

# Suicide Prevention Training

This act adds physicians, nurses, physical therapists, and physician assistants to a list of mental health professionals required to complete training in suicide assessment, treatment and management every six years. It requires the model list of training programs to be updated periodically, and when practicable, to contain content specific to veterans. It also requires the state to complete a suicide prevention plan.

Submitted as:

Washington

[Engrossed Substitute House Bill 2315](#)

Status: Enacted into law on March 27, 2014.

## Suggested State Legislation

(Title, enacting clause, etc.)

- 1 Section 1. [*Short Title*] An Act relating to suicide prevention.  
2
- 3 Section 2. [*Training in suicide assessment and treatment.*]  
4 (1)
- 5 (a) Each of the following professionals certified or licensed under [insert citation] shall, at  
6 least once every six years, complete training in suicide assessment, treatment, and  
7 management that is approved, in rule, by the relevant disciplining authority:  
8 (i) An adviser or counselor certified under [insert citation];  
9 (ii) A chemical dependency professional licensed under [insert citation];  
10 (iii) A marriage and family therapist licensed under [insert citation];  
11 (iv) A mental health counselor licensed under [insert citation];  
12 (v) An occupational therapy practitioner licensed under [insert citation];  
13 (vi) A psychologist licensed under [insert citation];  
14 (vii) An advanced social worker or independent clinical social worker licensed under  
15 chapter [insert citation]; and  
16 (viii) A social worker associate--advanced or social worker associate -- independent  
17 clinical licensed under [insert citation].
- 18 (b) The requirements in (a) of this subsection apply to a person holding a retired active  
19 license for one of the professions in (a) of this subsection.
- 20 (c) The training required by this subsection must be at least six hours in length, unless a  
21 disciplining authority has determined, under subsection (9)(b) of this section, that training  
22 that includes only screening and referral elements is appropriate for the profession in  
23 question, in which case the training must be at least three hours in length.
- 24 (2)
- 25 (a) Except as provided in (b) of this subsection, a professional listed in subsection (1)(a) of  
26 this section must complete the first training required by this section during the first full  
27 continuing education reporting period after [January 1, 2014], or the first full continuing  
28 education reporting period after initial licensure or certification, whichever occurs later.

- 1 (b) A professional listed in subsection (1)(a) of this section applying for initial licensure may  
 2 delay completion of the first training required by this section for six years after initial  
 3 licensure if he or she can demonstrate successful completion of the training required in  
 4 subsection (1) of this section no more than six years prior to the application for initial  
 5 licensure.
- 6 (3) The hours spent completing training in suicide assessment, treatment, and management under  
 7 this section count toward meeting any applicable continuing education or continuing  
 8 competency requirements for each profession.
- 9 (4)
- 10 (a) A disciplining authority may, by rule, specify minimum training and experience that is  
 11 sufficient to exempt a professional from the training requirements in subsections (1) and  
 12 (5) of this section.
- 13 (b) A disciplining authority may exempt a professional from the training requirements of  
 14 subsections (1) and (5) of this section if the professional has only brief or limited patient  
 15 contact.
- 16 (5)
- 17 (a) Each of the following professionals credentialed under [insert citation] shall complete a  
 18 one-time training in suicide assessment, treatment, and management that is approved by  
 19 the relevant disciplining authority:
- 20 (i) A chiropractor licensed under [insert citation];  
 21 (ii) A naturopath licensed under [insert citation];  
 22 (iii) A licensed practical nurse, registered nurse, or advanced registered nurse practitioner  
 23 licensed under [insert citation];  
 24 (iv) An osteopathic physician and surgeon licensed under [insert citation];  
 25 (v) An osteopathic physician assistant licensed under [insert citation];  
 26 (vi) A physical therapist or physical therapist assistant licensed under [insert citation];  
 27 (vii) A physician licensed under [insert citation];  
 28 (viii) A physician assistant licensed under [insert citation]; and  
 29 (ix) A person holding a retired active license for one of the professions listed in (a)(i)  
 30 through (viii) of this subsection.
- 31 (b) A professional listed in (a) of this subsection must complete the one-time training during  
 32 the first full continuing education reporting period after [June 12, 2014], or the first full  
 33 continuing education reporting period after initial licensure, whichever is later.
- 34 (c) The training required by this subsection must be at least six hours in length, unless a  
 35 disciplining authority has determined, under subsection (9)(b) of this section, that training  
 36 that includes only screening and referral elements is appropriate for the profession in  
 37 question, in which case the training must be at least three hours in length.
- 38
- 39 (6)
- 40 (a) The [secretary] and the disciplining authorities shall work collaboratively to develop a  
 41 model list of training programs in suicide assessment, treatment, and management.
- 42 (b) When developing the model list, the [secretary] and the disciplining authorities shall:
- 43 (i) Consider suicide assessment, treatment, and management training programs of at  
 44 least six hours in length listed on the best practices registry of the American  
 45 foundation for suicide prevention and the suicide prevention resource center; and

- 1 (ii) Consult with public and private institutions of higher education, experts in suicide  
2 assessment, treatment, and management, and affected professional associations.
- 3 (c) The [secretary] and the disciplining authorities shall report the model list of training  
4 programs to the appropriate committees of the legislature no later than [December 15,  
5 2013].
- 6 (d) The [secretary] and the disciplining authorities shall update the list at least once every  
7 two years. When updating the list, the [secretary] and the disciplining authorities shall, to  
8 the extent practicable, endeavor to include training on the model list that includes content  
9 specific to veterans. When identifying veteran-specific content under this subsection, the  
10 [secretary] and the disciplining authorities shall consult with the [Washington department  
11 of veterans affairs].
- 12 (7) Nothing in this section may be interpreted to expand or limit the scope of practice of any  
13 profession regulated under [insert citation].
- 14 (8) The [secretary] and the disciplining authorities affected by this section shall adopt any rules  
15 necessary to implement this section.
- 16 (9) For purposes of this section:
- 17 (a) "Disciplining authority" has the same meaning as in [insert citation].
- 18 (b) "Training in suicide assessment, treatment, and management" means empirically  
19 supported training approved by the appropriate disciplining authority that contains the  
20 following elements: Suicide assessment, including screening and referral, suicide  
21 treatment, and suicide management. However, the disciplining authority may approve  
22 training that includes only screening and referral elements if appropriate for the  
23 profession in question based on the profession's scope of practice. The [board of  
24 occupational therapy] may also approve training that includes only screening and referral  
25 elements if appropriate for occupational therapy practitioners based on practice setting.
- 26 (10) A state or local government employee is exempt from the requirements of this section if  
27 he or she receives a total of at least six hours of training in suicide assessment, treatment, and  
28 management from his or her employer every six years. For purposes of this subsection, the  
29 training may be provided in one six-hour block or may be spread among shorter training  
30 sessions at the employer's discretion.
- 31 (11) An employee of a community mental health agency licensed under [insert citation] or a  
32 chemical dependency program certified under [insert citation] is exempt from the  
33 requirements of this section if he or she receives a total of at least six hours of training in  
34 suicide assessment, treatment, and management from his or her employer every six years. For  
35 purposes of this subsection, the training may be provided in one six-hour block or may be  
36 spread among shorter training sessions at the employer's discretion.

37  
38 Section 3. [*Pilot program.*]

- 39 (1) The [department of social and health services] and the [health care authority] shall jointly  
40 develop a plan for a pilot program to support primary care providers in the assessment and  
41 provision of appropriate diagnosis and treatment of individuals with mental or other  
42 behavioral health disorders and track outcomes of the program.
- 43 (2) The program must, at a minimum, include the following:
- 44 (a) Two pilot sites, one in an urban setting and one in a rural setting; and
- 45 (b) Timely case consultation between primary care providers and psychiatric specialists.

- 1 (3) The plan must address timely access to care coordination and appropriate treatment services,  
2 including next day appointments for urgent cases.
- 3 (4) The plan must include:
- 4 (a) A description of the recommended program design, staffing model, and projected  
5 utilization rates for the two pilot sites and for statewide implementation; and
- 6 (b) Detailed fiscal estimates for the pilot sites and for statewide implementation, including:
- 7 (i) A detailed cost breakdown of the elements in subsections (2) and (3) of this  
8 section, including the proportion of anticipated federal and state funding for each  
9 element; and
- 10 (ii) An identification of which elements and costs would need to be funded through  
11 new resources and which can be financed through existing funded programs.
- 12 (5) When developing the plan, the department and the authority shall consult with experts and  
13 stakeholders, including, but not limited to, primary care providers, experts on psychiatric  
14 interventions, institutions of higher education, tribal governments, the state department of  
15 veterans affairs, and the partnership access.
- 16 (6) The [department] and the [authority] shall provide the plan to the appropriate committees of  
17 the legislature no later than [November 15, 2014].
- 18

19 Section 4. [*State plan for suicide prevention.*]

- 20 (1) The [secretary], in consultation with the steering committee convened in subsection (3) of  
21 this section, shall develop a [Washington] plan for suicide prevention. The plan must, at a  
22 minimum:
- 23 (a) Examine data relating to suicide in order to identify patterns and key demographic  
24 factors;
- 25 (b) Identify key risk and protective factors relating to suicide; and
- 26 (c) Identify goals, action areas, and implementation strategies relating to suicide prevention.
- 27 (2) When developing the plan, the [secretary] shall consider national research and practices  
28 employed by the federal government, tribal governments, and other states, including the  
29 national strategy for suicide prevention. The plan must be written in a manner that is  
30 accessible, and useful to, a broad audience. The [secretary] shall periodically update the plan  
31 as needed.
- 32 (3) The [secretary] shall convene a steering committee to advise him or her in the development  
33 of the [Washington] plan for suicide prevention. The committee must consist of  
34 representatives from the following:
- 35 (a) Experts on suicide assessment, treatment, and management;
- 36 (b) Institutions of higher education;
- 37 (c) Tribal governments;
- 38 (d) The [department of social and health services];
- 39 (e) The [state department of veterans affairs];
- 40 (f) Suicide prevention advocates, at least one of whom must be a suicide survivor and at  
41 least one of whom must be a survivor of a suicide attempt;
- 42 (g) Primary care providers;
- 43 (h) Local health departments or districts; and
- 44 (i) Any other organizations or groups the [secretary] deems appropriate.

1 (4) The [secretary] shall complete the plan no later than [November 15, 2015], publish the report  
2 on the [department's] web site, and submit copies to the governor and the relevant standing  
3 committees of the legislature.

4  
5 Section 5. [*Severability.*] Insert severability clause.

6  
7 Section 6. [*Repealer.*] Insert repealer clause.

8  
9 Section 7. [*Effective Date.*] Insert effective date.