



STATE OF WASHINGTON  
OFFICE OF THE GOVERNOR

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**EXECUTIVE ORDER 16-02**

**FIREARM FATALITY PREVENTION – A PUBLIC HEALTH APPROACH**  
*Reducing and preventing gun-related violence, crime, fatalities and injuries, and implementing the Statewide Suicide Prevention Plan.*

**WHEREAS**, in Washington State:

- firearm deaths now exceed motor vehicle crash deaths;
- suicides account for nearly 80 percent of all firearm deaths;
- suicide is the second leading cause of death in our youth and young adults (ages 10-34), and lesbian, gay, bisexual, transgender and queer youth have higher suicide attempts than the general population;
- men are more than six times as likely to die than women by suicide with a firearm;
- veterans are at higher risk of suicide compared to the general population of Washington residents;
- two of the strongest predictors of suicide are mental illness and substance abuse;
- American Indians and Alaska Natives have the highest suicide rate and gun-related suicide rate of any racial or ethnic group in Washington;
- African American youth are disproportionately more likely to be a victim of homicide by firearm;
- on average there are at least eight unintentional or accidental firearm deaths each year, though, according to medical examiners and coroners, this is likely underreported because adult cases are often classified as homicides;
- domestic violence homicide perpetrators use firearms more often than all other methods combined, and over half of these perpetrators were legally prohibited from owning firearms at the time the homicide occurred;
- the rate of firearm fatalities is disproportionately higher in some areas of Eastern Washington, the Olympic Peninsula, Southwest Washington and Pierce County, while not discounting significant variance within other counties across the state;

**WHEREAS**, the prevalence of mass public shootings in the United States has increased over the past four decades;

**WHEREAS**, death and serious injuries resulting from accidental or purposeful use of firearms is a critical public health and safety concern;

**WHEREAS**, government has a legal and moral obligation to protect the public’s health and safety but does not yet have adequate data to meet this obligation as it relates to firearm fatalities, as it does with other public health challenges such as motor vehicle safety;

**WHEREAS**, Washington voters and policy makers have taken steps to address these public health and safety concerns, most recently by implementing expanded background check requirements, adding protections designed to protect victims of domestic violence, and keeping firearms out of the hands of people in crisis or with a history of violence;

**WHEREAS**, in 2007 the Office of the Attorney General issued a white paper that identified areas of legal conflict between state and federal firearms related law, areas of overlap and inefficiency, and gaps that undermine the intent of the law; and it is critical that we build upon these past efforts;

**WHEREAS**, a public health approach works in partnership with and acknowledges that everyone in the larger public health system, including community-based organizations, faith communities, schools, health care providers and many others help in developing solutions; and that a public health approach uses data to guide prevention programs, policies and practices by linking information about the “who, when, where and how” to target interventions using limited resources most effectively;

**WHEREAS**, suicide is a serious public health issue affecting all members of tribal communities, and many tribal nations have implemented community-tailored and effective suicide prevention efforts from which other communities across the state can learn from and understand and respect differences in approaches;

**WHEREAS**, the United States Preventive Services Task Force recommends screening of adolescents (12-18 years of age) for major depressive disorder when primary care tools are in place to ensure accurate diagnosis, therapy and follow-up care; and the American Academy of Pediatrics recommends that with suicide now a leading cause of death among adolescents that depression screening be added for those ages 11 through 21;

**WHEREAS**, the public health and safety concerns related to firearms require coordinated and intentional data analysis and knowledge-informed strategies to reduce deaths and serious injuries, similar to the efforts coordinated under the Washington Traffic Safety Commission to reduce motor vehicle related fatalities and injuries through the Target Zero plan;

**It is imperative that we act to address firearm death and injury. A public health concern of this magnitude demands action now.**

**NOW THEREFORE, I, Jay Inslee, Governor of the state of Washington, hereby direct that the following actions be taken to reduce firearm fatalities and injuries and subsequent recommendations be given by October 2016:**

1. The Department of Health with the Department of Social and Health Services and other state agencies, in collaboration with the University of Washington, the Office of the Superintendent of Public Instruction and local agencies shall collect, review and disseminate data on deaths and injury hospitalizations attributed to firearms and make recommendations as to specific prevention and safety strategies to reduce these fatalities and serious injuries utilizing evidenced-based and promising prevention strategies.
2. The Office of Financial Management shall conduct a gap analysis to determine the effectiveness of statutorily mandated information sharing between the courts, local jurisdictions, law enforcement, Department of Social and Health Services, Washington State Patrol, Department of Licensing and other involved entities to determine where we can build on the effectiveness of our system for background checks.
3. The Department of Health shall begin implementation of the [Statewide Suicide Prevention Plan](#) in collaboration with the Governor's Health Leadership team, the Department of Veterans Affairs, the Governor's Office of Indian Affairs, the Office of the Superintendent of Public Instruction and other partners. Implementation shall:
  - a. promote depression and suicide risk screening tools, coordinate with Healthier Washington's integration of behavioral health and primary care in high need communities and assess availability of depression screens in Medicaid and across the insurance continuum;
  - b. begin with a social marketing campaign prioritizing populations with the highest risk to raise suicide awareness and prevention, and coordinate with other partners, including the University of Washington and Harborview Injury Prevention and Research Center, Forefront: Innovations in Suicide Prevention, and agencies operating crisis lines; and
  - c. focus on recommendations coming from a gap analysis of existing programs specific to our schools, Veteran and Native American and Alaskan Native communities and be carried out in collaboration with the respective state agencies, federal partners and sovereign Indian Nations, and should specifically include planning with Tribal behavioral health care providers and mental health crisis providers to coordinate the provision of effective, culturally appropriate crisis intervention and treatment services.

4. The Office of the Attorney General, at my request, will update its 2007 white paper on firearm access by persons prohibited from possessing a firearm due to involuntary commitment. The Attorney General shall survey the statutes and implementation of statutes regarding persons prohibited from firearm possession for any reason, and specifically analyze current enforcement practices against unlawful attempts to purchase firearms by or for a person prohibited from possessing a firearm.

This Executive Order shall take effect immediately.

Signed and sealed with the official seal of the state of Washington, on this \_\_\_\_ day of January 2016, at Olympia, Washington.

By:

/s/

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Jay Inslee  
Governor

BY THE GOVERNOR:

/s/

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Secretary of State