Washington State
House of Representatives
Office of Program Research

BILL ANALYSIS

Health Care & Wellness Committee

HB 2315

Brief Description: Concerning suicide prevention.

Sponsors: Representatives Orwall, Harris, Cody, Roberts, Short, Morrell, Manweller, Green, Jinkins, Fitzgibbon, Tharinger, Ryu, Goodman, Ormsby, Pollet and Walkinshaw.

Brief Summary of Bill

- Expands the professions who must complete training in suicide assessment, treatment, and management.
- Requires the model list of training programs in suicide assessment, treatment, and management to be updated periodically and, when practicable, to contain content specific to veterans.
- Creates a pilot program for adult psychiatric consultation.
- Requires the development of the Washington Plan for Suicide Prevention.

Hearing Date: 1/22/14

Staff: Jim Morishima (786-7191).

Background:

Training in Suicide Assessment, Treatment, and Management.

The following health professions must complete training in suicide assessment, treatment, and management every six years as part of their continuing education requirements:

- counselors and certified advisors;
- chemical dependency professionals;
- marriage and family therapists, mental health counselors, and social workers;
- occupational therapy practitioners;
- psychologists; and
- persons holding a retired active credential in any of the affected professions.

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The first training must be completed during the first full renewal period after initial licensure or January 1, 2014, whichever is later. A person is exempt from the first training if he or she can demonstrate completion, no more than six years prior to initial licensure, of the required training.

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 includes only screening and referral elements if appropriate for the profession in question based on the profession's scope of practice. The Board of Occupational Therapy may approve training that includes only screening and referral elements if appropriate for occupational therapy practitioners based on practice setting. 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.

The relevant disciplining authorities were required to work collaboratively to develop a model list of training programs by December 15, 2013. When developing the list, the disciplining authorities were required to consider training programs listed on the Best Practices Registry of the American Foundation for Suicide Prevention and the Suicide Prevention Resource Center and to consult with experts and stakeholders.

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 occupational therapy practitioners from the training based on brief or limited patient contact, instead of based on specialty. 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.

The Partnership Action Line.

In 2007, the Department of Social and Health Services was directed to implement a pilot program to support primary care providers in the assessment and provision of appropriate diagnosis and treatment of children with mental and behavioral health disorders. The resulting program, the Partnership Action Line (PAL), provides psychiatric consultations by telephone to primary care providers statewide. The PAL is based out of Children's Orthopedic Hospital in Seattle and is staffed by child psychiatrists and social workers.

The Washington State Plan for Youth Suicide Prevention.

In 1995, the Department of Health, the University of Washington School of Nursing, and a group of experts and stakeholders developed the Washington State Plan for Suicide Prevention. The plan was updated in 2009. The plan contained a variety of statistical and demographic information about youth suicide and set forth five goals (and action areas related to those goals):

- Suicide is recognized as everyone's business.
- Youth ask for and get help when they need it.
- People know what to look for and how to help.

- Care is available to those who seek it.
- Suicide is a preventable public health problem.

Summary of Bill:

Training in Suicide Assessment, Treatment, and Management.

The list of health professions required to complete training in suicide assessment, treatment, and management is expanded to include:
- chiropractors;
- naturopaths;
- licensed practical nurses, registered nurses, and advanced registered nurse practitioners;
- physicians (who must complete the training on an eight-year cycle, instead of a six-year cycle);
- osteopathic physicians;
- physician assistants;
- osteopathic physician assistants;
- physical therapists; and
- physical therapist assistants.

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 when identifying content specific to veterans.

Psychiatric Consultation Pilot Program.

The Department of Social and Health services must implement a pilot program to support primary care providers in the assessment and provision of appropriate diagnosis and treatment of adults with mental and behavioral health disorders and track outcomes of the program. The program must be designed to promote more accurate diagnosis and treatment through timely case consultation between primary care providers and psychiatric specialists and must be focused on educational learning collaboratives with primary care providers.

Washington Plan for Suicide Prevention.

The Secretary of Health (Secretary) must develop a Washington Plan for Suicide Prevention. The plan must, at a minimum:
- examine data relating to suicide in order to identify patterns and key demographic factors;
- identify key risk and protective factors relating to suicide; and
- identify goals, action areas, and implementation strategies relating to suicide prevention.

When developing the plan, the Secretary must consider national research and practices employed by the federal government, tribal governments, and other states, including the National Strategy for Suicide Prevention. The plan must be written in a manner that is accessible and useful to a broad audience. The Secretary must periodically update the plan as needed.

The Secretary must convene a steering committee to advise him or her in the development of the plan. The committee must consist of representatives from:

- experts on suicide assessment, treatment, and management;
- institutions of higher education;
- tribal governments;
- the Washington State Department of Veterans Affairs;
- suicide prevention advocates, at least one of whom must be a suicide survivor and at least one of who must be a survivor of a suicide attempt;
- local health departments or districts; and
- any other organizations or groups the Secretary deems appropriate.

The Secretary must complete the plan by November 15, 2015, must publish the plan on the Department of Health web site, and must submit copies of the plan to the Governor and the appropriate committees of the Legislature.

Appropriation: None.

Fiscal Note: Requested on January 17, 2014.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.