



Agency Recommendation Summary

The Department of Health (DOH) requests additional resources to expand on the recommendations of the Action Alliance for Suicide Prevention for a responsive, multi-agency suicide prevention system. Suicide rates continue to rise alarmingly in Washington State and are much greater than the national average. There is a growing concern this will get worse with much more depression, suicidal ideation/attempts, and other emotional distress as the pandemic and subsequent economic downturn continue.

Fiscal Summary

Fiscal Summary <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2022	2023	2021-23	2024	2025	2023-25
Staffing						
FTEs	5.3	5.3	5.3	5.3	5.3	5.3
Operating Expenditures						
Fund 001 - 1	\$2,325	\$2,265	\$4,590	\$2,265	\$2,265	\$4,530
Total Expenditures	\$2,325	\$2,265	\$4,590	\$2,265	\$2,265	\$4,530

Decision Package Description

Problem

Upwards of two to three million Washingtonians may experience clinically significant behavioral health symptoms in the coming months. Washington State has a coordinated approach with multiple partners and state agencies that come together on the Action Alliance for Suicide Prevention (AASP). Formed in 2016, AASP is now the coordinated body that informs policy and programmatic change and makes recommendations for the [Washington State Suicide Prevention Plan](#). Funding this proposal will build upon work already underway in the state's plan, including the AASP's recommendations to support Washington communities and increase our ability to respond to increasing behavioral health challenges brought by COVID-19.

Even before the pandemic, in 2018, Washington's rate of deaths by suicide was about 14 percent higher than the national rate. Additional resources are needed to meet increasing workloads that have grown beyond current funded capacity. The state needs to invest in the AASP's recommendations for a system with services in suicide prevention, intervention, treatment, and postvention (resources provided in the aftermath of suicide) to support individuals and families and prevent future deaths by suicide.

Background

Rates of anxiety and depression are up in the U.S. and in Washington State due to COVID-19. As the long-term reality of our country's circumstances settles in, including growing inequity, decreased economic security, and increased isolation, it is likely the rates of suicide will increase.

An analysis of the Great Recession (beginning in late 2007) found that for every percentage point increase in the unemployment rate, there was approximately a 1.6 percent increase in the suicide rate. It is not difficult to understand why. In July 2020, 32 percent of mortgages around the nation had missed payments. With the eviction protections provided by the recently passed Coronavirus Aid, Relief, and Economic Security (CARES) Act scheduled to end shortly, this will further contribute to the public's financial stress.

In addition, the agricultural sector has been hit particularly hard with closed processing facilities and interruptions to supply chains and predicted market prices. Some first-time farmers took out loans that are not forgivable even through bankruptcy and will be experiencing long-term hardship of repayment.

Even pre-COVID data, measured during better economic times, showed suicide rates increasing at alarming rates. Between 2008 and 2018, there was a 35 percent increase in students who reported suicidal thoughts and a 39 percent increase among students in Washington who have planned suicide.

Beyond the general population, certain historically-marginalized communities face even more devastating rates of suicide. One example: in 2018, American Indian/Alaskan Natives (AI/AN) had the highest rate of suicide of any racial or ethnic group in Washington State (38.5 per 100,000).

There are currently clear indicators of increasing risk. In 2020, the state's two National Suicide Prevention Lifeline call centers experienced a spike in call center utilization in March, which later returned to their pre-COVID baselines. Then in May, the call centers recorded another above average increase in call volume. DOH actively monitors call center use and death data as it becomes available through various sources. DOH is also monitoring other factors such as increases in domestic violence and first-time firearm purchases. The National Shooting Sports Foundation estimates that at least 40 percent of firearms purchased since March 2020 have been bought by first-time buyers. An estimated five million new Americans have become firearms owners so far in 2020, which increases the need to educate novice owners about safe firearm storage practices.

While the available data sources are monitored closely, the impacts of COVID-19 on suicide and attempted suicide rates will not be clear for some time. Reliable data reflecting deaths occurring in 2020 will not be available until the fall of 2021 as suicide data collection and review is complex and time-consuming. Additional outbreaks or pandemic waves can cause a "trauma cascade" which makes recovery more delayed and difficult.

This proposal requests additional resources to expand on a multi-agency approach for a responsive suicide prevention system, updating the Washington State Suicide Prevention Plan to mitigate impacts of COVID-19 and partnering with other state agencies and community based organizations to address ongoing suicide prevention needs.

In order to sustain current work and meet increasing needs, including those anticipated as a result of COVID-19 and the resulting economic downturn, DOH must increase the number of staff focused on this work to monitor real-time data, update and follow through on intervention strategies with populations at most risk. This requires working with various partners and stakeholders across the state for primary prevention.

Assumptions and Calculations

Expansion, Reduction, Elimination or Alteration of a current program or service:

This is an expansion of work already underway. This new work, which is in response to COVID-19, will strengthen primary suicide prevention efforts reaching all Washingtonians.

Detailed Assumptions and Calculations:

The estimated costs for this proposal are based on the following needs:

Department Staffing

DOH Suicide Prevention Program Unit staff (1.0 FTE)

This new Health Services Consultant 3 position will focus specifically on diversity, equity, and inclusion in statewide comprehensive suicide prevention and will contribute to the 2021 update of the Washington State Suicide Prevention Plan. The specialist will assist the suicide prevention program unit to ensure program activities integrate equity and culturally-appropriate. This position will work with epidemiology staff to identify vulnerable populations and will identify appropriate interventions and support approaches to reduce rates of suicide. The position will collaborate with community stakeholders and partners for primary prevention programming and activities, and serve in a key role to facilitate work that is human-centered and prioritizes lived experience.

DOH Epidemiology staff (0.5 FTE)

This expansion of a current part-time position will strengthen analysis of the context of suicides in Washington State to better inform intervention approaches and enhance evaluation efforts. DOH needs to increase the current 0.5 FTE to one full FTE to provide immediate data analysis and program support. This role is necessary to provide data expertise to address suicide clusters, support the increasing needs of the team's project and legislative work, and to compose evaluation reports pertaining to the rate of suicide in Washington State. This increased capacity will also support expanding data outcomes resulting from COVID-19, as well as the statewide effort to support agricultural workers, tribes, veterans, higher education, law enforcement, and other vulnerable populations.

Contracts for Enhanced Support During COVID-19

Department of Veterans Affairs (WDVA) Suicide Prevention Specialist (1.0 FTE):

Military service members and veterans are at especially high risk of suicide. The unique challenges faced by these individuals and their families create a need for special understanding and dedicated focus. This position will develop a Suicide Prevention Action Plan specific to service members, veterans, and their families (SMVF); and support the Governor's Challenge to End Veteran Suicide. Current funding for the position ends June 30, 2021, and it is critical that the state maintains capacity to continue this vital, needed work.

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

People currently incarcerated or 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. The DOC Suicide Prevention Specialist will 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.

COVID-19 Suicide Prevention Public Awareness Campaign (\$350,000 a year, ongoing):

As the pandemic continues, there will be potential long-term impacts on emotional wellness, following already increased reports of isolation and loneliness. Educating Washingtonians on signs of suicide, interventions, and resources available for support will be critical. A public awareness campaign will help to meet that need.

COVID-19 crisis center support (\$154,000 a year, ongoing):

The pandemic has increased calls to the [National Suicide Prevention Lifeline](#) (NSPL). DOH currently supports NSPL call centers at \$770,000 per year. There are currently two – soon to be three – NSPL-endorsed centers within Washington State. All report increased call volume and system utilization demand associated with worsening symptomology and distress due to the long-term economic impacts of COVID-19. The proposed \$154,000 is an increase of 20 percent of current funding to support the need for additional staffing at the call centers to absorb the rates of increased utilization and keep Washington calls from having to be rerouted to centers supported by other states and entities.

Gatekeeper training for first responders (\$70,000 a year, ongoing):

First responders experience high-stress situations as they respond to public emergencies. Their work includes interventions for self-harm, suicidal ideation, suicide attempts, and deaths due to suicide. Unfortunately, first responders and particularly law enforcement also endure an increased risk for suicide themselves. Several factors affect the mental health of first responders including increasing rates of illness and risk of exposure during COVID-19, job-related stress during a time of social unrest, and higher suicide risk following the associated emotional distress. First responders need gatekeeper training – both to protect and to be protected – in their toolbox to aid in preventing suicide. Gatekeeper training is an evidence-based curriculum that helps counselors, emergency workers, and other gatekeepers successfully identify and connect with individuals experiencing suicidal ideation. This allows gatekeeper trainees to demonstrate increased capacity and effectively listen, empathize, and refer individuals experiencing suicidal ideation to lifesaving resources. This proposal will train state and tribal law enforcement, firefighters and emergency medical service staff. Suicide ethics gatekeeper training will be completed by 80 first responders in the state. In addition, funds will support instructor certification and competency certification for 10 law enforcement officers to further embed these prevention strategies in the law enforcement community as they train additional first responders.

COVID-19 response to suicide risk for incarcerated individuals (\$165,000 a year, ongoing):

COVID-19 has increased the already prevalent risks for emotional distress and social isolation frequently observed among incarcerated

populations. This funding will support improved procedures and protocols for suicide assessment, prevention, training, treatment, and management services for the individuals DOC serves. It will additionally support the development of preventive materials for incarcerated individuals, people under community supervision, and formerly incarcerated individuals during reentry to society in an effort to help them, staff, and their surrounding community recognize signs of suicide.

Tribal Communities, Agricultural Communities, Veterans, and Safer Homes

DOH requests funds to continue other critical work focused on equity, the unique needs in the agricultural industry, and to promote safe homes.

Support Tribal Nations (\$423,000 a year, ongoing):

This request will support the suicide prevention needs identified in the upcoming Tribal Roundtable in September/October 2020. This collaboration of tribal leaders, partners, and governments will collect input from tribal leaders to support tribal suicide prevention efforts in Washington State. In 2018, AI/AN populations had the highest rate of suicide (38.5 per 100,000 of any racial or ethnic group in Washington State).

Improving Behavioral Health and Suicide Prevention in the Agricultural Industry (\$200,000 a year, ongoing)

DOH will release a report in December 2020 to legislature with results and recommendations from the Agricultural Industry Task Force (Ag Task Force) based on a pilot project in Skagit County to strengthen behavioral health and suicide prevention efforts in the agricultural sector. This request will expand the recommendations of the Ag Task Force to additional counties in Washington State including a statewide scale up of agricultural-industry specific suicide prevention education and training. This will include culturally and geographically appropriate strategies and communication materials to recognize warning signs of suicide risk, reduce stigma surrounding behavioral health, and referrals to local resources.

Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families (\$30,000 one-time, \$200,000 a year, ongoing):

Accepted by Governor Inslee in 2019, the Governor's Challenge guides service members, veterans, and their families (SMVF) to access suicide prevention resources. Three priority areas for targeted crisis intervention and suicide prevention strategies among SMVF have been identified by the Governor's Challenge Executive Team:

Identify suicide risk and screening measures among SMVF

This ensures health providers and community partners have the tools they need and a strong understanding of military culture and best practices. Reaching individuals in this population will require efforts to reduce stigma and to create an environment where SMVF feel comfortable seeking assistance. This funding will support military cultural competency trainings for healthcare professionals and community partners;

Support connectedness and care transition support

This increases the awareness of the resources available to SMVF in their communities, increases military cultural competency among service providers, and encourages SMVF to engage with Veterans Affairs (VA) Health Care (VHC) and/or VA Benefits (VBA) for available behavioral health support services. This request asks for \$10,000 in one-time funding to create, maintain, and share a central repository, inclusive of a comprehensive list of non-profit, state, and federal resources that can be accessed via an online search or application process to the SMVF population.

Lethal means and safety planning

In Washington State, approximately half of all suicide deaths recorded from 2015 to 2017 involved a firearm. This rate was even higher among veterans – in 2018, 67 percent of suicide deaths involved a firearm. Washington voters adopted ballot Initiative 1639 in 2018, which allows for primary preventative efforts pertaining to firearm safety and suicide prevention. This included proactive education to educate firearm retailers and owners on safety, including suicide prevention. With the funding requested, Forefront Suicide Prevention will implement and evaluate training on primary and secondary prevention strategies around lethal means, training approximately 4,000 individual industry retailers and owners in Washington State free of personal charge. Evaluation data will be collected and provided to assess the program and curriculum. DOH requests \$200,000 ongoing annually to support this work.

Community Health Worker Training Module (\$30,000 one-time):

As direct members of the communities they serve, community health workers (CHWs) are an integral part of the health care system. Membership within their communities allow for more trusting relationships with patients within a clinical setting and allow CHWs to more quickly respond to signs of suicide risk. DOH received \$30,000 in the 2020 supplemental to develop a training module and now proposes to expand the model to include additional culturally-informed sections for members of AI/AN and agricultural communities.

Continue Support for Higher Education Suicide Prevention Efforts (\$120,000 a year, ongoing):

Rates of suicide among young people aged 18 to 24 (transition-aged youth, TAY) continue to rise in Washington State – faster than any other age demographic. Legislation passed in the 2018 (Senate Bill 6514) established INSPIRE (Innovative Suicide Prevention, Intervention, and Education). This initiative, housed within the University of Washington's Forefront Suicide Prevention program, focused on preparing the higher education sector to prevent suicide among students. Over the past few years, INSPIRE has provided the state the opportunity to begin to understand its higher education system's needs related to mental health and suicide prevention and to advise and support education providers around this work. Funding for the INSPIRE initiative ended in state fiscal year 2020, but the need to support educational institutions in supporting the young people they serve remains high. The requested funds will allow Forefront to continue this vital work.

Workforce Assumptions:

Workforce detail are provided in the Detailed Assumptions and Calculations section. More detail is provided in the supporting document, titled "2021-23 PL-P6 Support Suicide Prevention - FnCal".

How is your proposal impacting equity in the state?

Risk and protective factors for suicide do not impact all individuals equally or equitably, and many demographic, cultural, and societal factors are important to consider. Attention to diversity, equity, and inclusion in suicide prevention will support dedicated needs assessments, data analyses, and will help to identify intervention needs and service gaps for populations. This approach will support suicide prevention efforts in a manner that is demographically, culturally, and societally appropriate for the diverse populations across Washington State.

Strategic and Performance Outcomes

Strategic Framework:

This request supports:

- Results Washington: Healthy and Safe Communities – Improving Behavioral Health;
- Ongoing work of the Action Alliance for Suicide Prevention and updating of the WA State Suicide Prevention Plan; and
- The Governor's Challenge to expand suicide prevention efforts for veterans. This also implements the recommendations of the workgroup in the Governor's Challenge to promote safe storage of lethal means.

Performance Outcomes:

Funding of proposed items can be expected to lead to the following:

- Strengthened partnerships with Tribal communities, with implementation of suicide prevention efforts through culturally relevant means;
- More comprehensive education, training, and crisis response;
- Additional resources for agricultural and rural communities facing an economic crisis;
- Development of trainings to improve CHW’s ability to recognize risks of suicide, and to intervene with connections to available resources;
- In coordination with care systems, greater inclusion of emotional wellness through proven prevention measures;
- An evaluation of the Firearms Safety and Suicide Prevention training course to replicate this work;
- Through a suicide prevention campaign, an increase in public awareness of suicide prevention resources; and
- Improved data analysis for suicide and COVID-19 impacts.

Other Collateral Connections

State Workforce Impacts:

Not applicable

Intergovernmental:

Continuation of roundtable work and further collaboration with Tribes will determine next steps and resulting impacts on tribal communities. DOH will be supporting and centering the needs and goals of these communities.

State Facilities Impacts:

Not applicable

Changes from Current Law:

Not applicable

Puget Sound Recovery:

Not applicable

Legal or Administrative Mandates:

In 2016, Governor Inslee issued Executive Order 16-02, Firearm Fatality Prevention – A Public Health Approach, Reducing and preventing firearms-related violence, crimes, fatalities, injuries and Implementing the Statewide Suicide Prevention Plan.

Stakeholder Response:

- Department of Veterans Affairs - Support
- University of Washington Forefront Suicide Prevention - Support
- Action Alliance for Suicide Prevention member organizations - Support

The Washington State Department of Veteran’s Affairs is also submitting a request that supports the goals of this proposal.

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

Objects of Expenditure

Objects of Expenditure <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2022	2023	2021-23	2024	2025	2023-25
Obj. A	\$378	\$378	\$756	\$378	\$378	\$756
Obj. B	\$141	\$141	\$282	\$141	\$141	\$282
Obj. C	\$1,712	\$1,682	\$3,394	\$1,682	\$1,682	\$3,364
Obj. E	\$58	\$28	\$86	\$28	\$28	\$56
Obj. T	\$36	\$36	\$72	\$36	\$36	\$72

Agency Contact Information

Dan Weeks
 (360) 489-5608
daniel.weeks@doh.wa.gov