

Washington State Service Member, Veteran and Family Suicide Prevention Strategic Plan 2021-2023

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December 2020



Washington State SMVF Suicide Prevention Strategic Plan 2021-2023

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Letter from the Director



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December 16, 2020

To our State Legislature and our fellow Veterans, Family Members and Friends:

It is with a sense of excitement and urgency, that your Washington State Department of Veterans Affairs presents Washington State's Strategic Plan to End Suicide Among Service Members, Veterans and their Families. This plan meets the requirements of Engrossed SSB 6168 - Sec 220(3)(e)(ii).

This plan is the result of a collaboration between many partners dedicated to suicide prevention, including those with lived experience as survivors of suicide attempts and loss. Death by suicide is like no other. No other type of death increases a survivor's risk of suicide, impacts populations so universally and yet, is preventable. Preventing suicide requires everyone's commitment, from the individuals struggling with these feelings, to the systems and communities that support them.

Washington State has consistently lost an average of 220 veterans a year since 2010. Multiple agencies and state and federal systems have invested significant resources to truncate this statistic, but our rate remains static. What we are unable to quantify is how many lives have been saved by our collective efforts. This strategic approach that engages everyone at every level will realize the aspirational goal to eliminate suicide.

The development of this plan required the significant engagement, commitment and contributions of multiple individuals, including survivors, advocates, representatives from state and federal agencies and diverse organizations and systems. This talented group of individuals was led by Codie Garza, WDVA's State Suicide and Prevention Coordinator. This was a heavy lift which she performed admirably.

We are confident that you will find this plan actionable. Our intent is to compel the readers to join this fight and do what is within their power to make a difference and save lives. We look forward to working with our legislature and our communities to prevent suicide among our veterans and their families.

Be the one to start the conversation!

Yours in service,

Lourdes E. Alvarado-Ramos

Director

Executive Summary

Introduction

Suicide is a public health issue that affects many Washington families and communities daily. Service Members, Veterans, and their families (SMVF) are at higher suicide risk due to their experiences prior to signing up, and while serving and transitioning f, which can contribute to suicidal thoughts and behaviors. Over the last 10 years, Washington State has been at the forefront of suicide prevention, investing more into upstream s strategies and supports with the goal of reducing suicide by 20% by 2025.

Washington State is home to 544,290 Veterans, 60,699 active duty service members, 17,941 guard and reserve service members, and 2,000,000 military and Veteran family members. Family members who die by suicide are at higher risk of suicide themselves due to the experience of suicide loss. Research shows that, for every suicide that occurs, 135 people suffer from direct or indirect effects, which means Veteran suicides impact a community of 2.6 million people. Although Veterans themselves make up 7% of the Washington population, they account for 19% of total suicides. There is no one path to suicide, but life experiences and circumstances, culture, and health can play a major role in suicidal behavior. Military and Veteran culture includes stigma against help-seeking behavior and mental wellness, emphasis and reliance on group cohesion, and access, comfort, and familiarity with lethal means such as firearms.

Over the last 10 years, suicide prevention has been highlighted in legislation and funding requests. Most recently, there has been a focus on suicide prevention support for SMVF and men in their middle years. The public health approach to suicide prevention involves early intervention strategies, which target risk factors and leverage protective factors among at-risk communities. These strategies include mandated training requirements, public education, resources, and funding that require legislative support and action.

SMVF Suicide Prevention Advisory Committee & Governor's Challenge to End SMVF Suicide

In January 2020 the SMVF Suicide Prevention Advisory Committee was formed to develop the Washington State SMVF Suicide Prevention Strategic Plan 21-23. This committee is comprised of diverse leaders and subject matter experts in SMVF culture and suicide prevention. (insert picture below to show partners) Later that month, Governor Jay Inslee accepted the 'Governor's Challenge to End SMVF Suicide' sponsored by the U.S. Department of Veterans Affairs (VA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) SMVF Tools for Action (TA) Center. The committee convened policy academy meetings and developed a logic model, which served as a foundation for the Washington State SMVF Suicide Prevention Strategic Plan 21-23. The SMVF TA Center also provides support for measurement and implementation of the plan, with continued support a year beyond the policy academy.

Plan Summary

The Washington State SMVF Suicide Prevention Strategic Plan 21-23 contains three major priorities: 1) identify SMVF & screen for suicide risk, 2) promote connectedness & improve care

transition, 3) increase lethal means safety and safety planning. Each goal and objective address the unique needs and concerns for SMVF in Washington State.

IDENTIFY SMVF & SCREEN FOR SUICIDE RISK

Goal 1: Culturally informed healthcare providers and community partners

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

1.2 – Promote and conduct moral injury trainings for healthcare providers outside the VA who serve SMVF

Goal 2: Screening in community healthcare

2.1 – Promote and support implementation of consistent suicide screening and referral process of SMVF by community providers

2.2 – Promote VA “Never Worry Alone” program for community providers to access for support

2.3 – Launch “Ask the Question” campaign

Goal 3: Improved environment among SMVF for help-seeking, growth, & wellness

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

3.2 WDVA collaboration with various Tribal SMEs regarding training and education to local (non-tribal) law enforcement

PROMOTE CONNECTEDNESS & IMPROVE CARE TRANSITION

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

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

Goal 5: Increase and encourage SMVF to access community resources and enroll 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

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

6.1 – Identify funding availability and ensure agencies are aware of funding opportunities

INCREASE LETHAL MEANS SAFETY & SAFETY PLANNING

Goal 7: Increase public and policymaker awareness about lethal means

6.1 – Educate local, state, and federal policymakers about firearms fatalities and any policy needs

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

8.1 – Continue and expand dissemination of a free online course on firearms and lethal means safety

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

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

8.4 – Continue to offer the SAFER structured conversation in community-based settings frequented by Veterans

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

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

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

9.2 – Develop a training on the SPI intervention for use with Tri-Care

Recommendations to Address Implementation and Funding Gaps and Barriers

- Create a State mandate for community health care providers practicing in Washington to ask about military status and use a standardized screening tool.
- Establish a state grant program for community-based non-profits serving transitioning and at-risk veterans and their family members that prioritizes peer support models. Build database of non-profit organizations serving SMVF to launch grant program.
- Implement sustainable funding for Veteran suicide prevention programming through a dedicated restricted account for voluntary contributions through background checks, concealed carry permits and renewals, FFLS, and anew Veterans suicide prevention license plate.
- Consider additional funding through counties, state (with possible county match requirement), and non-profit / philanthropic organizations.
- Reauthorize UW Safer Homes, Suicide Aware program until 2024. Continue collaboration between WDVA and UW Forefront, including dedication of WDVA resources to serve a co-chair for Safer Homes, and adding a tribal liaison.
- Continue to encourage those in crisis to temporarily remove firearms from their presence during their crisis. Support temporary transfer by waiving liability for FFLS and individuals accepting firearms.
- Develop and implement cultural competency and moral injury training.
- Establish Public health campaign on “Never Worry Alone” & “Ask the Question”
- Require the Governor’s Challenge Team and SMVF Suicide Prevention Advisory Committee to report back to legislature bi-annually to address progress on implementing the SMVF Suicide Prevention Plan.

Background

Suicide is a public health issue that affects many Washington families and communities daily. Service members, Veterans, and their families (SMVF) are at higher suicide risk due to various risk factors which can contribute to suicidal thoughts and behaviors. In the past 10 years, Federal and state government have progressively investing more in suicide prevention strategies. Washington State has been at the forefront of this charge, and supports the national goal of reducing suicide by 20% by 2025.

More recently, the public health approach has been adopted to end SMVF suicide. The public health approach focuses on identifying risk factors and leveraging protective factors associated with suicide and suicide prevention. Most importantly, this approach aims for upstream prevention that targets SMVF and their needs before they are in crisis. This involves identifying a vulnerable population and screening for suicide risk, connecting SMVF to appropriate resources and supportive communities that meet their needs, reducing access to lethal means, and promoting safety planning.

To reduce suicide among SMVF in Washington State, an interagency and community partner collaboration group was formed to produce the Washington State SMVF Suicide Prevention Strategy 2021-2023. To ensure a true public health approach, this collaboration group includes federal, state, clinical, and community SMVF and suicide prevention subject matter experts.

Acknowledgments

This plan was created through interagency and community collaboration involving various partners across the country and state. These partners represent federal, state, clinical, and community entities.

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SMVF Suicide Rates and Facts

Federal Suicide Rates and Facts

The SMVF community is a very diverse group in the U.S. This group is sometimes identified by uniform or clothing. Yet often, they live among others going unnoticed. The SMVF community possess many unique risk and protective factors for suicide driven by a culture molded by common experiences and rules.

U.S. Veterans - In 2018, 6,435 Veterans lost their lives to suicide nation-wide¹. Though the peak of Veteran suicide was in 2014, we have not yet seen a substantial decrease in Veteran suicide. Over 6,000 Veterans have died by suicide each year since 2005. Among the 17.6 Veterans who die by suicide each day, it has been reported that only 6.5 of them are receiving care or accessing benefits from the VA¹.

Veterans are at an increased risk of suicide with a rate 1.5 times the general population¹. Though there is no one single path or reason for suicide, common risk factors that may contribute to suicide are mental illness, substance use disorder(s), and access to lethal means¹. In 2018, 59.6% of Veterans using VHA who died by suicide experienced a mental health or substance use disorder¹. Veterans are also more likely to own firearms and store them in their homes giving them greater access to the most lethal means. In 2018, 68.2% of nationwide Veteran suicides were by firearm¹.

U.S. Service Members - In 2019, a total of 498 service members died by suicide². Of them, 344 were active duty, 65 reserve, and 89 National Guard². Rates for active duty suicides have increased since 2016. Among all active branches, the Air Force saw the largest increase from 2018 to 2019².

SMVF are at an increased risk of suicide compared to the general population due to many unique risk factors including experiences, culture, resources, and access to lethal means. In 2018, the U.S. suicide rate was 14.2 per 100,000, while service member suicide rates were 24.8 (active duty), 22.9 (reserve component), and 30.6 (National Guard component)². Common risk factors present at the service members' death were failed relationships (Active – 39.2%, Reserve – 45.2%), financial issues (Active – 4.7%, Reserve 9.7%), and legal involvement or military punishment (Active 32.4%, Reserve – 21.8%)². A majority of service members who died by suicide had no known history of mental or physical illness. Within military culture, fear of losing one's job, security clearance, or trust may play a factor in limited access to or diagnosis of mental health conditions. Though majority of service member suicide attempts were by drug/alcohol overdose, an overwhelming majority of suicide fatalities were completed with a firearm (Active – 59.6%, Reserve – 66.2%, National Guard – 78.7%)². Firearms are one the most lethal means for suicide.

- 1) U.S. Department of Veterans Affairs. 2020 National veteran suicide prevention annual report, 2020. Available: <https://www.mentalhealth.va.gov/docs/data-sheets/2020/2020-National-Veteran-Suicide-Prevention-Annual-Report-11-2020-508.pdf>
- 2) U.S. Department of Defense. Annual suicide report calendar year 2019, 2020. Available: <https://www.dspo.mil/Portals/113/Documents/CY2019%20Suicide%20Report/DoD%20Calendar%20Year%20CY%202019%20Annual%20Suicide%20Report.pdf?ver=YOA4IZVcVA9mzwtfsdO5Ew%3d%3d>

U.S. Military & Veteran Families - Dependent suicide data has only recently been collected due to the understanding that military families experience similar risk factors as service members and Veterans. Since a military dependent is a civilian, tracking suicide fatalities among this population is difficult. Veteran family member suicide data is even more difficult to track and has yet to be recorded in any official capacity. The military and Veteran family accounts for a large portion of the general population. This information is useful in determining where and how to allocate prevention resources for military and Veteran families who experience unique suicide risk and protective factors.

In 2018, 193 military dependents died by suicide, including 128 spouses and 65 children². National Guard dependents had a higher suicide rate (8.5 per 100,000) than the active (6.9 per 100,000) and reserve (6.3 per 100,000) components². Though most of the spouses who died by suicide were female, the female spouse suicide rate in 2018 was 8.0 per 100,000, and comparable to the general female population suicide rate (8.4 per 100,000)². However, the male spouse suicide rate, 40.9 per 100,000, was much higher than the general male population suicide rate, which was 28.4 per 100,000 in 2018².

Similar to service member and Veteran suicide, military dependents often have greater access to firearms in their homes, increasing their risk of suicide by firearm. 55.7% military dependent suicides, including spouses (57.0%) and children (52.3%) were completed with a firearm². Firearm suicides are less common among females in the general population (30.8%) but the most common method among female military spouses (48.6%)².

Washington State Rates and Facts

Washington State is home to 544,290 Veterans, 60,699 active duty service members, 17,941 guard and reserve service members, and 2,000,000 military and Veteran family members³. Washington State services to the military and Veteran community are really services to Washington State citizens. Washington State is known to be a Veteran and military friendly and supportive state, with a wide variety of benefits and programs catered to this population. Washington State is ahead of the curve with military and Veteran programming. A variety of programs currently exist to serve our Veterans³. However, connection to these programs and resources may fall short. Eligibility for programming is complicated as it depends on military or Veteran status (active duty, combat experience, activated or non-activated guard and reserve, discharge status, and disability rating), which makes it difficult for those seeking assistance to navigate resources and services. Strengthening the knowledge and availability of these resources is now more important than ever.

- 2) U.S. Department of Defense. *Annual suicide report calendar year 2019, 2020*. Available: <https://www.dspo.mil/Portals/113/Documents/CY2019%20Suicide%20Report/DoD%20Calendar%20Year%20CY%202019%20Annual%20Suicide%20Report.pdf?ver=YO44IZVcVA9mzwtsfdO5Ew%3d%3d>
- 3) U.S. Department of Veterans Affairs *Population Reports, 2020*. Available: https://www.va.gov/vetdata/veteran_population.asp

Washington State Veterans - A total of 233 Washington State Veterans died by suicide in 2018⁴. Though Veterans make up 7% of the Washington population, they account for 19% of the suicides⁴. Veteran males between 20-34 years have much higher rates of suicide than males 20-34 years among the general population⁴. However, 48% of Veteran suicides were by those 65 and older⁴.

Although there is no single cause of suicide, Veterans have culturally unique military-related experiences which put them at greater risk. Common issues Washington Veterans face at the time of suicide are job loss, financial concerns, intimate partner problems, physical and mental health-related concerns, and homelessness⁴. These issues vary based on age groups. Younger Veterans (20-34), tend to face intimate partner crisis or problems⁴. Veteran males in their middle years (35-64) tend to face mental health or substance use history and job or financial problems⁴. Older Veterans (65 and older) overwhelmingly have physical health problems at the time of suicide⁴, and are also much less likely to disclose their suicidal thoughts or plans to anyone⁴.

Access to lethal means can increase suicide risk. Though many Washingtonians own firearms, Veterans are more likely to have a firearm in their home, thus increasing the risk of suicide by firearm. Currently, 76% of firearm fatalities in Washington State are suicides⁴. In 2018, 67% of Veterans who died by suicide used a firearm, compared to 43.5% of the remaining Washington population⁴.

Washington State Military and Veteran Families - Though Washington state is home to 2,000,000 military and Veteran families, collecting suicide data on this population has proven to be very difficult. At this time, there is no state specific suicide data available for military and Veteran families.

4) WA Department of Health, Washington State Violent Death Reporting System (WA-VDRS)

Public Health Approach to Suicide Prevention

Washington State Suicide Prevention History

Over the past 10 years, Washington has been at the forefront of suicide prevention, passing various legislative house bills supporting training and programming for suicide prevention in several sectors. Recently, the suicide prevention efforts have focuses more heavily on the military and Veteran community.

Timeline of Washington State Suicide Prevention

2012:

House Bill 2366

Required mental health care professionals to complete training in suicide assessment, treatment, and management every six years beginning January 2014. Commissioned a study by the Washington State Department of Health (DOH) on how evidence-based training affects all licensed health care professionals' ability to identify, refer, treat, and manage patients with suicidal ideation.

2013:

House Bill 1336

Improved schools' capacity to prevent student suicide. Required Educational Service Districts (ESDs) to build training capacity on suicide prevention. Required school district crisis plans, suicide content in Teachers' Issues of Abuse course and 3-hour training for school nurses, counselors, psychologists and social workers.

2014:

House Bill 2315

Added requirement that healthcare professionals (nurses, doctors, PAs, DOs, etc.) complete one-time training in suicide assessment, treatment, and management. Required DOH to develop a list of approved model suicide training programs, convene a steering committee, and develop a statewide plan for suicide prevention.

2015:

House Bill 1138

Created task force on mental health and suicide prevention at Washington higher education institutions.

House Bill 1424

Requires (DOH) to revisit the list of trainings created under House Bill 2315, set evaluation criteria, and determine which training programs belong on the list. Since July 2017, all health care providers certification training must be on the list.

2016:

House Bill 2793

Created the Safer Homes Task Force to raise public awareness and increase suicide prevention education to prevent suicides. Created a Safe Homes Project to certify firearms dealers and firearms ranges that meet specified requirements as Safer Homes Partners. Required pharmacist suicide prevention and lethal means training. Required that the standards for suicide assessment, treatment, and management training include content specific to veterans.

2017:

House Bill 1379

Implemented a comprehensive approach to suicide prevention and behavioral health in higher education.

House Bill 1612 (did not pass but was funded in the budget)

Created a Suicide-Safer Homes Project account to support prevention efforts and develop strategies for reducing access to lethal means.

2018:

House Bill 2513

Implemented a comprehensive approach to suicide prevention and behavioral health in higher education, with enhanced services to student veterans. Statewide resource provided curriculum to train staff and students in suicide recognition, including the specific needs of student veterans.

2019:

House Bill 1648 (bill did not pass but items were funded in the budget)

Required the Department of Veterans Affairs to develop and implement a statewide plan to reduce suicide among service members, veterans, and their families. Required dissemination of suicide awareness and prevention materials prepared by the Safer Homes, Suicide Aware Task Force. Required dissemination to firearms dealers and licensed pharmacies for distribution to firearms purchasers and pharmacy patients.

2020:

House Bill 2411

Expanded suicide prevention training to optometrists, acupuncture/eastern medicine providers, and veterinarians. Created an online, interactive training module in suicide prevention for persons working in the construction industry (must be developed by July 1, 2021).

Washington State Governor's Challenge to End Veteran Suicide

National support for reducing Veteran suicide has increased in the past year. In March 2019, the President signed Executive Order 13861 which supports a three-year effort to reduce suicide among SMVF's. In support of this executive order, the Federal VA has rolled out Mayor's and Governor's Challenges supporting state efforts to reduce suicide in their communities. In January 2020, Washington

State was asked to participate in the second round of the Governor’s Challenge to End Veteran Suicide. Governor Inslee accepted the Governor’s Challenge, which includes interagency collaboration and assistance from the Federal VA and SAMHSA to create a plan for reducing suicide among the Military and Veteran community in Washington State. The WDVA Suicide Prevention Coordinator was chosen to lead this initiative. The Governor’s Challenge group is comprised of various subject matter experts and policy leaders. This initiative resulted in the creation of an action plan, and ultimately the Washington State SMVF Suicide Prevention Strategic Plan 21-23.

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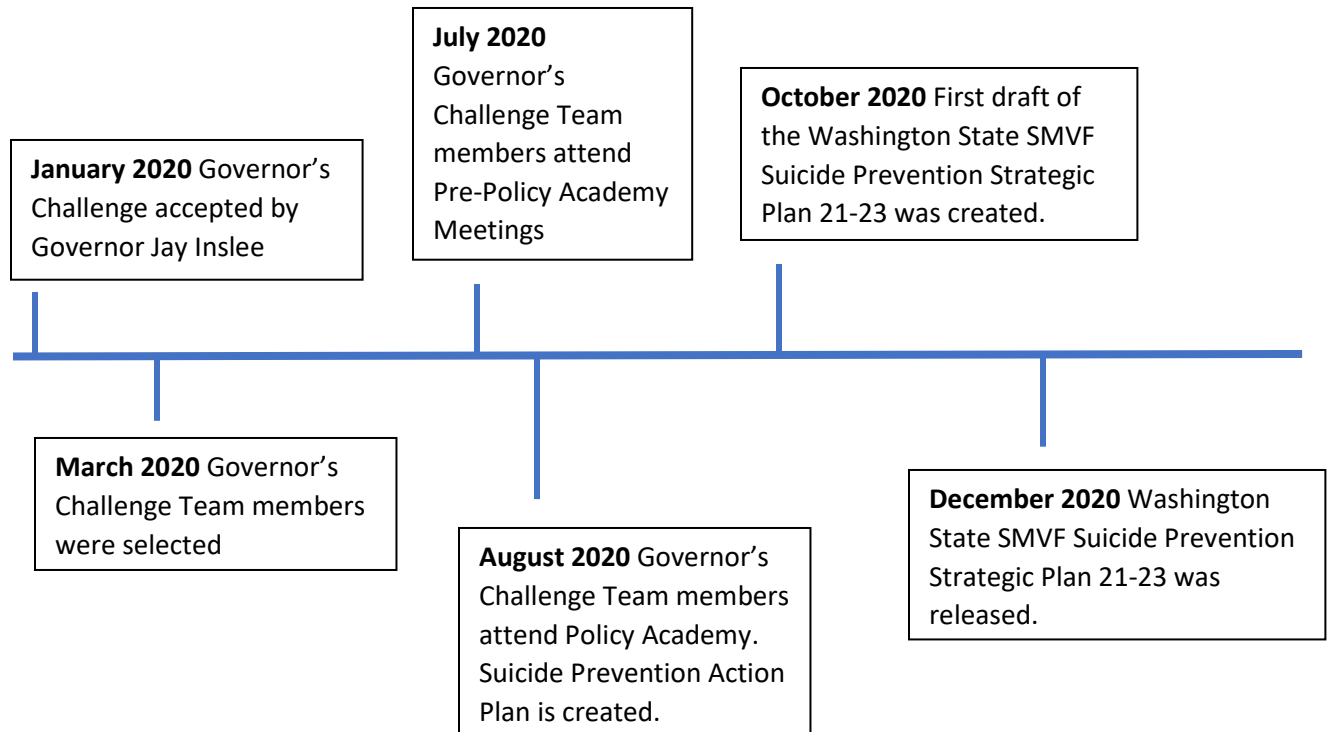
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Governor's Challenge Timeline



SMVF Suicide Prevention Strategy and Logic Model

The SMVF Suicide Prevention Strategy was created from investigating the resources available and needs in Washington State for SMVF suicide prevention. This was determined by applying the SMVF TA Center logic model to current issues and concerns surrounding Washington State SMVF. Thomas Joiner's Interpersonal Theory of Suicide was also used to identify which needs and resources to prioritize.

Thomas Joiner's Interpersonal Theory of Suicide

Although there is no one path to suicide, Thomas Joiner has identified three factors that are commonly present immediately preceding suicidal behavior: 1) thwarted belongingness, 2) perceived burdensomeness, and 3) acquired capability of suicide⁵. Thwarted belongingness exists when someone feels cast-out from their social group, whether they are being deliberately outcast or not⁵. This might be verbalized as "No one would even notice if I were gone". Military culture encompasses comradeship and cohesion which can serve as a protective factor for many SMVF. However, this also makes thwarted belongingness much more impactful for this population. Perceived burdensomeness is the perception that an individual's needs are a nuisance to others. Even if this is not reality, it feels real to the individual⁵. This might be verbalized as "everyone would just be better off if I were dead." Although military members work as a team, military culture often creates an environment around being a hero for others and enduring suffering in silence. The thought of asking another for help may seem like a nuisance and create further isolation. Acquired capability of suicide is the desensitization of an individual's natural aversion to injury or death that results from repeated exposure to death, illness, injury, or violence⁵. The human body and mind are made to survive at all costs. Yet, this instinct can be

broken down with time or experiences that desensitize an individual to the idea of death. Acquired capability is also associated with increased pain tolerance, as it is necessary to endure the pain involved in the suicidal act. For many, this capability may be acquired by non-fatal self-injury such as 'cutting' or risky adrenaline invoking activities like driving erratically. For service members and Veterans, this acquired capability is built into military culture. All armed forces personnel attend basic training that prepares service members for the possibility of dangerous situations, regardless of the specific job. Furthermore, the culture and experiences embrace valuing others' lives over one's own and understanding of the inevitable possibility of death. This may increase the risk of impulsive suicide acts. In addition to the capability, service members and Veterans are often much more comfortable with the most lethal means, firearms, which may also increase the potential for an impulsive suicide act.

SMVF TA Center Priority Areas

Based on research, the SMVF TA Center identified three SMVF suicide prevention priority areas: 1) Identify and Screen SMVF, 2) Promote Connectedness and Improve Care Transition, 3) Increase Lethal Means Safety and Safety Planning. These three areas focus on upstream prevention to address the three components of Thomas Joiner's Interpersonal Theory of Suicide.

Identify and Screen SMVF - The first step to providing upstream SMVF suicide prevention is identifying them. This is very important due to the unique risk and protective factors, as well as the resources specific to the military and Veteran community. This may also improve belongingness for those suffering from isolation or ostracization from the community.

Promote Connectedness and Improve Care Transition - Connectedness to the community and resources is essential to SMVF mental wellness. By promoting connectedness and improving care transitions, SMVF will have the support and resources they need. This may improve perceived burdensomeness if resources are readily available and help-seeking behavior is improved.

Increase Lethal Means Safety and Safety Planning - Although capability of suicide acquired through military experiences cannot be erased, improving and increasing the conversations around lethal means safety and safety planning can decrease impulsive suicidal behaviors.

5) Joiner T. *Why people die by suicide*. Cambridge, MA, US: Harvard University Press; 2005.

SMVF Strategic Plan

I. Identify SMVF and Screen for Suicide Risk

The goals and objectives in this section inform the public about unique risk factors experienced by service members, Veterans, and military families. Service members, Veterans, and military families live in all communities across Washington State. National Guard and reserve members may not be as easy to identify as their active duty counterparts, and may also not have access to the same benefits, but nonetheless have similar needs. Veterans may not readily identify themselves as such and their access to benefits also vary greatly. Family members are identified as civilians, yet are still affected by military risk and protective factors such as access to firearms, military associated stressors, and unique resiliency skills.

It is not only important that a SMVF is identified as such, but that they also receive quality culturally appropriate screening which identifies unique risk factors for suicide and utilizes specific protective factors for prevention.

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.

Members of the military and Veteran community possess unique risk and protective factors that come with cultural experiences. Many Washington State agencies and organizations provide specific resources to SMVF. Healthcare providers and community partners must be able to identify a SMVF and feel confident connecting SMVF to specific resources. This can be achieved by fully understanding military and Veteran culture, mental health challenges, and barriers.

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

It is crucial for healthcare providers outside the VA and community partners who interact with SMVF to understand attributes, challenges, and strengths specific to the military and Veteran population. Cultural competency leads to appropriate identification of SMVF and culturally informed conversations and care that lead to health and behavioral compliance.

Cultural competency training will result in:

- 1) increased understanding of unique needs of and resources for SMVF
- 2) increased endorsement of SMVF culturally competent conversations and care
- 3) increased ability to identify ways to improve care through cultural competency
- 4) increased intentions to act on what is learned

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

A common stereotype of military mental health is that every service member is diagnosed with PTSD. PTSD diagnosis among all vets is small, about 30% among OIF/OEF. Contrary to common assumptions, service members can suffer from a variety of mental health disorders. A much less known mental health crisis that has recently been identified is moral Injury. To the untrained eye this can be misdiagnosed as PTSD. Moral injury occurs when a person performs or witnesses behaviors opposing

their individual values or moral beliefs. This can lead to feelings of guilt and sadness rather than the anger and fear seen in PTSD. Misdiagnosis has led to improper and uninformed treatment. Therefore, it is crucial that healthcare providers outside the VA health system are provided proper training.

Moral Injury training will result in:

- 1) increased ability to define moral injury
- 2) increased ability to distinguish moral injury from PTSD
- 3) increased understanding of moral injury treatment options

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

Many SMVF experiencing mental health challenges do not seek mental healthcare. However, they may have periodic interaction with a general practitioner. General healthcare providers may not routinely perform suicide screening for patients if they do not notice obvious mental health concerns. They may also lack education regarding the best screening and referral practices for the SMVF population. Promoting and supporting consistent and routine suicide screening by community healthcare providers can improve quality of life for the SMVF population.

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

Although not exclusively used for SMVF, the Columbia-Suicide Severity Rating Scale has been effective in screening SMVF for suicide risk. The screening tool can be used by various groups of people. Promoting, educating, and encouraging healthcare providers, especially those in the community interacting with SMVF, to use this screening tool can create consistency for the military and Veteran population. This will result in increased healthcare provider self-reporting of:

- 1) knowledge of how and when to use CSSR-S
- 2) use of CSSR-S
- 3) familiarity and comfort with SMVF referral resources
- 4) appropriate referrals

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

The Suicide Risk Management Consultation Program, hosted by MIRECC, provides consultation to any provider treating Veterans. The program also provides education and resources for providers treating at-risk Veterans. By promoting this program, community providers in Washington State can provide informed screening and care for Veterans at-risk.

Promotion of “Never Worry Alone” will result in:

- 1) increased knowledge of the consultation program
- 2) increased report of using the program
- 3) increased confidence and comfortability screening and referring at-risk Veterans

Objective 1.3: Launch “Ask the Question” Campaign

Alongside the necessity of cultural competency, it is essential for community providers to be able to identify SMVF in order to screen, treat, and refer them appropriately. For some, this identification requires asking the question, “Have you or someone you love served in the armed forces?” Many states have implemented an “Ask the Question” campaign to encourage and in some cases, require providers to inquire about SMVF status to provide appropriate care. The Governor’s Challenge team plans to investigate how other states have implemented a campaign to encourage healthcare providers to “Ask the Question” and implement a similar campaign in Washington.

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.

A large part of suicide screening is the ability for the person experiencing a mental health crisis to feel comfortable sharing that information with the screener. SMVF must feel comfortable, confident and safe sharing information about their mental health and wellness. Stigma around mental health and consequences of sharing challenges in the military and Veteran community often create barriers for them to access appropriate care. By creating an environment that allows SMVF to feel comfortable, confident, and safe to seek assistance, suicide ideation will no longer go unnoticed and lives will be saved.

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

National Guard service members and families often fall through the cracks due to their unique military status which affects access to resources. However, they have needs and concerns similar to their active component brothers and sisters. Stigma around fitness of leadership and job security are additional barriers when experiencing a mental health crisis. WDVA plans to partner with the Washington State National Guard to promote a targeted media campaign breaking down the stigma around help seeking behavior and using available community resources. The campaign will include social media posts featuring leaders and fellow service members telling success stories about their road to mental wellness. Alternate media sources will also be used, including radio and billboards to reach more disconnected populations.

The social media campaign will result in:

- 1) improved attitudes regarding stigma associated with seeking help for mental health concerns
- 2) increased intentions to seek help if needed
- 3) decreased concerns about threat to job-readiness

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 a mental health crisis to local (not Tribal) county law enforcement and first responders.

II. Promote Connectedness and Improve Care Transition

A service member’s transition can be an intense and stressful time full of adjustments. Veterans who are within their first year of military separation are at an increased risk of suicide. Upstream prevention focuses on reaching or referring a SMVF to resources before crisis occurs to get ahead of despair and

suicidal ideation. Washington State is a place many Veterans call home due to the variety of programs tailored specifically for SMVF. The goals and objectives in this section seek to connect SMVF to their community, local resources, and the VA health system and benefits using an upstream method.

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 receive training outlined in priority area 1

Community service providers and frontline staff who come in contact with SMVF frequently should be equipped with military cultural competency. Although mandating training may be difficult to enforce, providing incentives such as “Ready to Serve Veterans” (R2SV) certificates which indicate the cultural competence of a service provider may encourage participation in training and utilization of SMVF resources.

Ready to Serve Veterans aims to:

1. Increased enrollment and participation in training programs and resources
2. Increased “Ready to Serve Veterans” certificates awarded
3. Threshold of 6 trainings held per year with 75% participants receiving R2SV certificate

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

A major gap in reach exists among the transiting service member, who are at a high risk of suicide within the year of transition to Veteran status. About two-thirds of Veterans who die by suicide are not connected or utilizing VHA benefits. Reaching a service member prior to transition to navigate enrollment and contact with the VHA and VBA is essential to providing upstream prevention for mental wellness. There are many emerging programs to aid in this transition that are worth exploring.

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

Peer to peer models have shown to be effective for suicide prevention by providing community connection and purpose. Focusing on a program which targets SMVF during critical periods of transition provides an upstream approach and reduces the gap in care and connection by linking them to their local community. Expansion of the existing WDVA Peer Corps program would include incorporating a resource hub to provide local resources Peer Corps mentors can utilize to provide warm hand-offs for Veterans in need.

Peer to peer model expansion will result in:

1. Expanded pool of peers to mentor SMVF
2. Increase in peer to peer connections created
3. Resource hub that can be accessed by peer mentors and others serving Veterans in the community

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

By increasing the number of VSOs available in each Washington State county, more Veterans can be enrolled in the services and benefits they've earned via their military services. By embedding these VSOs at the county level, time and travel burdens on Veterans are reduced. Ideally this would translate into more engagement with Veteran services and VA Healthcare.

To accomplish this goal, we will network with county leaders to get buy-in to this model of increasing VSO availability, and to secure county funding to pay for the associated staff positions.

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 opportunity.

Develop or connect with programs that can serve as a clearinghouse for grant opportunities that community agencies that serve Veterans may be eligible for. Thus, those community programs may be better informed and therefore able to secure on-going funding. With secured funding, these agencies would be able to maintain more continuous care for the SMVF community

To accomplish this goal, we need to identify a structure that would allow federal, state, and community resources to share information about grant opportunities and funding sources in a way that is both ethical and effective. Such a structure may currently exist, and would just need to be tailored to SMVF priorities. Exploration of this option is currently underway.

III. Increase Lethal Means Safety and Safety Planning

Lethal means are objects, such as medications, firearms and razor blades that can be used to engage in suicidal and self-harming behavior. Facilitating lethal means safety is an essential component of effectively intervening with suicidal individuals. Counseling about lethal means entails talking explicitly and specifically about how means that in most circumstances are innocuous can increase risk for suicide when accessible during times of suicide crisis.

Practices associated with firearms safety should include education about lethal means safety that, absent a specific risk, are akin to recommendations around safe storage of firearms to make one's home safer. This can be accomplished through public messaging campaigns, news media outreach, and primary prevention strategies deployed in community-based settings. We need to raise awareness that suicide is an acute and growing public health problem, and about what we can do today to help prevent it by locking up and, limiting access to medications and firearms. Firearms and medications serve many useful purposes in our society. However, they both share the challenge that, in the hands of a person in crisis, they can be misused to end one's life.

Lethal means safety is considered one of the most effective strategies in suicide prevention. In international case studies, large reductions in suicide rates occurred after systematic changes to the availability of lethal means occurred. Lethal means safety works in the following way: suicidal ideation develops when individuals are experiencing a combination of psychological pain and hopelessness. Adding experiences of disconnection leads suicidal thoughts to escalate, which can spiral into suicidal behavior enabled by easy access to lethal means. When firearms are easily accessible, the risk of death from acting on suicidal ideation increases. Firearms are the most common and the most lethal method used in suicides in the U.S. Approximately 90 percent of suicidal acts with a firearm result in death.

Safety planning is an individual suicide prevention intervention that should always incorporate lethal means safety counseling. However, its focus is also brainstorming ways to help reduce the risk of future harm to self. It embraces planning for future crises, including developing internal and external coping strategies, and identifying resources and reasons for living. The Safety planning Intervention inserts additional active ingredients into the process, which are not always present in the way safety planning is currently being deployed in health and mental health care settings.

Washington State is uniquely poised to address priority area #3 of the Governor's Challenge for Suicide Prevention. The Safer Homes, Suicide Aware program/ campaign educates veterans and men in the middle years (age 35-64) about suicide, and promotes ways to address their needs. A diverse task force guides the program/ campaign, comprised of persons with public health knowledge, suicide prevention expertise, Veterans groups, and firearms ownership organizations. Safer Homes, Suicide Aware includes multiple programmatic elements guided by a socio-ecological model, with strategies deployed at the individual, relational, community and societal (policy) levels. It is against this backdrop that the following goals and objectives for Priority Area #3 emerge.

Goal 7: Increase public and policy maker awareness about suicide and firearm fatalities among SMVF and men in the 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 firearms fatalities and any policy needs stemming from the Governor's Challenge.

Firearm deaths in Washington State and across the nation are disproportionately from suicide. Per the CDC's WISQARS data, more than three quarters of firearm deaths from 2007-2017 were suicides. Unfortunately, policy discussions surrounding firearms and gun violence are seldom couched in terms of suicide prevention, instead focusing exclusively on criminal violence or high-profile mass shootings. While these are important events, we must increase awareness of needed support for veterans who acclimated to the firearms owning culture during their service for our country. Policies intended to reduce firearm fatalities must focus on suicide prevention and lethal means safety if they are to have a meaningful effect in reducing firearm deaths.

These facts must be presented to media, elected officials and policymakers across the state in order to raise awareness of the growing suicide problem affecting veterans.

Education will result in:

1. Increased education of firearm-involved fatality data to elected officials and policymakers
2. Increased knowledge of firearm-involved fatality data among the public
3. Increase news stories that discuss suicide prevention and lethal means safety

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

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

To reach veterans in community-based settings, it is critical to provide education by trusted messengers. Veterans disproportionately own firearms in Washington state and across the nation. Thus, community-based efforts focused on firearms safety will reach veterans in addition to men in the middle years who own firearms, both of whom are groups at highest risk for suicide in the U.S. All firearms safety messaging should encompass suicide prevention and lethal means safety since suicide is the leading

type of firearm fatality, a fact that is not well-known in the general population. An approach focused on integrating suicide prevention and lethal means safety information into the culture of firearms safety and ownership will also reach Veterans.

Under Washington Initiative 1639, residents are required to take a course covering suicide prevention and lethal means safety in order to purchase a semi-automatic rifle. Yet, there is no industry standard for the course, and research demonstrates that most courses on firearms safety do not include suicide prevention or lethal means safety. Most firearms safety instructors are not equipped to teach suicide prevention or lethal means safety.

In response, Forefront's Safer Homes, Suicide Aware program developed a 90 -minute course to meet the legislative requirement and address the training needs of most firearms owners who are new to suicide prevention and lethal means. This curriculum, developed in partnership with the Safer Homes coalition, provides a modern, compelling overview of firearms safety inclusive of firearms suicide. The presenters, both Safer Homes staff, hold a variety of professional certifications as firearms instructors, and have extensive backgrounds in both the armed forces of the United States and private-sector marksmanship training.

Expansion of lethal means safety course will result in:

1. Increased partners who advocate for people taking the course
2. Improved marketing of course
3. Increased reach of firearms safety knowledge among populations purchasing firearms, with an emphasis on suicide prevention and lethal means safety

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

Across the U.S. there are a number of 'gun shop' projects under development. FFLs are a conduit to firearms and ammunition and to education regarding firearms-related laws and safety, are situated to aid in suicide prevention efforts. Until recently, they were not an outreach focus. Because suicide by firearm sometimes occurs after a new firearm is purchased, FFLs may be able to identify customers who are experiencing a suicidal crisis, and connect them with assistance through the National Suicide Prevention Lifeline or other resources. FFLs can also disseminate public health messaging about the importance of safe storage and lethal means safety to protect family members from suicide, and consult with customers on the best methods for locking up firearms. They can educate customers about how to intervene with someone who is in a suicide crisis, providing specific information about means-safety or the need to temporarily limit access to firearms and other means.

The FFL toolkit will result in:

1. Utilization of the FFL certificate program
2. Increased suicide prevention training attendance by FFL staff
3. Increased distribution of suicide prevention materials with all firearms purchases

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

Veterans and their families returning to civilian life after deployment need to learn about what may lie ahead regarding mental health. They need to understand there is nothing ‘broken’ about them if they seek help for behavioral health and substance use problems. They need to know what the resources are, and that they are meant to be used because they have earned them by serving their country. They also need to know what to expect in terms of possible suicidal ideation, and what their options are if they ever have suicidal thoughts. A critical component of this education is lethal means safety. Many Veterans own private firearms due to their acculturation to and use of firearms while serving their country.

Lethal means education in transition will result in transitioning SMVF:

1. Receiving resources for behavioral health
2. Increasing help-seeking attitudes
3. Increasing knowledge of suicide prevention and lethal means safety

Objective 8.4: Continue to offer the SAFER structured conversation 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 is a mnemonic that stands for: (1) Signpost to recruit participant; (2) Assess participant’s current situation around firearms storage, knowledge and attitudes about suicide; (3) Facts relevant to the participant’s context should be shared; (4) Expect emotion and validate it; and (5) Recommend steps tailored to the individual’s circumstances to make their homes SAFER to prevent suicide. SAFER is not a clinical intervention. It is an approach taught to peers. When discussing firearm storage behaviors with the target audiences, they need to be non-combative and reinforce positive change through specific recommendations informed by the participants’ current storage behaviors and prior experiences with suicide. Free locking devices for firearms and medications are provided during SAFER. When participants are concerned about others or have experienced suicide loss, they are also offered resources specific to these needs. A paper studying the feasibility of SAFER was recently published in BMJ’s Injury Prevention. Statistically-significant improvements in locking behaviors were observed for both medications and firearms among Veterans who participated in SAFER.

SAFER continuation will result in:

1. Increased number of SMVF counseled about lethal means safety
2. Increased positive behavior change around storage of firearms to make home safer from suicide
3. Increased awareness of how to support peers in crisis, and of grief and loss resources for SMVF

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 new training, created by Forefront Suicide Prevention for those who come in contact with SMVF. Many trainings help individuals identify the signs of suicide ideation, and provide tools to connect at risk individuals with resources. What many other suicide prevention trainings lack is

the crucial step of providing education on removing means for individuals in suicide crisis. This includes options for locking up or removing firearms and prescription medications that can be used to act on suicidal thoughts. This step is crucial for immediately limiting the risk of a suicide attempt.

LEARN SAVES LIVES, in collaboration with the WDVA in 2019, was customized for Veterans and their caregivers. It includes important content on specific risk and protective factors for suicide for SMVF, and detailed information on Veteran specific resources. Delivered in partnership with the WDVA's Peer Corps, LEARN SAVES LIVES for SMVF is currently being used to train all certified peer mentors on how to identify potentially suicidal Veterans, help them reduce their access to lethal means, and connect them to follow-on care.

LEARN SAVES LIVES will:

1. Increase knowledge, confidence, and attitudes about suicide prevention
2. Increase positive behaviors related to intervening with individuals of concern
3. Increase lethal means safety preventative practices in the home

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 the how means matter in the prevention of suicide.

The VA Puget Sound asked Safer Homes, Suicide Aware to develop a course on cultural competency re firearms ownership in the U.S. inclusive of SMVF, identifying how increased competency will improve counseling around lethal means. Counseling around lethal means is a critical component of safety planning with patients. The VA Puget Sound believes current trainings on lethal means counseling is insufficient to educate providers on how to broach this issue with patients who are at-risk for suicide. A three-hour course for health care providers is currently in development, and will be ready by June 2021 for on-line dissemination.

Lethal means cultural competency training will result in:

1. Increased confidence for VA providers to counsel around lethal means
2. Increased use of counseling around lethal means
3. All VA providers trained on SPI

Objective 9.2: Develop a training on the SPI intervention for use with Tri-Care providers.

Currently, mental health providers in Washington State are required by law to take a minimum six hours of suicide prevention training every six year. They will now be required to take advanced training. There currently is not a good course or training platform available on the safety planning intervention that is targeted at providers serving Veterans outside the VA, but there is one in development within the VA. This training platform on the safety planning intervention developed for VA providers should be readily accessible soon for Tri-Care providers who will be fulfilling their six-hour requirement.

Closing

In 2019, 498 service members died by suicide. Of those, 344 were active duty, 65 reserve, and 89 National Guard. In 2018, 6,435 Veterans lost their lives to suicide nation-wide, including 233 in Washington State. Veterans are at an increased risk of suicide with a rate of 1.5 times that of the general population. In 2018, 193 military dependents died by suicide, including 128 spouses and 65 children. For each suicide, about 135 people are exposed to the loss, one third of whom experience a major life disruption as a result.

Over 41 members representing 14 different federal, state, clinical, and community organizations participated in the creation of a Service Member, Veteran and Families (SMVF) Suicide Prevention Plan. Governor Jay Inslee accepted the Governor's Challenge to End SMVF Suicide sponsored by the U.S. Department of Veterans Affairs (VA) and Substance Abuse and Mental Health Services Administration (SAMHSA) SMVF Tools for Action (TA) Center. Twenty-six members, many of whom were already participating on the Suicide Prevention Advisory Committee, joined the Challenge.

Three groups engaged in developing a logic model that include sub-goals, action plans and metrics. The model identifies three major priority areas:

- 1) Identify SMVF & Screen for Suicide Risk;
- 2) Promote Connectedness & Improve Care Transition;
- 3) Increase Lethal Means Safety and Safety Planning.

The emotional, psychological and economic toll caused by the suicide of a service member, Veteran or family member is both significant and severe. We must take action now by following the goals and strategies established in the SMVF Suicide Prevention Plan and Governor's Challenge to End SMVF Suicide.

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)

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

FFL – Federal Firearm License (aka licensed firearm dealer)

Appendix B: Additional Resources

- 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
- Washington State Suicide Prevention Plan - <https://www.doh.wa.gov/Portals/1/Documents/Pubs/631-058-SuicidePrevPlan.pdf>
- 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>
- 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.>
- University of Washington Forefront Suicide Prevention - <https://inthe forefront.org/>