Washington State Department of HEALTH

WA PUBLIC HEALTH SYSTEM MONTHLY UPDATE

October 2026



The Washington State Department of Health (DOH) works diligently with local and Tribal health jurisdictions to improve the health and well-being of Washington residents. The WA State Public Health System Monthly Update provides an overview of the key health issues impacting Washington state, and the progress we are making in addressing them.

Questions about the WA State Public Health System Monthly Update?

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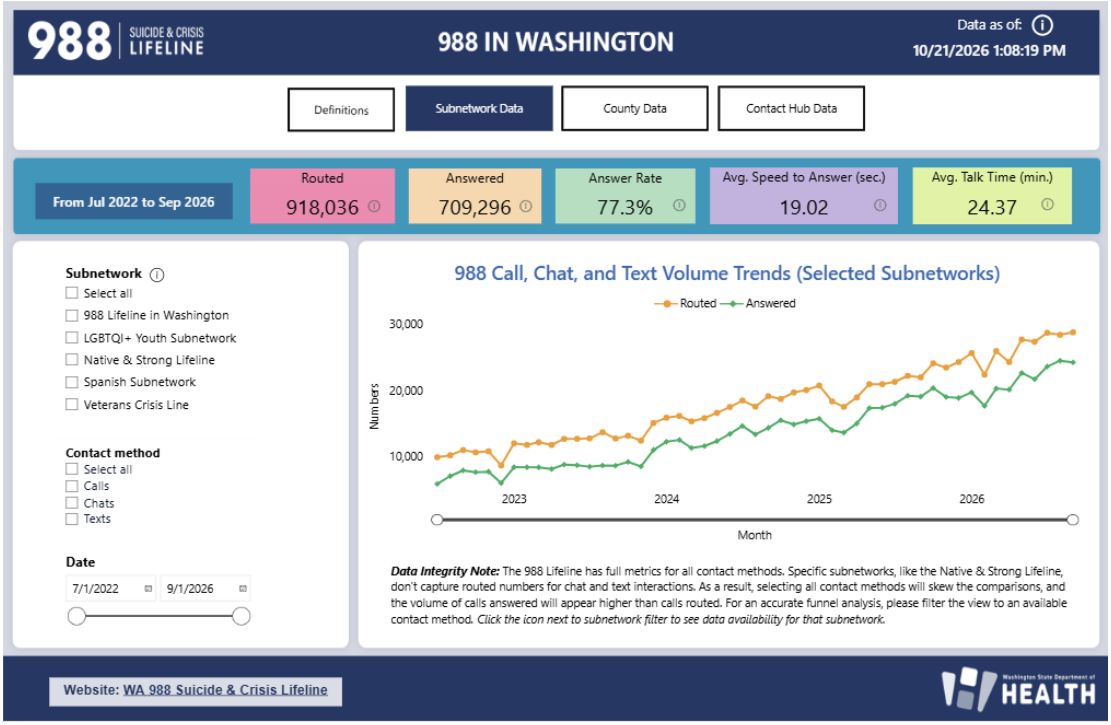
Centennial Accord Highlights Federal Policy Connections to Tribal Health and Well-Being

Washington Launches Public 988 Dashboard to Strengthen Suicide Prevention.

The Washington State Department of Health (DOH) has launched a public-facing data dashboard for the 988 Suicide & Crisis Lifeline, expanding access to information about how Washingtonians seek crisis support and how the state's crisis response system is meeting that need. The dashboard provides data on:

- Calls, texts, and chats
- Response rates
- Service outcomes
- Geographic trends

It supports DOH's broader suicide prevention work by helping communities, public health professionals, and policymakers identify patterns in service use, understand regional needs, and make informed decisions about crisis response and prevention. Below is a screenshot of what the dashboard looks like.



Making crisis response data more accessible

The dashboard brings together several types of information to provide a broader picture of Washington's crisis response system, including:

- **Contact volume and response:** Call, text, and chat activity through Washington's 988 contact hubs, including response metrics.
- **Prevention and follow-up:** Indicators reported to the Substance Abuse and Mental Health Services Administration (SAMHSA) related to suicide prevention, crisis response, referrals, workforce development and follow-up services.

- **Geographic trends:** County-level contact volume, population-adjusted contact rates, and trends over time.
- **Specialized service data:** Calls from individuals in Department of Corrections facilities, including contact pathways and facility-level engagement.

Additional data from Washington's Mental Health Crisis Call Diversion Initiative are expected to be incorporated into the dashboard in late 2026 or early 2027, expanding the dashboard's view of how crisis calls are handled and diverted.

Understanding Washington's growing suicide prevention needs

The dashboard's launch comes as Washington continues to monitor suicide mortality and identify opportunities to strengthen prevention. State death certificate data show that **1,352 people died by suicide in Washington in 2025**, the highest annual count recorded in the state in 25 years. The 2025 suicide rate was 15.5 per 100,000 residents, below the 2017 peak of 16.9 per 100,000.

DOH's analysis is ongoing, but preliminary findings indicate that increases among several populations may be contributing to the statewide trend, including adults age 65 and older, youth ages 10–17, and White non-Hispanic, Hispanic, Black non-Hispanic, and American Indian/Alaska Native non-Hispanic residents. Rural communities also experienced higher per-capita suicide rates in 2025, even as King and Pierce counties accounted for the largest numbers of deaths. Washington's suicide rate remains above the national average, but below rates in Oregon, Idaho, and Alaska.

Table 1: Suicide rates in 2025

	Number of deaths per 100,000 people
United States	13.7
Washington	**15.5**
Oregon	19.6
Idaho	20.6
Alaska	31.0

988 Crisis Line

988 is free, confidential, and available 24 hours a day, 7 days a week, for people experiencing emotional distress, thoughts of suicide, substance use concerns, other mental health crises, or worry for a loved one.

Services are available in English and Spanish. You can call, text, or chat.

These findings underscore why both crisis-service data and mortality data matter. The 988 dashboard helps show where and how people seek immediate support; mortality data help public health professionals understand the broader burden of suicide and identify populations and communities that may need additional prevention resources. Together, these data can inform planning, strengthen coordination among state and local partners, and help decision-makers assess where crisis response and prevention efforts may have the greatest impact.

988 is part of the nation's behavioral health crisis response infrastructure, and its effectiveness depends on accessible services, trained crisis counselors, referral pathways, and connections to ongoing care. Sustained federal support for suicide prevention, crisis response, and behavioral health infrastructure, including relevant SAMHSA programs, helps states and local partners maintain services for people experiencing crisis.

Learn more: Visit the Washington State Department of Health's 988 data dashboard or email 988ProgramInfo@doh.wa.gov with questions about the 988 program. Read DOH's Oct. 26 news release on 988 and Washington's suicide rates.

Rejected Federal Grant Awards Raise Concerns for Washington's Public Health System

In September 2026, the Washington State Department of Health (DOH) received notice that four competitive federal grant applications totaling approximately $4.9 million were not funded. The grants are from the U.S. Department of Agriculture (USDA), the Health Resources and Services Administration (HRSA), and the Centers for Disease Control and Prevention (CDC). The decisions negatively affect both existing public health services and opportunities to strengthen Washington's capacity to prevent disease and support families.

Table 2: Overview of Rejected Federal Grant Awards

Federal grant	Federal agency	Funding requested	Impact on Washington
Gus Schumacher Nutrition Incentive Program (GusNIP)	USDA	Funding that will be lost: $1.9 million in year-one funding	This could end produce incentives at 123 market sites across 33 counties when the current award expires, reducing access to fresh fruits and vegetables for people using SNAP benefits.
Early Childhood Comprehensive Systems (ECCS) SEED	HRSA	Funding that will be lost: $875,000 annually	Leaves Washington without dedicated funding for statewide early childhood coordination, family screening and referral pathways, and partnerships supporting young children and families. Declined even though our application scored 97 out of 100 in merit review.
Reducing the Burden of Parasitic Infections	CDC	$500,000 annually (not awarded)	Prevents DOH from expanding surveillance, provider training, and prevention activities for parasitic infections.
Prevention of Emerging and Reemerging Infectious Diseases	CDC	$1,673,154 (not awarded)	Limits opportunities to strengthen infectious disease prevention, outbreak readiness, and surge response capacity.

Impacts on public health services and preparedness

Two of the non-awards involve established programs. For more than a decade, USDA's GusNIP program has helped Washington residents with Supplemental Nutrition Assistance Program (SNAP) benefits afford fresh fruits and vegetables through grocery stores, farmers markets, and produce prescriptions. The current award supports incentives at 123 market sites across 33 counties. **Without a new award, these federally supported incentives will end when the current funding expires**, affecting participating households, health care partners, farmers, and local retailers.

We also did not receive renewed funding for HRSA's ECCS program, which supported statewide early childhood coordination through Help Me Grow Washington and partnerships with community organizations and pediatric providers. Washington's application scored 97 out of 100 in merit review. Leaving the state without dedicated federal funding for the next cycle, **this non-award potentially disrupts family screening and referral pathways, parent leadership opportunities, and coordination among early childhood partners.**

The other two non-awards involved new DOH applications to CDC. While they do not end existing services, **these decisions mean Washington will forgo opportunities to build additional public health capabilities.**

- One would have expanded surveillance, provider training, and prevention activities for parasitic infections.
- The other would have strengthened infectious disease prevention, outbreak readiness, and surge response capacity.

Why this matters

Competitive grant programs are an important source of federal investment in state and local public health. Although funding decisions can reflect limited national funding, program design, and competition among strong applicants, the concentration of four non-awards in one week is alarming for DOH and our state. We will continue working with federal partners, local and Tribal health jurisdictions, and community organizations to assess impacts and identify opportunities to sustain essential services and strengthen Washington's public health system.

Rural Nursing Education Program: Rural Health Transformation to Address Care Shortage

The Rural Nursing Education Program (RNEP) was developed to address Washington's nursing shortage, which is projected to be one of the largest in the nation by 2035[1]. RNEP is a community-driven collaborative initiative that focuses on educating students in rural areas to become registered nurses, empowering them to live, learn, and continue serving in their home communities. RNEP offers an online nursing school curriculum through its academic partners, using an innovative instructional model where clinical training is offered in their local hospital (community partners). The program addresses many of the economic and geographic barriers rural students face when pursuing continuing education by offering wrap-around services like academic planning, tuition assistance, child care support, tutoring services, and transportation.

RNEP was initially developed and implemented using two state legislative provisos and was then expanded with the support of a Health Resources and Services Administration (HRSA) grant.
Successes of the program so far:

- Expanded the program further using $3.77 million from the Rural Health Transformation (RHT) Program.
- Enrolled 34 students in 2 academic partner programs through RHT.
- Students are working and training in 16 Critical Access Hospitals in Washington.
- Supporting a total of 53 students.

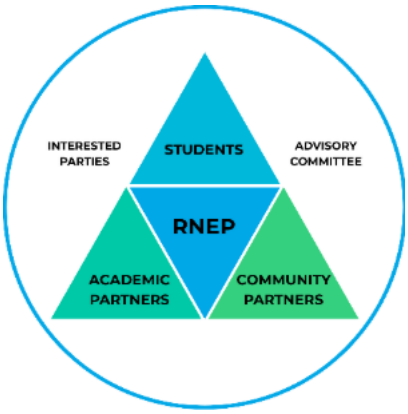
We expect to graduate 155 nurses by 2031, strengthening the rural nursing workforce and fulfilling students' goals of serving their rural communities.

What students are saying:

"Having the opportunity to attend school online is the only way I'm going to be able to financially take care of my family while working towards my career goals. The RNEP Program has saved me and finally given me the chance I need to become a nurse."
- RNEP student

"It has been my number one dream to become a nurse in my rural community. There are a lot of nurses needed, and since I speak both English and Spanish, that will definitely benefit rural nursing."
– RNEP student

RNEP partners are divided into two regions and benefit from a dedicated program coordinator assigned to their area of the state. RNEP's two program coordinators serve as the primary point of contact for partners, providing ongoing program support and technical assistance to CAHs in their respective regions.



More information about how DOH is using RHT funds to support rural health transformation, can be found on the new Rural Health Transformation Program at DOH webpage.

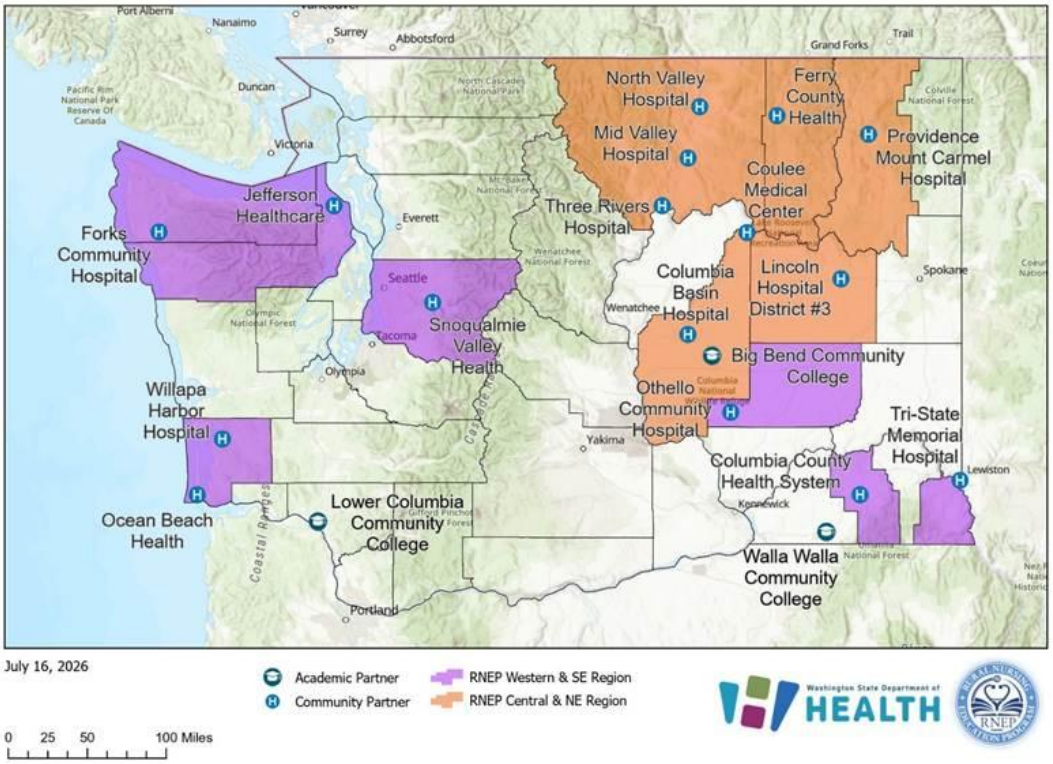
This program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) through a su baward as part of a financial assistance award of $181,257,515.06 to the Washington State Health Care Authority with $3,500,000 and 80 percent funded by CMS/HHS and $914,538 and 20 percent funded by other source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, CMS/HHS or the U.S. Government.

What partners are saying:

"We are so excited to 'grow our own' and are so thankful for this amazing opportunity, and our students are still in disbelief that their dream will soon be a reality."
- Critical Access Hospital Partner

"As an academic partner, we believe this program is essential to the health of rural populations and the sustainability of local healthcare systems, and we are proud to support this innovative approach to nursing education."
- Walla Walla Community College

Rural Nursing Education Program Community and Academic Partners Map



Centennial Accord Highlights Federal Policy Connections to Tribal Health and Well-Being

Washington Secretary of Health Dennis Worsham provided a public health update at the 37th Annual Centennial Accord, hosted by the Snoqualmie Indian Tribe on October 12–14. The annual gathering brought Tribal leaders, Gov. Bob Ferguson, and state agency leaders together to discuss shared priorities and strengthen government-to-government relationships.

Worsham joined Tribal leaders and state health and social services officials to moderate the Governor's Indian Health Advisory Council discussion, discussing the topics of H.R. 1, the Rural Health Transformation Program, Tribal opioid task force priorities, and traditional health care practices.

Federal policy connections extended across the three-day agenda, underscoring how decisions made in Washington, D.C., affect Tribal sovereignty, community health, and the state's ability to meet shared responsibilities. Discussions on H.R. 1 and the Rural Health Transformation Program highlighted the importance of federal health policy and funding decisions for Washington's health care system and Tribal communities. Other sessions addressed Tribal general welfare benefits and the SNAP geographic waiver, connecting federal nutrition and benefit policies to the well-being of Tribal families.

Federal regulatory changes also featured prominently in discussions about ecological and cultural resources. Tribal and state leaders examined potential impacts of changes to the federal Roadless Rule and the definition of Waters of the United States (WOTUS), as well as federal actions affecting salmon recovery, wildfire preparedness, water resources, and energy development. These issues intersect with public health through drinking water quality, environmental exposures, climate resilience, and food security. The conversation also addressed the effects of federal administration policies on the U.S. Department of Education.

DOH participates in federal rulemaking to share state public health expertise and identify potential impacts before regulations are finalized. We submitted comments on the federal Roadless Rule and recommendations concerning WOTUS, outlining state public health considerations related to federal environmental policy.



DOH Staff Attend Centennial Accord

Washington State Department of HEALTH

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