



WASHINGTON STATE GOVERNOR'S CHALLENGE REPORT

Washington State Department of Veterans Affairs

REPORT TO THE LEGISLATURE

Engrossed Second Substitute House Bill 1181
Chapter 191, Laws of 2022, Section 4
67th Legislature
2022 Regular Session

December 2022



"Serving Those Who Served"

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Executive Summary

Background

Suicide continues to be a concern in Washington State, and across the nation. Although suicide affects many communities, some communities are at higher risk than others due to unique risk factors and access to lethal means. Service Members and Veterans are at a higher risk than the general population. The Washington State Governor’s Challenge team and the larger Service Member, Veteran, and Military Family (SMVF) Suicide Prevention Advisory Committee was created in 2020 with the goal of using a collaborative public health approach to reduce suicide in Washington State by 20% by 2025. This report serves as an update on the progress of the Washington State Service Member, Veteran, and Family (SMVF) Suicide Prevention Strategic Plan 2021 – 2023 which encompasses the Governor’s Challenge work.

The VA’s Challenge to Governor’s and Mayor’s was accepted by Governor Jay Inslee in January 2020. Since then, a diverse group of government and non-government agencies, organizations, and individuals have met consistently to plan, implement, and maintain the SMVF Suicide Prevention Strategic Plan 2021- 2023. The SMVF Technical Assistance Center has provided support over the 3 years with subject matter expert communication, measurement and implementation guidance, and project management. The SMVF Suicide Prevention Strategic Plan 2021 – 2023 outlines three focus areas: 1) Identify Service Members, Veterans, and Military Families & Screen for Suicide Risk; 2) Promote Connectedness & Improve Care Transition; and 3) Increase Lethal Means Safety & Safety Planning. A total of 9 goals were identified among these three focus areas.

Implementation

Activities and Results

Table A: Progress Overview of Washington State SMVF Suicide Prevention Strategic Plan 2021 – 2023

Priority Area	Goal	Status
Identify SMVF & Screen for Suicide Risk	Community healthcare providers and other community partners are informed on how to appropriately identify SMVF, and provided support with an understanding of military culture and promising practices	2 of 2 objectives complete
	Community healthcare providers are informed on how to appropriately screen SMVF for suicide risk	3 of 3 objectives complete
	Create and promote an environment that allows SMVF to feel comfortable, confident, and safe to seek assistance regarding suicidal ideation, behavioral health, growth, and wellness	1 of 2 objectives complete
Promote Connectedness & Improve Care Transition	Promote cultural competency trainings for direct service providers and frontline staff	1 of 1 objectives complete
	Increase SMVF access to community resources and enrollment with VHA and VBA	3 of 3 objectives complete
	Sufficiently fund programs for community and non-profit programs that serve Veterans	1 of 1 objectives complete
Increase Lethal Means Safety & Safety Planning	Increase public and policy maker awareness about suicide and firearm fatalities among SMVF and men in the middle years (35 – 64), with messaging that does not alienate those who are at most risk	1 of 1 objectives complete
	Educate SMVF about firearm safety inclusive of lethal means safety	4 of 5 objectives complete
	Improve the current Safety Planning Intervention (SPI) training among VA and community healthcare providers serving SMVF	1 of 2 objectives complete

Legislative Summary

Washington State has a long history of suicide prevention legislation. In the last 10 years, approximately 12 bills have been passed by the legislature specifically pertaining to suicide prevention. The most recent was E2SHB1181, which was passed in the 2022 session and signed in March 2022. This bill included a wide variety of suicide prevention activities, initiatives, and policy changes supporting suicide risk screening, peer support, and safe storage. The bill had a total of 12 large initiatives. Table B (below) highlights the progress of initiatives in which the Governor’s Challenge team and the Washington State Department of Veterans Affairs play a major role.

Table B: Summary of E2SHB1181 Governor’s Challenge relevant deliverables

Section/Name	Partners	Activities
Section 2: Community-Based Services Grant Program	UW Forefront	<ul style="list-style-type: none"> Grant process established Community needs assessment Assess account in Q3 (FY22) Report July 1, 2023
Section 3: Establishment of Suicide Prevention Account with OST	DOL WASPC FFLs	<ul style="list-style-type: none"> Donation form distributed Account open 10/1/2022
Section 5: Resource Database	UW Forefront Community	<ul style="list-style-type: none"> Workgroup meetings initiated Criteria established Request for proposals public
Section 6: Educational Materials	DOH	<ul style="list-style-type: none"> DOH/WDVA planning meetings initiated
Section 7: Suicide-Safer Homes Task Force	UW Forefront Members	<ul style="list-style-type: none"> Task Force Staffed June 2022 2 Quarterly meetings 3 deliverables complete 3 deliverables engaged Report December, 2022
Section 8: Prevent Veteran Suicide Emblem	DOL	<ul style="list-style-type: none"> Design created October 2022 Emblem available for purchase November 2022

Lessons Learned

Since the initiation of the Washington State Governor’s Challenge team, many changes have occurred influencing policy, community engagement, and access to resources. In 2022, the Governor’s Challenge Team participated in a post implementation site visit to evaluate progress, barriers, and lessons learned. Based upon this evaluation, the Governor’s Challenge Team is moving forward with adjusting and improving current programming. Table C displays a summary of the barriers/lessons learned and improvement plans. A more detailed explanation of this information can be found on pages 24-25.

Table C: Washington State Governor’s Challenge Barriers/Lessons Learned and Improvement Plans

Barriers/Lessons Learned	Improvement Plans
<p>Data Collection</p> <ul style="list-style-type: none"> Access to providers for knowledge assessment and to provide resource education during COVID pandemic was difficult via email Access to community members to provide education during the COVID pandemic was difficult and may continue to be difficult moving forward 	<ul style="list-style-type: none"> Collaboration with Department of Health under “Ask the Question” initiative outlined in E2SHB1181 to streamline resource education for providers Provide several mediums of communication and connection for Veterans to access resources and education about suicide prevention and lethal means (e.g., phone, online resource database, and peer specialists)

<ul style="list-style-type: none"> • Supplemental data (e.g., non-fatal suicidal behavior) for Veterans is not as easily accessible • Utilization data collection was not established for specific Governor’s Challenge activities which hindered outcome measurement 	<ul style="list-style-type: none"> • Collaboration with Emergency Medical Services Injury Prevention Branch (EMS-IPB) to improve field data collection and care transition for Veterans • Re-evaluate process and outcome measurements for validity • Use RAND measurement tools to establish improved process and outcome measurements
<p><u>Funding/Investments</u></p> <ul style="list-style-type: none"> • Investments in community peer programming/organizations is paramount to reducing Military and Veteran suicide 	<ul style="list-style-type: none"> • Provide grants to community organizations through the Community Based Grant Program established as a result of E2SHB1181 • Investigate ways in which we can invest resources and improve the implementation of current programming (e.g. ETS Sponsorship) in Washington State to reach more SMVF
<p><u>Advertising</u></p> <ul style="list-style-type: none"> • Participation in suicide prevention programming requires extensive advertising 	<ul style="list-style-type: none"> • Develop and implement a communication plan • Collaborate with other agencies to advertise resources including trainings for community members and providers who serve the SMVF community
<p><u>Technology</u></p> <ul style="list-style-type: none"> • The COVID pandemic revealed the need for improved technology tools and practices with more individuals accessing information online 	<ul style="list-style-type: none"> • UW Forefront will improve website programming to expand access to education and resources • WDVA will develop and maintain a database and web-based application with resources and educational materials for the SMVF community as outlined in E2SHB1181

Background

Introduction

Suicide continues to be a growing public health issue affecting Washington Service Members, Veterans, and military families (SMVF). Veteran and military communities are at an increased risk of suicide due to unique life experiences, culture, and environmental stressors as they are overrepresented in suicide fatalities but underrepresented in overall population proportion. In Washington State, Veterans made up over 18% of all suicides in 2020 while only representing 7% of the population in that same year. After embarking on the Governor’s Challenge to End SMVF Suicide almost 3 years ago, Washington continues to strive towards the national goal of reducing Veteran suicide by 20% by 2025.

In January 2020, an interagency and community partner collaborative group was formed to produce the [Washington State SMVF Suicide Prevention Strategic Plan 2021-2023](#). To ensure a true public health approach, this collaborative group included federal, state, clinical, and community SMVF and suicide prevention subject matter experts. This plan aligned with the focus areas and strategic planning established by the [National Strategy for Prevention Veteran Suicide 2018-2028](#) which are: 1) Identify SMVF and Screen for Suicide Risk; 2) Promote Connectedness and Improve Care Transition; 3) Increase Lethal Means Safety and Safety Planning. Each focus area detailed in the Washington State SMVF Suicide Prevention Strategic Plan 2021-2023 includes three goals with respective objectives and activities. This document serves as a progress report of the work accomplished and in development by the Governor’s Challenge group detailed in the mentioned strategic plan.

The statewide strategic plan included barriers and recommendations for the implementation of the plan and progress in reducing suicide. In 2022, E2SHB1181 was introduced to address these barriers and passed in March 2022. In addition to continuing to implement and improve current strategies outlined in the statewide strategic plan, the Governor’s Challenge Team has begun to implement initiatives outlined in E2SHB1181.

Acknowledgments

The following agencies and organizations participated in the planning, implementation, and measurement of the activities included in this report. These partners represent federal, state, clinical, and community entities.

Washington State Department of Veterans Affairs	University of Washington Forefront Suicide Prevention
Washington State Department of Health	Washington State Legislature
Washington State Health Care Authority	Heroes Homestead
Washington State Department of Licensing	Nine9Line Veteran Services
Washington Army National Guard	U.S. Department of Veterans Affairs
Washington Air National Guard	SAMHSA/SMVF TA Center
Suquamish Tribe	Providence Medical Group
Makah Nation	Psych Armor Institute
Department of Defense	Rocky Mountain MIRECC
Directorate of Personnel and Family Readiness – JBLM	ETS Sponsorship

Veteran Suicide Data

Federal Veteran Suicide Rates & Facts

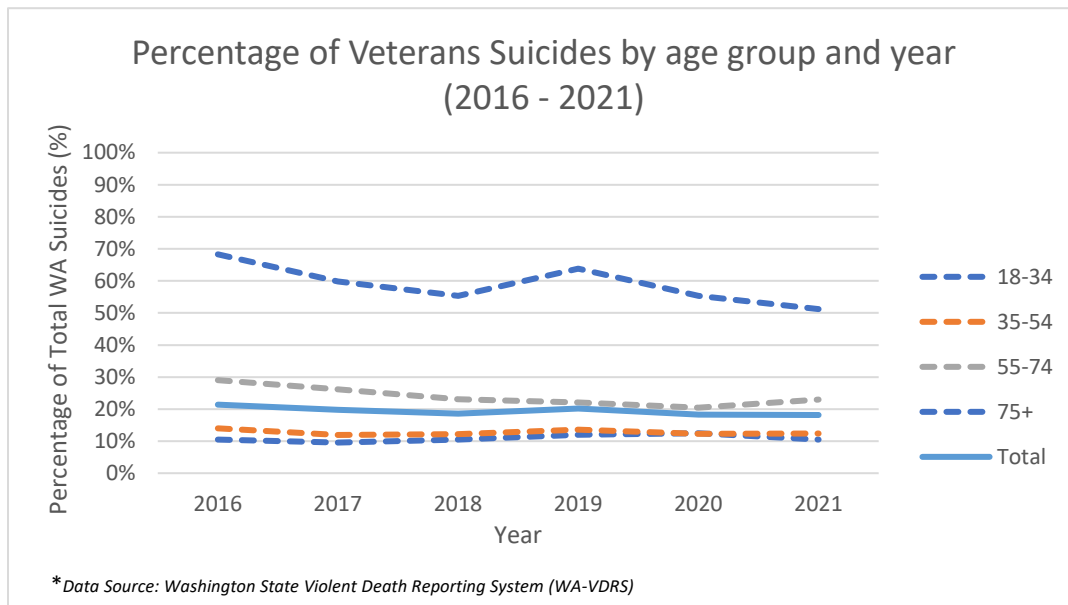
In 2022, the U.S. Department of Veterans Affairs published the [National Veteran Suicide Prevention Annual report](#) listing suicide as the 2nd leading cause of death for all Veterans ages 18-44 years of age, and the 2nd leading cause

of death for women Veterans between 18 and 34 years of age in 2020.¹ However, the Department noted that despite the COVID-19 pandemic in 2020, the country saw a 4.8% decrease between 2019 and 2020: a larger decrease than non-Veterans across the country. Furthermore, from 2018 to 2020, the adjusted suicide rates for Veterans fell by 9.7%.¹

Washington State Veteran Suicide Rates & Facts

In Washington State, suicide counts have remained relatively stable with 2020 suicide counts being the lowest in past 6 years at 221 Veterans.² Veterans remain at a higher risk of suicide than their non-Veteran peers. In 2021, 223 Washington Veterans died by suicide which is 18% of the total number of Washington State suicide death. An identified risk factor for death by suicide is previous non-fatal suicidal behavior. However, Veterans were less likely to have a history of a suicide attempt (<10%) than their civilian peers (18%) at the time of their death. Figure 1.0 below shows the Veterans of all Washington State suicides by age group across the last 6 years.²

Figure 1.0 Veteran Suicides in Washington State 2016 - 2021 by age



Although there is no singular path to suicide, there are some common preceding events that occur among those who have died by suicide. In 2020, A higher proportion of Veterans reported suffering a physical health problem prior to their death by suicide than their civilian peers (26% vs 16%). Both Veterans (20%) and civilians (28%) used alcohol in the hours preceding the incident. Table 1.0 shows some known preceding crisis/events prior to a Veterans death by age group from 2016 – 2020.²

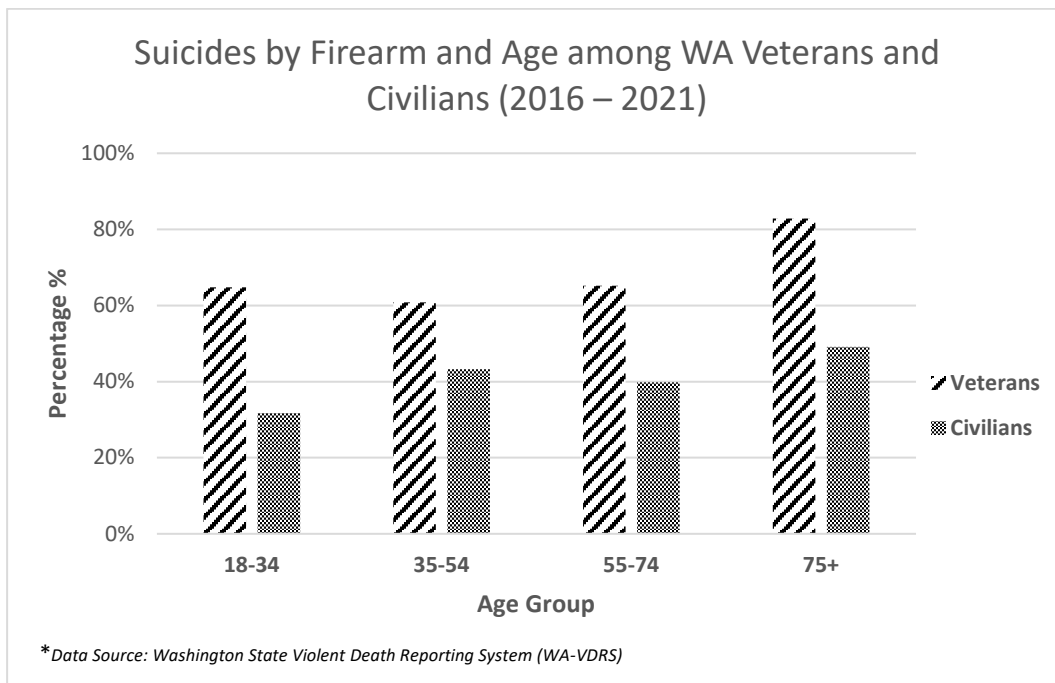
Table 1.0: Known circumstances preceding suicide by age group among Veterans (combined years 2016 – 2020)

Known Preceding crisis/event	18-34	35-54	55-74	75+	All Ages
Physical health problem	<10%	17%	38%	57%	33%
Mental Health Problem	34%	47%	42%	29%	38%
Job or financial problem	15%	24%	12%	<10%	13%
Intimate Partner Problem (current or former intimate partner)	43%	35%	15%	<10%	22%
Intimate partner problem crisis (occurred in the previous 2 weeks of death)	27%	21%	<10%	<10%	13%
Alcohol use in the hours preceding the incident	29%	27%	13%	4%	16%
History of ever being treated for a mental health or substance abuse problem	22%	29%	28%	10%	22%

Currently in treatment for a mental health problem or substance abuse problem	10%	21%	21%	<10%	16%
*Data Source: Washington State Violent Death Reporting System (WA-VDRS)					

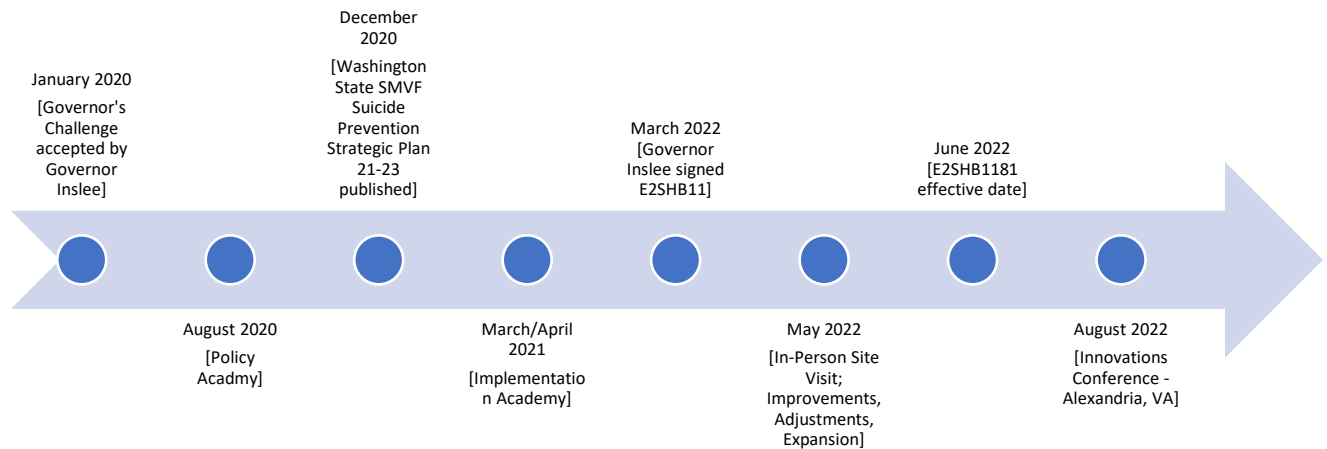
A higher proportion of Veterans used a firearm to end their life (70%) than their civilian peers (46%)². Methods vary by age among Veterans and civilians. from 2016 – 2021. Figure 1.1 shows the comparison of methods among age groups for Veterans and civilians in Washington State

Figure 1.1 Suicides by firearms and age among Washington Veterans and civilians (combined years 2016 - 2021)



Timeline

In the last 3 years, the Governor’s Challenge Team has received continuous technical support from the Federal Department of Veterans Affairs and Substance Abuse Mental Health Services Administration Service Member Technical Assistance Center (SMVF TA Center) through various academies, site visits, and conferences. The Governor’s Challenge Team will continue to participate in various activities in the future to strengthen the ongoing work and assist other states with the implementation of best practices. Below is a timeline outlining major Governor’s Challenge events since January 2020.



Plan Summary

The following is a summary of the plan outlined in the [Washington State SMVF Suicide Prevention Strategic Plan 2021-2023](#).

I. Identify Service Members, Veterans, and Families and Screen for Suicide Risk

The identification of SMVF in the community can prove to be difficult for a variety of reasons such as: stigma, moral injury, institutional and social definitions, and negative experiences. However, identifying a member of the Military and Veteran community may improve screening effectiveness, quality of care, care transition, and appropriate resource referral. The objectives in Priority Area One focus on educating community providers and those who regularly interact with SMVF about how and why to identify SMVF in the community and how to provide tailored care to these individuals once they are identified.

Goal 1: Healthcare providers and other community partners are informed on how to appropriately identify SMVF and provided support with an understanding of military culture and promising practices.

Objective 1.1: Promote and conduct cultural competency trainings for healthcare providers outside the VA and community partners who interact with SMVF.

Objective 1.2: Promote and conduct moral injury training for healthcare providers outside the VA who interact with SMVF.

Goal 2: Community healthcare providers are informed on how to appropriately screen SMVF for suicide risk.

Objective 2.1: Promote and encourage implementation of consistent suicide screening and referral process for SMVF by community providers.

Objective 2.2: Promote VA "Never Worry Alone" (also known as: Suicide Risk Management Consultation) program for community providers.

Objective 2.3: Launch "Ask the Question" campaign.

Goal 3: Create and promote an environment that allows SMVF to feel comfortable, confident, and safe to seek assistance regarding suicidal ideation, behavioral health, growth, and wellness.

Objective 3.1: Create National Guard targeted media campaign to promote help seeking behavior and available community resources.

Objective 3.2: WDVA will collaborate with various Tribal subject matter experts to create and offer training and education on involvement with Tribal Veterans experiencing mental health crisis to law enforcement and first responders.

II. Promote Connectedness and Improve Care Transitions

Transition from military service to civilian life can be a very stressful time for Service Members and military families. Veterans who are within their first year of transition are at an increased risk of suicide.³ Upstream prevention, to include peer support and connection, focuses on encountering SMVF prior to crisis and providing them with the appropriate resources to evade suicidal ideation and behavior. The following objectives in this priority area focus on connecting SMVF to resources and communities prior to crisis.

Goal 4: Promote cultural competency trainings for direct service providers and frontline staff.

Objective 4.1: Organize training opportunities on cultural competency allowing providers to received training outlined in priority area 1.

Goal 5: Increase SMVF access to community resources and enrollments with VHA and VBA.

Objective 5.1: Explore programs to improve Service Member transition to Veteran status.

Objective 5.2: Strengthen and expand peer support programming to provide outreach and connection to local resources for Service Members at critical periods of transition in collaboration with the VA health system.

Objective 5.3: Increase the number of eligible Veteran Service Officers (VSOs), in each county, to process claims.

Goal 6: Sufficiently fund programs for community and non-profit programs that serve Veterans.

Objective 6.1: Identify funding availability and ensure agencies are aware of funding opportunities

III. Increase Lethal Means Safety and Safety Planning

Lethal Means is the method used by someone who dies by suicide. Examples of lethal means are

firearms, poison, and medication. The most common lethal means among Washington State Veterans is a firearm, with 70% of Veterans using a firearm to take their own life.² Washington State is dedicated to lethal means safety by educating and providing safe storage devices to decrease suicide. This priority area focuses on educating SMVF and providers who serve SMVF about lethal means safety, safety planning, and resources to encourage safe storage practices.

Goal 7: Increase public and policymaker awareness about suicide and firearm fatalities among SMVF and men in the middle years (35 – 64), with messaging that does not alienate those who are at the most risk.

Objective 7.1: Educate local, state, and federal policymakers about firearm fatalities and any policy needs stemming from the Governor's Challenge.

Goal 8: Educate SMVF about firearm safety inclusive of lethal means safety.

Objective 8.1: Continue and expand dissemination of a free online course on firearms and lethal means safety that is already required under Washington's I-1639.

Objective 8.2: Disseminate a toolkit to federal firearms licensees (FFLs) about their role in suicide prevention and public education about lethal means safety.

Objective 8.3: Build into transition planning an opportunity to educate about lethal means safety as part of the SMVF transition program.

Objective 8.4: Continue to offer the SAFER structured conversations in community-based settings frequented by Veterans and in collaboration with the VSOs.

Objective 8.5: Expand LEARN SAVES LIVES across Washington State for SMVF and those who come in contact with SMVF.

Goal 9: Improve the current Safety Planning Intervention (SPI) training among VA and community healthcare providers serving SMVF.

Objective 9.1: Develop and disseminate a course on firearms cultural competency and its impact on lethal means counseling to assist providers serving Veterans in having informed conversation about how means matter in the prevention of suicide.

Objective 9.2: Develop a training on SPI for use with Tricare providers.

Implementation

Activities and Results

Goal 1 – Healthcare providers and other community partners are informed on how to appropriately identify SMVF and provided support with an understanding of military culture and promising practices.

Objective 1.1: Promote and conduct military cultural competency trainings for healthcare providers outside of the VA and community partners who interact with SMVF

It is vital for the Military and Veteran community to receive culturally competent care. Veterans make up over 7% of the Washington State population. Not all Service Members, Veterans, and military families exclusively receive care at military treatment centers or VA hospitals. Therefore, identification of this population in community care settings is necessary. To bring light to the importance of identification and culturally competency, the Governor’s Challenge group adopted the “Veteran Ready Certificate” program, designed by Psych Armor. Psych Armor is a non-profit public benefit corporation providing education and support to individuals and organizations that work with, live with, and care for American Service Members, Veterans, and their families. The Veteran Ready Certification Program delivers programming for providers and healthcare organizations to increase military cultural awareness through a custom, online learning portal. For an agency or provider to obtain a “Veteran Ready Certificate” they must complete 7 courses. A main selection of 8 courses is offered initially but additional courses are available at no cost for providers to explore. This allows for flexibility in the courses they choose given their unique interactions with Military or Veteran affiliated patients. With funds from Washington State Department of Health, 300 learning seats were purchased to be offered to community providers. Table 1.1 displays how funds were used to purchase cultural competency training. Table 1.2 displays the courses that are offered. This program runs for 1 full year (June 30, 2023) and the certificate is valid for 2 years.

Table 1.1: Cultural Competency Spending Report (FY21)

Item	Cost
Veteran Ready Healthcare Provider Certificate Pathway	\$15,000 (\$50 per user, 300 users)
Live Speaking Event	\$5,000
Total	\$20,000

Table 1.2: Main Cultural Competency Courses Offered

Course	Duration
15 Things Veterans Want You to Know for Healthcare Providers	30 minutes
S.A.V.E.	30 minutes
VA S.A.V.E. Preventing Caregiver Suicide	30 minutes
Firearms & Suicide in the Military-Connected Community: 5 Things Medical Professionals Need to Know	30 minutes
Suicide in Military Members & Veterans	60 minutes
Columbia Scale for Healthcare Providers	12 minutes
Postvention: Healing After Suicide	14 minutes
Crisis Response Plan for Healthcare Providers – Introduction and Assessment	12 minutes

Table 1.3: Additional Courses Offered (not an exhaustive list)

Course	Duration
Barriers to Treatment	14 minutes
Brain Health & Wellness Learning Series – Bolstering Resilience	30 minutes
Connecting with the VA	32 minutes
Finding Stability After Suicide Loss	13 minutes
Grief and Trauma	14 minutes
Inner Conflict and Survivor’s Guilt	60 minutes
Substance Use Disorder in Military and Veteran Populations	30 minutes
Supporting Student Veterans in Reasonable Academic Accommodations	30 minutes
What is the Crisis Response Plan: An Introductory Course for People Who Support Veterans	9 minutes
Women Who Serve	8 minutes
Crisis Response Plan for Healthcare Providers – Intervention	13 minutes
Myths and Facts About Wounded Warriors	13 minutes

Objective 1.2: Promote and conduct moral injury training for healthcare providers outside the VA who interact with SMVF

Unfortunately, there is a stereotype that all Veterans suffer from Post-Traumatic Stress Disorder (PTSD). Yet, only about 30% of Operation Iraqi Freedom/Operation Enduring Freedom Veterans are diagnosed with PTSD. Service members and Veterans can suffer from a variety of mental health disorders. Moral injury, a less known mental health crisis, is when a person performs or witnesses behaviors opposing their individual values or moral beliefs. Identification and understanding of moral injury are crucial because a misdiagnosis can lead to improper and uninformed treatment. As part of the Psych Armor “Veteran Ready Certificate” moral injury courses are offered to educate providers about the difference between moral injury and PTSD for more informed and competent care.

Goal 2 – Community healthcare providers are informed on how to appropriately screen SMVF for suicide risk.

Objective 2.1: Promote and encourage implementation of consistent suicide screening and referral process by SMVF by community providers

Routine and consistent suicide risk screening in at-risk populations, such as the military and Veteran community, is an essential component of suicide prevention. Service Members, Veterans, and their families do not exclusively seek care at military treatment centers or VA facilities. Many members of the military and Veteran community see civilian providers. Consistent screening within the community can uncover gaps and provide education about best practices for identifying and screening Service Members, Veterans, and their families which improves quality of care for those seeking healthcare in the community. The WDVA Suicide Prevention Team contacted Washington State healthcare providers via email to ask them to complete a 10-minute survey. The survey assessed cultural competency, screening practices, and consultation practices when a patient was identified as high risk for suicidal behavior. Following the survey, providers were given information about a suicide risk consultation program that provides assessment and treatment tools for at-risk Veterans. Table 2.1 shows the results of this survey.

Table 2.1: Suicide Risk Management Provider Survey – Screening Assessment

Item	Total	Yes	Percent
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Participant survey completion rate	19,388	61	0.31%
Providers that inquire about previous military service	61	51	83.61%
Providers that inquire if they are family of an SM/V	61	30	49.18%
Providers that inquire what relation they have to SM/V	30	26	86.67%
Screening tools used to evaluate suicide risk			
No Screen		1	1.82%
Ask Suicide-Screening Questions (ASQ)		12	21.82%
Columbia-Suicide Severity Rating Scale (C-SSRS)		40	72.73%
Patient Health Questionnaire-9 (PHQ-9)		21	38.18%
“I ask specific questions”		17	30.91%
Other		3	5.45%
Total	55		

Objective 2.2: Promote VA “Never Worry Alone” program for community providers

Providers who work within the VA system may be aware of and have access to many military and Veteran specific tools and resources. Community providers may not have the same access which creates a barrier to providing culturally competent and quality care for members of the military and Veteran community. The Suicide Risk Management Consultation Program (SRMP), hosted by VA’s Veteran Integrated Service Network’s (Region 19) Mental Illness Research Education Clinical Center of Excellence (MIRECC), is available to any provider, including non-VA affiliated providers, to receive expert consultation for Veteran patients who are at risk of suicide. To assess the knowledge of this program in the community as well as promote the use of this program the previously mentioned survey, Suicide Risk Management Provider Survey, was conducted. In addition to cultural competency and screening questions, the survey also included questions about the knowledge and use of the Suicide Risk Management Consultation Program. Following the survey, providers were supplied with information about the consultation program, including eligibility and how to request consultation. Table 2.2 shows the results of the survey regarding the knowledge and use of this program.

Table 2.2: Suicide Risk Management Provider Survey – SRMCP Knowledge Assessment

Item	Total	Yes	Percent
Degree of military cultural understanding (self-report)			
None		0	0.00%
Minimal		7	13.21%
Some		6	11.32%
Moderate		13	24.53%
Significant		24	45.28%
Complete		3	5.66%
Total	53		
Providers that consult with others when faced with a suicidal client	52	49	94.23%
Providers that have prior knowledge of the SRMCP	52	14	26.92%
Providers that have sought consultation from SRMCP in the past	14	1	7.14%
Providers that indicated use of SRMCP to assist at-risk client	1	1	100.00%

Objective 2.3: Launch "Ask the Question" Campaign

The first step to providing culturally competent care is to "ask the question" to confirm Veteran status and affiliation. The question is "Have you ever served in the Armed Forces?". Self-identity with the word or title of Veteran can be complicated as various definitions exist. However, deployment status, occupation within the armed forces, and time in services does not impact suicide risk. Therefore, many organizations and agencies serving Veterans classify a Veteran as anyone who has ever served in the armed forces. Clear and concise language concerning Veteran status avoids any confusion about the definition of "Veteran". Many other states across the country have focused on identifying Veterans in medical facilities. It is important that staff confirm the Veteran status of a patient experiencing a mental health crisis. Once a patient's Veteran status is confirmed, they can be provided resources specific to the Military and Veteran community. This includes follow-up communication with the local VA medical center for further evaluation and support. To close gaps of identification in care transition, the target population for this campaign was first responders. First responders, including law enforcement and emergency medical services, routinely encounter individuals experiencing a mental health crisis in the community. It is important for these professionals have education and resources for safe and effective communication and quality care transition. If the patient is identified as a Veteran in the field, the first responder can relay that information to the emergency department staff to increase the chances of high culturally informed care.

The first approach involved law enforcement education and awareness. "Ask the Question" curriculum inclusive of Military and Veteran cultural awareness, was included in the annual crisis intervention training for 2022 provided by the Criminal Justice Training Center. All peace officers (a total of 10,987), including some federally recognized tribes, are required to complete this training each year.

The second approach is targeted at emergency medical services. WDVA is working closely with Department of Health, Emergency Medical Services to conduct a data assessment of field interactions with Veterans. The goal of this data assessment is to improve current suicide prevention programming with solid data, decrease the risk factors by providing appropriate resources, and promote protective factors by identifying ways to communication and connect with the Military and Veteran community and ultimately greatly reduce the risk of suicide within the community.

Goal 3 – Create and promote an environment that allows SMVF to feel comfortable, confident, and safe to seek assistance regarding suicidal ideation, behavioral health, growth, and wellness.

Objective 3.1: Create National Guard targeted media campaign to promote help seeking behavior and available community resources

Service Members in Washington State may be geographically dispersed and not necessarily on Active Duty which can lead to unique stressors including barriers to community connection, support, and resources. Many Service Members have concerns about job security when experiencing a mental health crisis and may not feel comfortable accessing resources available to them. The Washington Army National Guard created a social media campaign to highlight training and resources as well as dispel myths about seeking help for a mental health crisis. Table 3.1 displays details of this social media campaign and associated trainings.

Table 3.1: Washington State National Guard Social Media Campaign Activities

Item	Date	Quantity
Podcasts – Raven Conversations		6
Mental Health Awareness Month	May 2022	
Holistic Health and Fitness	May 2022	
Master Resiliency Trainer Course	Apr 2022	
Aaron McCarthy Story and His Battle with Suicide	Sept 2021	
Pride in Service	June 2021	
Mental Health Awareness	May 2021	
YouTube Video		1
Suicide Awareness and Prevention – Erin McMicheal	Sept 2021	
Newsletters – Resiliency Skill		8
Resiliency Courses		
Master Resilience Training Level 1 (MRT)		2
Resilience Training Assistance Course (RTA-C)		2
MRT Refresher Training Level 1		1
Deployment Cycle Resilience Training (T4T)		2

Goal 4: Promote cultural competency for direct service providers and frontline staff

Objective 4.1: Organize training opportunities on cultural competency allowing providers to receive training outlined in priority area 1

Many Service Members, Veterans, and their families access care in community care settings. Providence Medical Group was identified as one of the largest medical provider organizations in Washington State and serves many members of the Military and Veteran community. Providence is a national, not-for-profit Catholic health system with 52 hospitals, over 1,000 physician clinics, senior services, supportive housing, and other health and educational services. The medical group extends beyond Washington with clinics and hospitals in Alaska, California, Montana, Oregon, and Texas. Providence recognizes that they serve the Military and Veteran community and could benefit from cultural competency training to improve the quality-of-care Service Members, Veterans, and their families receive. Providers gained access to the Psych Armor courses in June 2021. Providers taking these courses include mental health providers, support staff, and emergency department staff. In addition to the main courses offered, providers also took courses such as “Brain Health and Wellness Learning Series” and “What is a Crisis Response Plan”. Table 4.1 and 4.2 show the current participation and completion progress.

Table 4.1: Veteran Ready Certificate Participation and Completion Progress – Providence

Item	Count	Goal	Percentage
Total Students	69	300	23%
Complete	20	69	29%
Courses Completed*	144		

*Because this includes additional (not required) courses providers opted into on their own, a goal and percentage cannot be calculated
 - Data as of 10/27/22

Table 4.2: Veteran Ready Certificate Program Course Completion Details

Course	Completion Rate (%)
15 Things Veterans Want You to Know for Healthcare Providers*	27%
S.A.V.E.*	19%
VA S.A.V.E. Preventing Caregiver Suicide	20%
Firearms & Suicide in the Military-Connected Community: 5 Things Medical Professionals Need to Know	22%
Suicide in Military Members & Veterans*	16%
Columbia Scale for Healthcare Providers*	15%
Postvention: Healing After Suicide*	5%
Crisis Response Plan for Healthcare Providers – Introduction and Assessment*	17%

- Percentage is based on all providers (n=69)

- Data as of 10/27/22

*Provides CEUs

Goal 5: Increase SMVF access to community resources and enrollment with VHA and VBA

Objective 5.1: Explore programs to improve Service Member transition to Veteran status

The ETS Sponsorship Program was identified as a favorable transition assistance program for service members and families. Recent research shows the effectiveness of peer support models for suicide prevention.⁴ Transitioning Service Members are at an increased risk for suicide during the first year of their transition from active service to civilian life.³ This program aims to address gaps in mentorship and resource knowledge and access by providing sponsors to transitioning Service Members in their last year of service as well as an electronic dashboard for case management. These volunteer sponsors, who are members of the military and Veteran community themselves, guide the Service members as they transition into their civilian life, until they graduate the program. In 2020, two non-profit organizations entered an agreement with ETS Sponsorship to be Community Integrated Coordinators (CICs) embedded in the community: Nine9Line Veteran Services (Pierce County) and Lacey Veterans Hub (Thurston County). The role of these CICs is to solicit mentor participation and Service Member utilization of the program. They are also tasked with connecting transitioning Service Members in the local area to ETS Sponsorship Sponsors. Currently these CICs as well as the Governor’s Challenge team is attempting to create relationships with local military bases in efforts to enroll more transitioning Service Members and solicit sponsors to participate in the program. According to the ETS-SP Monthly Insights for Washington State published in May 2022, over 40% of the transitioning Service Members participating in the program reported they were not currently registered in VHA care. Service Members also reported being exposed to burn pits (42.9%) and a diagnosis or history of treatment for traumatic brain injury (28.6%). Less than 40% of Service Members reported that they had employment lined up prior to their transition. Table 5.1 displays program participation details by fiscal year.

Table 5.1: ETS Sponsorship Participation by Fiscal Year

Item	FY 21	FY 22	FY23	Total
Sponsors	11	49	13	73
Service Members	11	8	6	25

-Data as of September 2022

Objective 5.2: Strengthen and expand peer support programming to provide outreach and connection to local resources for Service Members at critical periods of transition in collaboration with the VA health system

3. Sokol, Y., Gromatsky, M., Edwards, E. R., Greene, A. L., Geraci, J. C., Harris, R. E., & Goodman, M. (2021). The deadly gap: Understanding suicide among veterans transitioning out of the military. *Psychiatry research*, 300, 113875. <https://doi.org/10.1016/j.psychres.2021.113875>

4. Bowersox, N. W., Jagusch, J., Garlick, J., Chen, J. I., & Pfeiffer, P. N. (2021). Peer-based interventions targeting suicide prevention: A scoping review. *American journal of community psychology*, 68(1-2), 232–248. <https://doi.org/10.1002/ajcp.12510>

Peer to peer models of prevention have proven to be effective for suicide prevention by providing community connection and purpose in service. The WDVA and VA aimed to expand peer support and community involvement by providing regionally located staff in the communities across Washington State. The VA has hired 2 Community Engagement Partnership Coordinators to work with various workgroups to provide localized support to current efforts ongoing in Washington State to reduce suicide among SMVF. These CEPCs are located at VA medical facilities in Tacoma and Seattle. Additional CEPCs are being added in Spokane and Walla Walla. In 2021 and 2022 WDVA hired a total of four Regional Suicide Prevention Peer Specialists. These Peer Specialists are in: Southwest Washington, Northwest Washington, Central Washington, and Eastern Washington. They work with a variety of organizations including other peer to peer programs to connect with Veterans and provide education across Washington State.

The WDVA Peer Specialists were hired in November 2021, January 2022, and August 2022. Peer Specialists are Certified Peer Counselors registered with the Health Care Authority’s Certified Peer Counseling Program. Table 5.2, 5.3, 5.4 shows the details of activities and services the WDVA Suicide Prevention Peer Specialists have provided.

Table 5.2: WDVA Suicide Prevention Peer Specialists Performance Report – Education & Training (FY22)

Activity	# Trainings	# Participants
Community Workshops		
Suicide Prevention	4	46
Veteran Cultural Engagement	2	18
Total	6	64

Table 5.3: WDVA Suicide Prevention Peer Specialists Performance Report – Outreach (FY22)

Activity	Total
Community Outreach Events	
Region 1	12
Region 2	6
Region 3	7
Region 4	3
Total	28

Region 1 – Grays Harbor, Mason, Thurston, Pierce, Pacific, Lewis, Wahkiakum, Cowlitz, Clark, Skamania

Region 2 – Clallam, Island, Jefferson, King, Kitsap, San Juan, Skagit, Snohomish, Whatcom

Region 3 – Okanogan, Chelan, Douglas, Kittitas, Grant, Yakima, Klickitat

Region 4 – Ferry, Stevens, Pend Oreille, Lincoln, Spokane, Adams, Whitman, Benton, Franklin, Walla Walla, Columbia, Garfield, Asotin

Table 5.3: WDVA Suicide Prevention Peer Specialists Performance Report – Resource Referral (FY22)

Activity	Count
Resource Referral	
Counseling referrals	6
Postvention resources	3
General Information	2
Other	3
Total	14

Objective 5.3: Increase the number of eligible Veteran Service Officers (VSOs), in each county, to process claims

It is essential that Veterans receive the benefits they deserve for their service. Access to quality care to address all the exposures unique to Veterans is an integral part of suicide prevention. WDVA networked with county leaders to increase claims approvals and enrollments into WDVA programs to support an upstream approach to reducing suicide. There was an overall claims submission increase from 2,537 claims (Q4 – FY21) to 2,798 (Q1 – FY22). The agency’s target is 2,500 claims per quarter. Approvals rating remains relatively stable from FY21 (83%) to FY22 (81%). WDVA continues the commitment to the county governments by providing: 1) VSO training, 2) VSO accreditation, 3) licensed access to VA disability claims software, 4) tracking and reporting outcomes, 5) representation of appeals for VA disability claims. Table 5.4 shows details about current Veteran Service Officers and participating organizations. Suicide prevention gatekeeper training is made available for these VSO’s on a monthly basis to ensure that they have the knowledge, skill, and ability to recognize a Veteran experiencing a mental health crisis and to connect them to additional support. This training is provided by VA Puget Sound’s Suicide Prevention Coordinators with the support of WDVA’s Veteran Training Support Center.

Table 5.4: Details of VSOs and participating organizations

Item	Count
Nonprofit Veteran Service Organizations	6
AATPSDA	
American Legion	
American Veterans (AMVETS)	
National Association for Black Veterans (NABVETS)	
Veterans of Foreign Wars (VFW)	
Vietnam Veterans of America (VVA)	
WDVA Veteran Service Officers	8
Olympia Service Center	
Transitional Housing Program	
King County (Contracted)	
Pierce County (Contracted)	
Washington Soldiers Home	
Washington Veterans Home	
Spokane Veterans Home	
Walla Walla Veterans Home	
Tribal Veteran Service Officers	7
Cowlitz	

	Makah	
	Nooksack	
	Suquamish	
	Snoqualmie	
	Tulalip	
	Yakama	
Counties without County Service Officers		12
	Grays Harbor	
	Mason	
	Thurston	
	Kitsap	
	San Juan	
	Cowlitz	
	Skamania	
	Yakima	
	Kittitas	
	Adams	
	Columbia	
	Garfield	
Counties with Shared County Service Officers		6
	Jefferson	
	Island	
	Ferry	
	Lincoln	
	Pend Oreille	
	Franklin	

Goal 6: Sufficiently fund programs for community and non-profit programs that serve Veterans

Objective 6.1: Identify funding availability and ensure agencies are aware of funding opportunities

The Governor’s Challenge Team identified a need to invest in existing community programs by creating and supporting a funding source for community organizations to access. Washington is home to many effective Veteran led wellness programs, many of them following peer models. The recent legislation, E2SHB1181, created a Military Member and Veteran Suicide Prevention Account with the Office of the State Treasurer. Revenue can be generated through donations and the purchase of the [988 Prevent Veteran Suicide License Plate Emblem](#).

Donations

WDVA worked closely with the State Treasurer’s Office and DOL to create a [donation form](#) to be distributed to the public. Per [RCW 43.60A.270](#), this form is also to be distributed to individuals at the time of a concealed pistol license application and/or renewal as well as any time an individual undergoes a background check for a firearm purchase. WDVA worked collaboratively with the Washington Association of Sheriffs and Police Chiefs (WASPC) to disseminate this information and the form. In October 2022, WASPC informed all police departments and sheriff’s offices of this new requirement and provided them with the donation form. WASPC was also able to post this information to their website where federal firearm licensees (FFLs) are instructed to access when reporting failed background checks for firearm purchases.

988 Prevent Veteran Suicide Emblem

WDVA worked collaboratively with the Washington State Department of Licensing and Department of Health to design the 988 Prevent Veteran Suicide License Plate Emblem. The emblem can be purchased by anyone who has a registered license plate with Washington State DOL. A total of \$10 will be deposited into the account for each purchase. Authorized spending from this fund includes:

- Expanding the Washington State Department of Veterans Affairs' Peer Corps Program;
- Providing programs, peer support, and services that assist Veterans and Military members in addressing mental health and wellness impacts of military service, trauma, moral injury, and transition to civilian life;
- The Suicide Prevention Community-Based Grant Program

The Suicide Prevention Community-Based Grant Program was also a result of E2SHB1181. Per [RCW 43.60A.260](#), this grant program was created to award community organizations with funds to support suicide prevention, peer support, and assistance to at-risk and transitioning Veterans, military members, and their families. The WDVA Suicide Prevention Grant Specialist is currently conducting a community assessment to determine the type of grant that is desired by the community. The account in which these grants will be paid from is in its infancy, therefore a formal assessment of available of funds will be done in January – March 2023. Based on that assessment WDVA will work with UW Forefront to develop an RFP to award the first grant(s) to the community.

Goal 7: Increase public and policy maker awareness about suicide and firearm fatalities among SMVF and men in their middle years, with messaging that does not alienate those who are at the most risk

Objective 7.1: Educate local, state, and federal policymakers about firearm fatalities an any policy needs stemming from the Governor's Challenge

The Governor's Challenge Team continues to work closely with University of Washington Forefront to provide collaborative education in various settings about firearm fatalities. The recommendations from the [Washington State SMVF Suicide Prevention Strategic Plan 2021-2023](#) resulting in legislation (E2SHB1181) is just the beginning of this work. The revival of the Suicide-Safer Homes Task Force creates an opportunity to continue to provide education for policymakers, providers, law enforcement, and the public.

Goal 8: Educate SMVF about firearm safety inclusive of lethal means safety

Objective 8.1: Continue to expand dissemination of a free on-line course on firearms and lethal means safety that is already required under Washington's I-1639

The Governor's Challenge Team identifies suicide prevention part of firearm safety. Under Washington State Initiative 1639, individuals purchasing a semi-automatic rifle must take a course covering suicide prevention and lethal means safety. Most firearms instructors are not equipped to provide this training. In partnership with the Safer Homes Task Force, a 90-minute firearms safety course was created to meet this legislative requirement. This training is available online for both the public and firearm retailers. UW Forefront has been providing these trainings for over 3 years. The instructors for this course hold a variety of professional certifications as firearms instructors and have extensive backgrounds in the armed forces and private-sector marksmanship training. In FY22, a total of four (4) trainings were held (1

per quarter) for firearm retailers. Currently the public training is on hold as the website undergoes a migration.

Additionally, in the latter part of FY22, there was interest in integrating suicide prevention training into the National Guard firearms safety course. Unfortunately, the collaboration between the ANG and Forefront for coordination of training could not be met due to schedule conflicts and needs of the ANG leadership. Even though collaboration was not met with Forefront, the training discussed was approved by ANG leadership and completed by the ANG Suicide Prevention Manager and trusted firearm experts. Training will continue until the end of December. The ANG has a deadline of December 31, 2022, to complete all suicide prevention training for the calendar year. During the training we included lethal means safe storage and time-based prevention efforts during all trainings, and we incorporated the use of Trusted firearm experts to discuss time-based prevention efforts as a suicide prevention effort to the TACP and Security Forces community. Table 8.1 shows the measurable outcomes from this training initiative.

Table 8.1: Air National Guard Lethal Means Training (CY22)

Personnel	Count
Air National Guard	485
TACP and Security Forces	106
Total	591

Objective 8.2: Disseminate a toolkit to federal firearms licensees (FFLs) about their role in suicide prevention and public education about lethal means safety

UW Forefront continues to provide a downloadable toolkit for all FFLs on the Safer Homes website. This toolkit includes education about lethal means as well as tools to help employees identify a customer who may be experiencing a suicidal crisis and connect them to appropriate resources. Information included in this toolkit also allows them to pass this knowledge on to their customers. The toolkit remains available on the website but a tracking mechanism for the use of these toolkits was not put in place. UW Forefront plans to incorporate a tracking mechanism with a website migration which is planned for the end of CY22.

Objective 8.4: Continue to offer the SAFER structured conversations in community-based settings frequented by Veterans and in collaboration with VSOs

SAFER is a brief primary suicide prevention intervention aimed at improving firearm storage behaviors among Veterans, regardless of whether there is a specific current risk of suicide in the household. SAFER stands for: S - signpost to recruit participants; A - assess participant’s current situation around firearms storage, knowledge, and attitudes about suicide; F - facts relevant to the participant’s context should be shared; E – expect emotion and validate it; R – recommend steps tailored to the individual’s circumstances to make their homes SAFER to prevent suicide. Participants are provided with a storage device based upon their answers (firearm locking device, firearm safe, medication lock box, medication disposal kit). In the past, this intervention took place only in person. Since 2020, the intervention has been modified to include a by-phone option. Participants learn about the intervention from a flyer, complete an online survey, and contacted by staff for the intervention by phone. However, in person

intervention is still in practice. In FY22, the SAFER program had 184 participants and distributed 307 locking devices.

Objective 8.5: Expand LEARN Saves Lives across Washington State for SMVF and those who come in contact with SMVF

LEARN Saves Lives is a suicide gatekeeper training which was customized to address specific risks among the Veteran community. These trainings are provided to the public and other state agencies across the state by WDVA Peer Corps, Suicide Prevention Peer Specialists, and Forefront staff. This training specifically focuses on lethal means safety and safe storage practices. In FY22, a total of LEARN trainings were conducted with 146 participants. Table 8.5 includes details about the audience of the trainings in FY22

Table 8.5: LEARN Saves Lives Training Audience (FY22)

Agency/Organization Type	Count
Department of Human Services	2
Employment Security Department	1
Vet Corps	2
Women Veterans Advisory Committee	1
General Public	3

Goal 9: Improve the current safety planning intervention (SPI) training among VA and community healthcare providers serving SMVF

Objective 9.1: Develop and disseminate a course on firearms cultural competency and its impact on lethal means counseling to assist providers serving Veterans in having informed conversations about how means matter in the prevention of suicide

The VA Puget Sound requested Safer Homes to develop a course on cultural competency for providers regarding patients who owned firearms to increase lethal means conversations that are non-judgmental and productive. Counseling around lethal means is a critical component of safety planning with patients. The training course has since been developed and provided statewide for all Washington providers. It has been offered as a free course for a limited time over the last year. As of November 2022, there have been 286 targeted intervention registrations and 63 completed trainings. This outcome is much higher than expected and the Governor’s Challenge Team plans to increase advertisement of this essential course.

Policy and Legislative Outcomes

A bill was introduced in 2021 as a response to the barriers identified in the [Washington State SMVF Suicide Prevention Strategic Plan 2021-2023](#). The bill was not passed and was reconsidered in the 2022 session where it passed and was signed by Governor Inslee in March of 2022. As of November 2022, a total of 10 of 12 tasks have been initiated. Below is detailed information about the current activities and progress of those tasks.

Community-Based Services Grant

E2HB1181 established a Community-Based Services Grant Program within the Suicide Prevention Program at the Washington State Department of Veterans Affairs. This community-based services grant

is funded by the Veteran and Military Member Suicide Prevention Account, which was opened October 1, 2022. In September 2022, WDVA hired a Suicide Prevention Grant Specialist to establish a process to receive, review, process, and award grants to organizations. As of November 2022, the grant process has been established and the grant specialist has met with University of Washington, Forefront Suicide Prevention team to discuss the evaluation and awarding process. Additionally, the grant specialist is currently conducting a community needs assessment to determine the true needs of the community with regards to peer support community programs. The account will be assessed in Q3 of fiscal year 2022 at which point, WDVA will use the results from the community assessment and the fiscal capacity to determine how a grant will be awarded.

Veteran and Military Member Suicide Prevention Account

As a result of the bill, the Veteran and Military Member Suicide Prevention Account was established and officially opened with the Office of the State Treasurer on October 1st, 2022. The funds from this account may be used to: 1) expand the department's peer corps program; 2) providing programs, peer support, and services that assist with Veterans and Military Members in addressing mental health and wellness impacts of military service, trauma, moral injury, and transition to civilian life; and the Community-Based Services Grant Program. Although donations can be done at any time, the bill specifically dictates that a donation form shall be provided to an individual while renewing or applying for a concealed pistol license or undergoing a background check for a firearm purchase. The WDVA collaborated with the Washington Association of Sheriffs and Police Chiefs to distribute a donation form to all law enforcement agencies and make the form available to federal firearm licensees in October 2022. The account received the first donation in October 2022. The account will be reviewed in Q3 of fiscal year 2022 to determine how it will be spent.

Military and Veteran Resource Database and Web-Based Application

The Washington State Department of Veterans Affairs is required to create and maintain a resource database that addresses the mental health, well-being, and suicide prevention of Veterans, Military Members, and their families. In consultation with the Suicide-Safer Homes Task Force, a web-based application is also to be created to share with state agencies and primary providers. The criteria were established by the Governor's Challenge Team in July 2022. As of November 2022, a request for proposals has been released to establish a contract for the creation of the resource database. A workgroup comprised of community members, many of them Veterans and their families, has been started to assist with the creation of this database. To bridge the gap between the shift to online spaces, the WDVA hired a Rural Suicide Prevention Peer Specialist to engage and advocate for rural populations in the suicide prevention work. The database will be accessible by July 1st, 2023.

Educational Materials for Providers

As of July 1st, 2023 all Washington State providers will be strongly encouraged to inquire about a patient's Veteran status. The Washington State Department of Veterans Affairs and Department of Health are to create educational materials for providers to give a Veteran patient to include 988 information and Veteran resources. As of November 2022, this project has been initiated between the Department of Health and the Washington State Department of Veterans Affairs. Educational materials will include Veteran/Military specific 988 information, lethal means education, WDVA program information, as well as educational resources for providers specific to Veterans experiencing a suicidal crisis.

Suicide-Safer Homes Task Force

The Suicide-Safer Homes Task Force was established to raise public health awareness and increase suicide prevention education among new partners who are in key positions to help reduce suicide. This task force was revived with E2SHB1181 after it was disbanded in 2021. The task force was staffed in June 2022 and held the first meeting July 2022. As of November 2022, the task force has held two quarterly meetings. The task force has completed 3 of 10 deliverables and initiated 3 of 10 deliverables so far. The task force plans to meet for the third quarterly meeting in January 2023. The task force is submitting a report the legislature no later than December 2022.

Prevent Veteran Suicide Emblem

As per E2SHB1181, Department of Licensing was tasked to create a Prevent Veteran Suicide Emblem with consultation from the Washington State Department of Veterans Affairs. A total of \$10 from each purchase will be deposited into the Veteran and Military Member Suicide Prevention Account. The emblem is available for purchase for anyone who has a registered license plate in Washington State and can be displayed between the bolt holes. The emblem design was created with consultation from the Washington State Department of Licensing and Department of Health in October 2022. The emblem became available to purchase in November 2022.

Lessons Learned and Recommendations

Over the past three years, many changes have occurred that have enhanced but also delayed the implementation of the various objectives/activities outlined in the statewide plan. This report not only serves as representation of progress, but an evaluation of barriers and recommendations or plans for improvement.

Priority Area 1: Identify SMVF and Screen for Suicide Risk

Commitment to educated and culturally competent healthcare providers remains a priority. The implementation of the objectives outlined in goal 1 provided an understanding of current practices of community providers in Washington State and their familiarity with Veteran and military culture. Specifically with the Suicide Risk Management Consultation Program, the group identified barriers with accessing providers for assessment and to ultimately provide education about this resource. Section 6 of E2HB1181 will provide a pathway to getting the education and resources to providers across the state. Additionally, the group is reevaluating the survey and collection method to find more innovative and convenient ways to obtain data regarding screening methods and provider knowledge. The group also plans to continue to engage with the Department of Health – EMS Department to improve data collection, quality care transition in emergency settings, and an understanding of non-fatal mental health concerns Veterans are facing.

Priority Area 2: Promote Connectedness and Improve Care Transition

Peer programming and improving care transitions are needed more now than ever. E2SBH1181 provides support for peer systems with the Community-Based Grant Program which will prioritize peer models of suicide prevention. The Psych Armor training being provided to healthcare providers across the state has been a valuable resource. The group plans to extend this resource to more providers outside the Providence Medical Group to bring awareness to the need for cultural competence in healthcare.

The ETS-Sponsorship program is a promising program but faces many barriers in Washington State. The ETS Sponsorship program pilot has been running in Washington for 1 year. There is an opportunity to

expand rapidly, greatly increasing the enrollment and support to service members headed to Washington as Veterans. In areas where ETS-Sponsorship is conducting active enrollment on the military installation, such as at Fort Hood, Texas, the program averages upwards of 450 new Service Members and families joining the program each month. Connecting transitioning service members to health care, local services, and transition support is significantly impacting the number of positive transition experiences. A similar approach could be executed at Joint Base Lewis-McChord. Additionally, a more robust roll-out of the ETS-Sponsorship program in Washington State could provide a better understanding of inbound Service Members that have not requested a sponsor but consented to sharing information with the State in advance. The limiting factor preventing that expansion is a shortage of community affiliates to receive and support these new Veterans, largely as a result of the minimal funding required (\$1 per Service Member, per day) to administer the program. To date, the pilot program has been funded entirely by the ETS Sponsorship program at no cost to the state or community. Securing a well-funded program could improve data collection and transition for incoming Veterans.

Priority Area 3: Increase Lethal Means Safety and Safety Planning

Lethal means safety remains an increasingly important issue in suicide prevention. With firearms being the most common method in suicide fatalities among Veterans in Washington State and Nationwide, lethal means education and safety is essential. Various issues created barriers to activities and tracking outcome measurements such as: 1) technology, advertising, and lack of tracking tools. UW Forefront is currently working with a 3rd party contractor to complete a full website migration. This migration will improve access and the quality of the firearms and lethal means safety trainings provided on the Safer Homes website. The migration should be complete by the end of CY22. Data collection among priority area 3 has room to improve. The Governor's Challenge plans to better define outcome measurements and incorporate a tracking tool into the website to track downloads, clicks, and access. Another barrier to success in priority area 3 is similar to difficulties experienced in other priority areas which is the ability to engage in public outreach. Part of discussing lethal means safety and providing education is obtained through organic conversation in Veteran spaces. From 2020 to 2022, meeting in Veteran spaces has been limited. The Governor's Challenge Team hopes an adjusted model (online or phone interaction) as well as the ability to provide more in person outreach will increase the reach to the target population. Lastly, the Governor's Challenge Team plans to increase advertising for the Safer Homes programs available.

Summary

From 2016 – 2021, a total of 7,370 people in Washington have died by suicide, 1427 of them Veterans. Veterans are at an increased risk of suicide. Education and programming specific to the Military and Veteran population is essential to combating suicide in the community. The Governor's Challenge Team continues to be committed to reducing Veteran suicide by 20% by 2025 with the development, promotion, and support of these programs and education. Over the last 3 years, the Governor's Challenge Team has been busy implementing the [Washington State SMVF Suicide Prevention Strategic Plan 2021-2023](#). Along the way, there were challenges and barriers such as technology, outreach restriction, metric inefficiencies, and funding. However, a total of 14 of the 17 objectives have been completed. The Governor's Challenge team will continue to use the support from the legislature and the SMVF TA Center to improve current education and programming and add new tasks where it is appropriate.

Appendix A: Key Terms

SMVF – Service Member, Veteran, and/or Family Member

Veteran – anyone who has ever served in the Armed forces

Service Member – a military member, whether active duty, reserve, or National Guard

Military Family – a family member of a service member who may be impacted by military culture

Suicidal Behavior – talking about or taking actions related to ending one's own life

Non-fatal Suicidal Behavior – suicidal ideation and behaviors directed towards intentionally ending one's own life but which does not result in death (deliberate self-harm)

Crisis – Utilization data collection was not established for specific Governor's Challenge activities which hindered outcome measurement

Lethal Means – objects that can be used to engage in suicidal self-directed violence

FFL – Federal Firearm License (aka licensed firearm dealer)

Appendix B: References

1. U.S. Department of Veterans Affairs. 2022 National Veteran Suicide Prevention Annual Report, 2022.
2. Washington State Department of Health, Center for Health Statistics, Washington State Violent Death Reporting System (WA-VDRS)
3. Sokol, Y., Gromatsky, M., Edwards, E. R., Greene, A. L., Geraci, J. C., Harris, R. E., & Goodman, M. (2021). The deadly gap: Understanding suicide among veterans transitioning out of the military. *Psychiatry research*, 300, 113875. <https://doi.org/10.1016/j.psychres.2021.113875>

Appendix C: Additional Resources

- ETS Sponsorship Program - <https://etsponsorship.com/>
- National Strategy for Preventing Suicide 2018 – 2028 - https://www.mentalhealth.va.gov/suicide_prevention/docs/Office-of-Mental-Health-and-Suicide-Prevention-National-Strategy-for-Preventing-Veterans-Suicide.pdf.
- RAND Suicide Prevention Toolkit - <https://www.rand.org/pubs/tools/TL111.html#:~:text=The%20RAND%20Suicide%20Prevention%20Program%20Evaluation%20Toolkit%20can,information%20to%20guide%20staff%20through%20the%20evaluation%20process.#:~:text=The%20RAND%20Suicide%20Prevention%20Program%20Evaluation%20Toolkit%20can,information%20to%20guide%20staff%20through%20the%20evaluation%20process>.
- Rocky Mountain MIRECC - <https://www.mirecc.va.gov/suicideprevention/index.asp>
- SAMHSA SMVF TA Center - <https://www.samhsa.gov/smvf-ta-center>
- Suicide Prevention Action Plan - <https://dva.wa.gov/veterans-their-families/counseling-and-wellness/suicide-prevention-and-support>
- Washington State Suicide Prevention Plan - <https://www.doh.wa.gov/Portals/1/Documents/Pubs/631-058-SuicidePrevPlan.pdf>
- Washington State Department of Veterans Affairs Suicide Prevention Program - <https://www.dva.wa.gov/sp>
- University of Washington Forefront Suicide Prevention - <https://inthe forefront.org/>