Washington State Suicide Prevention Legislation

Overview

- Legislation first introduced in 2012 and initially required Certain Mental Health Professionals
  - Trainings must come from the best practices registry of the AFSP (or this page) and the SPRC and must include the following elements:
    - suicide assessment, including screening and referral, suicide treatment, and suicide management.
  - A training program that includes only screening and referral must be at least three hours in length. All other training programs must be at least six hours in length.
- In 2014, they added additional health professions to complete training in suicide assessment, treatment, and management. These additional professions were only being asked to complete a one-time training in this area.
  - A training program that includes only screening and referral must be at least three hours in length. All other training programs must be at least six hours in length.
  - A list of trainings can be found here

Overview

- In 2020, additional requirements were added:
  - Specific requirements were added around advanced trainings for certain mental health professionals.
  - Additional professions were added to the one-time training requirement.
  - Population Specific Requirements were added for veterinarians and the construction industry.

Overview

- Available trainings are maintained on the Washington State Department of Health website including:
  - Six-hour training for suicide assessment, treatment and management (required for social workers, licensed mental health professionals, nurses, marriage and family therapists, naturopaths, osteopathic physicians/surgeons/physician assistants, physicians and physician assistants, psychologists, and retired active licensees of the above professions).
  - Three-hour training for suicide screening and referral
  - Three-hour training for pharmacists and dentists (suicide screening, referral and imminent harm via lethal means) (Pharmacists and dentists can choose from the three-hour trainings in this section or any of the six-hour trainings).

Overview

- Available trainings are maintained on the Washington State Department of Health website including:
  - The training program application is available here (PDF). There is no deadline to apply. Please submit an application and materials for evaluation.
  - This evaluation form (PDF) will be used to review training program applications.
  - Six-hour training programs must include 30 minutes of content on veterans. You can use the Veterans Module (PDF) developed by the Washington State Department of Veteran Affairs or a resource with comparable content.
  - Approved trainings will be added to the Model List.

Current List of Professions

Ongoing Training Requirement (every 6 years)	HB 2315 added health professionals:
certified counselors and certified advisors	chiropractors
certified chemical dependency professionals	naturopaths
licensed marriage and family therapists, mental health counselors, and social workers	licensed practical nurses, registered nurses, and advanced registered nurse practitioners
licensed occupational therapy practitioners	physicians and physician assistants
licensed psychologists	osteopathic physicians and osteopathic physician assistants
persons holding a retired active license in any of the affected professions	physical therapists and physical therapist assistants
	optometrists
	acupuncture

Training Specific Suicide Prevention Legislation

- HB 2366 (2012) - Requiring certain health professionals to complete education in suicide assessment, treatment, and management.
- HB 2315 (2014) – Adjustments to the training legislation HB 2366.
- HB 1424 (2015) - Adjustments to the training legislation HB 2366.
- HB 2411 (2020) - Adjustments to the training legislation HB 2366.

https://intheforefront.org/2021-legislative-priorities/

Other Suicide Prevention Legislation

- HB 1336 (2013) - Increasing the capacity of school districts to recognize and respond to troubled youth.
- HB 1138 (2015) - Creating a task force on mental health and suicide prevention in higher education.
- HB 2793 (2016) - Providing for suicide awareness and prevention education for safer homes. (Safe Homes: Safe Homes Task Force (Task Force) is created to raise public awareness and increase suicide prevention education among partners in key positions to prevent suicides.)
- HB 1612 (2017) - Creating a suicide-safer homes project account to support prevention efforts and develop strategies for reducing access to lethal means.
- HB 6514 (2018) - Concerning suicide prevention and behavioral health in higher education, with enhanced services to student veterans.
- HB 1109 (2019) - Making 2019-2021 biennium operating appropriations and 2017-2019 biennium second supplemental operating appropriations.
- HB 6570 (2020) - Concerning law enforcement officer mental health and wellness; a task force on law enforcement officer health and wellness.

Timeline

HB 2366 passes; initial legislation requiring “Certain mental health professionals” must complete training in suicide assessment, treatment, and management every six years as part of their continuing education requirements.

2012

HB 2366 (2012)

- They built on their existing state requirement for 'Certain Mental Health Professionals' which states, "All health professions are subject to at **least four hours** of Acquired Immune Deficiency Syndrome (AIDS) education *prior to licensure and have varying requirements for continuing education*."
- Total requirements for certain Washington state mental health professionals:

Certain Mental Health Professionals	CEU requirements	Frequency
Certified counselors and certified advisors	36 hours	2 years
Certified chemical dependency professionals	28 hours	2 years
Licensed marriage and family therapists, mental health counselors, and social workers	36 hours	2 years

HB 2366 (2012) Elements

- Beginning January 1, 2014, the following *health professions* must complete training in suicide assessment, treatment, and management every six years as part of their continuing education requirements*:*
  - certified counselors and certified advisors;
  - certified chemical dependency professionals;
  - licensed marriage and family therapists, mental health counselors, and social workers;
  - licensed occupational therapy practitioners;
  - licensed psychologists; and
  - persons holding a retired active license in any of the affected professions.

HB 2366 (2012) Elements

- Training Specific Requirements:
  - They require people take a training that comes from the best practices registry of the AFSP (or this page) and the SPRC.
  - The training must be approved by the relevant disciplining authority and must include the following elements:
    - suicide assessment, including screening and referral, suicide treatment, and suicide management.
  - A disciplining authority may approve a training program that does not include all of the elements if the element is inappropriate for the profession in question based on the profession's scope of practice.
  - ***A training program that includes only screening and referral must be at least three hours in length. All other training programs must be at least six hours in length.***

HB 2366 (2012) Elements

- Training Specific Exceptions:
  - A disciplining authority may specify minimum training and experience necessary to exempt a practitioner from the training requirement.
  - The Board of Occupational Therapy may exempt its licensees from the requirements by specialty if the specialty in question does not practice primary care and has only brief or limited patient contact.
  - A state or local government employee, or an employee of a community mental health agency or a chemical dependency program, is exempt from the training requirements if he or she has at least six hours of training in suicide assessment, treatment, and management from his or her employer; the training may be provided in one six-hour block or in shorter segments at the employer's discretion.

HB 2366 (2012) Elements

- Additional bill requirements:
  - The relevant disciplining authorities must work collaboratively to develop a model list of training programs to be reported to the Legislature by December 15, 2013. When developing the list, the disciplining authorities must:
    - consider suicide assessment, treatment, and management training programs on the best practices registry of the American Foundation for Suicide Prevention and the Suicide Prevention Resource Center; and
    - consult with public and private institutions of higher education, experts on suicide assessment, treatment, and management, and affected professional associations.
  - The Secretary of Health must conduct a study evaluating the effect of evidence-based suicide assessment, treatment, and management training on the ability of a licensed health care professional to identify, refer, treat, and manage patients with suicidal ideation. The study must, at a minimum:
    - review available research and literature regarding the relationship between completion of the training and patient suicide rates;
    - assess which licensed health care professionals are best situated to positively influence the mental health behavior of individuals with suicidal ideation;
    - evaluate the impact of suicide assessment, treatment, and management training on veterans with suicidal ideation; and
    - review curricula of health profession programs offered at state educational institutions regarding suicide prevention.

Timeline

HB 2366 - initial legislation requiring “Certain mental health professionals” must complete training in suicide assessment, treatment, and management every six years as part of their continuing education requirements.

2012

2014

HB 2315 – legislation that added to the original training legislation (HB 2366) by including additional professions to complete a one-time training in suicide assessment, treatment, and management.

HB 2315 (2014)

- They added additional health professions to complete training in suicide assessment, treatment, and management. These additional professions were only being asked to complete a one-time training in this area.

HB 2366 "Certain Mental Health Provider":	HB 2315 added health professionals:
certified counselors and certified advisors	chiropractors
certified chemical dependency professionals	naturopaths
licensed marriage and family therapists, mental health counselors, and social workers	licensed practical nurses, registered nurses, and advanced registered nurse practitioners
licensed occupational therapy practitioners	Physicians and physician assistants
licensed psychologists	osteopathic physicians and osteopathic physician assistants
persons holding a retired active license in any of the affected professions	physical therapists and physical therapist assistants

HB 2315 (2014) Elements

- Training Specific Requirements:
  - The training must be *at least six hours in length*, unless the relevant disciplining authority determines that *only screening and referral elements are appropriate*, in which case the training must be *at least three hours in length*.
  - The model list of training programs must be updated at least once every two years. When updating the list, the disciplining authorities must, to the extent practicable, endeavor to include training that includes content specific to veterans. The disciplining authorities must consult with the Washington State Department of Veterans Affairs (WDVA) when identifying content specific to veterans.
- Training Specific Exceptions:
  - Any disciplining authority, instead of just the Board of Occupational Therapy Practice, may exempt a professional from the training requirement if the professional only has brief or limited patient contact.
  - *Previously, per HB 2366, only the Board of Occupational Therapy Practice was allowed this exemption.*

HB 2315 (2014) Elements

- Additional bill requirements:
  - The Secretary must update the study evaluating the effect of evidence-based suicide assessment, treatment, and management training on the ability of a licensed health care professional to identify, refer, treat, and manage patients with suicidal ideation. The study must be updated twice, once in 2018 and once in 2022, and must be reported to the Governor and the appropriate committees of the Legislature
  - *Psychiatric Consultation Pilot Program*
    - The DSHS and the Health Care Authority (HCA) must develop a plan for a pilot program to support primary care providers in the assessment and provision of appropriate diagnosis and treatment of individuals with mental or other behavioral health disorders and track outcomes of the program. The program must include two pilot sites, one in an urban setting and one in a rural setting, and must include timely case consultation between primary care providers and psychiatric specialists.

Timeline

HB 2366 - initial legislation requiring “Certain mental health professionals” must complete training in suicide assessment, treatment, and management every six years as part of their continuing education requirements.

HB 1424 – delayed the start date that HB 2315 would take effect by.

2012

2014

2015

HB 2315 – legislation that added to the original training legislation (HB 2366) by including additional professions to complete a one-time training in suicide assessment, treatment, and management.

HB 1424 (2015) Elements

- Training Specific Requirements:
  - The minimum standards must require that six-hour trainings include content specific to veterans and the assessment of issues related to imminent harm via lethal means or self-injurious behaviors. When adopting the rules, the DOH must:
    - consult with the affected disciplining authorities, public and private institutions of higher education, experts in suicide assessment, treatment, and management, the WDVA, and affected professional associations; and
    - consider standards related to the Best Practices Registry of the American Foundation for Suicide Prevention and the Suicide Prevention Resource Center.
  - The DOH must provide the training standards to the PESB and may provide technical assistance in the review and evaluation of education training programs.
- Training Specific Exceptions:
  - Certified registered nurse anesthetists and medical school graduates with limited training licenses are exempt from the training requirement.
  - A disciplining authority may not grant a blanket exemption to broad categories or specialties within a profession based on training and experience.

HB 1424 (2015) Elements

- Additional bill requirements:
  - Beginning July 1, 2017, the model list must contain only trainings that meet the minimum standards and any three-hour trainings that met the training requirements on or before July 26, 2015. The trainings on the list must include six-hour trainings in suicide assessment, treatment, and management and three-hour trainings that include only screening and referral elements. A person or entity providing the training may petition the DOH for inclusion on the model list; the DOH must add trainings to the list that meet the minimum standards. Approved educator training programs may also be included on the model list.

Timeline

HB 2366 - initial legislation requiring “Certain mental health professionals” must complete training in suicide assessment, treatment, and management every six years as part of their continuing education requirements.

HB 1424 – delayed the start date that HB 2315 would take effect by.

HB 2315 – legislation that added to the original training legislation (HB 2366) by including additional professions to complete a one-time training in suicide assessment, treatment, and management.

HB 2411 – legislation that added to the original training legislation (HB 2366) by including additional professions to complete a one-time training in suicide assessment, treatment, and management.

HB 2411 (2020) Elements

- Training Specific Requirements:
  - Advanced Training
    - The second training for a psychologist, marriage and family therapist, mental health counselor, advanced social worker, independent clinical social worker, or an associate advanced or independent clinical social worker must either be:
      - an advanced training focused on suicide management, suicide care protocols, or effective treatments; or
      - a training in a treatment modality shown to be effective in working with people who are suicidal, including dialectical behavior therapy, collaborative assessment and management of suicide risk, or cognitive behavior therapy—suicide management.
    - The Department of Health (DOH) must develop minimum standards for this training and include training that meets the minimum standards on the model list. A person is exempt from the training if he or she can demonstrate that the training is not reasonably available.
  - One-Time Training
    - Optometrists and acupuncture and Eastern medicine practitioners are added to the one-time training requirement for suicide assessment, treatment, and management.

HB 2411 (2020) Elements

- Training Specific Requirements:
  - Population Specific Requirements
    - Veterinarians
      - Beginning July 1, 2022, all veterinarians and veterinary technicians must complete one-time suicide prevention training developed by the Veterinary Board of Governors (VBG). When developing the training, the VBG must consult with the University of Washington's Forefront Suicide Prevention Center of Excellence (FSPCE) and affected professional associations.
      - The training must:
        - recognize that veterinarians treat animal patients and have limited interaction with animal patient owners;
        - focus on mental health and well-being;
        - include general content on suicide risk, prevention, and resources;
        - include specific content on imminent harm by lethal means; and
        - be three hours in length.

HB 2411 (2020) Elements

- Training Specific Requirements:
  - Population Specific Requirements
    - The Construction Industry
      - Subject to appropriated funds, the FSPCE must develop:
        - an online, interactive training module in suicide prevention; and
        - a series of complementary modules to be delivered by the construction industry, which must include training on available resources, lethal means safety, screening tools, men's mental health, and a refresher on the online training.

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  - Trainings must come from the best practices registry of the AFSP (or this page) and the SPRC and must include the following elements:
    - suicide assessment, including screening and referral, suicide treatment, and suicide management.
  - A training program that includes only screening and referral must be at least three hours in length. All other training programs must be at least six hours in length.
- In 2014, they added additional health professions to complete training in suicide assessment, treatment, and management. These additional professions were only being asked to complete a one-time training in this area.
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  - A list of trainings can be found here

Summary

- In 2020, additional requirements were added:
  - Specific requirements were added around advanced trainings for certain mental health professionals.
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Current List of Professions

Ongoing Training Requirement (every 6 years)	HB 2315 added health professionals:
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licensed marriage and family therapists, mental health counselors, and social workers	licensed practical nurses, registered nurses, and advanced registered nurse practitioners
licensed occupational therapy practitioners	physicians and physician assistants
licensed psychologists	osteopathic physicians and osteopathic physician assistants
persons holding a retired active license in any of the affected professions	physical therapists and physical therapist assistants
	optometrists
	acupuncture

Training Specifics

Profession	Hours of Training and Frequency	Core Training Components and Content
Social workers • Advanced social workers • Advanced social worker associates • Independent clinical social workers • Independent clinical social worker associates * began January 1, 2014	Six hours at least once every six years	• Suicide assessment, treatment and management • Imminent harm via lethal means or self-injurious behaviors • Content on veterans
Certified counselors | certified advisers * began January 1, 2014	Three hours every six years	Suicide screening and referral
Chemical dependence professionals * began January 1, 2014	Three hours every six years	Suicide screening and referral

https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/SuicidePrevention/TrainingPrograms/ModelList

Training Specifics

Chiropractors * began January 1, 2016	Three hours one time	Suicide screening and referral
Dentists * beginning August 1, 2020	Three hours one time	• Suicide screening and referral Assessment of issues related to imminent harm via lethal means
Dental hygienists * beginning August 1, 2020	Three hours one time	• Suicide screening and referral
Licensed mental health professionals * began January 1, 2014	Six hours at least once every six years	• Suicide assessment, treatment and management • Imminent harm via lethal means or self-injurious behaviors • Content on veterans

https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/SuicidePrevention/TrainingPrograms/ModelList

Training Specifics

Licensed practical nurses (LPN), registered nurses (RN) and advanced registered nurse practitioners (ARNP) - certified registered nurse anesthetists are exempt * began January 1, 2016	Six hours one time	• Suicide assessment, treatment and management • Imminent harm via lethal means or self-injurious behaviors • Content on veterans
Marriage and family therapists * began January 1, 2014	Six hours at least once every six years	• Suicide assessment, treatment and management • Imminent harm via lethal means or self-injurious behaviors • Content on veterans
Naturopaths * began January 1, 2016	Six hours one time	• Suicide assessment, treatment and management • Imminent harm via lethal means or self-injurious behaviors • Content on veterans

https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/SuicidePrevention/TrainingPrograms/ModelList

Training Specifics

Occupational therapists and assistants * began January 1, 2014	Three hours at least once every six years	Suicide screening and referral
Osteopathic physicians and surgeons - holders of a postgraduate training license issued under RCW 18.57.035 are exempt * began January 1, 2016	Six hours one time	• Suicide assessment, treatment and management • Imminent harm via lethal means or self-injurious behaviors • Content on veterans
Osteopathic physician assistants * began January 1, 2016	Six hours one time	• Suicide assessment, treatment and management • Imminent harm via lethal means or self-injurious behaviors • Content on veterans
Pharmacists * began January 1, 2017	Three hours one time	• Suicide screening and referral • Assessment of issues related to imminent harm via lethal means

https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/SuicidePrevention/TrainingPrograms/ModelList

Training Specifics

Physicians -residents holding a limited license issued under RCW 18.71.095 (3) are exempt * began January 1, 2016	Six hours one time	• Suicide assessment, treatment and management • Imminent harm via lethal means or self-injurious behaviors • Content on veterans
Physician assistants * began January 1, 2016	Six hours one time	• Suicide assessment, treatment and management • Imminent harm via lethal means or self-injurious behaviors • Content on veterans
Physical therapists and assistants * began January 1, 2016	Three hours one time	Suicide screening and referral
Psychologists * began January 1, 2014	Six hours at least once every six years	• Suicide assessment, treatment and management • Imminent harm via lethal means or self-injurious behaviors • Content on veterans

https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/SuicidePrevention/TrainingPrograms/ModelList

Training Specifics

Retired active licensee for one of these professions: • Naturopaths • LPNs, RNs, or ARNPs (certified registered nurse anesthetists are exempt) • Osteopathic physicians and surgeons (other than a holder of a postgraduate osteopathic medicine and surgery license) • Osteopathic physician assistants • Physician assistants • Physicians (other than a resident holding a limited license) * began January 1, 2016	Six hours one time	• Suicide assessment, treatment and management • Imminent harm via lethal means or self-injurious behaviors • Content on veterans
Retired active license as a dentist * begins August 1, 2020	Three hours one time	Assessment of issues related to imminent harm via lethal means

Attachment B

Policy Prioritization Questions

General

- ☐ Does it help prevent suicide or help heal after a suicide?
- ☐ How do we know if it helps prevent suicide or help heal after a suicide?
- ☐ Does it address the needs of population(s) at high risk of suicide?
- ☐ Does it address the needs of historically targeted and/or under resourced communities?
- ☐ Is it strategic for us to align with another organization or go it alone? Is there another group pushing something where we can be a visible partner/advocate?
- ☐ Is this a lifespan or youth focused issue? Does that make a difference in how much energy we expend here?
- ☐ Does the proposed new policy or policy change require legislative action? Or, does it make to use other policy levers to change a policy that is in place but is not legislatively required?

Prior Legislation

- ☐ How is implementation of passed legislation progressing?
- ☐ Is additional legislation required to achieve desired outcome of the bill?
- ☐ What is standing in the way of full implementation? Will the proposed policy support implementation of passed bills or clear roadblocks? What will be required in terms of staff time, resources, collaboration with partners, etc.?
- ☐ Is it an initiative that has gotten stuck that needs a legislative or rules fix?

What is the ease/impact of the proposed policy?

Ease

- ☐ Does it require additional funds and/or resources? If so, what will it require to secure needed funds and/or resources?
- ☐ Is there organized opposition?
- ☐ Are we developing something new or replicating something that has been done/is working?
- ☐ Is there an existing effort we can partner with and/or champion?
- ☐ Are there sufficient staff and/or volunteer resources to handle the workload of initiating a new policy or a policy change?

Impact

- ☐ Will it help us achieve YSIPP goals?
- ☐ Is the effort going to achieve the desired outcome?
- ☐ Is the proposed policy something that will have a statewide impact? How?
- ☐ Will the proposed policy require multiple systems to shift and/or change? Is it feasible and reasonable to expect that shift and/or change to occur?
- ☐ Is the proposed policy addressing a need of a high-risk group?
- ☐ What will be required to implement and sustain the policy change?
- ☐ Are we the best people to advocate for a particular issue (such as housing) or would either partnering or being a champion for the cause be more effective?
- ☐ Is the proposed policy a recommended priority from Alliance advisory groups and/or workgroups?
- ☐ Is it a short-term effort or long-term goal?
- ☐ Does it require a legislative fix or can the outcome be achieve through other policy avenues such as a rule change or collaborative agreement reached with a state department and/or advocacy group?