

# SENATE BILL REPORT

## 2SHB 2671

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As of February 26, 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:** Passed House: 2/13/18, 98-0.

**Committee Activity:** Health & Long Term Care: 2/19/18, 2/19/18 [DP-WM].

**Ways & Means:** 2/26/18.

### Brief Summary of Bill

- Establishes a task force to address behavioral health and suicide prevention for agricultural workers.
- Establishes a pilot program to support behavioral health and suicide prevention for members of the agricultural industry.

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### SENATE COMMITTEE ON HEALTH & LONG TERM CARE

**Majority Report:** Do pass and be referred to Committee on Ways & Means.

Signed by Senators Cleveland, Chair; Kuderer, Vice Chair; Rivers, Ranking Member; Bailey, Conway, Fain, Keiser, Mullet and Van De Wege.

**Staff:** LeighBeth Merrick (786-7445)

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### SENATE COMMITTEE ON WAYS & MEANS

**Staff:** James Kettel (786-7459)

**Background:** The State Office of Rural Health (SORH) is a division of the Department of Health (DOH) that supports improving health care in rural Washington communities and is funded through an annual grant from the Department of Health and Human Services, Health Resources and Services Administration.

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Legislation passed in 2014 directed DOH 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. A 2016 report from the federal Centers for Disease Control and Prevention found that nationally, the suicide rate in the occupation group including farming, fishing, and forestry was higher than any other occupational group.

**Summary of Bill:** SOHR is required to staff and convene a task force on behavioral health and suicide prevention in the agricultural industry. 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 to include in a behavioral health and suicide prevention pilot program; and (4) options to improve the behavioral health and reduce the suicide risk among agricultural workers and their families.

The task force must include the following members:

- the secretary of DOH, or a designee;
- the secretary of the Department of Agriculture, or a designee;
- the secretary of the Department of Social and Health Services, or a 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.

The task force must report its findings and recommendations to the Governor and the legislative health care committees by December 1, 2018.

DOH is required to establish a pilot program by March 1, 2019, to support behavioral health improvement and suicide prevention efforts in the agricultural industry's workforce. The pilot program must be established in a county west of the Cascade crest that is reliant on the agricultural industry, and the program cost may not exceed \$200,000 per fiscal year. DOH must consider the report of the task force when implementing the pilot program.

As part of the pilot program, DOH must contract with an entity that has behavioral health and suicide prevention expertise to develop 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 information about training agricultural industry management, workers, and their family members in suicide risk reduction;
- provide information about building 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 identification, intervention, re-entry, and postvention;
- contain model marketing materials and messages that promote behavioral health in the agricultural industry; and
- be made available in English and Spanish.

A preliminary report on the elements and implementation of the pilot program must be submitted to the Legislature by December 1, 2019. 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.

**Appropriation:** None.

**Fiscal Note:** Available.

**Creates Committee/Commission/Task Force that includes Legislative members:** No.

**Effective Date:** Ninety days after adjournment of session in which bill is passed.

**Staff Summary of Public Testimony (Health & Long Term Care):** PRO: Farmers and farm workers have the highest rate of suicide world wide and it is double the rate of Veterans. Farmers have the weight of running a family business that has been in the family for generations. Ten to fifteen years ago there was a similar telephone-based program in southwest Washington that became integrated in the agricultural culture. It is important to learn what approaches are effective to the program and how they can be expanded. This bill uses targeted prevention to address the barriers to access that currently exist. Services are not readily available in rural counties and many people do not know where to turn to for help. Agriculture is very important to the state's economy and it is important that the workforce is healthy and productive.

OTHER: Fiscal impacts of the bill were not included in the Governor's budget. There are 36,000 commercial farms in Washington State. 98 percent of these are family farms that face a lot of pressures. This bill recognizes the factors that lead to suicide in farm workers and it is important that we protect the well-being of farm workers.

**Persons Testifying (Health & Long Term Care):** PRO: Representative J.T. Wilcox, Prime Sponsor; Seth Dawson, Washington State Psychiatric Association; Washington Association for Substance Abuse & Violence Prevention; Heather Hansen, Washington State Grange; Jo Arlow, Female Farmer Project.

OTHER: Derek Sandison, Director, Washington State Department of Agriculture.

**Persons Signed In To Testify But Not Testifying (Health & Long Term Care):** No one.