



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

LANSING

GRETCHEN WHITMER
GOVERNOR

ROBERT GORDON
DIRECTOR

Michigan Suicide Prevention Commission

January 15, 2021

10:30 AM – 1:30 PM

[Join Microsoft Teams Meeting](#)

Conference Line: 248-509-0316

Access Code: 565105576#

AGENDA

- I. Call to Order – Brian Ahmedani**
 - a. Roll Call
 - b. Virtual Decorum
- II. Public Comment**
- III. Review and Adopt December 2020 Meeting Minutes**
- IV. MDHHS Updates**
 - a. Injury Violence Prevention – Jennifer DeLaCruz/Pat Smith
- V. Breach of the Peace Protocol Discussion – Nancy Buyle**
- VI. Initial Report Discussion (see attached)**
- VII. Other Updates**
- VIII. Next Steps**
 - a. Initial Report Recommendations Timeline – James Bell
 - b. Action Item Recap – James Bell
- IX. Public Comment (time permitting)**
- X. Adjourn**

Upcoming Meetings

Suicide Prevention Commission Workforce Subcommittee Meeting

February 9, 2021

10:00 AM – 11:00 AM

Suicide Prevention Commission Policy Subcommittee Meeting

February 9, 2021

1:00 PM – 2:00 PM

Suicide Prevention Commission Data Subcommittee Meeting

February 10, 2021

1:00 PM – 2:00 PM

Suicide Prevention Commission Special Populations Subcommittee Meeting

February 12, 2021

1:00 PM – 2:00 PM

Suicide Prevention Commission Meeting

February 19, 2021

10:30 – 12:30 (tentative)

January 2021 Suicide Prevention Commission Attendance Report

	Name	Present	Not Present
1	Shaun Abbey		
2	Zaneta Adams		
3	Brian Ahmedani		
4	William Becroft		
5	Lily Bothe		
6	Debra Brinson		
7	Nancy Buyle		
8	Adelle Cadieux		
9	Richard Copen		
10	Jessica DeJohn		
11	Sarah Derwin		
12	Amber Desgranges		
13	Corey Doan		
14	Kevin Frank Fischer		
15	Cathrine Frank		
16	John Greden		
17	Danny Hagen		
18	Cary Johnson		
19	John Joseph		
20	Laurin Jozlin		
21	Jennifer Morgan		
22	Thomas Reich		
23	Ryan Schroerlucke		
24	Barbara Smith		
25	Corbin Standley		
26	Kiran Taylor		
27	Kenneth Wolf		
	James Bell		
	Jennifer DeLaCruz		
	Linda Scarpetta		
	Patricia Smith		
	Orlando Todd		
	Jeff Spitzley		
	Rachel Zaguskin		



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DIRECTOR

Michigan Suicide Prevention Commission

December 18, 2020
10:30 AM – 1:30 PM

[Join Microsoft Teams Meeting](#)

Conference Line: 248-509-03,16

Access Code: 565105576#

DRAFT Minutes

I. Call to Order – Brian Ahmedani

a. Roll Call

Brian Ahmedani, Co-Chair called the meeting to order at 10:31 AM. The roll was taken, and a quorum of members were present.

b. Virtual Decorum

II. Public Comment

Public Comment was provided by James Gallant and Bob Goble.

III. Review and Adopt November 2020 Meeting Minutes

Cathy Franks motioned to adopt the November 2020 Suicide Prevention Commission Meeting minutes. Zaneta Adams seconded. The November 2020 Suicide Prevention Commission Meeting minutes were unanimously approved.

IV. Attorney General Update – Andrea Moua

Andrea Moua (AG) reintroduced herself to the Commission. Andrea had been requested to review compliance of the Open meetings Act and other applicable statutes for the Commission. It was determined the subcommittees of the Michigan Suicide Prevention Commission are not subject to the Open Meetings Act.

Andrea also reviewed the Suicide Prevention Commission Bylaws specific to the breach of the peace during public comment. After reviewing the bylaws, Andrea has provided recommendations to consider for a protocol including – warning, muting, and removing individuals from the meeting. These recommendations will be reviewed at the Executive Committee meeting.

V. MDHHS Updates

- a. Injury Violence Prevention – Jennifer DeLaCruz/Pat Smith
Pat Smith (DHHS) introduced Rachel Zaguskin (DHHS) to the Commissioners. Rachel will be supporting James Bell with the Suicide Prevention Commission.

The National Suicide Prevention Lifeline is switching their number to 988 as of July 2022. It will be a both a mental health crisis and suicide prevention line.

MDHHS is also providing ongoing support for the Michigan Crisis and Access Line (MiCAL).

VI. Subcommittees Discussion – Nancy Buyle

Nancy Buyle facilitated a discussion regarding the nature of subcommittees and recent disruptions. Commissioners expressed a need to complete the tasks required by the statute and this cannot be done in the current environment.

Shaun Abbey motion to remove public comment from Subcommittees. Zaneta Adams seconded. The motion was unanimously approved.

Zaneta Adams added there should be a process for individuals to provide input that may be valuable for the subcommittees.

VII. Suicide Prevention Focus Group Reflections – Brian Ahmedani

Commissioners provided feedback on the Focus Groups. Overall it was determined it was a valuable discussion focused on both policy and programs. Many of the recommendations were included in the proposed recommendations for the Commission’s Initial Report. Opportunities will be considered for additional engagement in the coming years of the Commission.

VIII. Initial Report Discussion (see attached)

The Commission reviewed the first 21 proposed Recommendations Revisions for the Initial Report. The following recommendations were identified as complete:

- Work in collaboration with existing organizations to standardize and enhance capacity for investigating and reporting suicide deaths.
- Standardize evidence informed death scene investigation forms across the state to improve the completeness of data collected.
- Adopt data standards/definitions based on Centers for Disease Control and Prevention best practices.
- Build and staff a clearinghouse of state data on suicide.

- Sustain and expand funding to support comprehensive suicide prevention efforts in the state.
- Provide financial support to localities for suicide prevention.
- Identify grant opportunities to support suicide prevention and intervention efforts.
- Expand the use of evidence-based screening, assessment, and suicide-specific treatments for those at risk.
- Define and educate protocols related to evidence-based screening tools and risk assessments.
- Sustain and expand funding to support comprehensive suicide prevention efforts in the state.
- Continue to support and expand the use of suicide prevention hotlines, warmlines, text lines and other crisis lines.
- Develop a prompt strategy for the adoption of 988.
- Sustain a coordinated central point of access where suicide prevention resources and training are accessible to the community.
- Support the implementation of best practice programs that support safe messaging for individuals with lived experience and those who have lost someone to suicide.
- Develop, expand and publicize local survivor leadership groups for community peer supports.
- Increase the public's knowledge of risk factors for suicide, recognition of warning signs in individuals, and preparedness to support and respond to those individuals
- Foster collaboration and partnership among public, private, non-profit and community entities.
- Encourage new public-private governmental partnerships including federal and local government and community-based organizations serving populations disproportionately impacted by suicide.
- Develop a process to survey suicide prevention resources in Michigan and publicize these resources at both state and local levels.

Cathy Frank motioned to approve the agreed upon recommendations for inclusion in the Initial Report and for the others to return for review at the January 2021 Suicide Prevention Commission Meeting. Jessica DeJohn seconded the motion. The motion was unanimously approved.

Recommendations that require additional input will be returned to the subcommittees for more discussion.

IX. Other Updates

No updates.

X. Next Steps

a. Action Item Recap – James Bell

XI. Public Comment (time permitting)

Public Comment was not provided during this meeting due to running out of time.

XII. Adjourn

The December Suicide Prevention Commission adjourned at 1:31 pm.

The meeting recording can be found [here](#).

DRAFT

Upcoming Meetings

Suicide Prevention Commission – Executive Committee Meeting

December 22, 2020

10:00 AM – 11:00 AM

Suicide Prevention Commission – Special Populations Subcommittee Meeting

January 8, 2021

1:00 PM – 2:00 PM

Suicide Prevention Commission – Workforce Subcommittee Meeting

January 12, 2021

10:00 AM – 11:00 AM

Suicide Prevention Commission – Policy Subcommittee Meeting

January 12, 2021

1:00 PM – 2:00 PM

Suicide Prevention Commission – Data Subcommittee Meeting

January 13, 2021

1:00 PM – 2:00 PM

Suicide Prevention Commission Meeting

January 15, 2021

10:30 AM – 12:30 PM (tentative)

December 2020 Suicide Prevention Commission Attendance Report

	Name	Present	Not Present
1	Shaun Abbey	X	
2	Zaneta Adams	X	
3	Brian Ahmedani	X	
4	William Becroft	X	
5	Lily Bothe (Theodore)	X	
6	Debra Brinson	X	
7	Nancy Buyle	X	
8	Adelle Cadieux	X	
9	Richard Copen		X
10	Jessica DeJohn	X	
11	Sarah Derwin	X	
12	Amber Desgranges	X	
13	Corey Doan		X
14	Kevin Frank Fischer		X
15	Cathrine Frank	X	
16	John Greden	X	
17	Danny Hagen	X	
18	Cary Johnson		
19	John Joseph	X	
20	Laurin Jozlin	X	
21	Jennifer Morgan		
22	Thomas Reich		X
23	Ryan Schroerlucke		X
24	Barbara Smith	X	
25	Corbin Standley	X	
26	Kiran Taylor		X
27	Kenneth Wolf	X	
	Dr. Joseph Zambo (Copen)		
	James Bell	X	
	Jennifer DeLaCruz	X	
	Linda Scarpetta	X	
	Patricia Smith	X	
	Orlando Todd		
	Jeff Spitzley	X	
	Rachel Zaguskin	X	

#	Subcommittee	Initial Recommendation	Revised Recommendation(s)	Status
4	Data	Identify opportunities for machine learning and artificial intelligence to identify trends/patterns during COVID-19 pandemic for suicidality.	Identify opportunities and reporting mechanisms for machine learning and artificial intelligence to monitor and intervene for individuals with trends/patterns for suicidality.	Sent back to Subcommittee for review Reviewed by Data Subcommittee 1.13.21 Updated language provided in Revised Recommendations
5	Data	Require health care, behavioral health care, public health, vital statistics and law enforcement organizations to collect suicide-related data.	Distribute a form for law enforcement for suspected suicide death.	Not Reviewed
7	Policy	Reduce access to lethal means among persons at risk for suicide.	Support efforts including safe storage of medication and firearms, to reduce access to lethal means by people who are at acute risk of suicide. Encourage healthcare providers who interact with individuals at risk for suicide to routinely assess for access to lethal means. Partner with firearm dealers and gun owners to incorporate suicide awareness as part of firearm safety and responsible firearm ownership. Encourage the implementation of safety technologies to reduce access to lethal means.	Sent back to Subcommittee for review Reviewed by Policy Subcommittee 1.12.21. Policy requests expanded discussion on reducing access to lethal means by full Commission.
8	Policy	Encourage (explore and seek to continually improve) the use of evidence-based peer support	Explore and consider implementation use of evidence-based peer support programs as a	Sent back to Subcommittee for review

Commented [BJ(1)]: Return to January 2021 meeting.

Commented [BJ(2)]: Can be used beyond COVID-19. Explore AI and Machine Learning outside of the pandemic.

Also looking into disabilities, DD (re: special populations)

Encouraged to separate again.

Identify other COVID components

Commented [BJ(4)]: Bring to January 2021 meeting.

Commented [BJ(3)]: #5 may be better to collect for substance abuse and divorce data.

Is this only for completed suicides?

Ensure it is feasible and more than what we are doing right now

Commented [BJ(5)]: Return in January 2021 with expansion.

Commented [BJ(6)]: Providing education to those who use firearms for safety. Rewording for lethal means safety education.

Defining restriction in January.

Means reduction strategy.

Commented [BJ(7)]: Flag for January.

		programs as a model for suicide prevention.	model for suicide prevention as more evidence is provided.	Reviewed by Policy Subcommittee 1.12.21 Updated language provided in Revised Recommendations
9	Policy	Select and routinely use an evidence-based or best practice screening tool and follow up suicide risk assessment tool that can be used by providers.	Monitor to seek to expand the use of evidence-based screening, assessment, and suicide-specific treatments for those at risk. Annually monitor the use and effectiveness of evidence-based screening, assessment and suicide-specific treatments for those at risk and improve, as necessary.	Sent back to Subcommittee for review Reviewed by Policy Subcommittee 1.12.21 Updated language provided in Revised Recommendations
14	Policy	Enhance community coordination from crisis lines.	Improve care transitions for people with suicidal thoughts and behaviors who are discharged from emergency departments, and inpatient settings. Encourage health care organizations to establish referral agreements between care settings and outpatient providers to ensure recently discharged high risk patients have appointments within a reasonable timeframe. Explore and implement alternative models of care for suicide at-risk patients (23-hour care, residential crisis, etc.) Encourage implementation of post discharge follow-up contacts with at risk individuals	Sent back to Subcommittee for review Reviewed by Policy Subcommittee 1.12.21 Updated language provided in Revised Recommendations

Commented [BJ(8): Are these being targeted to specific populations?

Commented [BJ(9): Return in January 2021

Commented [BJ(11): Could separate treatment from screening and assessment.

Commented [BJ(10): Consider looking at this collectively with the recommendation below.

A registry is a different topic. Consider screening tools for providers only or broader than this? Could also be available for faith based leaders or other general public.

When making recommendations needs to define "evidence base" – if for schools or hospitals or per population.

Should also include risk for suicide (consider the details here)

Adding "routinely" to recommendation

Risk prevention protocol that includes screening tools

Commented [BJ(12): Return to January 2021 meeting

Commented [BJ(13): REMOVE

Commented [BJ(14): Consider alternative care sites aside for health care. Partnerships for transitions.

Commented [BJ(15): include something for individuals who don't use these care settings – veterans

15	Policy	Create and enforce policies to reduce excessive alcohol use.	Create and enforce policies to reduce excessive alcohol use.	Sent back to Subcommittee for review Reviewed by Policy Subcommittee 1.12.21. Policy requests expanded discussion on reducing access to lethal means by full Commission
22	Special Populations	Maintain a current resource database that families individuals at risk for suicide, first responders, other professionals, and natural community helper cans access for resource information	Sustain a coordinated central point of access where suicide prevention resources and training are accessible to the community.	Not Reviewed
23	Special Populations	Create community environments that supports seeking help without stigma.	Promote connectedness programs in neighborhoods, communities and among cultural groups and high-risk populations.	Not Reviewed
24	Workforce	Training requirements for licensure for teachers, school counselors, health care, behavioral health care personnel, law enforcement officers and other first responders.	Collaborate with licensing and certifying organizations to ensure that healthcare, school counselors, teachers, and other professionals receive formalized training in suicide prevention/intervention as part of the credentialing process. Require content on suicide assessment, treatment, and management in health science and social service courses taught in higher education.	Reviewed by Workforce Subcommittee 1.12.21 Updated language provided in Revised Recommendations
25	Workforce	Encourage employers to conduct employee assistance program audits to determine services available to support emotional health.	Encourage employers to work with EAP to promote awareness of services offered and promote easy access to behavioral health treatment services.	Reviewed by Workforce Subcommittee 1.12.21 Updated language provided in Revised Recommendations

Commented [BJ(16): Return in January

Commented [BJ(17): Broaden alcohol to substance misuse above.

Broaden or delete

Commented [BJ(18): For education – for programs for risk of substance misuse/abuse. Focus on all substance use with more specificity.

Consider opioids – and work that has been done re: overdoses.

Commented [BJ(19): Will keep this recommendations. Few EBPs for these trainings but recommendation should go forward. QPR or Safe Talk included in academy or in education of program.

Living Works also producing a new training.

Commented [ZR(C20): How to pull it off? Licensing and regulation. Hour to two hours of yearly training – higher level therapists/rn/etc would need to be licensed and relicensed.

Legislature – to LARA

Commented [ZR(C21): Construction.

Commented [ZR(C22): Medical schools teaching suicide prevention. Who has responsibility to require this in all schools? Made a requirement for certification or yearly funding to do this. Required instead of encouraged.

Commented [BJ(23): Does DIFS oversee insurance EAPs?

Additional discussion with Dr. Beecroft

26	Workforce	Recommend standardized training, reporting, and regular auditing of training between medical examiners in the reporting of suicide deaths in Michigan.	Recommend standardized training and regular auditing of training for medical examiners in the investigation and reporting of suicide deaths.	Reviewed by Workforce Subcommittee 1.12.21 Updated language provided in Revised Recommendations
27	Workforce	Develop standards for what information must be included in recovery support plans to build natural supports.	Support primary care practices in adopting suicide prevention protocols to build natural supports.	Reviewed by Workforce Subcommittee 1.12.21 Updated language provided in Revised Recommendations
28	Workforce	Identify peer and natural support groups that can help individuals reduce feelings of isolation.	Expand peer-to-peer suicide support, education and prevention programs..	Reviewed by Workforce Subcommittee 1.12.21 Updated language provided in Revised Recommendations
29	Workforce	Identify and adapt postvention toolkits for schools and communities in Michigan.	Create and distribute comprehensive suicide prevention and toolkits and encourage institutions to modify materials for their use.	Reviewed by Workforce Subcommittee 1.12.21 Updated language provided in Revised Recommendations
30	Workforce	Work with law enforcement agencies to include trained volunteers or other professionals who can accompany first responders to the scene of a suicide.	Foster collaboration and partnership among public, private, non-profit and community entities. Train communities to identify suicide risk and effectively intervene and support individuals in crisis. Educate communities on the prevalence of suicide and how to provide appropriate support and resources to those experiencing suicidal thoughts and behaviors.	Reviewed by Workforce Subcommittee 1.12.21 Updated language provided in Revised Recommendations
31	Workforce	Provide school counselors, personnel or human resource officers in business and	Sustain a coordinated central point of access where suicide prevention	Reviewed by Workforce Subcommittee 1.12.21

Commented [BJ(24): More emphasis on the training and regular auditing.

Commented [BJ(25): Currently reporting in a reasonable time.

Commented [ZR(C26): Revisit. Standardized training is different than standardized reporting.

Double check that this isn't mentioned elsewhere.

Commented [ZR(C28): Defer to Policy

Educational support for primary care doctors. What are the tools/steps that they need to go through?

Commented [ZR(C29): Start thinking about education and IT – integration.

Commented [ZR(C30): Identify standardized tools that can be utilized, infrastructure to have patients fill them out

Commented [BJ(27): Defer to Policy Subcommittee.

Commented [BJ(31): Expand for all service offerings in the area, may consider using 211 or other coordinating

Commented [ZR(C32): Be able to expand through core programming and support through medical schools. To be

Commented [BJ(33): Flag for Nancy Buyle. How do schools handle supports for other children and process h

Commented [ZR(C34): Depression toolkits – were very helpful.

Commented [ZR(C35): Add another point with postvention. Add something about postvention.

Commented [ZR(C36): What is a prevention toolkit? Is it standardized and tailored to each community?

Commented [ZR(C38): Evaluating barriers that are artificial, admin driven. Eliminating barriers to look at the

Commented [ZR(C39): Eliminating barriers.

Commented [BJ(37): Local Outreach for Survivors of Suicide (LOSS) – a peer to peer model or Victims' Advocat

Commented [ZR(C40): Prevention.

		employment counselors with lists of suicide prevention resources available in their areas.	resources and training are accessible to the community.	Updated language provided in Revised Recommendations
32	Workforce	Provide schools and workplaces with resources for mental and physical health services and substance use treatment programs	Sustain a coordinated central point of access where suicide prevention resources and training are accessible to the community.	Reviewed by Workforce Subcommittee 1.12.21 Updated language provided in Revised Recommendations
33	Focus Group (Special Populations)	Increase capacity to make more trainings available (mental health first aid, youth mental health first aid, safe talk) etc.	Increasing capacity and improving trainings on evidence-based suicide assessment, treatment, and management for health professionals and expand the list of health professions required to receive training.	Reviewed by Policy Subcommittee 1.12.2021 Updated language in Revised Recommendations
34	Focus Group (Special Populations)	Adopt evidence based models for school based settings such as – peer to peer, signs of suicide (SOS), Teen Mental Health First Aid, or Blue Envelope Campaign.	Expand the use of evidence-based screening, assessment and suicide-specific prevention interventions across all identified special populations.	Reviewed by Special Populations Subcommittee 1.8.2021 Updated language in Revised Recommendations
35	Focus Group (Special Populations)	Learn to listen and ask better questions via required training	Improve trainings on suicide assessment, treatment, and management for health professionals and expand the list of health professions required to receive training.	Reviewed by Special Populations Subcommittee 1.8.2021 Updated language in Revised Recommendations
36	Focus Group (Special Populations)	Provide education on HIPAA and suicide death	Support training for educators, first responders, physical, mental health and substance use providers. Improve trainings on suicide assessment, treatment, and management for health professionals and expand the list of health professions required to receive training.	Reviewed by Special Populations Subcommittee 1.8.2021 Updated language in Revised Recommendations

Commented [ZR(C42): Redundant – toolkits? Incorporate with toolkit. Included elsewhere.

Construction industries need to be added.

Commented [BJ(41): MiHope Portal

Commented [BJ(43): Will remove. Redundant.

Commented [BJ(44): Defer to Policy

Commented [BJ(45): Flag for Special Populations

Commented [BJ(46): Remove, redundant

Commented [BJ(47): Has been identified as a barrier on discussing suicide. Review with general counsel – should be included in CMEs and education.

37	Focus Group	Promote social and emotional development skill-building programs for families in high-need communities.		Reviewed by Special Populations Subcommittee 1.8.2021 Updated language in Revised Recommendation
38	Focus Group	Address the need for cultural and linguistic responsiveness		Reviewed by Special Populations Subcommittee 1.8.2021 Special Populations recommends removing and adding to narrative for Cultural Competency.
39	Focus Group	Create supportive, inclusive, and safe communities especially for LGBTQ+ youth		Reviewed by Special Populations Subcommittee 1.8.2021 Special Populations recommends removing and adding to narrative for Cultural Competency.
40		<p>Promote implementation of the Zero suicide framework among Michigan health and behavioral systems through training and use of the Zero Suicide toolkit.</p> <p>Adopting zero suicide as a goal.</p> <p>Implement Zero Suicide framework.</p> <p>Distribute the tools, educate the individuals using it.</p> <p>Enhance training and use of Zero Suicide toolkit</p>		Reviewed by Policy Subcommittee 1.12.2021 Policy requests expanded discussion on Zero Suicide as a Commission Priority.
41	Focus Group	Support innovative ways to expand access to care, including technologies such as telehealth, machine learning, artificial		Reviewed by Policy Subcommittee 1.12.2021 Updated language in Revised Recommendation

		intelligence, and non-clinical supports.		
42	Focus Group	Develop and provide guidance to Suicide Death Review Teams		Reviewed by Policy Subcommittee 1.12.2021 Requires discussion and review of legislation for Suicide Death Review Team.
43	Focus Group (Special Populations)	Improve qualitative review and documentation of suicide risk among special populations through interviews, focus groups, etc.	Improve qualitative review and documentation of suicide risk among special populations through interviews, focus groups, etc.	Reviewed by Special Populations Subcommittee 1.8.2021 Updated language in Revised Recommendations
44	Focus Group	Improve data captured during mental health/self-harm injury hospitalizations or emergency department visits	Assure that initial screening for suicidal behavior is conducted and accurately documented during hospital or emergency department intake.	Reviewed by Policy Subcommittee 1.12.2021 Updated language in Revised Recommendation
45	Focus Group	Pass a law to charge the Attorney General (AG) with determining the current minimum statutory requirements for a mental health assessment in Michigan, with an annual review/update	Standardizing an inclusive assessment tool inclusive of suicide prevention elements.	Reviewed by Policy Subcommittee 1.12.2021 Agreed with standardizing assessments (approach) to assure everyone is doing a thorough suicide prevention assessment.
46	Focus Group	Require DHHS to create a "mental health assessment template" consistent with the AG's determination and require its use by all providers in Michigan to provide consistency across the State	Require the department to put together a policy for standardized Standardize and update*	Reviewed by Policy Subcommittee 1.12.2021 Agreed with standardizing assessments (approach) to assure everyone is doing a thorough suicide prevention assessment.
47	Focus Group	Increase awareness of suicide signs and places to go to seek help	Sustain a coordinated central point of access where suicide prevention resources and training are accessible	Reviewed by Policy Subcommittee 1.12.2021 Updated language in Revised Recommendation

Commented [BJ(48): Standardization outside of our scope.

			to increase awareness in the community.	
48	Focus Group	Designate a specific person or organization to advocate and serve as a resource for entire population or individual communities/counties.		
49	Focus Group	Back a legislation that clearly protects medical examiners and allows them to release medical records and information to those that have clearance – Death Review Board	Creating/expanding death review boards that allows communities to review information in a confidential way related to suicide death.	Reviewed by Policy Subcommittee 1.12.2021 Updated language in Revised Recommendation
50	Focus Group	Get more funding from payers	Sustain and expand funding to support comprehensive suicide prevention efforts in the state	Reviewed by Policy Subcommittee 1.12.2021 Updated language in Revised Recommendation