



2020 Supplemental Budget Decision Package

Agency: 303 - Department of Health
Decision Package Code-Title: B8 - Reduce Suicide Rates
Budget Session: 2020 Supp
Budget Level: Policy Level
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Agency Recommendation Summary

Suicide rates continue to rise alarmingly in Washington State and are much greater than the national average. The Washington State Department of Health requests additional resources to implement a multi-agency approach to build a more complete, responsive, and sustainable suicide prevention system.

Fiscal Summary

Dollars in Thousands

| Operating Expenditures | FY 2020 | FY 2021 | FY 2022 | FY 2023 |
|---------------------------|------------|----------------|----------------|----------------|
| Fund 001 - 1 | \$0 | \$2,046 | \$1,823 | \$1,823 |
| Total Expenditures | \$0 | \$2,046 | \$1,823 | \$1,823 |
| Biennial Totals | | \$2,046 | | \$3,646 |
| Staffing | FY 2020 | FY 2021 | FY 2022 | FY 2023 |
| FTEs | 0.0 | 2.5 | 2.5 | 2.5 |
| Average Annual | | 1.3 | | 2.5 |
| Object of Expenditure | FY 2020 | FY 2021 | FY 2022 | FY 2023 |
| Obj. A | \$0 | \$201 | \$201 | \$201 |
| Obj. B | \$0 | \$72 | \$72 | \$72 |
| Obj. E | \$0 | \$182 | \$119 | \$119 |
| Obj. G | \$0 | \$5 | \$5 | \$5 |
| Obj. N | \$0 | \$1,560 | \$1,400 | \$1,400 |
| Obj. T | \$0 | \$26 | \$26 | \$26 |

Package Description

In Washington State, rates of suicide continue to increase. The data show:

- In 2017, 1,292 Washingtonians died by suicide and over 3,700 hospitalizations were linked to intentional self-harm – including suicide attempts;
- In 2017, Washington’s age-adjusted suicide rate was 17.1 per 100,000 individuals, well above the national rate of 14.0 per 100,000 individuals;
- In 2015 to 2017, suicide was the leading cause of death for ages 10 to 14 years; it was the second leading cause of death for ages 15 to 34 years;
- Twenty-two percent of 10th grade females reported creating suicide plans and 12 percent reported attempting suicide. Fourteen percent of 10th grade males reported creating suicide plans, and eight percent reported attempting suicide.
- Between 2008 and 2018, there was a 35 percent increase in students reporting having suicidal thoughts and a 39 percent increase in students in Washington reporting having planned suicide;
- The National Suicide Prevention Lifeline received 24,655 calls in 2017 from Washington. That number rose to 43,797 calls in 2018; and
- From 2012 to 2016, American Indian/Alaskan Natives (AI/AN) had the highest rate of suicide of any racial or ethnic group (29.5 per 100,000).

These increases are alarming and visible across all populations. They are also preventable. In 2018, the Action Alliance for Suicide Prevention (AASP) – whose member organizations include government, K-12 and higher education, business, tribes, health systems and practitioners – identified four suicide prevention strategies to lay the foundation for a strong, flexible, and responsive suicide prevention system and developed a joint state agency decision package for submission to the state Legislature. These funds will go toward core work in state agencies, grants to support tribal nations, postvention study, strategies to improve behavioral health and suicide prevention in agricultural industry, community health worker training and a campaign with YMCA to create safer homes community campaigns on suicide prevention.

This supplemental request prioritizes ongoing needs that were not funded last session and have been identified as most critical to building a whole, responsive, and sustainable prevention system.

Suicide Prevention Core Work

The Department of Health (DOH) is the lead agency coordinating and implementing the Washington State Suicide Prevention Plan. Staff will coordinate asset mapping, provide technical assistance, evaluate and approve professional training for health care providers, develop continuing education for mental health professionals (to incorporate training in evidence based treatment options), support tribal nations in implementing prevention strategies and partner with other agencies and organizations serving high risk populations such as youth, veterans, LGBTQ individuals and men.

Epidemiology staff will link, analyze, and more deeply describe and understand the context of suicides in Washington State to better inform intervention approaches. This epidemiologist will support immediate data analysis when a possible suicide cluster occurs and assist in the evaluation of intervention outcomes to determine their effectiveness and disseminate information to inform future decision-making.

DOH Staffing and Related Costs: 2.5 FTE and \$426,000 in fiscal year 2021 and ongoing.

Grants to support Tribal Nations

From 2012 to 2016, AI/AN populations had the highest rate of suicide of any racial or ethnic group (29.5 per 100,000). DOH requests \$1,014,000 in ongoing biennial funds to support tribes in developing and implementing culturally appropriate, evidence-based programs and tribal best practices to support youth and adults, and support the annual Intertribal Youth Suicide Prevention Summit. DOH will engage with tribal leaders and tribal agencies to develop the grant application and identify successful grantees.

Postvention Study

The response after a suicide loss or attempt (postvention) is critical to people and communities who have lost someone to suicide, witnessed it, or made a suicide attempt because they are at an increased risk of suicide. The fourth goal under Treatment and Support Services in the Washington State Suicide Prevention Plan calls for effective suicide postvention-aftercare programs to provide a range of support after a suicide loss. DOH requests one time contractual funding of \$30,000 in fiscal year 2021 to develop and implement a postvention assessment, and develop a report for the Legislature, which will lay the foundation for future programmatic work and help us better understand how to deploy postvention programs in schools, workplaces, faith communities, reservations, social service agencies and correctional facilities. The report will include existing resources, gaps in service, and engage stakeholders both at the state and local levels.

Improving Behavioral Health and Suicide Prevention in the Agricultural Industry Pilot

The Washington State Suicide Prevention Plan outlines strategies, goals, and recommendations to reduce suicide in Washington. The strategic directions are for Healthy and Empowered Individuals, Families, and Communities; Clinical and Community Preventative Services; Treatment and Support Services; and Suicide Surveillance, Research, and Evaluation. Each strategic direction outlines goals and partners to help achieve these goals. For example, a recommendation under Strategic Direction 2, Goal 2 is to “Fund and staff high-quality Recognition and Referral trainings in neighborhoods and communities. Tailor training to community profiles and needs.” Agricultural workers and communities have unique risk factors and warning signs that can be incorporated into community and health professional trainings.

Through Second Substitute House Bill 2671 (2018 session), an agricultural industry task force (Ag Task Force) was created and funded to support staffing, assist in implementing a pilot program and write three reports due to the Legislature. This proposal requests resources to support the following recommendations from the Ag Task Force:

- Support statewide scale up of agricultural-industry specific suicide prevention education and training being developed by the Washington State University and Safer Homes. This will include culturally and geographically appropriate strategies to recognize warning signs of suicide risk and to refer to local resources. Cost: \$200,000 annually;
- Focused capacity for a crisis hotline/text line designed to respond to the unique needs and concerns of people who work in the agriculture industry. Cost: \$200,000 annually; and

- Community Health Worker training module tailored to identifying the needs and risk factors in the agricultural community (see below).

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 \$60,000 in one time funds to create training modules for CHWs. These modules will train in screening and referral for suicide prevention and intervention (\$20,000), as well as additional culturally-informed sections for working with members of AI/AN (\$20,000) and agricultural communities (\$20,000).

Health Promotion Campaign: Suicide Aware Communities

DOH will enter into a contract with the YMCA to pilot in two to three communities focused on training YMCA clinical and branch staff and students, and creating Safer Homes community campaigns on suicide prevention. An evaluation with potential dissemination to all YMCA branches in Washington with help from private philanthropy will be included. The one time cost would be \$130,000 in fiscal year 2021.

Assumptions and Calculations

Expansion or alteration of a current program or service:

This request adds to the state's existing suicide prevention activities by prioritizing ongoing needs not funded last session and yet have been identified as most critical to building a whole, responsive, and sustainable prevention system.

Detailed assumptions and calculations:

Suicide Prevention Specialists for DOH (FTE 2.0)

1.0 FTE Health Services Consultant 4 and 1.0 FTE Health Services Consultant 3 will coordinate asset mapping, provide technical assistance, evaluate and approve professional training for health care providers, develop continuing education for mental health professionals (to incorporate training in evidence based treatment options), support tribal nations in implementing prevention strategies and partner with other agencies and organizations serving high risk populations such as youth, veterans, LGBTQ individuals and men.

Epidemiologist Support for DOH (FTE 0.5)

This epidemiologist will link, analyze, and more deeply describe and understand the context of suicides in Washington State to better inform intervention approaches. This epidemiologist will support immediate data analysis when a possible suicide cluster occurs, and assist in the evaluation of intervention outcomes to determine their effectiveness and disseminate information to inform future decision making.

DOH Staffing and Related Costs:

2.5 FTE and \$426, 000 in fiscal year 2021 and ongoing

Grants to support Tribal Nations

\$1,000,000 in fiscal year 2021 and ongoing

Postvention Study

\$30,000 one-time in fiscal year 2021

Health Promotion Campaign: Suicide Aware Communities with YMCA

\$130,000 one time in fiscal year 2021

Improving Behavioral Health and Suicide Prevention in the Agricultural Industry

\$400,000 in fiscal year 2021 and ongoing

Community Health Worker Training Modules

\$60,000 one-time funding in fiscal year 2021

Total Costs beginning in fiscal year 2021 are 2.5 FTE and \$2,046,000. Ongoing cost beginning in fiscal year 2022 are 2.5 FTE and \$1,823,000

Workforce Assumptions:

See attached financial calculator (FNCAL)

Strategic and Performance Outcomes

Strategic framework:

This request directly aligns with Results Washington goal 1.2.A.g (“Reduce suicide death rate from the rate of 15.6 per 100,000 in 2015 to 14.0 per 100,000 in 2020), and with the Washington State Plan for Suicide Prevention, mandated by the Legislature in 2014.

Performance outcomes:

- Reduction in suicide; and
- Increase in calls to Crisis Lines and texts to Text Lines

Other Collateral Connections

Intergovernmental:

These agencies would receive funding through this proposal:

The Office of the Superintendent of Public Instruction

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.

- 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, crimes, fatalities, injuries and implementing the Statewide Suicide Prevention Plan.

Changes from current law:

This request does not require any changes to statutes or rules.

State workforce impacts:

This request does not impact existing collective bargaining agreements.

State facilities impacts:

This request does not impact facilities and workplace needs.

Puget Sound recovery:

This request is not related to Puget Sound recovery efforts.

Reference Documents

- PL B8 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