*Update on Executive Order 16-02*

# Firearm Fatality Prevention – A Public Health Approach

January 2017

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DOH 346-087

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# January 2017 Update on Executive Order 16-02

## FIREARM FATALITY PREVENTION – A PUBLIC HEALTH APPROACH

**INTRODUCTION**


**In 2015,**

- **1,521 Washingtonians died from violent death**
- **77% of those died by suicide**
- **Almost half of the suicides were by firearm**

In response, on January 6, 2016, Governor Jay Inslee released Executive Order 16-02 (EO 16-02) addressing the need to take a public health approach to reduce firearm fatalities and suicides. The Washington Statewide Suicide Prevention Plan was introduced along with the Executive Order.

EO 16-02 directed certain state government agencies to undertake four actions:

1. To collect, review and disseminate data on deaths and injury hospitalizations attributed to firearms and make recommendations as to specific prevention and safety strategies to reduce these fatalities and serious injuries utilizing evidenced-based and promising prevention strategies.[1]
2. To conduct a gap analysis to determine the effectiveness of statutorily mandated information sharing between agencies to determine where we can build on the effectiveness of our system for background checks.[2]
3. To implement the Washington Statewide Suicide Prevention Plan recommendations by;[3]
    a. promoting depression and suicide risk screening tools, coordinating with Healthier Washington's integration of behavioral health and primary care in high-need communities, and assessing availability of depression screens in Medicaid and across the insurance continuum.
    b. launching a social marketing campaign prioritizing populations with the highest risk to raise suicide awareness and prevention,[4] and
    c. focusing on recommendations from a gap analysis of existing programs specific to our schools, veterans, and Native American and Alaskan Native communities in collaboration with the respective agencies and partners, and should specifically include planning with Tribal behavioral healthcare providers and mental health crisis providers to coordinate the provision of effective, culturally appropriate crisis intervention and treatment services.
4. To update the Office of the Attorney General's 2007 white paper on firearm access by persons prohibited from possessing a firearm.

The **Washington Statewide Suicide Prevention Plan** outlines several strategic directions, goals and recommendations for implementation by communities and stakeholders across diverse professional disciplines.


This report outlines the actions taken since the Executive Order was entered, and describes the ongoing activities of the Department of Health and partner agencies.

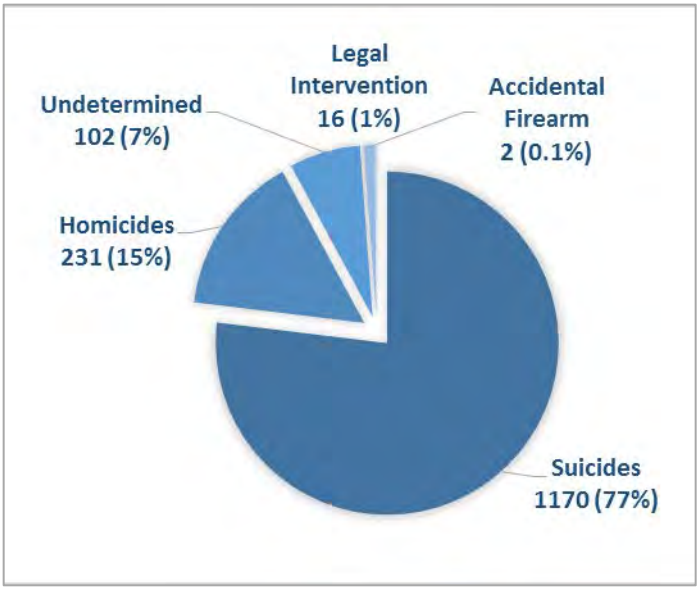
[1] Directed to DOH, DSHS, and other state agencies in collaboration with UW, OSPI, and local agencies.
[2] Directed to OFM.
[3] Directed to DOH in collaboration with the Governor's Health Leadership team, DVA, GOIA, OSPI, and other partners.
[4] In coordination with UW, HIPRC, Forefront, and agencies operating crisis lines.

**WASHINGTON STATE DATA**

In 2015, the Washington age-adjusted suicide rate was 15.6 per 100,000 people compared to the national age-adjusted rate of 14 suicides per 100,000 people.

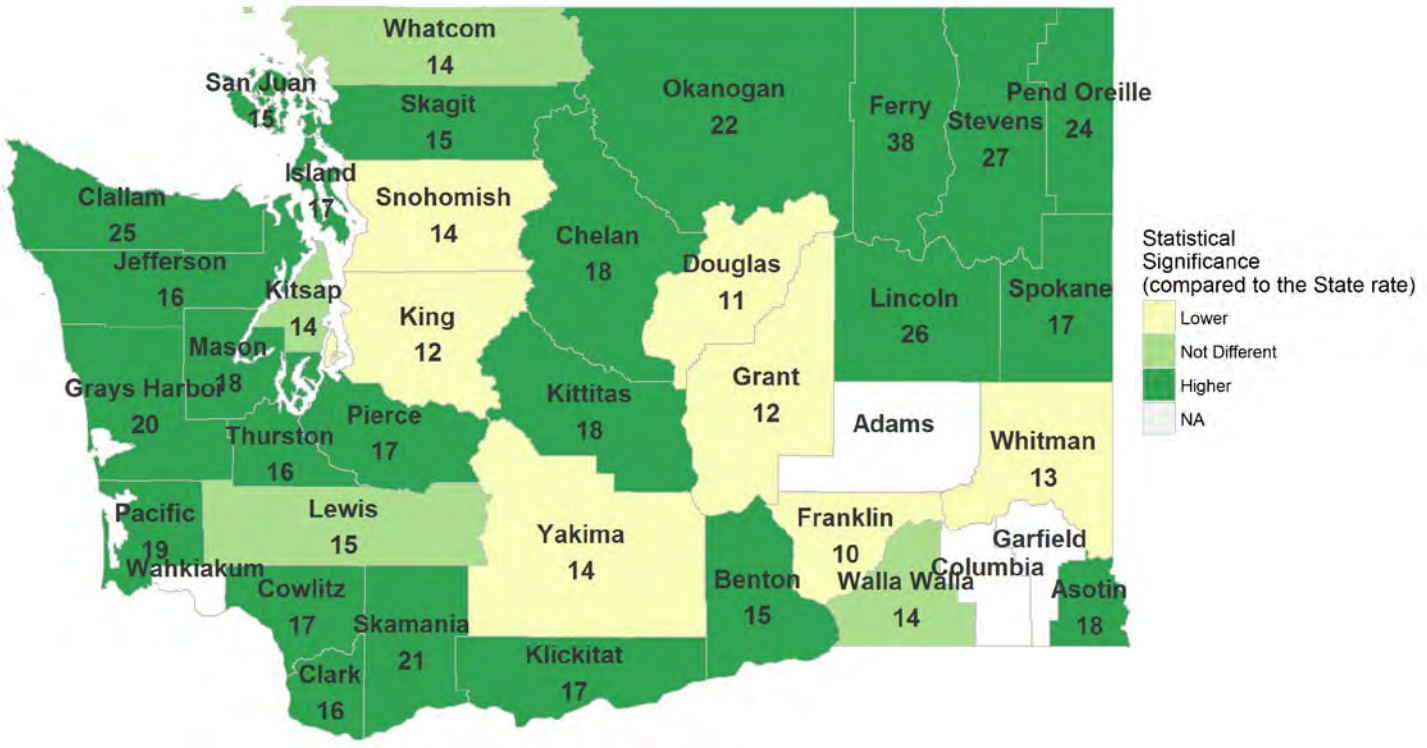
IN 2015, 1170 PEOPLE (RESIDENTS AND NON-RESIDENTS) DIED BY SUICIDE IN WASHINGTON (FIG. 1).

**Figure 1. 2015 Violent Deaths** (Total = 1521)



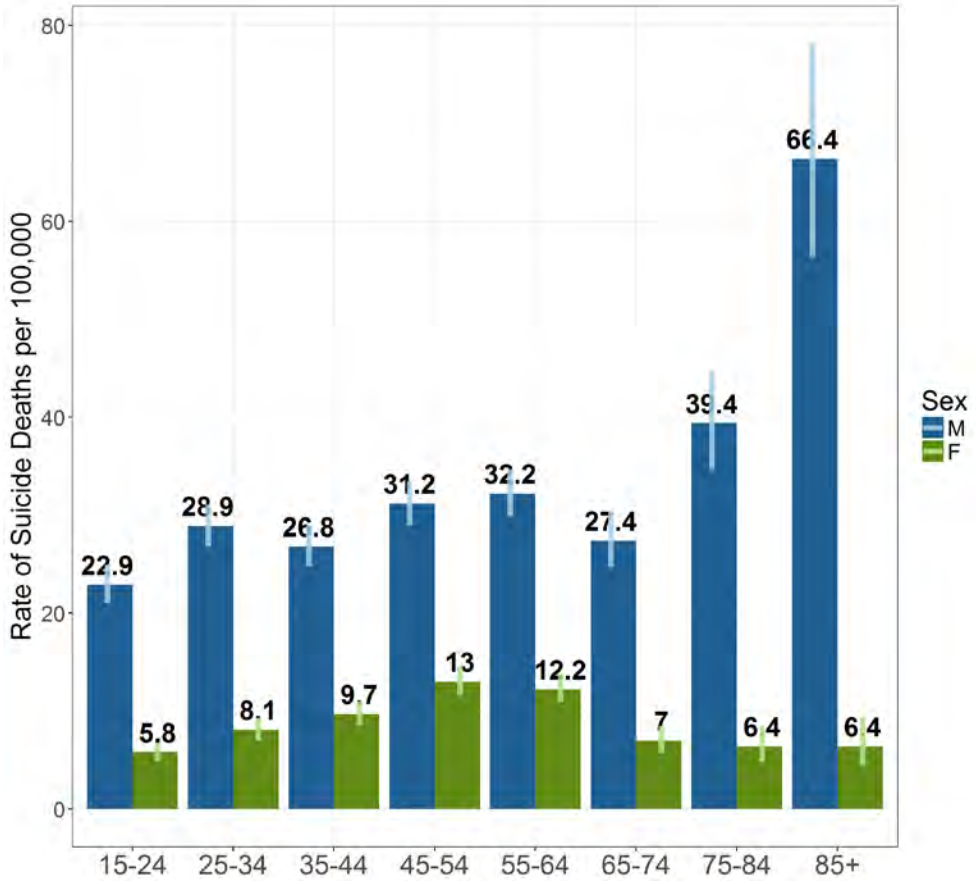

From 2011-2015, the Washington age-adjusted rate of suicide was 14.7 per 100,000 people. Figure 2 shows the suicide rate by county during that time.

**Figure 2. 2011-2015 Rate of Suicide by County** (per 100,000 people)



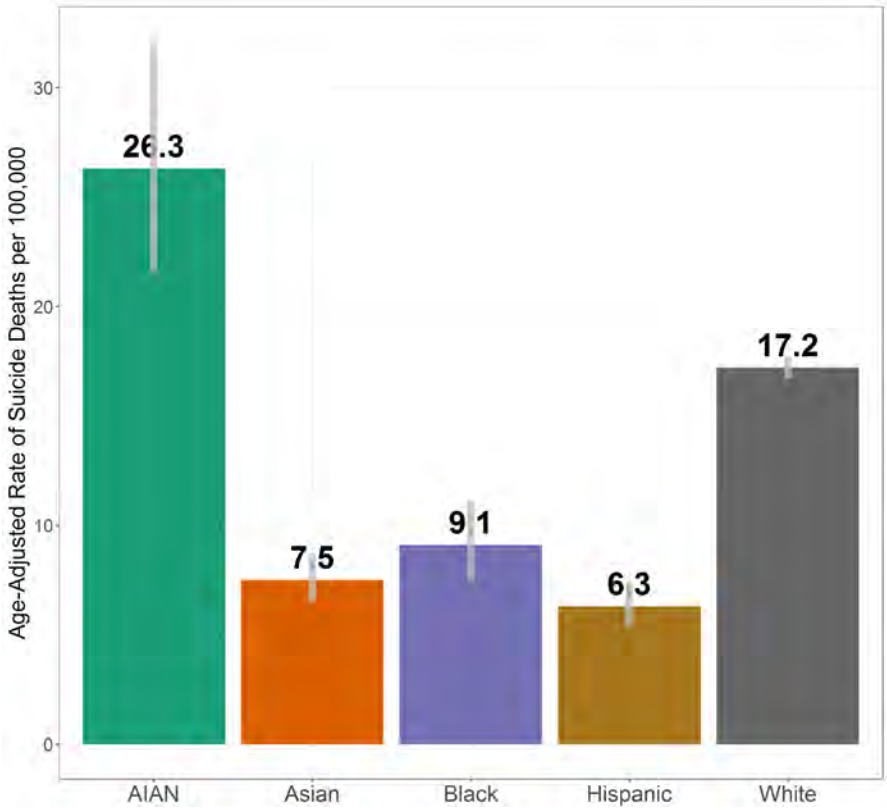

*Does not include rate for counties with fewer than 10 suicides.

**Figure 3. 2011-2015 Rate of Suicide by Age Group and Sex** (per 100,000 people)




MALES, ESPECIALLY OLDER MALES, HAVE HIGHER RATES OF SUICIDE THAN FEMALES (FIG. 3).

**Figure 4. 2011-2015 Rate of Suicide by Race** (per 100,000 people)




*Native Hawaiian/Pacific Islander not included (unreliable rates due to small numbers)

THE RATE OF SUICIDE VARIES BY RACE (FIG. 4). IN WASHINGTON, AMERICAN INDIAN AND ALASKAN NATIVES HAVE THE HIGHEST RATE OF SUICIDE (26.3).

**Table 1. 2011-2015 Methods of Suicide**

| Method | Percent |
|---|---|
| Firearm | 48.5 |
| Suffocation | 24.0 |
| Poisoning | 18.6 |
| Fall/Jump | 3.2 |
| Cut/Pierce | 2.0 |
| Drowning | 1.0 |

FROM 2011-2015, ALMOST HALF OF PEOPLE WHO DIED BY SUICIDE USED A FIREARM (TABLE 1).
THE SECOND HIGHEST METHOD USED WAS SUFFOCATION.

**Figure 5. 2011-2015 Method of Suicide by Sex**

THE METHOD OF SUICIDE VARIES BY SEX (FIG. 5).
MOST MALES WHO DIED BY SUICIDE USED A FIREARM WHILE POISONING WAS THE MOST COMMON METHOD FOR FEMALES.

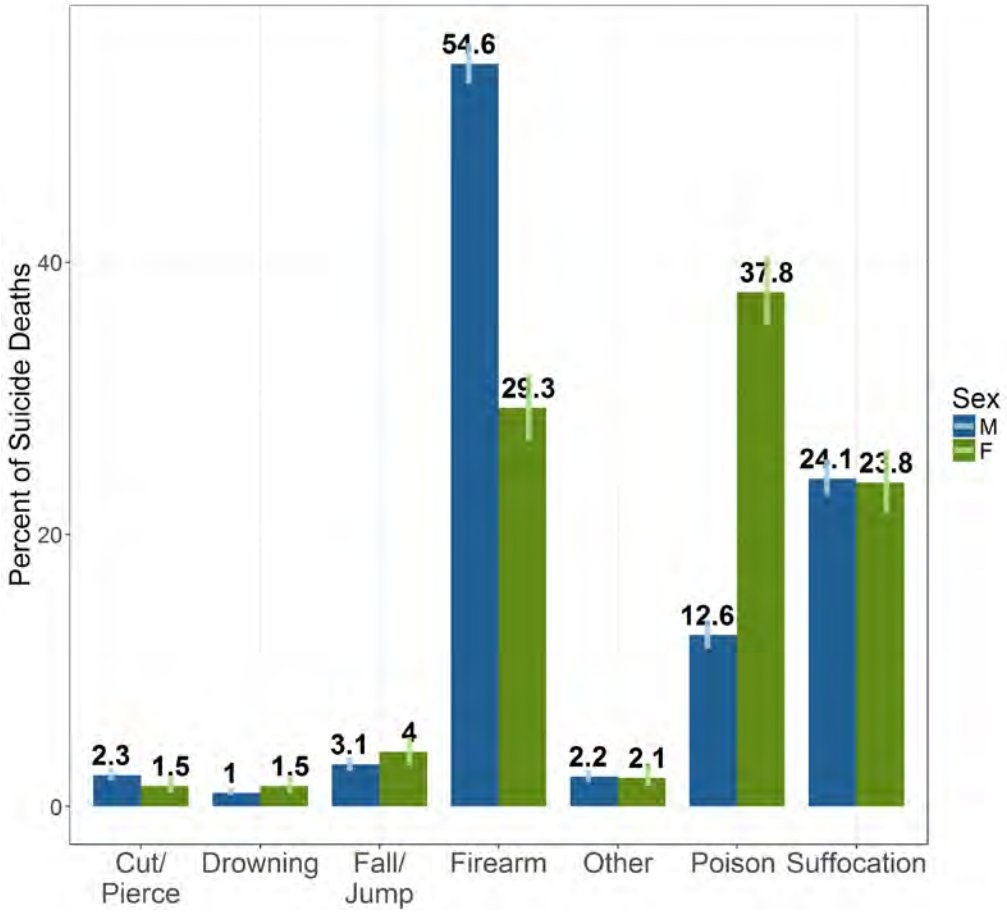



**Table 2. 2011-2015 Type of Firearm Used in Firearm Suicide**

| Type of Firearm | Percent |
|---|---|
| Handgun | 57.2 |
| Rifle, shotgun, larger firearm | 17.8 |
| Other/ unspecified firearm | 24.9 |

DEATH CERTIFICATES PROVIDE INFORMATION ON THE TYPE OF FIREARM USED (TABLE 2).

| **Action Item 1: Develop and disseminate data on deaths and injury hospitalizations attributed to firearms; recommend evidence-based strategies to reduce these fatalities and serious injuries.** | | | |
|---|---|---|---|
| **Agency** | **Status** | **Activity** | **For Further Action** |
| **Department of Health** | **Completed** | Several efforts are underway to develop evidence-based strategies to reduce suicides and firearm fatalities:<br><br><u>Action Alliance for Suicide Prevention (AASP)</u><br>DOH formed the Action Alliance for Suicide Prevention (AASP), chaired by Secretary John Wiesman, to oversee implementation of Executive Order 16-02. AASP members will prioritize recommendations from the suicide prevention plan, seek data, evaluate known and emerging strategies, and facilitate development of effective strategies by leveraging their networks to support efforts statewide. The group had its first meeting on September 13; a webinar meeting on October 18 to prioritize an initial set of recommendations from the State Suicide Prevention Plan (SSPP); and a meeting on December 14 to discuss reports to the Legislature and bills to be introduced in 2017.<br><br><u>Safer Homes Task Force</u><br>DOH contracted with the University of Washington ($100,000) to establish the Safer Homes Task Force legislated in ESSHB 2793. The task force is to raise awareness and increase suicide prevention education. DOH representatives participate on two Safer Homes subcommittees: suicide prevention and firearms subcommittee, and the pharmacy and suicide prevention subcommittee.<br><br><u>Data and communication</u><br>• Firearm-involved injury and suicide statistics and trends have been analyzed and updated at DOH. Data were presented at the Firearm Summit in Seattle, to regional trauma/EMS councils, injury prevention coalitions, the AASP, grassroots organizations and others. DOH has also presented intentional opioid overdose death data at the Continuing Legal Education and Unintentional Poisoning Workgroup. | <u>AASP's priority 2017 legislative recommendations from SSPP</u><br>1. Fund and evaluate programs maintaining connectedness for people at high risk of suicide during transitional periods.<br>• Ex: Suicide attempt survivors, patients leaving psychiatric hospitalization, military service members, and college students.<br>2. Support tribes in replicating evidence-based programs and tribal best practices through funding and technical assistance, if requested.<br>• Work with Tribal behavioral health organizations as requested.<br>3. Develop a statewide social marketing campaign around safe storage of firearms and pharmaceuticals in partnership with firearm owners and retailers and pharmacies.<br>• Collaborate with veteran and Tribal agencies.<br>4. Improve the state agencies' capacity to collect, analyze and make publicly available mental health and suicide-related data.<br>• Ex: Assess ability to make death data available more quickly.<br>5. Display crisis line information and suicide prevention materials in primary care, behavioral health and emergency department settings. Give them to patients and their supporters at appointments or interventions relevant to suicide, including discharge after a suicide attempt.<br>• Ex: Collaborate with health boards and systems. |

| Agency | Status | Activity | For Further Action |
|---|---|---|---|
| **Department of Health** | **Completed** | • The Washington Violent Death Reporting System (WA-VDRS) combines multiple data sources into a single incident-based record captures detailed circumstances surrounding a violent death (suicides and homicides). WA-VDRS began collecting data in January 2015. Through its 2016 expansion, it now collects from 15 counties and accesses 82% of the state's violent deaths. Data will be available in mid-2017 for the first time. The DOH suicide prevention website was restructured to be more user-friendly and collaborative.<br>• PREVENT-SUICIDE-DOH is a listserv DOH uses to send out suicide prevention-related news, research, and job announcements, as well as the monthly newsletter. | |
| | **Ongoing** | Action Alliance for Suicide Prevention (AASP)<br>AASP will meet every other month. Next meeting will be in February.<br><br>Data and communication<br>• DOH uses death certificates and hospitalization records to gather data on injury and violence prevention. The information is frequently shared in presentations and in response to requests.<br>• DOH participates on the Washington Tracking Network (WTN) workgroup and is preparing to post injury data on WTN to make data more easily accessible to local health jurisdictions and the public. In 2017, WA-VDRS will expand into 12 more counties, accessing data for 95% of the state's violent deaths.<br>• DOH is exploring the possibility of releasing raw death data on a more frequent basis.<br>• We established a RESULTS WA goal to "*Reduce Washington suicide death rate from the age-adjusted rate of 15.6 per 100,000 in 2015 to 14 per 100,000 in 2020.*" | Data and communication recommendations<br>• Collaborate with others for cross-system data sharing.<br>• Have more timely access to data by providing preliminary data to collaborating healthcare systems every month.<br>• Create an independent state website for suicide prevention data and resources. |
| **University of Washington** | **Ongoing** | The Safer Homes Task Force submitted a status report to the Legislature on January 23, 2017. | |

| Action Item 2: OFM to conduct gap analysis on background check information sharing. | | | |
|---|---|---|---|
| **Agency** | **Status** | **Activity** | **Gaps Identified** |
| **Office of Financial Management** | **Completed** | OFM researched and collaborated with several agencies and retailers to outline the current process for purchasing a firearm and identify gaps in the process where someone can buy a firearm despite being legally prohibited. The analysis is in a report and on a procedural map which will be converted to HTML and posted online. | <u>Some system inefficiencies that the gap analysis recommends reviewing:</u><br>• It is unclear if and when law enforcement is expected to intervene in cases where an individual who is prohibited from possession is known to have been transferred a firearm.<br>• Individuals who fail ATF Form 4473 (Firearms Transaction Record) or a NICS (National Instant Criminal Background Check System) check may retry these attempts immediately at different locations.<br>• Due to some differences in the completeness of federal and state background checks, long guns undergo a less complete check than handguns.<br>• The courts have up to three days to enter information on involuntary commitments to the NICS system.<br>• The Department of Licensing does not have the authority to keep information on individuals prohibited from possessing a concealed pistol license.<br>• Dealers do not have an efficient way to check the authenticity of a customer's concealed pistol license on site.<br>• Unknown dispositions in criminal history data slow down the background check process. |

| **Action Item 3: DOH and state agencies to implement State Suicide Prevention Plan (SSPP).** | | | |
|---|---|---|---|
| **Agency** | **Status** | **Activity** | **For Further Action** |
| **Department of Health** | **Completed** | Implementation of several EO 16-02 directives and SSPP recommendations have started, particularly around depression and suicide risk screenings, a youth social marketing campaign, and work with schools, veterans and native communities.<br><br><u>Suicide Prevention Plan Implementation (SPPI) Workgroup</u><br>The SPPI Workgroup had its first meeting on November 3. It is comprised of professionals, coalitions, state and local agencies, law enforcement and community representatives with expertise and experience in suicide prevention strategies.<br><br><u>Suicide and depression screenings</u><br>DOH has a program called *Suicide Prevention Works!* that is funded through a Garret Lee Smith grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). The program's focus areas are Grays Harbor, Pacific and possibly Clallam counties; Native American youth; and LGBTQ youth.<br>• The program's core requirement activity is follow-up within 48 hours for youth seen in the emergency department for suicide risk. The county health officers in Grays Harbor and Pacific counties have ordered all youth self-harm attempts coming to the attention of the emergency room be reported to the local health department.<br><br><u>Social marketing campaign</u><br>In September 2016, public health departments and Youth Suicide Prevention Program (YSPP) coordinators in Grays Harbor, Pacific, and Clallam counties partnered with DOH to launch a youth suicide prevention social marketing campaign called *Start a Convo. Save a Life* in three priority counties. The goals are to encourage peer-to-peer support, teach students about warning signs, and provide examples for how to ask a friend about suicide. | <u>Suicide and depression screening recommendations</u><br>• Universal depression and suicide screenings for everyone who visits an ER.<br>  o Pacific County can be used as a model.<br>• Adding "suicide attempt" as an ER notifiable condition. Require ERs to inform public health departments about a suicide attempt<br>  o Hospitals, health departments, and behavioral health services collaborate on how follow-up services can be provided to the individual and their family.<br>• Provide funding for cross-collaboration and community-led approaches to reducing suicide, specifically partnering with Native American communities.<br><br><u>Social marketing campaign recommendations</u><br>• Fund a statewide social marketing campaign around suicide awareness and prevention coordinated among various stakeholders.<br>• Create a centralized website for Washington resources related to suicide prevention, assessment, treatment, management, postvention (aftercare), and data. |

| Agency | Status | Activity | For Further Action |
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| **Department of Health** | **Completed** | • The campaign had a "cafeteria takeover" in one high school and displayed images of how to voice concern and ask a friend about suicide.<br>• They also created a short video titled *One Conversation Saved My Life* about two Washington high school students sharing their story.<br><br>SSPP Strategic Direction 1: Raise awareness about suicide prevention<br>• DOH held three Speaker's Bureau meetings since the Executive Order and SSPP were released. Participants were trained on approaches to teaching their communities about the SSPP and the Action Planning Tool. DOH staff presented the SSPP at the regional Child Death Review conference in Seattle, to the state's Injury Prevention Workgroup, and to DOH employees. DOH provided $42,000 from the SAMHSA grant money to Forefront for an annual conference on suicide prevention.<br>• In August, DOH hired Neetha Mony as the new Statewide Suicide Prevention Plan Program Manager. She gave and recorded a suicide prevention presentation for DOH employees.<br>o Sue Eastgard from Forefront gave a suicide prevention presentation to DOH employees at the Shoreline campus.<br>• DOH and partner agencies drafted the Governor's Proclamation declaring September Suicide Prevention Month.<br>• In October, DOH hosted a table at the 2016 Natural Resources Building Wellness Expo.<br><br>Veterans<br>• In April, Rebecca Wolf, Washington Army National Guard Suicide Prevention Program Manager, gave a presentation to the Speakers' Bureau on suicide prevention with veterans and understanding military culture.<br>• In August, the Washington Department of Veteran Affairs completed a veterans' module for the mandatory health professional suicide prevention trainings. The module is posted on the DOH website. | |

| Agency | Status | Activity | For Further Action |
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| **Department of Health** | **Completed** | • In October, DOH hosted a table for National Guard service members at the Camp Murray Suicide Prevention Awareness Month event.<br><br><u>American Indian and Alaskan Native communities</u><br>• In April, DOH hired Sheryl Lowe as the new Tribal Liaison.<br>• DOH provided $60,000 of the SAMHSA grant money to the American Indian Health Commission (AIHC) of Washington for the seven coastal tribes in the three priority counties: Grays Harbor, Pacific and Clallam. Some money will be used to develop a youth suicide prevention plan specific to these tribes.<br>• In September, DOH gave a joint presentation on the SSPP and WA-VDRS at the 2016 Tribal Behavioral Health Conference.<br>• AIHC selected 2 delegates to be on the AASP: Cheryl Sanders (Vice-Chair of Lummi Nation) and Brian Buckingham (Makah Tribal Member).<br><br><u>Youth</u><br>DOH partners with Youth Suicide Prevention Program (YSPP) field coordinators. YSPP field coordinators provide community-specific services in counties across Washington, including Clark, Cowlitz, Benton/Franklin, Yakima and Spokane. They work with community coalitions to develop annual action plans to guide their work for the upcoming year.<br>• Activities include peer-to-peer trainings and community engagement (ex: Suicide Survivor Day and Out of the Darkness walks).<br>• Community outreach often collaborated with school district staff, ESDs, social service providers and college campuses.<br>• Ongoing work includes helping schools develop crisis plans (especially through integrating behavioral and mental health components), resource development, relationship building with community partners, and postvention (aftercare) support and services. | |

| Agency | Status | Activity | For Further Action |
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| **Department of Health** | **Completed** | Suicide prevention training programs<br>DOH completed the rules process for mandatory training for certain health professionals (RCW 43.70.442). In October, DOH began accepting applications from suicide prevention training programs wishing to be on the 2017 Model List. Programs will be evaluated by DOH and stakeholders according to the new minimum standards. | |
| | **Ongoing** | Suicide Prevention Plan Implementation (SPPI) Workgroup<br>The SPPI Workgroup will work on plan recommendations prioritized by AASP and will provide input and on-the-ground knowledge back to the Alliance. The next meeting will be in January.<br><br>Suicide and depression screenings<br>The next phase of *Suicide Prevention Works!* might be implementing universal screenings and follow-up care in Clallam County.<br><br>Suicide prevention training programs<br>Starting January 1, 2017, approved programs will be posted on the 2017 Model List on the DOH website. Beginning July 1, 2017, health professionals must choose a training from the list. DOH will continue evaluating program applications to add to the 2017 Model List. | Suicide prevention training program recommendations<br>Require approved training programs to provide monthly demographic data about trainings they held and Washington health professional participants. |
| **University of Washington** | **Completed** | The Higher Education Task Force (SHB1138, 2015) submitted the *Report on Mental Health & Suicide Prevention in Higher Education* to the Legislature on November 1, 2016.<br><br>Social marketing campaign<br>In May 2016, Harborview Injury Prevention & Research Center (HIPRC) launched its digital resource center for suicide prevention and a social marketing campaign, #EndSuicideWA. The site offers suicide resources and prevention tools for youth and includes firearm safe storage information. | Higher Education Task Force recommendations<br>• Prioritize ongoing state funding to support behavioral health counselors at Washington's postsecondary institutions.<br>• Develop a public behavioral health and suicide prevention resource for all postsecondary institutions in Washington.<br>• Establish a grant program to support resource-challenged postsecondary institutions. |

| Agency | Status | Activity | For Further Action |
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| **Department of Social and Health Services** | **Completed** | The Division of Behavioral Health and Recovery (DBHR) Social Policy and Enhancement (SPE) Mental Health Workgroup completed several projects in September around Suicide Prevention Month and World Suicide Prevention Day:<br>• The workgroup created a World Suicide Prevention Day packet filled with information, data, resources and events.<br>• The Be The Voice for Suicide Prevention social media campaign was launched in tandem with the release of the World Suicide Prevention Day packet. | |
| | **Ongoing** | The Mental Health Workgroup might create quarterly packets of information. For example, one packet could focus on transitions and be geared to those in military service and other groups, like college students, who are in a state of transition. The Be The Voice for Suicide Prevention social media campaign will continue to be used to raise awareness around mental health and promote each packet. | |
| **Office of the Superintendent of Public Instruction** | **Completed** | • In September, OSPI hired Camille Goldy as the new Suicide Prevention Program Supervisor.<br>• The OSPI Social Emotional Learning Benchmarks Workgroup submitted their report on *Addressing Social Emotional Learning in Washington's K-12 Public Schools* on Oct. 1, 2016.<br>• Revised WA State Health and Physical Education K12 Learning Standards includes social and emotional topics (including suicide prevention) and outcomes in K-12. Adopted May 2016.<br>• In consultation with OSPI and DOH, The Professional Educators Standards Board contracted with UW to conduct a review of suicide prevention training programs and created a list of approved trainings to meet the requirements for school nurses, school counselors, school psychologists, and school social worker certification. | OSPI SEL Benchmarks recommendations<br>• Professional Learning: In order to implement SEL into the classroom and foster social emotional skills, professionals working in the K-12 education system must receive ongoing, job-embedded professional learning.<br>• School/Family/Community/Partnerships: Two-way respectful and collaborative communication between schools, families, and community partners is essential to the development of effective, culturally responsive SEL supports in school.<br>• Cultural Responsiveness: Recognizing there is a reflection of culture in any selection and implementation of standards requires us to be thoughtful and responsive to the many diverse cultures of the students, families, educators, and staff that make up school communities. |

| Agency | Status | Activity | For Further Action |
|---|---|---|---|
| **Office of the Superintendent of Public Instruction** | **Ongoing** | • As per SB 6431 (2014), OSPI assists schools in implementing youth suicide prevention activities. OSPI contracts with University of Washington's Forefront to coordinate suicide prevention community coalitions, and provide training, and technical assistance that informs the OSPI Suicide Prevention Program.<br>• Coordinate and promotes suicide prevention training and planning among OSPI programs:<br>o Project AWARE, Social Emotional Learning, School Safety Center, Compassionate Schools Training/The Heart of Learning and Teaching, Student Assistance Program, School Counselors, Health and Physical Education, School Nurse Corps, Systems of Care, Healthiest Next Generation, and the Professional Educator Standards Board. | |
| **Healthiest Next Generation** | **Completed** | At the September 28 Governor's Council meeting, recommendations for creating Healthiest Next Generation 2017-2019 were submitted. One recommendation focused on comprehensive suicide prevention in schools. | <u>Healthiest Next Generation recommendations</u><br>• Fund the final recommendations of the Social Emotional Learning Benchmarks (SELB) group.<br>• Fund the surveying of Washington schools to learn which schools teach social and emotional health education, assess specific social and emotional learning curriculum/strategies being implemented and collect effectiveness/outcomes data.<br>• Fund the training of all Educational Service District personnel, in partnership with OSPI and DOH, on the Compassionate Schools curriculum, which benefits all students, but focuses on students chronically exposed to stress and trauma. |

| **Action Item 4: The Office of the Attorney General updates the 2007 white paper on firearm access by those prohibited from possession.** | | | |
|---|---|---|---|
| **Agency** | **Status** | **Activity** | **For Further Action** |
| **Office of the Attorney General** | **Completed** | The Office of the Attorney General led the survey, analyzed the results, and submitted a report on firearm access by persons prohibited from possessing a firearm. The 2016 White Paper was published on October 31, 2016. | Some recommendations from the white paper<br>• Adopt a narrowly crafted prohibition on the possession of a firearm on a temporary or permanent basis if a person is detained for civil commitment evaluation or observation and the use or threatened use of a firearm was a factor in the person's detention. The measure must include due process protections and procedures for restoration of rights as appropriate.<br>• Conduct a statewide evaluation to determine if additional steps need to be taken to ensure compliance with current proof of surrender and non-possession requirements. Once the effectiveness of the requirements has been determined, expand the RCW 9.41.804 provision for proof of surrender or non-possession to other categories of prohibited persons.<br>• Adopt additional risk-based prohibitions focused on individuals who pose a high risk to themselves or others rather than categories of people without regard to risk. Any such measure must include due process protections and procedures to restore rights as appropriate.<br>• Adopt a criminal penalty for firearm owners who fail to secure a firearm, if the owners have reason to know the firearm could be accessed by a minor, and the firearm causes injury or death or otherwise endangers public safety.<br>• Consider ways to incentivize the purchase or sale of gun safety equipment (such as lock boxes or trigger guards) for all firearm owners. |