

HOUSE BILL REPORT

2SHB 2671

As Passed House:
February 13, 2018

Title: An act relating to improving the behavioral health of people in the agricultural industry.

Brief Description: Improving the behavioral health of people in the agricultural industry.

Sponsors: House Committee on Appropriations (originally sponsored by Representatives Wilcox, Jinkins, Dye, Orwall, Schmick, Cody, DeBolt, Walsh, Maycumber, Griffey, Barkis, Haler, Buys, Muri, Condotta, Robinson, Doglio, Macri, Stanford and Irwin).

Brief History:

Committee Activity:

Health Care & Wellness: 1/24/18, 1/31/18 [DPS];
Appropriations: 2/3/18, 2/6/18 [DP2S(w/o sub HCW)].

Floor Activity:

Passed House: 2/13/18, 98-0.

Brief Summary of Second Substitute Bill

- Establishes a task force to review options to improve the behavioral health status of agricultural workers and reduce suicide risk.
- Establishes a pilot program related to behavioral health and suicide prevention in the agricultural industry based upon task force recommendations.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 16 members: Representatives Cody, Chair; Macri, Vice Chair; Schmick, Ranking Minority Member; Graves, Assistant Ranking Minority Member; Caldier, Clibborn, DeBolt, Harris, Jinkins, MacEwen, Maycumber, Riccelli, Robinson, Slatter, Stonier and Tharinger.

Staff: Chris Blake (786-7392).

HOUSE COMMITTEE ON APPROPRIATIONS

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Majority Report: The second substitute bill be substituted therefor and the second substitute bill do pass and do not pass the substitute bill by Committee on Health Care & Wellness. Signed by 32 members: Representatives Ormsby, Chair; Robinson, Vice Chair; Chandler, Ranking Minority Member; MacEwen, Assistant Ranking Minority Member; Stokesbary, Assistant Ranking Minority Member; Bergquist, Buys, Caldier, Cody, Condotta, Fitzgibbon, Graves, Haler, Hansen, Harris, Hudgins, Jinkins, Kagi, Lytton, Manweller, Pettigrew, Pollet, Sawyer, Schmick, Senn, Stanford, Sullivan, Taylor, Tharinger, Vick, Volz and Wilcox.

Staff: Catrina Lucero (786-7192).

Background:

Legislation passed in 2014 directed the Department of Health to establish a steering committee to develop a suicide prevention plan for Washington. The "Washington State Suicide Prevention Plan" (Plan) was published in January 2016. The Plan categorizes its recommendations into four areas: (1) healthy and empowered individuals, families, and communities; (2) clinical and community preventive services; (3) treatment and support services, including components related to similar programs funded by the federal Office of Rural Health Policy; and (4) suicide surveillance, research, and evaluation.

The Plan identifies people living in small-town rural communities as one of the populations at increased risk of suicidal behavior. The suicide rate for small-town rural communities is 18 per 100,000, while suburban and large-town rural areas have a rate of 16 per 100,000, and urban areas have a rate of 14 per 100,000. Nationally, a 2016 report from the federal Centers for Disease Control and Prevention found that the suicide rate in the occupation group including farming, fishing, and forestry was higher than any other occupational group.

Summary of Second Substitute Bill:

A task force on behavioral health and suicide prevention in the agricultural industry (task force) is established. The task force must review: (1) data related to the behavioral health status of persons associated with the agricultural industry; (2) factors that affect the behavioral health status and suicide rates of persons working in the agricultural industry; (3) components for inclusion in a behavioral health and suicide prevention pilot program; and (4) options to improve the behavioral health status of and reduce suicide risk among agricultural workers and their families.

The task force is to be staffed by the State Office of Rural Health at the Department of Health. The 16 members of the task force include:

- the Secretary of the Department of Health, or his or her designee;
- the Secretary of the Department of Agriculture, or his or her designee;
- the Secretary of the Department of Social and Health Services, or his or her designee;
- a representative of Washington State University;
- a representative of an association that represents counties;
- one representative each from two associations representing farm and ranch families in Washington;
- a representative of the Commission on Hispanic Affairs;

- representatives from the Dairy Products Commission, the Grain Commission, and the Tree Fruit Research Commission; and
- representatives of associations representing rural health clinics, federally qualified health centers, community behavioral health agencies, mental health providers, and substance use disorder treatment providers.

By December 1, 2018, the task force must report its findings and recommendations to the Governor and the committees of the Legislature with jurisdiction over health care issues.

The Department of Health must establish a pilot program related to behavioral health and suicide prevention in the agricultural industry workforce. The pilot program must be established in a county west of the Cascade Crest that is reliant on the agricultural industry. Costs of the pilot program may not exceed \$200,000 per fiscal year. The Department of Health must consider the report of the task force when implementing the pilot program. The pilot program must include the development of a free resource for workers in the agricultural industry that is linked to agency and stakeholder websites. The resource must be made available through both a web portal and a telephone support line. The resource must:

- provide a resource for training agricultural industry management, workers, and their family members in suicide risk reduction;
- provide a resource to build capacity in the agricultural industry to train individuals to deliver training in person;
- contain model crisis protocols that address behavioral health crisis and suicide risk reduction identification, intervention, reentry, and postvention;
- contain model marketing materials and messages that promote behavioral health in the agricultural industry; and
- be made available in English and Spanish.

By December 1, 2019, a preliminary report on the elements and implementation of the pilot program must be submitted to the Legislature. A final report is due by December 1, 2020, with results of the pilot program and recommendations for improvement and expansion of the pilot program.

Legislative findings are made regarding the role of the agricultural industry in Washington's economy and identity, the factors that affect the behavioral health of workers in the agricultural industry, the high rate of suicide among agricultural sector workers, and the need to develop resources for workers in the agricultural industry.

Appropriation: None.

Fiscal Note: Available.

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

Staff Summary of Public Testimony (Health Care & Wellness):

(In support) According to the federal Centers for Disease Control and Prevention, people in the agricultural industry die by suicide five times more often than the rest of the population

and twice as often as veterans. A recent article highlighted that among all occupational groups, farmers have the leading rate of suicide. Although recent reports show a decline in farm-related injuries and fatalities, there has been an increase in stress-related behavioral health problems, including suicide, depression, and substance abuse. This is a crisis and a public health issue.

Farming has many challenges such as financial insecurity, unpredictable weather, physically exhausting labor, and isolation. The lack of socialization in the farming profession, the fear of stigmatization, and poor access to proper mental health care have led to the current problem. Farmers are deeply committed, with the weight of generations on their shoulders, and are not used to asking for help. Farmers work in a high-stress field with a high rate of failure. It hurts to fail in farming when you feel that you are letting down prior generations. If the state's effort is going to be successful, it must understand the particular risks and protective factors, the stresses, the extent of available behavioral health services, and the needs of a population. The approach in this bill will help gather that information to stem this epidemic.

Medical providers need to be educated about the physical and behavioral health vulnerabilities in agricultural populations in order to provide culturally appropriate services to farmers. Many people, including therapists, do not understand the issues that farmers face, such as debt, social isolation, and the daily workload. It is difficult for farmers to access culturally appropriate resources. The bill needs to include culturally appropriate and responsive strategies to behavioral health access treatment particularly for the Latino farmworker community. This bill should make sure that culturally appropriate strategies are utilized to reach Latino farmworkers and the Commission on Hispanic Affairs and Seamar should have a seat on the task force. This bill needs some amendments to include farmworkers and Spanish language resources.

In response to suicide issues, the Family Farm Support Network was formed to help surviving family members continue after a suicide, but budget cuts eliminated the program. This concept could continue to address these issues through a hotline and other resources. This bill could achieve an expansion of awareness and mental health resources in the agricultural community.

(Opposed) None.

(Other) The bill has fiscal impacts, however, behavioral health and suicide prevention is important to the farm proprietors and farmworkers of Washington. Farming is a tough way to make a living and this bill recognizes the potential factors in farming occupations that may affect the behavioral health of farmers and farmworkers, including job isolation and demands, stressful work environment, high potential for financial losses, lack of access to behavioral health services, and barriers around willingness to seek behavioral health services. The behavioral health of agricultural workers and farmers is important on both a humanitarian level and for the longevity and viability of the state's agricultural industry.

Staff Summary of Public Testimony (Appropriations):

(In support) People involved in the agricultural industry have the highest rate of occupational suicide. Suicide rates in the farming, fishing, and forestry communities were over five times the national average in 2012. There is a lot of financial and mental stress in the farming community. In the late 2000's the Family Farm Support Network was established to address this issue. Industry and other grants were used to put together a crisis response team. Eight volunteers worked around the state on this effort for three years. This served around 1,500 people. However, the program ran out of money. Work in other states can be leveraged to make this effort effective. There may be options for reducing the fiscal note. The agricultural industry is important to the state. It accounts for over \$51 billion in state annual revenue and 12 percent of the state's economy. It is important that the people working in this industry are as healthy as possible. Currently that is not the case given the high suicide rate. There are effective suicide prevention strategies available that should be explored by the task force and through the pilot program.

(Opposed) None.

Persons Testifying (Health Care & Wellness): (In support) Representative Wilcox, prime sponsor; Audra Mulkem and Greata Hardin, Female Farmer Project; Jo Arlow; Eric Gonzalez, Washington State Labor Council; Jim Jesernig, Washington Potato Commission and Washington Grain Commission; Tierney Creech, Washington Young Farmers Coalition; Heather Hanson, Washington State Grange; and Jay Gordon, Washington State Dairy Federation.

(Other) Derek Sandison, Washington State Department of Agriculture.

Persons Testifying (Appropriations): Jay Gordon, Washington Dairy Federation; and Seth Dawson, Washington State Psychiatric Association.

Persons Signed In To Testify But Not Testifying (Health Care & Wellness): None.

Persons Signed In To Testify But Not Testifying (Appropriations): None.