2019-21 Biennium Budget
Decision Package

Agency: 303 - Department of Health
Decision Package Code-Title: 1C - Reduce Suicide Rates
Budget Session: 2019-21 Regular
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Agency Recommendation Summary

About 1,300 Washingtonians died by suicide last year, almost twice those that died by opioid overdose, and about 65 Washingtonians per week are hospitalized for intentional self-inflicted injuries. This preventable issue requires a more robust, urgent, system-wide response presented in this proposal. We propose adequately funding a core suicide prevention program that can be added to over time. The core services support a prevention campaign, crisis hotlines, and evidence-based programming in communities, Tribes, schools, and workplaces. Our priorities are to fully implement across the state existing interventions and focus on populations most impacted (men in their middle years, Native American/Alaskan Natives, veterans, and LGBTQ).

Fiscal Summary

Dollars in Thousands

Operating Expenditures	FY 2020	FY 2021	FY 2022	FY 2023
Fund 001 - 1	$5,716	$5,644	$5,644	$5,644
Total Expenditures	**$5,716**	**$5,644**	**$5,644**	**$5,644**
Biennial Totals		**$11,360**		**$11,288**
Staffing	**FY 2020**	**FY 2021**	**FY 2022**	**FY 2023**
FTEs	3.3	3.3	3.3	3.3
Average Annual		**3.3**		**3.3**
Object of Expenditure	**FY 2020**	**FY 2021**	**FY 2022**	**FY 2023**
Obj. A	$408	$407	$407	$407
Obj. B	$149	$148	$148	$148
Obj. E	$33	$32	$32	$32

Object of Expenditure	FY 2020	FY 2021	FY 2022	FY 2023
Obj. G	$12	$12	$12	$12
Obj. J	$17	$0	$0	$0
Obj. N	$5,069	$5,017	$5,017	$5,017
Obj. T	$28	$28	$28	$28

Package Description

What is the problem, opportunity or priority you are addressing with the request?

In 2016, 1,123 Washingtonians died by suicide. Preliminary data indicate almost 1,300 Washington residents died by suicide in 2017—an increase of 15%. Washington's deaths by suicide are 11% higher than the national rate. An average of 65 people each week are hospitalized due to intentional self-inflicted injuries in Washington. The Centers for Disease Control and Prevention (CDC) estimates that suicide and suicide attempts cost society about $70 billion a year nationally in combined medical and work loss costs.

In 2014, the Legislature directed the Department of Health (DOH) to develop a state plan for suicide prevention which was published in January 2016. That same month, Governor Inslee issued Executive Order 16-02, Firearm Fatality Prevention – A Public Health Approach, *Reducing and preventing gun-related violence, crime, fatalities and injuries, and implementing the Statewide Suicide Prevention Plan.* The Action Alliance for Suicide Prevention (AASP) was created to implement action items in the executive order, as well as the Washington State Suicide Prevention Plan.[i]

Suicide is a significant public health issue, with deaths by suicide being almost double that of the opioid overdose epidemic. Current rates of funding are woefully insufficient to address the need for suicide prevention, intervention, treatment, and postvention (resources provided in the aftermath of suicide) to support individuals and families and prevent future deaths by suicide.

With a state suicide prevention plan, Governor's Executive Order, Healthier Washington's work to integrate behavioral and physical health, the implementation of suicide prevention continuing education in our health professions, the momentum with the Safer Homes project, the formation of the Action Alliance for Suicide Prevention, legislative interest, and an increasing number of deaths by suicide, this is the time to fully implement the prevention efforts we have begun to undertake and to build out the core prevention work that can be added to over time.

What is your proposed solution?

Our proposed solution is to implement the State's Suicide Prevention Plan and the Governor's Executive

Order. Specifically we propose funding these core components:

- **A Multi-pronged Prevention Campaign**: Raise awareness statewide to reduce stigma, connect people to crises support and behavioral health resources, and promote immediate actions to make our homes safer by securely storing medications and firearms
- **Crisis Hotlines**: Fund adequate resources for individuals and families in crisis needing assistance
- **Evidence-Based Programs in Schools, Communities, and Workplaces:** Ensure evidence-based training and education, and support for veterans, youth and other high risk populations across the state
- **Local resources and training:** Grants for communities and tribes and training for community members and state employees

A Single, Multi-pronged Prevention CAMPAIGN –Safer Homes, Safer Workplaces. Suicide Aware Communities - $3.75million

The 2016 Washington State Suicide Prevention Plan recommends creating a statewide, culturally appropriate campaign to reduce stigma, foster environments where helpful conversations are possible, inform about resources, and motivate everyone to do their part in preventing suicide. The Governor's Executive Order 16-02 also calls for a social marketing campaign prioritizing populations with the highest risk to raise awareness of suicide awareness and prevention and coordinate with other partners, such as Forefront Suicide Prevention at the University of Washington.

This proposal is to run a multi-pronged prevention campaign led and administered out of a single organization (Forefront Suicide Prevention at the University of Washington).

Prong One of Health Promotion Campaign: Safer Homes, Safer Workplaces

Forefront Suicide Prevention at the University of Washington (Forefront) requests $2 million in ongoing biennial funding for the Safer Homes, Suicide Aware campaign. Safer Homes, Suicide Aware is: (1) a public awareness campaign with immediate action steps to lock and limit access to medications and firearms; (2) a brief intervention to increase safe storage and disposal of medications and firearms; and (3) an opportunity to raise awareness of Lifeline resources and the role everyone can play in suicide prevention.

The largest population of people who die by suicide in Washington includes men aged 34-64 years (men in the middle years). This population includes many of the state's veterans. The Safer Homes, Suicide Aware campaign focuses on outreach to communities with high rates of firearms ownership, firearms safety instructors, gun ranges, veterans' organizations, and retail shops. The campaign can also be deployed within healthcare settings to help with overdose attempts and deaths.

In addition to building upon these existing efforts, Forefront will use these funds to expand the campaign to include a Safer Workplaces component. Safer Workplaces would partner with large employers where suicide rates are elevated, such as in the construction industry and the skilled trades.

Prong Two of Health Promotion Campaign: Suicide Aware Communities

An important risk factor for suicide is an unwillingness to seek help because of the stigma attached to suicidal thoughts, mental health issues, and substance abuse disorders as well as family and friends not being aware of suicide risks and how to address concerns of suicide with their family and friends. Forefront requests $1.75 million in ongoing biennial funds for a statewide campaign to address this issue.

The campaign's goals include:

- Building broad recognition among Washington residents that suicide is a public health issue and that everyone has a role in preventing deaths from suicide.
- Populations at risk of suicide feel supported in seeking help and know where help can be provided.

This request would provide funding to contract with a media and public relations firm to develop culturally appropriate and adaptable messaging for the general public and high risk populations. Work would entail preparing a communication plan, developing and testing overall campaign messaging and materials, and tailoring strategies to reach high-risk populations, including youth and veterans. This would require media buys, outreach through community-events, social media and other public awareness messaging such as buses, billboards, radio, etc.

CRISIS HOTLINES

DOH: National Suicide Prevention Lifeline and Crisis Centers

The Suicide Aware Communities campaign will connect people who are in crisis, or who may know someone thinking about suicide, to the existing National Suicide Prevention Lifeline (Lifeline) and Crisis Text Line partnerships. The Legislature allocated $700,000 during the 2017-19 biennium for Washington crisis centers to respond to calls to the Lifeline. With the growing national media attention and advertising the Lifeline has received, the number of calls to the Lifeline has increased by about 45% between 2017 and 2018. This proposal would fund and train additional crisis center staff to answer calls.

DOH requests $1,100,000 for the biennium to continue its partnership with the National Suicide Prevention Lifeline. In doing so it will also incentivize two additional call centers to become National Suicide Prevention Lifeline-affiliated crisis centers. These call centers will better represent Eastern Washington and assist with the increased call volumes. This will improve Washington's in-state answer rate. The current in state answer

rate is 70%. The goal is to increase the answer rate to 90%. Follow-up calls to connect those at risk of suicide to care and to reinforce safety plans are also needed.

Recognizing that some people, especially our youth, prefer texting and the additional anonymity it provides, DOH requests $24,500 to continue its partnership with the Crisis Text Line, which provides real-time crisis support and intervention. It will be the DOH suicide prevention coordinator's role (exiting position) to work with the text service to link into Washington's local crisis services

EVIDENCE BASED PROGRAMMING

DOH: Suicide Prevention Specialist (FTE 1.0)

DOH requests ongoing funding for a Suicide Prevention Specialist (FTE 1.0) to perform asset mapping; develop and distribute resource materials; evaluate and approve healthcare professional training; develop a 2.0 version of continuing education for mental health professionals required suicide prevention training (to incorporate training in evidence based treatment options—DBT, CBT-SP and CAMS); assist Forefront in the development, review and implementation of the 2 prongs of the health promotion campaigns; and link with health promotion/health educators working with Tribes, LGBTQ, and youth in out of school settings on suicide prevention. This position, working with the exiting DOH suicide prevention coordinator and others will help lead the translation of trainings, screenings, and other tools into language and culturally appropriate materials.

Veterans Affairs (VA): Veterans Suicide Prevention Specialist (FTE 1.0)

Veterans, military service members, and their families are a unique population that is disproportionately impacted by suicide. About 70% of veterans who die by suicide do not use VA services, so it's important to work with communities to support veterans and their families with access to services in other community organizations. In recognition of this, the VA requests $254,000 in ongoing biennial funds for a Suicide Prevention Specialist (FTE 1.0) to coordinate services in communities. The Specialist would provide expertise in understanding military culture and trauma-informed care, and work within the community to coordinate services within and outside of the VA. This specialist will also work to improve suicide prevention communication, data, and resources among military bases and the United States Department of Veterans Affairs to align best practices and support service members transitioning to veteran status.

Health Care Authority (HCA): Clinical Suicide Prevention Specialist (FTE 1.0)

(This funding request is included in a separate HCA decision package)

HCA requires $250,000 in ongoing biennial funds for a Suicide Prevention Specialist (FTE 1.0) to assess and improve clinical services for suicide assessment, treatment, and management. The HCA suicide prevention specialist would ensure that Washington keeps pace with best practices and current training in providing

services such as identifying suicide treatment providers, mobile crisis teams, and crisis center follow-ups, after a suicide. This HCA request will be submitted as a separate decision package by the Health Care Authority and not included in DOH's decision package.

Office of Superintendent of Public Instruction (OSPI): Behavioral Health Coordinators in Educational Service Districts (FTE 1.0) (This funding request is included in a separate OSPI decision package)

Suicide is the second leading cause of death among children in Washington. According to the 2016 Washington Healthy Youth Survey, 13% of 8th graders, 17% of 10th graders, and 16% of 12th graders reported making a suicide plan.[ii] Children spend a large portion of their time in school during these ages, making schools one of the most effective areas for successful crisis intervention and suicide prevention. OSPI requests $4,356,000 in ongoing biennial funds to add a suicide prevention and behavioral health coordinator to serve in each of the state's nine educational service districts (ESD). These nine coordinators will support behavioral health and suicide prevention efforts in schools serving students in Kindergarten through 12th grades in their respective ESD. These funds will also support their respective OSPI supervisors, costs related to technical assistance, training costs, and grants for school-based initiatives.

Additional funds through the children's mental health workgroup are being requested to increase the number of school-counselors who are able to provide evidence based treatment for troubled youth in school-based settings. This OSPI request will be submitted separately in a decision package submitted by the Office of Superintendent of Public Instruction, and not included in DOH's decision package.

UW: Forefront Center of Excellence (FTE 2.0)

Forefront Suicide Prevention, (Forefront), located in the University of Washington School of Social Work, is an institutionalized source of specialized knowledge on effective suicide prevention strategies. Forefront requests on-going biennial funds of $1,000,000 for a new Center of Excellence to align significant faculty expertise with a developing strategic plan to reduce suicide in Washington.Funds will be used to:

- Sustain and enhance infrastructure for professional workforce development working towards a goal of offering suicide prevention trainings for free or at a reduced cost to participants;
- Pilot, incubate and build capacity for effective crisis interventions;
- Respond to news media outreach and be subject matter experts as appropriate for media inquiries coming to DOH;
- Provide expertise to state agencies and community-based partners;
- Serve as a subject matter experts in a DOH hosted an annual summit of best practices and innovations in suicide prevention;
- Align research/evaluation activities with the State's strategic plan; and
- Develop a volunteer network across the state to provide training and support across Washington's communities.

These actions will build upon Forefront's existing efforts aimed at reducing suicide by empowering individuals and communities to take sustainable action, championing systemic change, and restoring hope.[iii] Through the development of interrelated, collaborative strategies that engage a wide variety of stakeholders, Forefront will continue to pioneer the message that suicide is preventable and everyone can do something to help.

Department of Corrections (DOC): Suicide Prevention Specialist and materials (FTE 1.0)

Transitional periods elevate suicide risk. People who are currently incarcerated or who have been recently released from the criminal justice system often carry significant risks for suicide, including a history of behavioral health disorders and substance abuse, the loss of social and financial resources, lack of access to stable housing, an inability to gain employment, and a history of abuse or other traumatic experiences throughout their lives.[iv][v][vi]

DOC requests $248,000 in ongoing funds for the biennium, and $6,000 in one-time funds, for a Suicide Prevention Specialist (FTE 1.0) to assess and coordinate services for suicide assessment, prevention, training, treatment, and management. The DOC Suicide Prevention Specialist would help coordinate and implement procedures to help prevent self-injury and suicide by incarcerated individuals housed in all DOC facilities (prison facilities and work release) and people under community supervision.

The DOC requests $160,000 in ongoing biennial funds to develop materials for:

- Incarcerated individuals, people under community supervision, and staff to help them recognize the risks of suicide; and
- Former incarcerated individuals during their reentry into society.

DOH: Epidemiologist Support (FTE 1.0)

DOH requires $340,000 in ongoing funds for the biennium to hire an epidemiologist to link, analyze and more deeply describe and understand the context of suicides in Washington State to better inform our intervention approaches and where to concentrate those efforts. They will also assist in the evaluation of our intervention outcomes and effectiveness and regularly disseminate these. This individual will lead a data workgroup of the AASP and other partners.

LOCAL RESOURCES AND TRAINING

DOH: Collaboration with Accountable Communities of Health (ACH) Regions

DOH requests $3,000,000 in ongoing biennial funding to grant to an entity within each ACH region to improve linkages to community and clinical services. Each ACH region will receive funds to devote at least .5 FTE to work on suicide prevention efforts within their respective regions. The remaining funds will be awarded as regional grants to raise awareness of and increase appropriate local and national resources based on level of suicide risk and promote safety planning strategies, especially after a mental health crisis or losing a loved one to suicide. The existing DOH Coordinator and Prevention Specialist will absorb technical assistance and coordination work with the ACH regions in their work.

HCA Division of Behavioral Health: Grants to Community Organizations (FTE 2.0) (This funding request is included in a separate HCA decision package)

There is no greater expert on a community than a member of that community. Community members know and trust one another, and are aware of the challenges their families, friends, neighbors, and coworkers face every day. Because of this high level of trust, expertise, and connection with community members, community organizations are often the most effective means of addressing problems on the local level. HCA Division of Behavioral Health and Recovery (formerly part of the Department of Social and Health Services) requests $2,880,000 in ongoing biennial funds: $1,200,000 to distribute as suicide prevention grants to community groups and coalitions throughout the state and 2.0 FTE contract managers. These grants will be managed by staff members within the HCA. This HCA request will be submitted as a separate decision package by the Health Care Authority and not included in DOH's decision package.

DOH: Grants to support Tribal Nations

To effectively address the risk of suicide in the state, DOH and its partners must focus on priority populations. From 2012-2016, American Indian/Alaskan Natives (AI/AN) had the highest rate of suicide of any racial or ethnic group (29.5 per 100,000). DOH requests $1,000,000 in ongoing biennial funds to support tribes in developing and implementing culturally appropriate, evidence-based programs and tribal best practices.

DOH: Community Health Worker Training Module

Working in collaboration with clinical care providers, community health workers (CHW) are an integral part of the health care system with the advantage of being members of the communities they serve. Membership within their communities may allow for more trusting relationships than within a clinical setting. In order to fully respond to the needs of their patients, recognize the signs of suicide risk, and intervene appropriately, DOH requires $20,000 in one time funds to create training modules for CHW. These modules will train in screening and referral for suicide prevention and intervention, as well as additional culturally-informed sections for working with members of AI/AN communities.

Department of Enterprise Services (DES): State Employee Wellness Training

Training state employees in suicide prevention would empower thousands of people throughout the state to recognize the warning signs of suicide risk and effective strategies to address this priority issue. DES requests $32,000 in one time funds to implement an e-learning suicide prevention training course. The skills learned through the training course could be used by state employees at work, at home, or anywhere in their communities, focusing on how to talk to a coworker about suicide, what to do as a supervisor or human resources professional, and resources available to state employees.

Note: This decision package includes FTE for DOH only. All other FTE requested by other agencies are assumed to be distributed separately.

What alternatives did you explore and why was this option chosen?

The decision package touches on all four strategic directions of the State Suicide Prevention Plan and multiple priority populations. Alternatives considered include:

- Continuing to rely just on our federal suicide prevention grant. This however does not build out a comprehensive core set of services nor is it responsive to the increasing number of suicides in Washington State.
- Using opioid epidemic State Targeted Response funds. While there are some suicide deaths from opioids and safe storage of medications can help prevent opioid addiction, the available federal funds have a more urgent use for adding hub and spoke treatment sites and educating providers on appropriate prescribing guidelines. However, the building out of the hub and spoke treatment sites does assist the suicide prevention efforts by having more resources to refer callers to the crisis lines.
- Instead of creating a Washington specific suicide prevention campaign tailored to our youth, men in the middle years, veterans, workplaces, and different ethnicities, we could work with another state to adapt their materials for use in Washington. This would reduce the development cost of the campaign, however the messages would not be customized to resources in Washington, and frankly, Washington is more innovative in our partnerships with gun shop owners, firearm instructors, second amendment foundation and others, resulting in more effective partnerships and campaigns.

[i] Washington State Suicide Prevention Plan: https://www.doh.wa.gov/Portals/1/Documents/Pubs/631-058-SuicidePrevPlan.pdf

[ii] Washington State Healthy Youth Survey 2016 Analytic Report: https://www.doh.wa.gov/Portals/1/Documents/Pubs/160-193-HYS-AnalyticReport2016.pdf

[iii] Forefront Suicide Prevention: http://www.intheforefront.org/

[iv] *By the Numbers: Mental Illness Behind Bars*, PBS News Hour (May 2014): https://www.pbs.org

/newshour/health/numbers-mental-illness-behind-bars

[v] Prins, Seth J. *The Prevalence of Mental Illnesses in U.S. State Prisons: A Systematic Review*, Psychiatr Serv. 2014 Jul; 65(7): 862–872. *Accessed via* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4182175/

[vi] Reavis, James A., et al. *Adverse Childhood Experiences and Adult Criminality: How Long Must We Live before We Possess Our Own Lives?* Perm J. 2013 Spring; 17(2): 44–48. *Accessed via* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3662280/

Assumptions and Calculations

Expansion or alteration of a current program or service:
N/A

Detailed assumptions and calculations:
See Attachment "1C Reduce Suicide Rates - Cost Summary."

Workforce Assumptions:
See FNCal attachment.

Strategic and Performance Outcomes

Strategic framework:
Results Washington goal 1.2.A.gaims to reduce the rate of suicide from 15.6 per 100,000 people in 2015 to 14.0per 100,000 by 2020. The final 2017 death data is not yet available, however the preliminary rate estimate is over 17.0 suicide deaths per 100,000 people.

This request is directly aligned with the Washington State Plan for Suicide Prevention mandated by the Legislature in 2014.

Performance outcomes:
Rates of suicide are on the rise throughout the nation. Washington's rate of deaths by suicide is 11 percent higher than the national rate. The Washington State Suicide Prevention Plan identified a comprehensive set of strategies and goals to reduce suicide in our state. Then the Action Alliance for Suicide Prevention (AASP) identified the highest priorities from the plan. This proposal is to reduce rates of suicide by coordinating a multi-agency effort to implement a statewide system to raise awareness of

risk and protective factors and align resources for people in crisis or at increased risk of suicide.

Other Collateral Connections

Intergovernmental:
These agencies would receive a portion of the funding in this proposal (either directly or via agreement with Department of Health, depending on the final funding mechanism):

- Department of Corrections
- Department of Enterprise Services
- Department of Veteran Affairs
- University of Washington

Additionally, the Department of Health will conduct outreach and other activities in partnership with Tribes and tribal organizations. The Department of Labor and Industries and the Commission on Asian Pacific American Affairs will also be involved with the development of the health promotion campaign.

Stakeholder response:
The following non-governmental stakeholders have informed the development of the State Suicide Prevention Plan and Action Alliance strategies outlined in this proposal. All stakeholders listed below have indicated their support.

- King County Crisis Connections
- Volunteers of America Western Washington
- American Foundation for Suicide Prevention, Washington Chapter
- Crisis Text Line
- Northwest Portland Area Indian Health Board
- Bree Collaborative
- Trade and industry representatives
- Clinicians
- Community organizations

Legal or administrative mandates:
In 2016, Governor Inslee issued Executive Order 16-02, Firearm Fatality Prevention – A Public Health Approach, *Reducing and preventing gun-related violence, crime, fatalities and injuries, and implementing the Statewide Suicide Prevention Plan*. The Action Alliance for Suicide Prevention (AASP) was created to implement action items in the executive order, as well as the Washington state suicide prevention plan.

This request addresses the highest priorities and needs identified by AASP members. Executive Order 16-02 calls for a suicide prevention social marketing campaign focused on high risk priority populations. In 2016, the governor requested $240,000 in his budget for an awareness campaign. The budget request was not funded. This campaign is a priority of the state of Washington.

Changes from current law:
None.

State workforce impacts:
None.

State facilities impacts:
None.

Puget Sound recovery:
None.

Agency Questions

Did you include cost models and backup assumptions?
Yes.

Reference Documents

- 1C Reduce Suicide Rates Cost Summary.xlsx
- 1C Reduce Suicide Rates FNCal.XLSM

IT Addendum

Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?
No