



RULE-MAKING ORDER

CR-103P (May 2009)
(Implements RCW 34.05.360)

Agency: Department of Health

Permanent Rule Only

Effective date of rule:

Permanent Rules

31 days after filing.

Other (specify) 06/30/2016 (If less than 31 days after filing, a specific finding under RCW 34.05.380(3) is required and should be stated below)

Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?

Yes No If Yes, explain: RCW 43.70.442 (c) states "by June 30, 2016, the department shall adopt rules establishing minimum standards for the training programs included on the model list".

Purpose: Chapter 246-12 WAC, Part 14. Adopting new sections that establish minimum standards for suicide prevention trainings for health care professionals.

Citation of existing rules affected by this order:

Repealed: None

Amended: None

Suspended: None

Statutory authority for adoption: RCW 43.70.442

Other authority :

PERMANENT RULE (Including Expedited Rule Making)

Adopted under notice filed as WSR 16-09-098 on 04/19/2016 (date).

Describe any changes other than editing from proposed to adopted version: E2SHB 2793 (Chapter 90, Laws of 2016) amended RCW 43.70.442 to require pharmacists licensed under chapter 18.64 RCW to complete a one-time training in suicide screening and referral. A new subsection (4) (c) was added to WAC 246-12-630 that reads, "(c) Three-hour trainings for pharmacists must include content related to the assessment of issues related to imminent harm by lethal means."

If a preliminary cost-benefit analysis was prepared under RCW 34.05.328, a final cost-benefit analysis is available by contacting:

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Date adopted: 06/29/16

NAME (TYPE OR PRINT)

John Wiesman, DrPH, MPH

SIGNATURE

DrPH, MPH

TITLE

Secretary of Health

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: June 29, 2016

TIME: 9:05 AM

WSR 16-14-048

**Note: If any category is left blank, it will be calculated as zero.
No descriptive text.**

**Count by whole WAC sections only, from the WAC number through the history note.
A section may be counted in more than one category.**

The number of sections adopted in order to comply with:

Federal statute:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Federal rules or standards:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Recently enacted state statutes:	New	<u>6</u>	Amended	<u>0</u>	Repealed	<u>0</u>

The number of sections adopted at the request of a nongovernmental entity:

New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
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The number of sections adopted in the agency's own initiative:

New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
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The number of sections adopted in order to clarify, streamline, or reform agency procedures:

New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
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The number of sections adopted using:

Negotiated rule making:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Pilot rule making:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Other alternative rule making:	New	<u>6</u>	Amended	<u>0</u>	Repealed	<u>0</u>

PART 14
MINIMUM STANDARDS FOR SUICIDE PREVENTION TRAINING FOR HEALTH CARE PROFESSIONALS

NEW SECTION

WAC 246-12-601 Purpose. The purpose of WAC 246-12-610 through 246-12-650 is to set minimum standards for suicide prevention trainings for health care professionals to be included on a model list of department of health-approved trainings. Both trainers and health care professions may set standards for trainings that exceed these standards. Training specific to a profession must comply with that profession's rules for continuing education.

NEW SECTION

WAC 246-12-610 Definitions. The definitions in this section apply throughout WAC 246-12-601 through 246-12-650 unless the context clearly requires otherwise.

(1) "Department" means the Washington state department of health.

(2) "Health professional" means an individual licensed or holding a retired active license in one of the health professions listed in RCW 43.70.442 as required to take training in suicide assessment, including screening and referral, suicide treatment, and suicide management.

(3) "Model list" means the list of trainings that meet minimum standards established by the department of health pursuant to RCW 43.70.442.

(4) "Referral" means facilitating a client or patient's linkage to other resources.

(5) "Screening" means asking questions to identify a person at risk of suicide and to determine the need for further risk assessment or referral. Screening may be the first step of suicide risk assessment.

(6) "Secretary" means the secretary of the department of health or the secretary's designee.

(7) "Suicide assessment" or "suicide risk assessment" means a structured process to gather accurate information from a client or patient to determine risk of suicide.

(8) "Suicide treatment and management" means engagement and collaboration between a health professional or team and client or patient to resolve suicide risk by addressing the factors contributing to risk, and ongoing monitoring and adjustment of treatment and safety plans.

(9) "Training in suicide assessment, treatment, and management" means empirically supported training approved by the appropriate disciplining authority that contains the following elements: Suicide as-

assessment, including screening and referral, suicide treatment, and suicide management.

NEW SECTION

WAC 246-12-620 Training delivery. Minimum standards for training delivery:

(1) Training must be provided using a modality and number of sessions in accordance with each health profession's rules for continuing education and suicide prevention training.

(2) Trainings must include opportunities for skill practice through group activities or self-guided exercises.

(3) Trainings must meet the standards for content identified in WAC 246-12-630 and 246-12-640.

(4) Trainers must meet the qualifications identified in WAC 246-12-640.

NEW SECTION

WAC 246-12-630 Training content. Minimum standards for training content:

(1) Training content must be based on current empirical research and known best practices.

(2) Training must reflect sensitivity and relevance to the cultures and backgrounds of the relevant client or patient populations.

(3) Content for six-hour trainings must include the following. These are minimum time requirements for each of these content areas. Additional time or content must be added to total at least six hours.

(a) A minimum of ninety minutes on suicide assessment. Content must include:

(i) How to structure an interview to gather information from a client or patient on suicide risk and protective factors and warning signs, including substance abuse;

(ii) How to use the information referenced in (a)(i) of this subsection to understand the risk of suicide;

(iii) Appropriate actions and referrals for various levels of risk; and

(iv) How to appropriately document suicide risk assessment.

(b) A minimum of sixty minutes on treatment and management of suicide risk. Content must include:

(i) Available evidence-based treatments for patients and clients at risk of suicide, including counseling and medical interventions such as psychiatric medication and substance abuse care;

(ii) Strategies for safety planning and monitoring use of the safety plan;

(iii) Engagement of supportive third parties in maintaining patient or client safety;

(iv) Reducing access to lethal means for clients or patients in crisis; and

(v) Continuity of care through care transitions such as discharge and referral.

(c) A minimum of thirty minutes on veteran populations.

(i) Content must include population-specific data, risk and protective factors, and intervention strategies.

(ii) Training providers shall use the module developed by the department of veterans affairs or a resource with comparable content.

(d) A minimum of thirty minutes on risk of imminent harm through self-injurious behaviors or lethal means.

(i) Content on self-injurious behaviors must include how to recognize nonsuicidal self-injury and other self-injurious behaviors and assess the intent of self-injury through suicide risk assessment.

(ii) Content on lethal means must include:

(A) Objects, substances and actions commonly used in suicide attempts and impulsivity and lethality of means;

(B) Communication strategies for talking with patients and their support people about lethal means; and

(C) How screening for and restricting access to lethal means effectively prevents suicide.

(4) Content for three-hour trainings must include the following. These are minimum time requirements for each of these topics. Additional time or content must be added to total three hours.

(a) A minimum of seventy minutes on screening for suicide risk. Content must include:

(i) When and how to screen a client or patient for acute and chronic suicide risk and protective factors against suicide;

(ii) Appropriate screening tools, tailored for specific ages and populations if applicable; and

(iii) Strategies for screening and appropriate use of information gained through screening.

(b) A minimum of thirty minutes on referral. Content shall include:

(i) How to identify and select an appropriate resource;

(ii) Best practices for connecting a client or patient to a referral; and

(iii) Continuity of care when making referrals.

(c) Three-hour trainings for pharmacists must include content related to the assessment of issues related to imminent harm by lethal means.

NEW SECTION

WAC 246-12-640 Training quality. Minimum standards for training quality:

(1) For the purpose of continuing improvement, trainees shall be offered an evaluation assessing training quality and participant learning. Completed evaluations will be returned to the trainer or publisher of the training.

(2) Trainers and training developers must have demonstrated knowledge and experience related to suicide prevention and:

(a) An active license to practice as a health care professional; or

(b) A bachelor's degree or higher in public health, social science, education or a related field from an accredited college or university; or

(c) At least three years of experience delivering training in suicide prevention.

(3) Data referenced in the training must be current within four years, and research referenced in the training must be based on current empirical research and known best practices.

NEW SECTION

WAC 246-12-650 Training approval processes. (1) The secretary will approve suicide prevention training programs that meet the requirements outlined in this chapter.

(2) The secretary shall determine a process to evaluate and approve trainings.

(3) Approved trainings will be published on the model list beginning January 1, 2017.

(4) If the secretary notifies a training program of the secretary's intent to deny approval and inclusion on the model list, the training program, through its authorized representative, may request an adjudicative proceeding pursuant to the appeal process in chapter 246-10 WAC. A request for an adjudicative proceeding must be in writing, state the basis for contesting the adverse action, include a copy of the adverse notice and be served on and received by the department within twenty-eight days of the date the department mailed the adverse notice. The authorized representative of the training program may submit a new application for the secretary's consideration.

(5) If the secretary notifies an approved training program of the secretary's intent to revoke approval, the training program, through its authorized representative, may request an adjudicative proceeding pursuant to the appeal process in chapter 246-10 WAC. A request for an adjudicative proceeding must be in writing, state the basis for contesting the adverse action, include a copy of the adverse notice and be served on and received by the department within twenty-eight days of the applicant's or license holder's receipt of the adverse notice. If a request for adjudicative proceeding is not received by the department within twenty-eight days of the date the department mailed the adverse notice, the secretary's decision is final. The authorized representative of the training program must provide proof that the deficiencies which resulted in withdrawal of the secretary's approval have been corrected before requesting reapproval.