

UPDATE ON EXECUTIVE ORDER 16-02

Firearm Fatality and Suicide Prevention A Public Health Approach

FEBRUARY 2018



PREPARED BY WASHINGTON STATE DEPARTMENT OF HEALTH

Contents

- 1 Executive Order
- 2 Executive Summary
- 4 2012–2016 Data
- 9 2017 Progress
- 11 Action Items



Executive Order 16-02

On January 6, 2016, Governor Jay Inslee issued Executive Order 16-02 (EO 16-02) recognizing the need to take a public health approach to reduce firearm fatalities and suicides. The Executive Order also introduced the Washington State Suicide Prevention Plan and highlighted how it would play a role in addressing this need.

The Governor set out four Action Items for state government agencies:



Completed —
February 2017.
Available online:
[Gap Analysis of the Firearm Background Check System.](#)

1. The Department of Health with the Department of Social and Health Services and other state agencies, in collaboration with the University of Washington, the Office of the Superintendent of Public Instruction and local agencies shall **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.

2. The Office of Financial Management shall **conduct a gap analysis to determine the effectiveness of statutorily mandated information sharing between the courts, local jurisdictions, law enforcement,** Department of Social and Health Services, Washington State Patrol, Department of Licensing and other involved entities to determine where we can build on the effectiveness of our system for background checks.

3. The Department of Health shall **begin implementation of the Statewide Suicide Prevention Plan** in collaboration with the Governor's Health Leadership team, the Department of Veterans Affairs, the Governor's Office of Indian Affairs, the Office of the Superintendent of Public Instruction and other partners. Implementation shall:

- a. **promote depression and suicide risk screening tools, coordinate with Healthier Washington's integration of behavioral health and primary care in high need communities and assess availability of depression screens in Medicaid and across the insurance continuum;**
- b. **begin with a social marketing campaign prioritizing populations with the highest risk** to raise suicide awareness and prevention, and coordinate with other partners, including the University of Washington and Harborview Injury Prevention and Research Center, Forefront: Innovations in Suicide Prevention, and agencies operating crisis lines; and
- c. **focus on recommendations coming from a gap analysis of existing programs specific to our schools, Veteran and Native American and Alaskan Native communities** and be carried out in collaboration with the respective state agencies, federal partners and sovereign Indian Nations, and should specifically include planning with Tribal behavioral health care providers and mental health crisis providers to coordinate the provision of effective, culturally appropriate crisis intervention and treatment services.

Completed —
October 2016.
Available online:
[Firearms Access in Washington.](#)

4. The Office of the Attorney General, at my request, will **update its 2007 white paper on firearm access by persons prohibited from possessing a firearm due to involuntary commitment.** The Attorney General shall survey the statutes and implementation of statutes regarding persons prohibited from firearm possession for any reason, and specifically analyze current enforcement practices against unlawful attempts to purchase firearms by or for a person prohibited from possessing a firearm.

Executive Summary

UPDATE ON EXECUTIVE ORDER 16-02

Firearm Fatality and Suicide Prevention — A Public Health Approach

This update reports on progress state agencies and key partners made over the last year to reach the goals outlined in Governor Jay Inslee's Executive Order 16-02, *Firearm Fatality and Suicide Prevention – A Public Health Approach* (see page 1). The goals include: reducing and preventing gun-related violence, crime, fatalities and injuries, and implementing the Statewide Suicide Prevention Plan.

Suicide and Firearm-Related Injuries and Fatalities

- In 2016, there were 682 deaths by firearm, regardless of intent. Of those, 512 deaths (75 percent) were suicides.

682
deaths
by firearm
in 2016

- There were 3,390 deaths by firearm from 2012 to 2016. This includes suicide, homicide, accidental shootings, undetermined deaths involving a firearm, and legal intervention. Of those deaths, 76.6 percent were suicides.

3,390
deaths
by firearm
2012–2016

- 1,123 Washingtonians died by suicide in 2016 compared with 1,136 in 2015. The age-adjusted rate was 14.9 per 100,000 (15.6 in 2015). Firearms were used in 45.6 percent of suicides in 2016.

1,123
deaths
by suicide
in 2016

- In 2012 to 2016, 5,412 Washingtonians died by suicide. The age-adjusted rate of suicide was 14.9 per 100,000 people. Firearms were used in 48 percent of these suicides (n=2596)

5,412
deaths
by suicide
2012–2016

- From 2012 to 2016 there were 16,717 hospitalizations that were due to intentional, self-inflicted injuries. Suicide attempts are included in these hospitalizations.

16,717
hospitalizations
due to self-injury
2012–2016

Highlights of 2017 Progress

LEGISLATION ACTION ITEM 1

- **E2SHB 1612** Created a project fund account for the Safer Homes Coalition and expanded their work. The bill also requires dentists to take suicide prevention training beginning in 2020.
- **ESSB 5552** Allows the temporary transfer of a firearm when someone is at risk of suicide or self-injury.
- **SB 5514** Requires emergency departments to submit data to DOH for analysis and injury surveillance through the [Rapid Health Information Network \(RHINO\)](#).

EDUCATION AND TRAINING ACTION ITEMS 1 AND 3C

- Added [Social Emotional Learning \(SEL\)](#) modules to K-12 education for educators and students. (Office of Superintendent of Public Instruction)
- Evaluated, approved, and posted the [2017 Model List](#) of approved suicide prevention trainings for health professionals (meeting the E2SHB 2793 requirement). Beginning in July 2017, health care professionals required to take a suicide prevention training must choose trainings from this list to meet their time and content requirements. (Department of Health)

RESOURCES AND OUTREACH ACTION ITEMS 1, 3A, 3B, AND 3C

- Received new funding to improve in-state call coverage for the National Suicide Prevention Lifeline. As of January 2018, Washington callers all over the state will be connected to a crisis center located in Washington.
- Created and promoted a Suicide Prevention Resource Map located on the [Washington Tracking Network](#). The map allows people to search for local resources and highlights statewide services. (Mental Health Promotion/Suicide Prevention Workgroup)
- Launched the [Safer Homes, Suicide Aware](#) campaign. This is a public education campaign focused on the safe storage of medications and firearms to reduce suicide. (Safer Homes Coalition)
- Held the first Family and Military Suicide Prevention and Care Workshop to assess resources and needs to prevent military and family suicides. (Department of Veterans Affairs)

HEALTH CARE ACTION ITEM 3A

- Accountable Communities of Health (ACHs) submitted their project plans for the Medicaid Transformation Project. Six of the nine ACHs will be using Pathways to Care model, which includes depression and suicide screening and uses community care coordination.

The Department of Health's Injury and Violence Prevention (IVP) team tracks the progress of EO 16-02. IVP staff support the Secretary of Health in implementing the state's suicide prevention plan, a Garrett Lee Smith Substance Abuse and Mental Health Services Administration (SAMHSA) grant, youth suicide prevention efforts, and the Washington Violent Death Reporting System. DOH epidemiologists analyze and disseminate injury and death data.

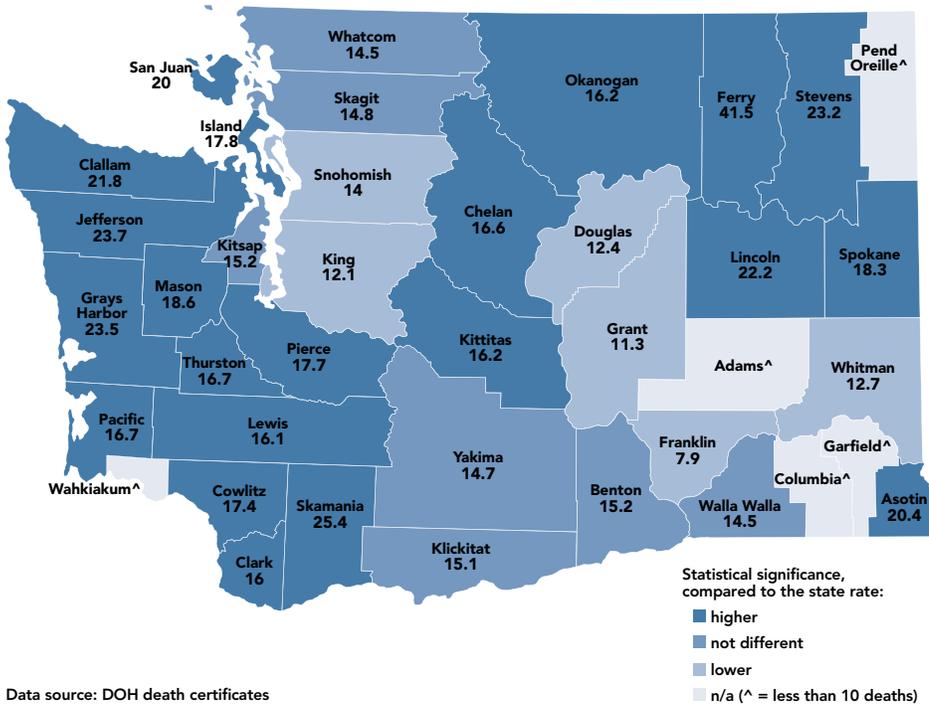
2012–2016 Data

State Suicide and Firearm-Related Injury and Fatality Data

- From 2012 to 2016, there were 5,412 Washingtonians who died by suicide. The Washington age-adjusted rate of suicide was 14.9 per 100,000.
- In Washington and nationally, suicide rates are higher outside urban areas and highest in small-town rural areas.

County	Number
Adams	8
Asotin	23
Benton	141
Chelan	66
Clallam	90
Clark	361
Columbia	5
Cowlitz	95
Douglas	25
Ferry	15
Franklin	31
Garfield	1
Grant	50
Grays Harbor	85
Island	72
Jefferson	41
King	1290
Kitsap	205
Kittitas	32
Klickitat	17
Lewis	66
Lincoln	13
Mason	63
Okanogan	36
Pacific	23
Pend Oreille	9
Pierce	742
San Juan	20
Skagit	93
Skamania	14
Snohomish	546
Spokane	448
Stevens	49
Thurston	233
Wahkiakum	6
Walla Walla	43
Whatcom	159
Whitman	23
Yakima	172

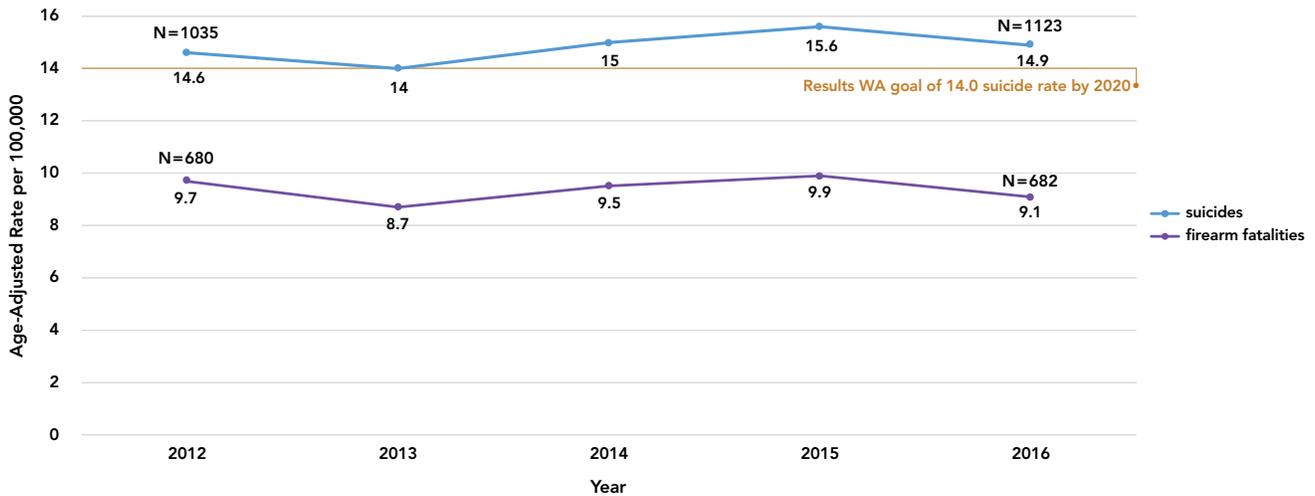
**Rate of Suicide by County (per 100,000 people)
2012 – 2016**



Data source: DOH death certificates

Geography	Rate per 100,000
Urban core	14.6
Suburban	18.1
Large rural town	13.9
Small town rural/Isolated rural	20.0

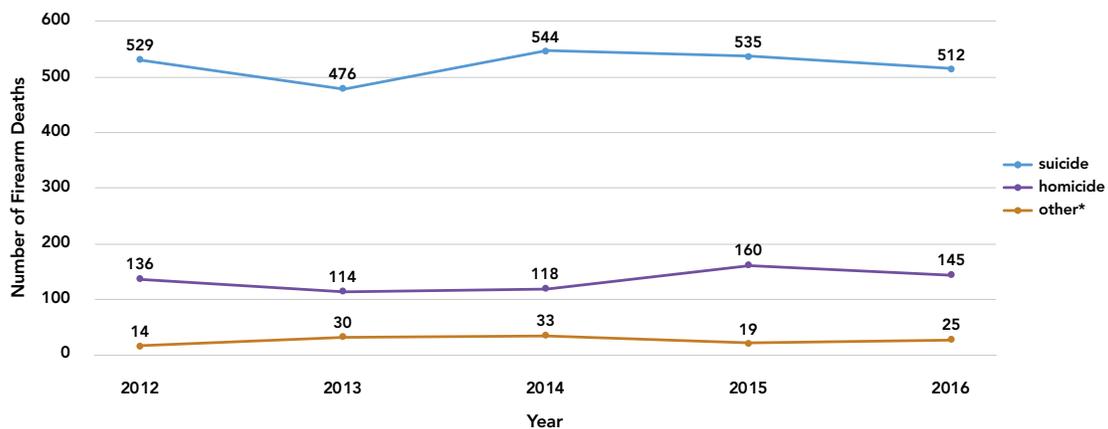
Rates of All Firearm Fatalities and Suicides* 2012 – 2016



* These rates include all firearm fatalities regardless of intent and all suicides regardless of method.
Data source: DOH death certificates

- The rates of all firearm fatalities and the rates of suicide follow a similar pattern. In 2016, there were 682 deaths by firearm, regardless of intent. Of those, 512 deaths (75.1 percent) were suicides.
- In 2016, 1,123 Washington residents died by suicide. The age-adjusted suicide rate was 14.9 per 100,000 people compared to the national age-adjusted rate of 13.9 suicides per 100,000 people. Washington has a goal to reach a rate of 14.0 by 2020.

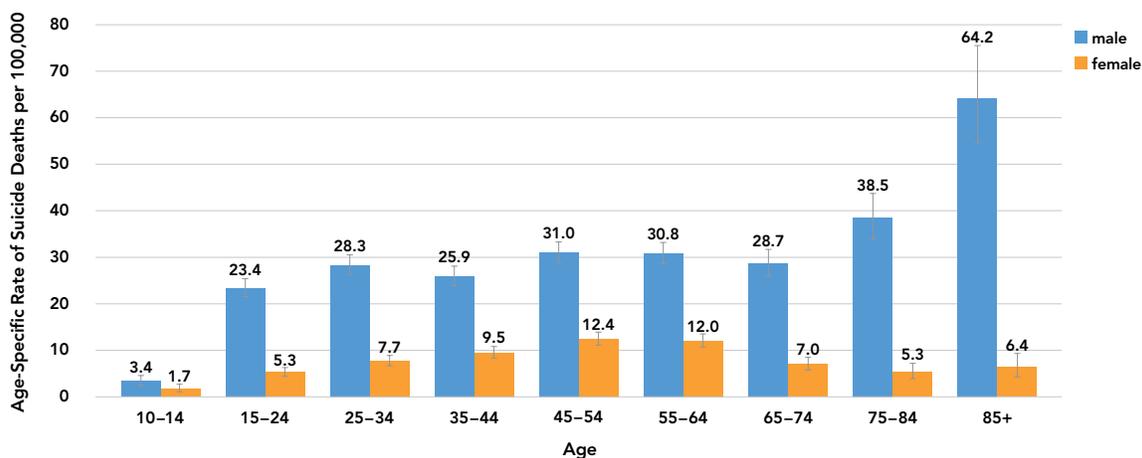
Number of Firearm Deaths by Intent 2012 – 2016



* Other includes: unintentional, undetermined and other.
Data source: DOH death certificates

- From 2012 to 2016, there were 3,390 deaths by firearm. This includes suicide, homicide, accidental shootings, undetermined deaths involving a firearm, and legal intervention. Of those deaths, 76.6 percent were suicides.

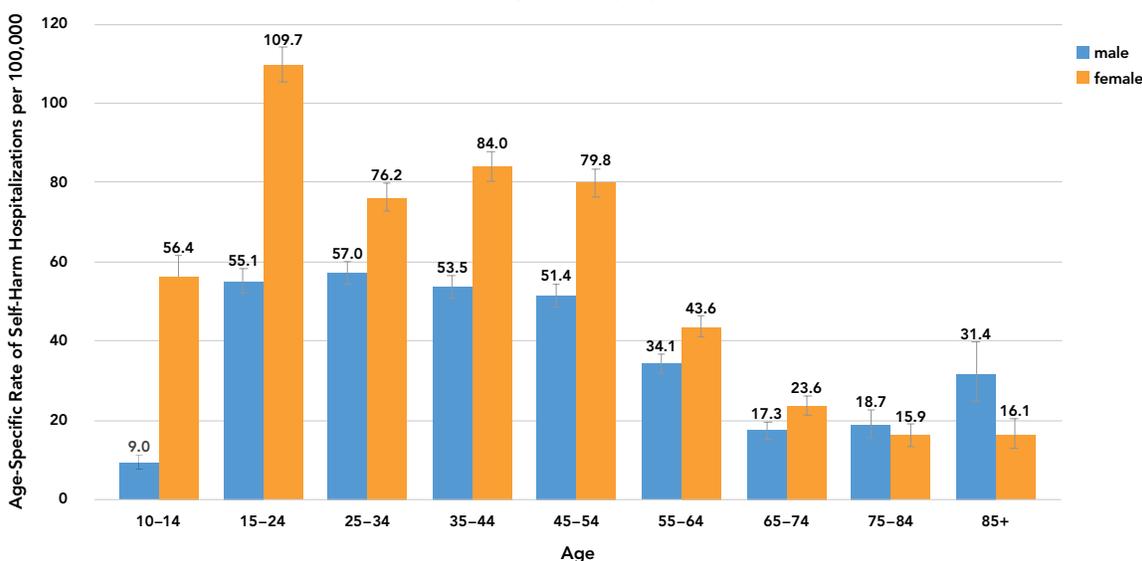
Rate of Suicide by Age Group and Sex 2012 – 2016



Data source: DOH death certificates

- From 2012 to 2016, 76.3 percent of Washington suicides were by males (n=4,103). Males ages 35 to 64 accounted for 37.7 percent of all Washington suicides from 2012 to 2016 (n=2,024).

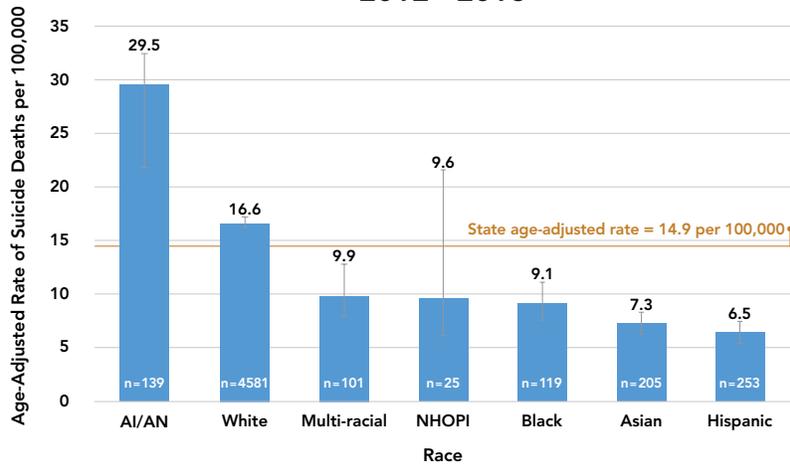
Rate of Hospitalization for Intentional Self-Harm by Age Group and Sex 2012 – 2016



Data source: Washington Hospital Discharge Data, Comprehensive Hospital Abstract Reporting System (CHARS)

- From 2012 to 2016, there were 16,717 hospitalizations due to intentional self-inflicted injuries. We do not know how many of these were suicide attempts.
- Females accounted for 61.3 percent of hospitalizations (n=10,240). Females ages 15 to 24 accounted for 14.8 percent of hospitalizations (n=2,471).
- Hospitalizations for intentional self-injuries have been decreasing in Washington since 2010. However, nationally and in Washington, hospitalizations of females ages 10 to 14 have been increasing. In 2012 to 2016, there were 605 hospitalizations for females ages 10 to 14 (age-specific rate=56.4).

Rate of Suicide by Race 2012 – 2016



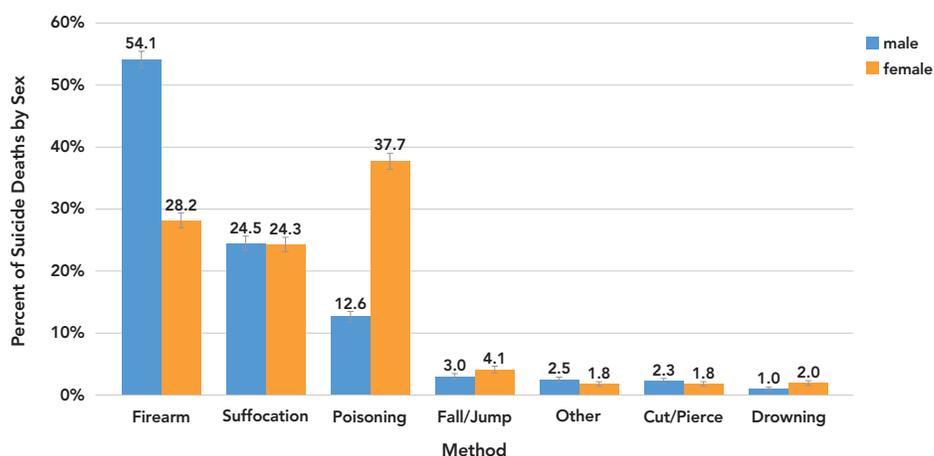
Note: AI/AN – American Indian/Alaska Native; NHOPI – Native Hawaiian/Other Pacific Islander
Data source: DOH death certificates

- From 2012 to 2016, American Indian and Alaska Natives had the highest rate of suicide (29.5 per 100,000, n=139), while Whites had the highest number of suicides (16.6 per 100,000, n=4,581).



- From 2012 to 2016, 1,165 active service members and veterans died by suicide.
 - Active service members and veterans account for 21.5 percent of suicides.
 - Active service members and veterans ages 55 to 74 accounted for 36.7 percent of all veteran suicides.
 - In 2016, 240 veterans died by suicide (crude rate of 42.3 per 100,000 veterans).

Methods of Suicide by Sex 2012 – 2016



Data source: DOH death certificates

- Firearms continue to be the most common method of suicide. From 2012 to 2016, the top three methods of suicide were firearms (48.0 percent), suffocation (24.4 percent), and poisoning (18.6 percent).
- The method of suicide varies by sex. Most males who died by suicide used a firearm (54.1 percent of all males) or suffocation (24.5 percent). For females, the most common methods were poisoning (37.7 percent of all females) and firearms (28.2 percent).
- The method of suicide varies by age. Most youth ages 10 to 24 who died by suicide used a firearm (46.0 percent of all youth) or suffocation (39.2 percent). Poisoning was used in 8.9 percent of youth suicides.

Methods of Suicide 2012–2016 (N=5412)

Method	Percent	Number of Males	Number of Females	Total
Firearm	48.0	2233	363	2596
Suffocation	24.4	1010	312	1322
Poisoning	18.6	521	485	1006
Fall/Jump	3.3	124	53	177
Other	2.3	102	23	125
Cut/Pierce	2.2	96	23	119
Drowning	1.3	42	26	68

2017 Progress

This report outlines the actions taken on EO 16-02 in 2017, describes the ongoing activities of the Department of Health and partner agencies, and provides recommendations for 2018. Action Items 2 and 4 have been completed. This update focuses on Action Items 1 and 3.

Executive Order Committees

Following the passage of the Executive Order, the Department of Health formed two committees to track progress of the action items in the executive order: The Washington Action Alliance for Suicide Prevention (AASP) and the Mental Health Promotion/Suicide Prevention Workgroup. In both groups, members share their multidisciplinary expertise, perspectives, and networks to improve suicide prevention implementation efforts across Washington State.

Washington Action Alliance for Suicide Prevention (AASP)

AASP is an [executive-level committee](#) that uses strategy, momentum, and input to guide policy, financial, legislative, and programmatic change. AASP had four meetings in 2017 focusing on the following topics (led by committee members in parentheses):

- **Zero Suicide model**—emphasizing safety planning and reducing access to lethal means (Dr. Ursula Whiteside, Now Matters Now)
- **PHQ-9**—a suicide assessment tool (Dr. Greg Simon, Kaiser Permanente Washington)
- **DOH SAMHSA grant-funded work** in Grays Harbor and the Waves of Change program (Darci Teveliet Jewitt, Grays Harbor Public Health and Social Services)
- **Men in the middle years**—the population with the highest number and rate of suicide. Men also use firearms in suicides and suicide attempts more frequently than women. (Dr. Jeffrey Sung, Washington State Psychiatric Association)
- **Suicide prevention work in the construction industry**—the occupation with the highest number of suicides and the second highest suicide rate. (Cal Beyer, Lakeside Industries)
- **Update from the Department of Veteran Affairs** on their suicide prevention work.
- **Crisis Text Line demonstration**—Crisis Text Line counselors assess immediate risk, including access to lethal means, and facilitate local crisis response when needed. (Libby Craig and Garrett Shotwell, Crisis Text Line)
- A discussion on the highlights from 2017, 2016 suicide death data, and gaps for 2018 action.

Looking Ahead — 2018

AASP members identified goals for 2018 that fall into five categories:

1. Connecting resources
2. Restoring and expanding existing programs
3. Focusing on priority populations
4. Changing the framework
5. Creating and improving data

See AASP November 17, 2017 [meeting notes](#) (pages 5 and 6) for details.

The AASP state agencies plan to submit a suicide prevention joint decision package for the 2019–2021 biennium.



Mental Health Promotion/Suicide Prevention Workgroup

The Mental Health Promotion/Suicide Prevention Workgroup (formerly known as the Suicide Prevention Plan Implementation Workgroup) is an open, community-level group that provides on-the-ground expertise needed to best implement recommendations. The Suicide Prevention Plan Implementation Workgroup had its first meeting in November 2016 and had seven meetings in 2017. In August 2017, the workgroup merged with the DSHS Division of Behavioral Health and Recovery's (DBHR) Mental Health Promotion Workgroup, because the groups share many of the same partners and common goals. The group is now called the Mental Health Promotion/Suicide Prevention Workgroup and is co-led by DOH and DBHR.

The workgroup helped create and promote a suicide prevention resource map housed in the [Washington Tracking Network \(WTN\)](#). The map has selectable categories for specific populations or types of service. DOH will update the map on a quarterly basis as we learn about more resources.*

* To access the map, go to WTN; in the keyword search enter "Suicide by Mechanism (County)"; click the green "Submit" button below; then choose the "Map" tab at the top.

Looking Ahead — 2018

At the November 2017 meeting, the workgroup identified five short-term goals:

1. Create postvention response templates for communities and media
2. Create and recommend resource lists for communities
3. Select presenters to support community suicide prevention work
4. Review DBHR's youth suicide prevention grant applications.
5. Support Crisis Text Line work with DOH and the Action Alliance for Suicide Prevention

Action Items

Action Item 1: 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.

Collect, Review and Disseminate Data

- Department of Health (DOH) staff analyzed and updated firearm-involved injury and suicide statistics and trends and updated suicide and safe storage data for the 2018 State Health Assessment.
- DOH staff presented data in several venues, including: Thurston Gun Sense, the West Region EMS Committee, DSHS coalitions, Results WA, Action Alliance for Suicide Prevention, and the Mental Health Promotion/Suicide Prevention Workgroup.
- DOH presented intentional opioid overdose death data (including suicides) at the state's Opioid Response Workgroup.
- Suicide death and hospitalization data from the Center for Health Statistics is being added to the [Washington Tracking Network](#) to make public access easier.
- Secretary Wiesman and the Safer Homes Coalition gave the [Results WA](#) suicide prevention presentation to state agencies.
- [SB 5514](#) requires emergency departments to submit data to DOH for the first time for analysis and injury surveillance through the Rapid Health Information Network (RHINO).

Make Recommendations for Evidenced-Based and Promising Prevention Strategies

Education and Awareness

The Safer Homes Coalition accomplished the following:

- Worked with the Department of Fish and Wildlife to develop suicide awareness and prevention for dissemination to parents and students in hunting safety classes. Submitted recommendations to the Department of Fish and Wildlife for adding suicide prevention information to the education booklet and hunter safety education course web pages. (June 2017)
- Submitted suicide awareness information to the Department of Licensing for inclusion in concealed carry permits. (November 2017)

Safer Homes Coalition Funding

- In 2016, DOH contracted with the University of Washington to establish the Safer Homes Coalition legislated in ESSHB 2793. DOH representatives participated on two Safer Homes subcommittees: the Suicide Prevention and Firearms Subcommittee and the Pharmacy and Suicide Prevention Subcommittee.
- [E2SHB 1612](#) passed in May 2017 to fund continuation of the work by the Safer Homes Coalition. It also created a DOH project fund account for donations raised by the Safer Homes Coalition. The bill revised the pharmacy subcommittee to include all health professionals and added dentists to the list of professionals required to take suicide prevention training.

- Worked with the Washington State Pharmacy Association to create [Suicide Awareness and Referral for Pharmacy Professionals](#), a three-hour training that meets the suicide prevention requirement for pharmacists. This training launched in June.
- Launched a new [website](#) and campaign called Safer Homes, Suicide Aware on September 10, 2017, World Suicide Prevention Day. Anyone can download or order [materials](#) created by the group to promote safe storage of medications and firearms. Firearm retailers can receive materials free of charge.
- Created a free, 60-minute online suicide prevention [training](#) for firearm retailers. The goal is for Washington firearm retailers to have staff trained in suicide awareness and safe storage techniques, to enable staff-customer conversations about suicide risk and how to help prevent suicide through locking and limiting access to firearms.

Firearm Tragedy Prevention and Safe Storage Events

- The Safer Homes Coalition distributed materials and free medication and firearm lockboxes at the September Aberdeen Community Event, the Sultan High School Jamboree in September, and the [Washington Arms Collectors Puyallup Gun Show](#) in December.
- Seattle Children’s Hospital and community partners hosted free firearm storage giveaways in Seattle (February), Mount Vernon (May), Lacey (June), and Moses Lake (October).
- Thurston Gun Sense passed out free cable gun locks at the Olympia Lakefair Parade (July) and Olympia Arts Walk (October).
- [Forefront Suicide Prevention](#) has been very active in youth suicide prevention and promoting safe storage of lethal means. See their [2016-2017 Annual Report](#) for more details.
- Seattle Children’s Hospital, Washington Chapter of the American Academy of Pediatrics, Lok-It-Up, and Harborview Injury Prevention & Research Center hosted Washington Firearm Tragedy Prevention meetings in June and November.



Looking Ahead — 2018

- DOH will work with the Center for Health Statistics to provide more timely access to suicide mortality and hospitalization data.
- In January, the public had an opportunity to provide feedback on the state health assessments. DOH will revise the assessments as needed and submit them in March 2018.

Action Item 3a: Begin implementation of the Statewide Suicide Prevention Plan by 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.

Promote Depression and Suicide Risk Screening Tools

Suicide Screening

DOH has a Garret Lee Smith grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). This grant covers work in Grays Harbor, Pacific, and Clallam counties and also supports some statewide suicide prevention efforts with tribes and in higher education.

- Through the DOH SAMHSA grant, Pacific County emergency departments have instituted universal suicide screenings. If a screening is positive, the patient, depending on age, will be referred to the Pacific County Health and Human Services Department and/or Willapa Behavioral Health for follow-up services.

Suicide Prevention Training for Health Care Professionals

- The Department of Health created the [2017 Model List](#) of approved suicide prevention trainings for health care professionals in January 2017. Approved courses continue to be added to the model list. Health care professionals are required to take a course on the 2017 Model List as of July 1, 2017.
 - As of December 29, 2017, DOH has approved 10 three-hour courses specific to pharmacists, and 40 six-hour courses and 20 three-hour courses for other health professionals.
 - All six-hour courses and the three-hour pharmacist-approved courses include content on assessing risk of imminent harm via lethal means.
 - All three-hour courses include how to screen a patient for thoughts of suicide, and all six-hour courses include how to structure an assessment interview and assess level of risk for suicide.
- Dentists will be required to take a suicide prevention training beginning in 2020 ([E2SHB 1612](#)).



Other

- DOH gave a webinar presentation to DSHS health home workers about chronic pain and depression and suicide screenings.
- DOH provided requested suicide intervention training recommendations and policies to the Washington Apple Health call center. The call center plans to revise their call specialist training and protocol when speaking with a caller about suicide.
- DOH spoke with the Washington Hospital Association about suicide prevention best practices in health care systems.
- The Bree Collaborative will have a suicide prevention focus in 2018 and DOH will be on the committee.

Healthier Washington Integration

- Primary and behavioral health integration began in the Southwest Washington Accountable Community of Health (ACH).
- In November, ACHs submitted their [project plans](#) for the Medicaid Transformation Project. Six of the nine ACHs will be using Pathways to Care model, which uses the PHQ-9 (a depression and suicide screening tool) and community care coordination.

Looking Ahead — 2018

- DOH will submit an update of the [2013 Suicide Education Study](#) to the legislature in November 2018, as required under [ESHB 2315](#).
- DOH will continue working with the Washington Hospital Association and the Bree Collaborative on promoting suicide prevention best practices in Washington.
- In January 2018, the North Central ACH began bidirectional integration of physical and behavioral health care.
- Projects for the Medicaid Transformation Project will begin in March 2018.

Action Item 3b: DOH and state agencies to implement State Suicide Prevention Plan recommendations with a social marketing campaign prioritizing populations with the highest risk.

Social Marketing

- With Suicide Prevention Works! grant funding, DOH expanded the [Start a Convo, Save a Life](#) social marketing campaign in schools and created student, teacher, and parent materials to supplement the campaign tools. In May 2017, DOH staff and partners held a pilot youth suicide awareness campaign in a Snohomish County high school. In 2018, DOH plans to evaluate Start a Convo, Save a Life campaign materials and gather youth feedback.
- The Safer Homes Coalition launched a new [website](#) and the Safer Homes, Suicide Aware campaign on September 10, 2017, World Suicide Prevention Day. Anyone can download or order [materials](#) created by the group to promote safe storage of medications and firearms. Firearm retailers can receive materials for free.

Action Item 3c: DOH and state agencies to implement State Suicide Prevention Plan recommendations by focusing on recommendations coming from a gap analysis of existing programs specific to our schools, Veteran and Native American and Alaskan Native communities.

Schools

Department of Health

- DOH contracted with the Youth Suicide Prevention Program (YSPP) for several years; the program closed in May 2017. The King County Crisis Clinic continued YSPP's work until the contract ended in June 2017.
- DOH contracted with Division of Behavioral Health and Recovery (DBHR) on youth suicide prevention projects.
 - \$16,500 supported DBHR's Prevention Summit in Yakima in November 2017, including a preconference training and several suicide prevention presentations.
 - \$100,000 has been pooled with DBHR grants to offer youth suicide prevention mini-grants to communities. Applications were due January 8, 2018.
- DOH, through the SAMHSA grant, provided Forefront Suicide Prevention with \$42,000 for the 2017 Higher Education Suicide Prevention conference and a student event at University of Washington called the Day of Hope.

Office of the Superintendent of Public Instruction

- [Social Emotional Learning \(SEL\) Modules](#) were added to K-12 education for educators and students. [SEL Workgroup](#) is continuing their work on learning indicators.
- Project AWARE continues to promote the [Mental Health in High School Curriculum](#).
- OSPI, in Partnership with Educational Service District (ESD) 101, increased capacity in the state for trainers of the Signs of Suicide program. There are now 30 trained trainers statewide.
- In response to the Children's Mental Health Workgroup's [2016 report](#) to the legislature, [E2SHB 1713](#) required OSPI to develop a pilot project in two ESDs that supports the state Medicaid plan to increase access and delivery of behavioral health services in schools. A case study must be conducted with OSPI and the participating ESDs to illustrate the impact of a lead staff person working exclusively to increasing access to behavioral health services for Medicaid-eligible students.
- OSPI is working with Forefront Suicide Prevention to adapt the Forefront Suicide Prevention in the Schools program in nine school districts in Stevens, Island, and Okanogan Counties.
- OSPI's [suicide prevention](#) webpage was updated.

Healthy Youth Survey

- In May 2017, the Healthy Youth Survey was released regarding youth mental health and suicide. (See [press release](#))



Healthiest Next Generation

At the October Governor’s Council Healthiest Next Generation meeting, members reviewed and prioritized recommendations into three sectors: early learning, schools, and communities. Recommendations were submitted to the Governor’s Office.

The top priority for schools was to implement comprehensive suicide prevention in schools. This includes ensuring resources are available for identification, follow-up, and treatment of health and mental health conditions by implementing existing legislation to support comprehensive suicide prevention programs in schools and higher education, and improving connections between schools and behavioral health care providers.

Higher Education Task Force

- The Higher Education Task Force (SHB 1138, 2015) submitted the [Report on Mental Health & Suicide Prevention in Higher Education](#) to the Legislature on November 1, 2016.
- [HB 1379](#) did not pass in the 2017 legislative session. This bill addressed the recommendations from the Higher Education Task Force, including data collection from postsecondary institutions.

Public-Private Partnerships

- The SAMHSA youth suicide prevention grant along with funding from the McCaw Foundation supports 13 higher education campuses with an annual conference and the [Jed Campus Program](#).

Looking Ahead — 2018

- OSPI submitted a [2018 supplemental budget decision package](#).
- OSPI funds for the work in rural communities was cut from the 2017-2019 budget.
- Higher Education Task Force report recommendations:
 - Prioritize ongoing state funding to support behavioral health counselors at Washington’s postsecondary institutions.
 - Develop a public behavioral health and suicide prevention resource for all postsecondary institutions in Washington.
 - Establish a grant program to support resource-challenged postsecondary institutions.
- [HB 1379](#) has been reintroduced in the 2018 legislative session ([HB 2513/SB 6514](#)).



Veterans

Department of Health

- All approved six-hour suicide prevention courses for health professionals on the [2017 Model List](#) include at least 30 minutes of content on veterans.
- In September 2017, DOH participated in a suicide prevention panel at the 2017 Women Veterans Summit in Lynnwood.

Department of Veteran Affairs

- Dr. Ursula Whiteside and Najla Neumann worked with the Department of Veterans Affairs (DVA) to submit a Zero Suicide grant. DVA did not receive the grant but plans to reapply at the next opportunity.

Construction Industry and Suicide Prevention

Nationally, the construction industry has the highest number of suicides and the second highest rate of suicide by occupation ([CDC report](#)). Many veterans work in construction after their military service.

- Cal Beyer, a construction industry suicide prevention advocate from Lakeside Industries and the National Action Alliance for Suicide Prevention, spoke at a suicide prevention education luncheon at the governor's mansion in February.
- Through Mr. Beyer's work, DOH became a member of the Construction Industry Alliance for Suicide Prevention in October.
- Secretary Wiesman spoke at the Construction Industry Suicide Prevention Summit in Bothell. DOH, DVA, and Forefront hosted resource tables at the event.

- DVA, in partnership with the Washington Traumatic Brain Injury Advisory Council, released [Max Impact TBI](#), an app for veterans, family, friends, and caregivers of veterans living with the effects of traumatic brain injury (TBI). It includes an easy way for users to call the National Suicide Prevention Lifeline.
- DVA coordinated the first Family and Military Suicide Prevention and Care Workshop in December. Thirty partners from diverse fields gathered to identify existing resources, gaps in knowledge and service, and next steps. DVA also participated on a Military Suicide Prevention Panel at the National Conference for State Legislatures at the invitation of Representative Tina Orwall.
- The Veterans Training Support Center will soon join DVA Behavioral Health as a formal program and will continue to deliver trainings on suicide prevention.

Looking Ahead — 2018

- DOH will participate in the Construction Industry Suicide Prevention Summit in the fall of 2018.
- At the December Family and Military Suicide Prevention and Care Workshop, the following needs were identified:
 1. Better communication and raising awareness about existing resources for military service members, veterans, and their families
 2. Need to aid and empower communities regarding veteran needs and services
 3. Better suicide data on veterans and their families
- DVA plans on hosting a Family and Military Suicide Prevention and Care Summit in 2018 to address identified gaps from the December workshop.

American Indians and Alaska Natives

Department of Health

- The SAMHSA grant provided funding for the 2017 Intertribal Youth Suicide Prevention conference in September. All Washington tribes were invited to participate.
- As part of the SAMHSA grant and to improve sustainability, the American Indian Health Commission (AIHC) of Washington also partnered with the Northwest Portland Area Indian Health Board and the Northwest Indian College.
- The Northwest Portland Area Indian Health Board has a data sharing agreement (MOU) with DOH.
- DOH is part of a national tribal epidemiology group working to improve American Indian/Alaska Native suicide data.
- AIHC and tribes are represented on the Action Alliance for Suicide Prevention.
- DOH will continue to collaborate with AIHC, Washington tribes, and the Northwest Portland Area Indian Health Board.

Other Suicide Prevention Efforts

Department of Health

- National Suicide Prevention Lifeline (NSPL)
 - In February 2017, the NSPL released its data to the state for the first time. DOH learned that 60 percent of calls to the National Suicide Prevention Lifeline (NSPL) in Washington are deflected to out-of-state call centers not familiar with Washington resources. DOH began immediate collaboration with NSPL and Washington crisis centers to address this issue.
 - DOH was allocated \$700,000 in the 2017–2019 budget to increase the state’s answer rate for Washington NSPL calls.
 - DOH contracted with the King County Crisis Clinic and Volunteers of America of Western Washington (VOAWW) to answer all Washington calls from counties not served by a Washington NSPL-affiliated crisis center as of December 2017.
 - DOH then applied for and received a one-time award of \$255,610.96 to support and expand NSPL call coverage from the Mental Health Association of New York City. The goal of the award is to reach a 90 percent in-state call answer rate. This grant ends September 30, 2018.
 - At the end of 2017, King County Crisis Clinic and VOAWW had hired additional call specialists who were receiving training.

Enterprise Suicide Prevention Workgroup

- Several state agencies formed the Enterprise Suicide Prevention Workgroup to address suicide prevention best practices for the workplace. The group meets monthly and is open to all state agencies.

King County Child Death Review (CDR)

- The King County Child Death Review examines data, to include life events, potential trauma, and scene investigations from deaths of children ages 0 to 18 to identify prevention opportunities and postvention services.
 - In March 2017, King County CDR convened chaplain leads from Bellevue Fire Department, Kent Fire Department, King County Sheriff’s Office, King County Medic One and Seattle Police and Fire Departments. The purpose was to identify opportunities to increase awareness of resource support for survivors at the scene of youth suicides.
 - In August 2017, King County CDR hosted a training for first responder chaplains to help survivors of suicide loss. Almost 100 first responder chaplain volunteers, organizations supporting people traumatized by a suicide, and other mental health professionals attended. In November 2017, a resource list was developed and distributed to first responder chaplains serving families in King County.

- DOH recommends that the state determines sustainability for NSPL in Washington. All SAMHSA grantees are required to promote this hotline and it is promoted widely throughout the nation and in Washington suicide prevention trainings and materials.



For more information, contact:
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DOH 346-087 February 2018

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To submit a request, please call 1-800-525-0127 (TDD/TTY 711).