



“Serving Those Who Served”

**Washington State’s Governor’s Challenge to Prevent Suicide
Among Service Members, Veterans, and their Families
*2025 Biennial Legislative Report***



December 2025





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Pacific Coast, Alaska, and Hawaii
INNOVATIONS CONFERENCE

<p>Washington Year Joined: 2020 Overview Our team is focused on identifying person centered supports SMVF need throughout military service transitions to promote connection, well-being, and safety. Contact Nicole Vreeland nicole.vreeland@dcv.wa.gov Learn More</p>	<p>Oregon Year Joined: 2023 Overview Our team has been focusing on identifying at-risk individuals, promoting military cultural awareness, and improving postvention support. Contact Sheronne Blasi sheronne.blasi@odva.oregon.gov Learn More</p>
<p>California Year Joined: 2022 Overview The California Veterans Health Initiative (CVHI) to Combat Suicide and Address Mental Health is an effort to establish a statewide approach to ending SMVF suicide. Contact Roberto Herrera roberto.herrera@calvet.ca.gov Learn More</p>	<p>Alaska Year Joined: 2022 Overview Our team is working to destigmatize lethal means safety and promote resources to more SMVF, particularly in our more rural communities. Contact Verdie Bowen verdie.bowen@alaska.gov Learn More</p>
<p>Hawaii Year Joined: 2022 Overview Our team has focused on building and enhancing the statewide suicide prevention structure with the support of traditional and non-traditional partners. Contact Rob Swanson rob.swanson.808@gmail.com Learn More</p>	

Executive Summary

Suicide remains a critical public health issue affecting Washington Service Members, Veterans, and their families (SMVF). Veterans and service members face elevated suicide risk because of distinct life experiences, cultural factors, and societal pressures. While they are a small percentage of the total population, they account for a disproportionately large number of suicide deaths.

Suicide among SMVF community is tragic, all too frequent, and more importantly-it is preventable. One death by suicide, is too much, and it is imperative for us to continue working towards the mission of serving those who served by helping to save and transform lives.

Your Washington State Department of Veterans Affairs (WDVA) remains committed to ending deaths by suicide among SMVF in our state by providing suicide prevention resources, education, and training to the community.

WDVA’s 2023-2026 Strategic Plan outlines our commitment to serving Washingtonians and the SMVF community by ensuring support is in place to promote health, wellness, and connection to earned benefits. Our objective focused on, **“Focus on health, growth, well-being, connectivity, and purpose, resulting in a 20% reduction in suicide among veterans by 2025”** aligning with the U.S. Department of Veterans Affairs’ 2018-2028 National Strategy for Preventing Veteran Suicideⁱ.

Our plan included working towards mitigating risk factors and enhancing protective factors, increasing the number of veterans and families engaging in WDVA Counseling and Wellness programs, maximizing resources for veterans, and increasing partnership with other government entities and community partners. These actions will help us move toward our goal of ending veteran deaths by suicide.

Our work is vitally important.

In 2024, 212* (as of November 3, 2025 per data provided by Washington State Department of Health) Veterans lost their lives to death by suicide in Washington State. Approximately 17% of all suicides in our state were Veterans, which is significantly higher than the national average of suicides among the general population, and of the 212 who passed, 74% were by means of firearms.ⁱⁱ

Background

At the national level, the Veterans Health Administration (VHA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) launched a joint initiative in 2019 to strengthen the coordinated implementation of suicide-prevention policies and practices for Service Members, Veterans, and their Families (SMVF).

This collaboration resulted in the establishment of the Governor’s and Mayor’s Challenges to Prevent Suicide Among SMVF. Today, all fifty states and five U.S. territories actively participate, each working to design and carry out statewide suicide-prevention strategies for SMVF populations using a comprehensive public health framework. SAMHSA’s SMVF Technical Assistance (TA) Center provides ongoing guidance and support for this national effort.

Washington State joined the Governor’s Challenge in 2020 under the direction of Governor Jay Inslee, with the Washington Department of Veterans Affairs (WDVA) designated as the lead agency. WDVA convened an interdisciplinary, cross-sector team including military, civilian, and community partners to develop and deploy statewide best practices for SMVF suicide prevention. This work continues with the support and renewed commitment of Governor Bob Ferguson in 2025.

The National Strategy for Preventing Veteran Suicide 2018–2028 serves as the foundational framework for Governor’s Challenge Teams nationwide. It provides structure for setting priorities, promoting wellness, increasing protective factors, reducing risk, and enhancing access to effective treatment and recovery supports.

Washington’s Governor’s Challenge Team organizes its efforts around three Priority Groups designed to prevent suicide among SMVF.

Priority Group 1: Identifying SMVF and Screening for Suicide Risk

Determining military service status during a crisis can be difficult; however, identifying whether an individual or their family member has served is essential to shaping effective responses and treatment pathways.

This priority focuses on equipping healthcare professionals, behavioral health providers, community members, and the public with training to recognize SMVF and initiate conversations using questions such as, *“Have you or a family member ever served in the military?”* followed by appropriate suicide-risk assessments.

Because many individuals experiencing suicidal ideation do not proactively seek help, early recognition by family, peers, educators, supervisors, and others is critical. These individuals are often best positioned to observe warning signs and facilitate timely access to care.

According to the U.S. Department of Veterans Affairs 2024 Annual Suicide Reportⁱⁱⁱ, suicide in 2022 was the fifteenth leading cause of death among recent Veteran VHA users and the eleventh among Veterans not engaged in VHA care. Between 2020 and 2022, suicide rates were highest among Veterans receiving Community Care, followed by those receiving direct VHA services, with the lowest rates among those not using VA-affiliated care. In 2021, over 9.2 million Veterans (about half of the total U.S. Veteran population) were enrolled in the Veterans Health Administration, with approximately 6.8 million obtaining healthcare services through the system.^{iv} These findings highlight the essential role of community organizations in identifying and supporting Veterans in crisis.

Priority Group 2: Promoting Connectedness and Improving Care Transitions

Strong connections with family, colleagues, community organizations, online communities, and civic institutions can significantly influence the well-being of individuals experiencing suicidal thoughts. Building and maintaining supportive networks can enhance hope, stability, and resilience.

This priority area emphasizes strengthening interpersonal and community ties, encouraging engagement among Veterans and community members, and fostering coordinated collaboration across local, state, and federal partners. The goal is clear: ensure that no Veteran becomes isolated from meaningful support.

Protective factors are central to suicide-prevention efforts. Trusted relationships, nonjudgmental support, and consistent social interaction reduce the likelihood of suicidal behavior. Community participation and involvement in structured activities reinforce a sense of belonging and purpose, offering both emotional support and a broader network capable of identifying early signs of distress.

The VA's 2024 report identified suicide as the twelfth leading cause of death among Veterans in 2022 and the second leading cause among Veterans under 45. That year, 6,407 Veterans died by suicide, a slight increase from 2021. Of these deaths, 271 involved female Veterans (a decrease from the prior year), and 6,136 involved male Veterans (an increase from 2021).

Nationally, 47,891 adults died by suicide in 2022, equating to an average of 131.2 deaths per day. Veterans accounted for an average of 17.6 of these daily deaths, including approximately seven per day among VHA users and about 10.5 per day among Veterans not receiving VHA care.

Priority Group 3: Increasing Lethal Means Safety and Safety Planning

Reducing access to lethal means is one of the most effective strategies for preventing suicide. Firearms present a particularly significant risk; suicide is the leading cause of firearm-related deaths nationwide and among Veterans in Washington State. Immediate access to a firearm substantially increases suicide risk.

This priority group focuses on promoting safe firearm storage, safe medication practices, lethal means safety education, and safety planning. Key strategies include delaying or restricting access to firearms and medications through lockboxes, gun safes, and separate storage of ammunition. These measures support individual rights while prioritizing the safety of SMVF and the broader community. Training also covers temporary firearm transfer options permitted under Revised Code of Washington (RCW) 9.41.113 when safety concerns exist.

Slowing or preventing access to lethal means during a crisis can allow critical time for suicidal impulses to subside or for individuals to seek help. Many suicidal crises are short in duration, often lasting less than ten minutes. Because individuals who survive a suicide attempt are significantly less likely to die by suicide later, lethal means safety is a crucial prevention strategy. Safety planning, conducted collaboratively between an individual at risk and a clinician, establishes coping strategies and sources of support.

Washington State Governor's Challenge Team:

The Washington State Governor's Challenge Team consists of more than 25 volunteers from state and federal agencies, nonprofit organizations, and private-sector partners committed to supporting SMVF. Priority group committees meet virtually each month, and the full team meets in person bi-annually. This work is supported by SAMHSA, the VHA, and WDVA's Suicide Prevention Team. The team collaborates to assess emerging needs, apply best practices, and integrate these strategies across WDVA programs and partner organizations.

In addition to advancing the initiatives in the statewide strategic plan, the team, in coordination with WDVA’s Suicide Prevention Program, continues to carry out responsibilities associated with Chapter 191, 2022 Laws (E2SHB 1181). Together they ensure statutory requirements are met to implement the state’s suicide prevention strategies for SMVF. The three priority areas Identification and Screening, Connectedness, and Lethal Means Safety are effective drivers of change and collectively strengthen suicide-prevention efforts for SMVF across Washington State.

Activities and Outcomes

Priority Group 1: Identifying SMVF and Screening for Suicide Risk

Priority Group 1 recognizes the critical role healthcare providers play in building trust with SMVF. Providers often interact with these individuals regularly and are uniquely positioned to observe behavioral health concerns, foster rapport, and help overcome the reluctance Veterans may experience when seeking assistance due to stigma or fear of negative perceptions.

Legislation enacted in 2022 supports this work. Under RCW 18.130.440, the Washington State Department of Health (DOH) was directed to collaborate with the WDVA to develop educational materials for selected licensed healthcare professions. These materials highlight the nationwide 988 Suicide and Crisis Lifeline, the Veterans Crisis Line, and, beginning July 1, 2023, additional SMVF-specific resources created under RCW 43.60A.280.

The DOH determined the applicable health professions and coordinated with each profession’s disciplining authority to ensure these materials are distributed electronically during license renewal cycles.

In addition, beginning July 1, 2023, healthcare providers are strongly encouraged to ask all new patients whether they are a service member, Veteran, or family member. When patients identify as a SMVF, providers are encouraged to share the educational materials and relevant resources.

A variety of healthcare professionals including nurses, physicians, counselors, and social workers can help connect SMVF to vital services simply by asking about military affiliation and conducting appropriate suicide-risk screening. Tools such as the Columbia Suicide Severity Rating Scale are accessible, easy to use, and enable any trained individual to assess risk and facilitate timely intervention and resource linkage.

To support this work, Priority Group 1 developed **WISR: Washington’s Identify SMVF, Screen for Suicide Risk, and Refer for Resources** initiative^v. WISR provides a

structured, upstream approach to help healthcare providers and community professionals identify military affiliation, assess suicide risk, and connect individuals to appropriate services.

Priority Group 1 created toolkits tailored to four audiences: *Healthcare Professionals, Community Members, Tribal Communities, and Youth-serving providers*. Each toolkit was reviewed and vetted by Priority Group 1 members. Additionally, an optional WISR Certification is available for individuals who wish to develop deeper competency in these areas.

To earn WISR Certification, participants must complete a set of self-paced or live training offered within a 12-month period. Required coursework covers military cultural competency, Veteran-specific suicide-prevention training, and suicide-risk screening practices. The certification is open to anyone, healthcare providers and non-providers alike, who wishes to support SMVF. All required trainings are available virtually at no cost and offer multiple options to meet the core learning objectives.

Two of the training courses offered as part of the WISR certification are provided to by WDVA’s Suicide Prevention Team. They are *“LEARN Suicide Prevention Training”* and *“Preventing Veteran Suicide by Combating Stigma: Building Awareness and Support.”*

Upon completion of all requirements, learners receive a Certificate of Completion confirming they are WISR Certified. This certification demonstrates the individual’s ability to identify SMVF, conduct suicide-risk screenings, and connect individuals to essential resources, particularly during times of crisis.

Since the launch of WISR in June 2025, multiple state agency partners and Veteran Employee Resource Groups (VERG) have helped promote WISR in their workplace to enhance inclusivity and ability to best serve our SMVF community and five individuals have been WISR Certified.



Priority Group 1 Members

[Washington State Department of Health Rural Health](#)

[Washington State Department of Health 988 Suicide & Crisis Lifeline](#)

[Washington State Department of Veteran Affairs](#)

[National Association of Social Workers - Washington Chapter](#)

[NineLine Veteran Services](#)

[VA Puget Sound Health Care System](#)

[Washington State Department of Health](#)

[Creating Pathways](#)

Makah Nation Tribals Veterans Service Officer

[WA Mental Health Counselors Association](#)

Priority Group 2: Promoting Connectedness and Improving Care Transitions

The second Priority Group of Washington State’s Governor’s Challenge focuses on strengthening connectedness and improving care transitions for SMVF. This work is centered on ensuring that no Veteran, Service Member, or family member goes without support. The effort includes fostering meaningful connections, promoting cross-sector collaboration, and evaluating care transitions to ensure continuity and effectiveness of services.

The goals are to increase awareness of the resources, services, and benefits available to SMVF, expand access to those supports, and improve their overall reach and utilization which can be beneficial to SMVF, especially service members, when transitioning from military to civilian life.

Priority Group 2 identified several areas of support to ensure connection to resources after military service, and connection to education and support prior to leaving military service. Transitioning Service Members within their first 12 months post-service are identified as a high-risk group for suicide as many face challenges such as financial stressors, unemployment, lack of connection and isolation, and limited access to adequate healthcare and support. ^{vi}This period has been identified as a vulnerable time for suicide risk underscoring the importance of interventions that reduce access to lethal means during moments of crisis.

Spouses and caregivers were identified as the strongest and most active advocates of service members. By focusing on military spouses, we may create better pathways for service members to connect to services such as health care, education, and other earned benefits. These protective factors support successful transitions and prevent hardship and crisis situations for SMVF as they separate from military service.

This Priority Group highlighted the need for Veteran Services Officers (VSOs), including increasing access among Native American Veterans, support for programs such as the Transition Assistance Program (TAP), and participation in outreach events and presentations whenever possible on military installations for transitioning service members and their families.

Collaborative partnerships to promote connectedness for our SMVF community include events with our members and partnerships such as:

- *NineLine Veterans Services' Veterans Resource Fair at the Tacoma Dome*
- *JBLM's "Fill the Ruck" Suicide Prevention Ruck March*
- *Washington National Guard's CSM Abbey Organization Day*
- *Puget Sound VA Health Care System Women Veterans Resource Fair*
- *Army's Soldier Recovery Unit Briefings*
- *Cohen Military Family Clinic Behavioral Health Forum and Coffee Connect*
- *Blue Star Families Veterans and First Responder Appreciation Event*
- *Seattle Seahawks' Task Force 12 and Salute to Service Resource Tabling Event*

WDVA's Suicide Prevention Team supported Priority Group 2's call to action by participating in **413** outreach events, collaborative meetings with the community, peer support, and statewide trainings in 2025. (This does not include the many additional events our partners participate in.)

In partnership with America's Credit Union, the group designed a debit/credit card with the 988 Crisis Line phone number to bring awareness to this critical resource and support those who experience crisis, or support someone in crisis.



Governor's Challenge Priority Group 3 Member Nichole Ayers (Cohen Clinic for Military Families with Valley Cities), Priority Group 1 Member Don Seese (WDVA), Priority Group 2 Member Steven Eneix (WA State Employment Services Division) with WDVA Outreach Coordinator Leland Cooper at the Seattle Seahawks Salute to Service Game

Priority Group 2 Members



[Washington State Department of Veteran Affairs](#)
[VA Puget Sound Health Care System](#)
[NineLine Veteran Services](#)
[Gold Star Families of Washington](#)
[Washington Employment Security Department](#)
[Washington National Guard](#)
[Joint Base Lewis-McChord Suicide Prevention Program](#)
[Joint Base Lewis-McChord Soldier Recovery Unit](#)
[Veteran Rites](#)
[Makah Nation Tribals Veterans Service Officer](#)
[Cowlitz Indian Tribe Veterans Service Officer](#)
[America’s Credit Union](#)
[U.S. Army Recovery Care Program](#)
[Military Reunion Network](#)
[Blue Star Families Puget Sound](#)



Priority Group 2 Member, Jane Hughes of Blue Star Families with WDVA Director, David Puente, at the Seahawks Task Force 12 Event

Priority Group 3: Increasing Lethal Means Safety and Safety Planning

Priority Group 3 focuses on lethal means safety and the development of effective safety plans. Comprehensive suicide prevention requires more than encouraging individuals to seek help; it also involves modifying the environment to reduce immediate access to potentially lethal means.

Because SMVF often have higher access to firearms than the general population, understanding firearm-related risks, promoting safe storage practices, and responding appropriately during a crisis are essential components of preventing suicide and saving lives.

The goals of this priority group include expanding the number of trained interventionists through LEARN Suicide Prevention gatekeeper training, reducing stigma surrounding gun ownership while addressing suicide risk, increasing the availability of firearm and medication safety tools, and improving the knowledge of gun shop and range personnel about SMVF who may be at heightened risk.

Additionally, this area seeks to strengthen community outreach to promote a broader cultural shift toward firearm and medication safety, along with providing information and resources that support harm-reduction strategies related to illicit drug use.

In 2024, Priority Group 3 members distributed over **3,094** firearm locking devices and safety equipment provided by the VA, WDVA, and other community partners, helping to further the support of lethal means safety measures for SMVF to ensure safe storage and safety. Educational materials on safe storage practices, 988 Crisis Line, and temporary transfer of a firearm in the event of a mental health crisis were also provided with the locking devices.

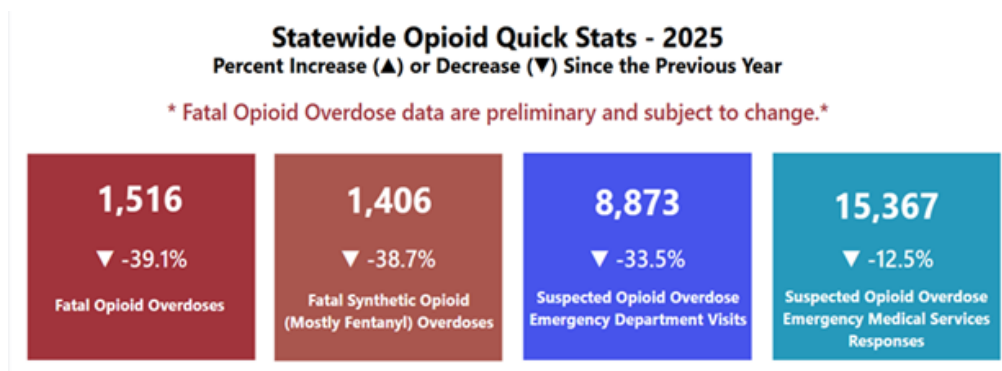
With funding support in 2024-2025 from the Washington State Department of Commerce’s Office of Firearm Safety and Violence Prevention’s Intra-Agency Agreement with WDVA’s Suicide Prevention Program, the team was able to implement safe storage practices and engagement with SMVF in rural communities and transitioning services members with higher risk of death by suicide. In 2025, over **400** lockboxes, rifle cases, trigger locks, and chamber locks were distributed to transitioning service members in the community, including four military installations: Naval Air Station Whidbey, Joint Base Lewis McChord and Camp Murray, Fairchild Air Force Base, and Naval Base Kitsap.

The Suicide Prevention Team also continued to provide *LEARN Suicide Prevention Training* as part of Priority Group 3’s goals to increase the number of individuals trained in recognizing potential risk factors and symptoms outside of one’s baseline presentation that could be indicative of crisis or suicidal ideation, and the necessary steps to help ask the question and provide support to ensure safety. In 2023-2025, the team conducted **167** training courses for **2,086** participants, both virtually and in-person.

To implement Priority Group 3’s goals, the Suicide Prevention Team also hosted trainings around Lethal Means Safety Train-the-Trainer by our Governor’s Challenge partner, Seattle Children’s. This was open to WDVA staff, Governor’s Challenge members, and the community and included data and statistics on the impacts of unsecured firearms pertaining to children, as well as demonstration on how to appropriately use locking devices for safe storage practices.

The Everett Herald (May 2025)^{vii} reported that according to the 2022 National Survey on Drug Use and Health, 6.3% of Veterans nationwide struggled with a substance use disorder within the previous year. Specifically, 56% consumed alcohol, 22% engaged in binge drinking, and 5.2% met the criteria for Alcohol Use Disorder.

Alcohol misuse often precedes addiction and suicidal ideation while heightening overdose risks. Washington State DOH data from 2016 to 2023 indicates that 62% of drug-related fatalities involved polysubstance use, with opioids present in 80% of cases. These deaths occur most frequently among adults aged 18 to 44 and typically involve opioids, heroin, cocaine, or methamphetamine. WDVA’s Suicide Prevention Program hosted training conducted by Washington State DOH for staff and the community to promote safety around harm reduction practices including identifying potential opioid overdose and Narcan administration.



*Washington State DOH, data as of 10/24/25 and subject to change



To further the education and awareness of substance misuse and how it can exasperate suicidal ideation and potential attempts among Veterans, the team also hosted MultiCare's South Sound Substance Use Disorder Program staff presented training titled, *"Invisible Wounds: The Intersection of Trauma, Substance Use, and Suicide in the Veteran Community."*

Priority Group 3 Members

[Washington State Department of Veteran Affairs](#)

[VA Puget Sound Health Care System](#)

[Washington State Department of Health 988 Suicide & Crisis Lifeline](#)

[Washington State Department of Health VDRS](#)

[Washington State Department of Health SUDORS](#)

[Seattle Children's Hospital](#)

[Washington National Guard](#)

[NineLine Veteran Services](#)

[White Swan Community Coalition](#)

[Joint Base Lewis-McChord Suicide Prevention Program](#)

[Forefront Suicide Prevention](#)

[Washington State House of Representatives](#)

[The Steven A. Cohen Military Family Clinic at Valley Cities](#)



Priority Group 1 Member and WDVA Suicide Prevention Team Lead Don Seese during a LMS Training on JBLM discussing safe storage practices.



County Residence	2025*		2024		2023	
	Total Suicide Deaths	Number of suicide deaths among veterans	Total Suicide Deaths	Number of suicide deaths among veterans	Total Suicide Deaths	Number of suicide deaths among veterans
Adams	**	0	**	0	**	0
Asotin	**	0	**	0	13	**
Benton	26	**	37	**	45	**
Chelan	13	**	**	**	14	**
Cllallam	18	**	24	**	17	**
Clark	54	10	91	16	71	13
Columbia	0	0	**	0	**	0
Cowlitz	14	**	25	**	27	**
Douglas	**	**	**	**	**	**
Ferry	**	0	**	**	**	0
Franklin	**	**	12	**	13	**
Garfield	0	0	0	0	0	0
Grant	**	0	17	**	**	**
Grays Harbor	11	**	13	**	16	**
Island	12	**	**	**	16	**
Jefferson	**	**	**	**	**	**
King	201	24	288	36	300	31
Kitsap	24	**	39	**	52	20
Kittitas	**	0	**	**	**	**
Klickitat	**	**	**	**	**	**
Lewis	13	**	10	**	20	**
Lincoln	**	0	**	**	**	**
Mason	19	**	10	**	14	**
Okanogan	**	0	11	**	14	**
Pacific	**	0	11	**	10	**
Pend Oreille	**	**	**	0	**	**
Pierce	107	28	133	26	162	35
San Juan	**	**	**	**	**	0
Skagit	23	**	29	**	24	**
Skamania	0	0	**	**	**	**
Snohomish	92	15	102	16	115	12
Spokane	71	16	120	21	108	16
Stevens	**	**	19	**	19	**
Thurston	50	17	54	13	53	11
Wahkiakum	**	**	0	0	0	0
Walla Walla	**	**	11	**	11	**
Whatcom	24	0	42	**	37	**
Whitman	11	**	**	**	**	0
Yakima	27	**	42	**	36	**
Unknown	**	0	**	0	**	**
State Total	899	164	1216	212	1278	213

Mechanism in WA Veteran Suicides, 2023-2025*	2023	2024	2025*
	n= 213	n=212	n= 164
Firearm	154 (72.3%)	159 (75.0%)	122 (74.4%)
Suffocation	32 (15.0%)	25 (11.8%)	20 (12.2%)
Poisoning	19 (8.9%)	17 (8.0%)	11 (6.7%)
Fall/Jump/Push	**	**	**
Other**	**	**	**

The previous data noted above by DOH (October 2025) demonstrates the work and efforts around suicide prevention among our veterans must continue with support from all SMVF-serving individuals and organizations statewide.

Governor’s Challenge Membership and Revitalization

The Governor’s Challenge teams experienced membership instability this year due to position eliminations and workforce changes across federal, state, and community partner agencies. These losses created challenges in sustaining participation, recruiting new members, and maintaining momentum within each priority group.

In May, the Suicide Prevention Program Manager and Lead Program Specialist from WDVA participated in the Governor’s and Mayor’s Challenge Innovations Conference in Round Rock, Texas. This engagement supported the transition to new leadership and provided an opportunity to collaborate with other states, territories, municipalities, and counties on emerging initiatives and program models.

WDVA convened two in-person meetings in 2025, one in May and another in November supported by SAMHSA/VA TA Center staff. These sessions were designed to help the teams refocus on achievable goals following significant turnover across all three priority groups. Many previous members were no longer able to participate due to position changes or the loss of roles that had previously aligned with SMVF support activities.

Although the priority groups faced notable disruption, the SAMHSA/VA TA Center’s facilitation in November helped re-establish direction and energy, enabling the teams to carry their efforts forward into the upcoming year.

Following an internal assessment of the year’s challenges and accomplishments and being informed by member feedback, the decision was made to establish a fourth group among our Governor’s Challenge.

This new workstream will concentrate on the Governor’s Challenge foundational framework, including goal setting, development of performance indicators, and cross-team coordination. Its purpose is to strengthen task execution and ensure continuity despite ongoing budget fluctuations and workforce changes at the federal, state, and local levels.

Suicide Mortality Review Committee

The SAMHSA/VA TA Center continues to advance the Governor’s Challenge’s efforts and invited WDVA’s Suicide Prevention Program Manager and Governor’s Challenge Lead to lead Washington State’s first Veteran Suicide Mortality Review Committee (SMR) in 2026, organizing a team of professionals with backgrounds in SMR work, behavioral health, epidemiology, data analysis, medical expertise, and experience as a medical examiner or coroner to begin the work needed to identify trends and patterns, systemic gaps, and information which would be beneficial to incorporate into the current Governor’s Challenge priority areas.

Through this partnership, states, territories, and local jurisdictions with active Governor’s or Mayor’s Challenge teams can participate in a structured technical assistance process focused on planning and implementing SMR initiatives.

A SMR is a multidisciplinary body that examines suicide deaths occurring within a specific jurisdiction. Its purpose is to identify location-specific risk and protective factors and to inform targeted suicide prevention strategies. Core objectives of an SMR include:

- *Conducting detailed reviews of suicide deaths within a state, territory, or community*
- *Gathering and synthesizing data to identify trends across cases*
- *Reporting findings in a clear and consistent format for stakeholders*
- *Providing actionable recommendations to decision-makers to support interventions that reduce suicide deaths*

Washington State’s Participation in 2026

Several members of Washington State’s Governor’s Challenge team and community partners are scheduled to join the SMR Academy cohort in 2026 and being held in Atlanta, GA. Participation in the Academy will support the development and implementation of a robust SMR framework that strengthens statewide suicide prevention efforts for SMVF.

The SMR Academy will provide participating teams with focused technical assistance aimed at enhancing behavioral health systems that serve SMVF populations. Each interagency team develops a jurisdiction-specific plan to establish or refine a Suicide Mortality Review Committee or related SMR process. These plans help improve access to timely, accurate, and context-specific information on suicide deaths, strengthening the capacity of communities to identify patterns, understand contributing factors, and implement targeted, data-driven interventions.

Washington will be joining 29 states and territories and four local communities who are participating, or are in the process of participating, in the SAMHSA/VA Suicide Mortality Review Academy including:

2023: *Arizona; Helena, MT; Los Angeles County, CA; Maryland; New York; Ohio; West Virginia*

2024: *Guam; Hawaii; Nebraska; New Mexico; North Dakota; Wyoming; American Samoa; Connecticut; Delaware; Indiana; Massachusetts; Pennsylvania; Virginia*

2025: *United States Virgin Islands; Georgia; Maine; Kentucky; California; Wisconsin; Kansas; Summit County, OH; Idaho; Houston, TX; Minnesota*

Engagement with Washington Business’ Employee Resource Groups

Approximately 500,000 Veterans live in Washington State, and with an unemployment rate of roughly 2.9 percent^{viii}, the majority are active participants in the labor market. The competencies and experience gained through military service position Veterans as strong candidates for numerous careers in law enforcement, aerospace, port and freight operations, healthcare, technology, trades, and roles within federal and state government.

Many employers maintain Employee Resource Groups (ERGs), sometimes referred to as Affinity Groups, which provide employees with opportunities to connect with colleagues who share similar backgrounds or interests. These groups often serve as a source of guidance, resources, and peer support, and numerous organizations have ERGs dedicated specifically to military-affiliated employees and their families.

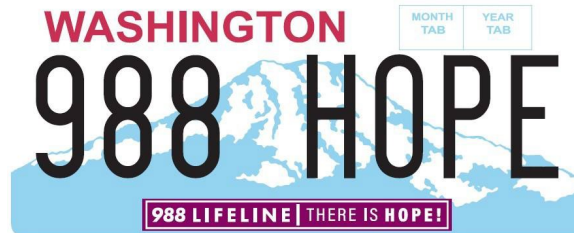
ERGs are designed to cultivate an equitable and inclusive workplace that attracts, supports, and advances Veteran and military-connected personnel, helping them grow and perform at their highest potential. For SMVF, ERGs offer valuable networking opportunities with peers who have shared experiences, along with activities and events that promote connection and camaraderie, both of which can be especially beneficial during periods of transition.

When employees experience a strong sense of belonging, organizations benefit through improved retention, more consistent staffing and service delivery, reduced turnover, and overall improvements in workforce well-being. Based on Priority Group 2’s feedback and focus on connections among SMVF to promote good health and well-being, this team will convene with businesses and organizations with ERGs and establish support for the SMVF in the workforce.



Considerations for the Future

988 Emblem Sales



A core initiative of the Governor’s Challenge, led by WDVA’s Suicide Prevention Team, is the ongoing promotion of 988 emblem sales in partnership with the Washington State Department of Licensing, as authorized under RCW 46.18.300 in 2022. Proceeds from emblem sales are deposited into the Veteran Suicide Prevention Community Based Grant Fund, which provides grants to organizations delivering suicide prevention and peer support services for SMVF populations.

In 2024, WDVA awarded Alatheia Therapeutic Riding Center \$11,000 from the grant fund, enabling five SMVF participants to complete the organization’s eight-week equine-assisted therapy program and one participant completed six of the eight-week program in Wenatchee, Washington; the organization utilized \$4,350 of the total amount awarded which allowed for the remaining funds to remain in the grant’s account for the next award cycle.



WDVA Suicide Prevention Program Manager and Governor’s Challenge Lead Nicole Vreeland at Alatheia Therapeutic Riding Center

This year, WDVA issued a public Notice of Funding Opportunity in November, with plans to award up to \$20,000 to a selected organization under a contract beginning in January 2026. This funding supports organizations providing suicide prevention and intervention efforts, reinforcing Washington’s commitment to reducing suicide among SMVF.

Sustained progress in this domain requires diverse and dependable funding sources. While 988 emblem purchases and private donations remain highly valuable, particularly during a period of fiscal uncertainty they do not constitute a predictable or renewable revenue stream. The emblem does not carry an annual renewal fee, and future sales volumes, including repeat purchases, cannot be reliably forecasted. Consequently, the grant program remains dependent on both emblem sales and voluntary contributions.

Lethal Means Storage Devices

Lethal means safety is a core evidence-based strategy in suicide prevention and a critical component of the Governor’s Challenge. Temporary time and distance barriers, such as lethal means safety devices, are one of the most effective interventions for preventing suicide during periods of crisis. ^{ix}Research consistently shows that moments of acute suicidal ideation are often brief and increasing the time required to access a lethal means can significantly reduce the probability of a fatal outcome. Ensuring widespread access to safe storage options is a practical, low-cost and high impact approach that directly contributes to saving lives.

Priority Group 3 continues to work through challenges and look for funding opportunities to purchase lethal means storage devices. WDVA purchased firearm lockboxes with funding provided by the Department of Commerce in 2024 and 2025.

Although there is no evidence to demonstrate a single rationale for the reasoning behind the cause of deaths by suicide among Veterans, RAND^x has outlined potential reasons and key points for the Governor’s Challenge Team to consider, evaluate, and implement into current work to address in our state:

- *Veterans 55 and older made up approximately 60% of all veteran suicides, while the highest side rate were Veterans ages 18-34*
- *Female Veteran suicides are 92% higher than non-veteran counterparts and almost 45% of suicides by means of firearms (144% higher than female non-veterans);*

male Veterans were 44% higher than male non-veterans and 15% higher than male non-veterans in 2022

- *Veterans with behavioral health diagnoses have a higher suicide risk; the highest risk were Veterans with Substance Use Disorders, specifically those with Sedative Use Disorder (i.e. benzodiazepines such as Xanax, Valium, and Klonopin and barbiturates such as phenobarbital) as well as Alcohol Use Disorder which affects roughly 32% of Veterans*
- *Veterans with socioeconomic concerns such as being low-income and/or unemployed had the highest suicide rates*
- *Military Sexual Trauma affected many Veterans and placed them at high risk of suicide*
- *Transitioning Service Members within 12 months of leaving military service, especially younger Veterans with a few years of service and those with Other Than Honorable (OTH) discharges were also at higher risk of suicide*

To build upon our current work serving SMVF we continue to explore ongoing funding sources to enable WDVA and partners to provide consistent statewide coverage, meet community demands, and prioritize support to:

- **Ensure continuity of operations:** Replace reliance on one-time grants, enabling long-term planning for supporting peer support programs and lethal means safety equipment and education
- **Increase reach to high-risk populations:** Expand the availability of firearm lockboxes and other devices, particularly for service members transitioning out of the military, who experience the highest suicide risk during the initial 12 months post-transition, aging Veterans, and Veterans in rural communities
- **Strengthen statewide suicide prevention efforts:** Align with evidence-based practices which may be identified as a critical measure in reducing suicide attempts
- **Support equitable access:** Ensure rural, underserved, and high-risk communities receive adequate quantities of safe storage tools and other support, distributed through WDVA programs, community partners, and VSOs
- **Improve measurable outcomes:** Provide the stability needed to collect data, track distribution, evaluate effectiveness, and identify gaps for future policy refinement.
- **Work with and identify available resources:** Partner with community providers who report rising demand and increasing service complexity, including behavioral health needs, crisis response, housing instability, and care coordination

Veteran suicide remains a critical public health issue and an urgent concern in our state. The Governor’s Challenge Team remains steadfast in its commitment to serving Service Members, Veterans, and their Families, recognizing that death by suicide is both tragic and preventable. We appreciate the opportunity to continue Serving Those Who Served.

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^{xi}References

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 - ⁱⁱ VHA, [Washington Veteran Suicide Fact Sheet 2022](#)
 - ⁱⁱⁱ VHA Office of Suicide Prevention, [2024 National Veteran Suicide Prevention Annual Report Findings](#)
 - ^{iv} VHA, [2022 VA Benefits and Health Care Utilization](#)
 - ^v Washington State Department of Veterans Affairs, [WISR](#)
 - ^{vi} Journal of the American Medical Association, [Association of Suicide Risk with Transition to Civilian Life Among US Military Service Members](#)
 - ^{vii} Everett Herald, [Many Veterans Come Home, Fighting with Addiction \(May 24, 2025\)](#)
 - ^{viii} Washington State Department of Veterans Affairs, [Statistics](#)
 - ^{ix} American Foundation of Suicide Prevention, [Policy Priority: Lethal Means Safety](#)
 - ^x RAND, [Suicide Among Veterans](#)



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