

Washington State Action Plan

PRIORITY AREA 1: SCREENING AND IDENTIFYING SMVF					
Goals	Strategies (Including EBPs, BPs)	Resources & Inputs	Outcomes & Evaluation Measures (Short Term)	Process (Output) Measures	Action Items
1. Healthcare providers and other community partners are informed on how to appropriately identify SMVF with an understanding of military culture and promising best practices	<p>1. Promote and conduct Military Cultural Competency trainings for healthcare providers and community partners who interact with SMVF.</p> <p>2. Promote and conduct Moral Injury trainings for healthcare providers who interact with SMVF.</p>	<p>HAVE</p> <ul style="list-style-type: none"> - Current WDVA trainings - Forefront Safer Homes Training - NIVA and NARA training - Psych Armor - Post Deployment Health Clinic - US VA Training <p>NEED</p> <ul style="list-style-type: none"> - Faith-based organization connection - - OSPI connection - - Inventory of available trainings 	<p>1. Cultural competency trainings</p> <p>Participants will:</p> <ul style="list-style-type: none"> - Increase understanding of unique needs and resources for SMVF - Increase endorsement of importance of SMVF culturally competent care - Ability to identify ways to improve care to promote cultural competency - Improve intentions to act on what they learned <p>Measurement</p> <ul style="list-style-type: none"> - pre/post assessment for information retention and behavioral changes <p>2. Moral injury trainings</p> <p>Participants will:</p> <ul style="list-style-type: none"> - Be able to define moral injury - Increase ability to identify moral injury and discriminate it from PTSD - Understand treatment options <p>Measurement</p> <ul style="list-style-type: none"> - pre/post assessment for information retention 	<p>Applies to both Cultural Competency AND Moral Injury trainings</p> <p>Count/Percentage of:</p> <ul style="list-style-type: none"> - target population contacted - trainings scheduled - trainings held - participants attended - participating organizations <p>Methods of contact</p> <p>Type of participating organizations</p> <p>Evaluation assessment of training including:</p> <ul style="list-style-type: none"> - training fidelity to curriculum - Participant satisfaction - likelihood to recommend - recommendations for improvements 	<p>Contact Veterans Training Support Center (VTSC), Psych Armor to offer trainings on Cultural Competency and/or Moral Injury.</p> <p>Connect with Forefront for a mailing list</p> <p>Provide 1 training per month, possibly virtually.</p> <p>Adjust Cultural Competency training, within the next year, to target specific populations (i.e. children/schools)</p> <p>Develop pre and posttests to evaluate understanding and knowledge</p> <p>Provide an evaluation for each training</p> <p>Develop pre and posttests to evaluate understanding and knowledge</p> <p>Provide an evaluation for each training</p>
2. Community healthcare providers are informed on how to appropriately screen SMVF for suicide risk.	Implement consistent suicide screening and referral process of SMVF by community providers	<p>HAVE</p> <ul style="list-style-type: none"> - Various for profit/not-for-profit organizations - DoD/VA implementation of screening 	<p>Community providers:</p> <ul style="list-style-type: none"> - Know how and when to use CSSR-S - Report using CSSR-S (at follow up) 	<p>Count of:</p> <ul style="list-style-type: none"> - healthcare providers contacted - participants <p>Methods of contact</p>	<p>Acquire list of community healthcare providers providing care for SMVF</p> <p>Obtain buy in for healthcare providers</p>

		<ul style="list-style-type: none"> - Community health insurance provider specific to SMVF - Evidence-based screening effective for SMVF (CSSR-S) <p>NEED</p> <ul style="list-style-type: none"> - Connections to community providers 	<ul style="list-style-type: none"> - Familiar with SMVF resources for referrals - Report making appropriate referrals (at follow up) <p>Measurement</p> <ul style="list-style-type: none"> - baseline self-report of knowledge and behaviors - follow-up self-report of knowledge and behavior change 		<p>Share Zero Suicide Toolkit with providers and community partners</p> <p>Share CSSR-S screening tool to be adopted</p> <p>Liaison training on suicide prevention measures to other organizations i.e.; VA, Center for Deployment Psychology</p> <p>Develop assessment/evaluation tools</p> <p>Offer and support Zero Suicide Toolkit for Indian Tribes</p>
3. Reduce stigma by creating and promoting an environment that facilitates SMVF to feel comfortable to seek assistance regarding Behavioral Health, Growth & Wellness.	Create a National Guard targeted media campaign to promote help seeking behavior and available community resources.	<p>HAVE</p> <ul style="list-style-type: none"> - relationship with guard/reserve <p>NEED</p> <ul style="list-style-type: none"> - leadership buy in 	<p>Population exposed will:</p> <ul style="list-style-type: none"> - reduce stigma associated with help-seeking among those exposed - increased intentions to seek help if needed - decreased concerns about threat to job-readiness <p>Measurement</p> <p>Baseline and follow up survey to assess:</p> <ul style="list-style-type: none"> - exposure to media campaign - attitudes about help seeking - intentions to seek help - concerns about threat to job-readiness 	<p>Count of:</p> <ul style="list-style-type: none"> - Population exposed - Participants for assessment - Reactions (likes, retweets, views) - Resources distributed <p>Method of exposure</p>	<p>Meet with leadership to discuss and promote help seeking behavior campaign</p> <p>Evaluate what is going on in the community to share with leadership</p> <p>Push current existing National/Guard application available to members of Guard/Reserves https://www.facebook.com/JSSWA/</p>

PRIORITY AREA 2: PROMOTING CONNECTEDNESS AND IMPROVING CARE TRANSITIONS

Goals	Strategies (Including EBPs, BPs)	Resources & Inputs	Outcomes & Evaluation Measures (Short Term)	Process (Output) Measures	Action Items
<p>1(a). Increase awareness of Resources available to serve SMVF in the Communities</p> <p>1(b). Increase Cultural Competency among service providers</p>	<p>Create and implement cultural competency trainings to direct service providers and frontline staff working at various SMVF accessed locations. -include continuing education credits for healthcare providers</p>	<p>HAVE - Veteran training support center - Peer-to peer program</p> <p>NEED - Financial resources - Acknowledgement of “Ready to Serve Veterans” certification</p>	<p>1(a). Increase Awareness</p> <p>Increased: - participation in SMVF resources - awareness of SMVF resources</p> <p>Measurement - baseline survey self-report of knowledge and behaviors - follow-up survey self-report of knowledge and behavior change</p> <p>1(b). Cultural Competency trainings</p> <p>Providers will understand: - increase access to SMVF information - understand unique needs of SMVF - resources for SMVF</p> <p>Measurement - pre/post assessment for information retention and behavioral changes</p>	<p>Count of: - Target population contacted - Trainings scheduled - Trainings held - Participants attended - Participating organizations - CEUs earned</p> <p>Method of contact</p> <p>Type of organizations</p> <p>Evaluation assessment of training including: - training fidelity to curriculum - Participant satisfaction - likelihood to recommend - recommendations for improvements</p>	<p>Determine how to get a mandated training in place</p> <p>Review current gatekeeper training programs and Veteran culture training to synchronize</p> <p>Synchronization meeting</p> <p>Develop cross-jurisdictional plan</p> <p>Review curriculum & speaker selection</p> <p>Map needs of specific counties to speakers</p> <p>Partner w/ and train non-governmental organizations</p> <p>Schedule meeting with Group 1 and 3 to discuss collaboration</p>

<p>2. Increase and encourage SMVF to contact/enroll the VHA and the VBA.</p>	<p>1. Create, maintain, and share a central repository which includes a comprehensive list of non-profit, state, and federal resources and agencies which can be accessed via online search or an app.</p> <p>2. Increase number of eligible VSOs to process claims</p>	<p>1. Resource Repository</p> <p>HAVE</p> <ul style="list-style-type: none"> - virtual workspace tools - DVA.wa.gov website <p>NEED</p> <ul style="list-style-type: none"> - VA & WDVA develop a “Ready to Serve Veterans” certification program <p>2. Veteran Service Officers (VSOs)</p> <p>HAVE:</p> <ul style="list-style-type: none"> - Connections to legislators; Working model <p>NEED:</p> <ul style="list-style-type: none"> - Model/mechanism - Specific buy-in from counties 	<p>1. Resource Repository</p> <ul style="list-style-type: none"> - Endorsement of importance of SMVF culturally competent care - Ability to identify ways to improve care to promote cultural competency - Intentions to act on what they learned <p>Measurement</p> <ul style="list-style-type: none"> - baseline survey self-report of knowledge and behaviors - follow-up survey self-report of knowledge and behavior changes <p>2. Veteran Services Officers (VSOs)</p> <ul style="list-style-type: none"> - Increase in VHA/VBA enrollment <p>Measurement</p> <p>Count of:</p> <ul style="list-style-type: none"> - claims started - claims completed - VHA enrollments - counties with dedicated staff 	<p>1. Resource Repository</p> <p>Count of:</p> <ul style="list-style-type: none"> - downloads - clicks/accesses - methods of knowledge of app/list - resources distributed <p>Type of resources/materials:</p> <ul style="list-style-type: none"> - most used - least used <p>2. Veteran Services Officers (VSOs)</p> <ul style="list-style-type: none"> - Evaluation of service experience survey 	<p>Coordinate/develop & get buy-in to disseminate consistent marketing messages (social media) to promote engagement across agencies</p> <p>Gather information about ETS sponsorship - Transitioning Service Members/Veteran & Suicide Prevention Center (TASC)</p> <p>Identify someone who can utilize inherent metrics of social media tools (likes, views, re-posts, etc. [analytics]) to determine impact of outreach efforts</p> <p>Reach out to American Legion to talk with folks who currently perform this role</p> <p>Network with county leaders to get buy-in to this model and to use county funding to pay for this staff position</p> <p>VA and DVA collaborate to provide SAVE classes to VSOs</p>
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PRIORITY AREA 3: LETHAL MEANS SAFETY AND SAFETY PLANNING

Goals	Strategies (Including EBPs, BPs)	Resources & Inputs	Outcomes & Evaluation Measures (Short Term)	Process (Output) Measures	Action Items
<p>1. 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 most at risk.</p>	<p>1. Build and disseminate a FREE firearms safety course to be delivered “live” and online, inclusive of suicide prevention for any firearms owners in Washington State</p> <p>2. Influence legislators on judiciary committees with fact sheet and work study sessions about firearms fatalities and any policy needs stemming from the Governor’s challenge.</p>	<p>HAVE</p> <ul style="list-style-type: none"> -Firearms safety course curriculum built -Safer Homes taskforce buy-in <p>NEED</p> <ul style="list-style-type: none"> -marketing strategy to ensure firearms safety courses reaches maximum numbers of firearms owners -develop and disseminate fact sheet to legislature; schedule work study sessions 	<p>Measurement</p> <p>Number of participants in firearms safety course relative to firearms ownership in WA state</p> <p>Pre-post survey re knowledge and attitudinal change about firearms safety</p> <p>Count of:</p> <ul style="list-style-type: none"> -fact sheets about Governor’s Challenge on Veteran suicide and firearms fatalities distributed -conversations with key legislators about policy priorities for next biennium 	<p>Count of:</p> <ul style="list-style-type: none"> -High-quality locking devices distributed within the community -Veterans engaged about the business opportunity -Firearm storage businesses established -People trained in suicide prevention and lethal means -Received CEUs -People trained on medication safety in addition to firearms -Pamphlets distributed at pharmacies and FFLs 	<p>Develop marketing strategy for firearms safety course and implement it ASAP</p> <p>Develop quarterly calendar for firearms safety course</p> <p>Develop fact sheet on the Governor’s Challenge, SMVF suicide, and its implications for the next legislative session</p> <p>Request work study sessions to the legislature (joint session with Civil Rights & Judiciary, Healthcare and Housing, Community Development & Veterans committees)</p>

<p>2. Educate SMVF about suicide prevention skills inclusive of lethal means safety and reduce barriers to locking and limiting access to lethal means</p>	<p>1. Disseminate primary and secondary suicide prevention and lethal means safety strategies to SMVF, veteran peer organizations, VA, VSOs and other gatekeepers who engage with SMVF such as FFLs</p> <p>2. Examine if other gatekeeping models such as SAVE incorporate more training on lethal means)</p> <p>3. LEARN SAVES LIVES for SMVF secondary prevention strategy</p> <p>4. SAFER brief intervention for SMVF</p>	<p>HAVE</p> <ul style="list-style-type: none"> -Safer homes, Suicide Aware Campaign -LEARN SAVE LIVES FOR SMVF -SAFER brief intervention (Why) -Relationships with gun safety manufacturers (Pacific NW Safe, MSE International, & Safer Lock) -Collateral materials targeted at SMVF and lethal means safety <p>NEED</p> <ul style="list-style-type: none"> -Constrained funding environment to disseminate strategies; -Explore idea of setting up donations at gun stores, CPLs renewal fee or donation to Veteran suicide prevention 	<p>SMVF will: Be competent and use skills to help prevention suicide locking firearms and medications knowledge of temporarily limiting access to means during crisis</p> <p>Measurement pre/post survey</p>	<p>Count of:</p> <ul style="list-style-type: none"> -SMVF trained in suicide prevention and lethal means safety -Peer trainers -High-quality locking devices distributed within the community -Conversations peers report having about safe storage of firearms -Peers trained to have these conversations 	<p>Disseminate LEARN SAVES LIVES for SMVF to Military/Veteran community</p> <p>Develop infrastructure to continue to offer these trainings on a continuing basis virtually and in person</p> <p>Create inventory of groups to educate (include AARP, Faith based organizations)</p> <p>Create “fillers” for newsletters to raise awareness</p> <p>Partner/train with higher Ed</p> <p>Deliver SAFER in conjunction with Veteran community events, VSOs and at the VA</p> <p>Develop infrastructure to disseminate SAFER remotely and in person at a larger scale than is currently possible</p>
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<p>3. Educate providers serving SMVF about firearms culture and how understanding this culture will improve comfort to provide lethal means counseling (should this course be combined with a course on military culture? 2-3-hour courses to make a six-hour course)</p>	<p>Develop and disseminate new training on firearms cultural competency for health care providers clinical practice (position as an advanced training option alongside course on military culture? Will it require a change to existing statute?)</p>	<p>HAVE -funding available to develop course -SMEs in place</p> <p>NEED -New videos for course -Development of evaluation tool -Develop course for on-line -Dissemination on all patient's safe platform</p>	<p>Increased skills in counseling around lethal means based on self-report as well as clinical records</p> <p>Measurement - pre/post assessment for information retention and behavioral changes</p>	<p>Number of providers trained in VA/outside of VA (collaborate with DCRs)</p>	<p>Weekly meetings on course development</p> <p>Require that providers affiliated with VA healthcare take advanced lethal means /military/firearm cultural competency training</p>
<p>4. Training in safety planning intervention to improve the quality of safety plans for SMVF within and outside the VA</p>	<p>Expand VA Suicide Safety Planning training to include Community Provider—consider train the trainer model</p>	<p>HAVE - Training is under development and should available this fall (being developed online for greater accessibility)</p> <p>NEED - A way to engage community providers to attend training</p>	<p>Decreasing safety planning's negative stigma</p> <p>Increase safety plan utilization Joint training may lead to greater collaboration on safety planning between systems</p> <p>Increased confidence in building safety plans with veteran population</p> <p>Measurement - pre/post assessment for information retention and behavioral changes</p>	<p>Count of: - People trained in VA system and community - Referrals made by DCRs to VA system - Referrals made by community providers to VA system</p>	
<p>5. Increase opportunities for temporary out-of-home storage options for firearms</p>	<p>Hammer out liability issues for law enforcement and FFLS</p> <p>Establish new Veteran-owned business</p>	<p>HAVE Seattle PD has vetting process for this</p> <p>NEED Few law enforcement agencies and FFLs will do this across the state; Research to understand what would make these entities more likely to do this work</p>	<p>Increase the use of temporary storage options for firearms outside the home</p> <p>Measurement Count of utilization by SMVF at each FFL offering temporary storage</p>	<p>Count of: - FFLs offering temporary storage - law enforcement agencies offering temporary storage</p>	<p>Research on FFLs and law enforcement barriers and current practices (work with HIPRC on this)</p> <p>Convene Safer Homes task force to discuss in October</p> <p>Meeting with AG's office</p> <p>Research with gun-sitters</p>