and Social  
Services  
350 Main Street, Room 229  
PO Box 110616  
Juneau, Alaska 99811-0606  
(907)465-8631  
martha\_moore@health.state.ak.us

**Jimm Murray**

Administrator, Community and Family Health  
Division  
Wyoming Department of Health  
4020 House Avenue  
Cheyenne, WY 82002  
307-777-6004  
jmurra@state.wy.us

**Sara Nye**

Policy Assistant  
Office of Governor Kempthorne  
PO Box 83270  
Boise, ID 83720  
208-334-2100  
snye@gov.state.id.us

**Jenn O'Connor**

Policy Analyst, Health Policy Studies  
National Governors Association, Center for Best Practices  
444 N. Capitol Street, Suite 267  
Washington, DC 20001-1512  
202-624-7896  
JOConnor@NGA.ORG

**Brooke P. Randell, DNSc., CS**

Research Associate Professor  
Reconnecting Youth Prevention Research Program,  
University of Washington  
Seattle, WA 98115  
206-543-4418  
bprand@u.washington.edu

**Lauren Raskin, MPH**

Director, Maternal and Child Health  
Association of State and Territorial Health Officials  
1275 K Street, NW Suite 800  
Washington, DC 20005  
202-371-9090  
lraskin@astho.org

**Karl Rosston, LCSW**

Director of Clinical Therapies  
Shodair Children's Hospital  
2755 Colonial Drive  
Helena, MT 59601  
406-444-7557  
krosston@shodair.org

**Debbie Ruggles**

Violence Prevention Specialist  
Washington State Department of Health  
PO Box 47832  
Olympia, WA 98504  
360-236-3675  
debbie.ruggles@doh.wa.gov

**Nels D. Sanddal, MS, REMT-B**

President, CEO  
Critical Illness and Trauma Foundation, Inc.  
300 North Willson Avenue, Suite 3002  
Bozeman, MT 59715  
406-585-2659  
nsanddal@citmt.org

**Susan Soule**

Program Manager  
Alaska Division of Alcoholism and Drug Abuse  
P.O. Box 240249  
Anchorage, AK 99524  
907-269-3790  
susan\_soule@health.state.ak.us

**Dan Stackis**

Administrator  
Wyoming Department of Health  
117 Hathaway Building  
Cheyenne, WY 82002  
307-777-6970  
dstack@state.wy.us

**Gayle Thronson, RN, M.Ed.**

Health Services Program Supervisor  
Learning and Teaching Support  
Office of Superintendent of Public Instruction  
Old Capitol Building  
P.O. Box 47200  
Olympia, WA 98504-7200  
360-725-6040  
gthronson@ospi.wednet.edu

**Bronwyn Vincent**

Program Administrator  
DSHS MHD  
Olympia, WA 98504  
360-902-0822  
vincebv@dshs.wa.gov

**Kim Walker**

Community Resource Specialist  
Oregon Youth Authority, Community Resource Unit  
530 Center Street, Suite 200  
Salem, OR 97301  
503-373-7281  
kim.walker@state.or.us

**Peggy West, PhD, MSW**

MCH Lead  
Health Resources and Services Administration,  
Seattle Field Office  
2201 Sixth Avenue  
Seattle, WA 98125  
206-615-2518  
mwest@hrsa.gov

**Sabine Whipple**

DSHS, Mental Health Division  
P.O. Box 45320  
Olympia, WA 98502  
swhipl@dshs.wa.gov

**Peter Wollheim, PhD, CCW**

Associate Professor/ Director  
Boise State University/ Idaho Suicide Prevention  
Department of Communications, 1910 University  
Drive  
Boise, ID 83725  
208-426-3532  
pwollhe@boisestate.edu