# SENATE BILL REPORT SB 5365

#### As Reported by Senate Committee On: Early Learning & K-12 Education, February 11, 2013 Ways & Means, February 28, 2013

**Title**: An act relating to increasing the capacity of school districts to recognize and respond to troubled youth.

**Brief Description**: Increasing the capacity of school districts to recognize and respond to troubled youth.

**Sponsors**: Senators Rolfes, Cleveland, Frockt, Kohl-Welles and Kline.

#### **Brief History:**

**Committee Activity**: Early Learning & K-12 Education: 2/08/13, 2/11/13 [DPS-WM]. Ways & Means: 2/26/13, 2/28/13 [DPS(EDU)].

# SENATE COMMITTEE ON EARLY LEARNING & K-12 EDUCATION

**Majority Report**: That Substitute Senate Bill No. 5365 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Litzow, Chair; Dammeier, Vice Chair; McAuliffe, Ranking Member; Rolfes, Assistant Ranking Member; Billig, Brown, Cleveland, Fain, Hill and Mullet.

Staff: Katherine Taylor (786-7434)

# SENATE COMMITTEE ON WAYS & MEANS

**Majority Report**: That Substitute Senate Bill No. 5365 as recommended by Committee on Early Learning & K-12 Education be substituted therefor, and the substitute bill do pass.

Signed by Senators Hill, Chair; Baumgartner, Vice Chair; Honeyford, Capital Budget Chair; Hargrove, Ranking Member; Nelson, Assistant Ranking Member; Bailey, Becker, Braun, Conway, Dammeier, Fraser, Hasegawa, Hatfield, Hewitt, Keiser, Kohl-Welles, Murray, Padden, Parlette, Ranker, Rivers, Schoesler and Tom.

Staff: Elise Greef (786-7708)

**Background**: According to the state Department of Health (DOH), suicide is the second-leading cause of death for Washington youth between the ages of 10 and 24.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

According to the Office of Superintendent of Public Instruction (OSPI), there are nine educational service districts (ESDs), 295 school districts, more than 2300 schools, 1.04 million students, and more than 53,600 teachers in Washington.

DOH runs various programs on disease and injury prevention, immunization, and newborn screening for prenatal disease. DOH works with many partners to provide educational and training programs as well as health and safety information. DOH licenses health care professionals, investigates disease outbreaks, and prepares for emergencies.

The Professional Educator Standards Board (PESB) establishes policies and requirements for the preparation and certification of education professionals. PESB serves as an advisory body to OSPI on issues related to educator recruitment, hiring, mentoring and support, professional growth, retention, evaluation, and revocation and suspension of licensure.

OSPI is the primary agency charged with overseeing K-12 public education in Washington State. OSPI works with the state's 295 school districts to administer basic education and other educational programs.

The School Safety Advisory Committee advises OSPI and supports and assists in the implementation of the work of the Washington State School Safety Center. It also supports the efforts for increased academic achievement by students.

**Summary of Bill (Recommended Substitute)**: Individuals certified by PESB as a school nurse, school social worker, school psychologist, or school counselor must complete a training program on youth suicide screening and referral as a condition of certification. PESB must adopt standards for the minimum content of the training in consultation with OSPI and DOH. PESB must consider the training program as part of continuing education for certification.

To receive initial certification as a teacher, the applicant must have successfully completed a course on issues of abuse, to which PESB must incorporate knowledge and skill standards pertaining to recognition, initial screening, and response to emotional and behavioral distress in students, including but not limited to indicators of possible substance abuse, violence, and youth suicide. PESB must consult with OSPI and DOH in developing the standards.

Beginning in the 2014-2015 school year, each school district must adopt a plan for recognition, initial screening, and response to emotional or behavioral distress in students, including but not limited to indicators of possible substance abuse, violence, and youth suicide. The school district must annually provide the plan to all district staff. The plan must address certain minimum requirements and may be an individual plan or be a component of another district plan or policy.

OSPI and the School Safety Advisory Committee must develop a model school district plan that includes but is not limited to addressing indicators of possible substance abuse, violence, and youth suicide. The model plan must be posted by February 1, 2014, on the School Safety Center website, along with additional information to support school districts in developing and implementing their plans for addressing indicators of possible substance abuse, violence, and youth suicide.

ESDs must develop and maintain the capacity to offer training for educators and other school district staff on youth suicide screening and referral, among other concerns. An ESD may demonstrate capacity by employing staff with sufficient expertise to offer the training or by contracting with individuals or organizations to offer training.

OSPI must convene a temporary taskforce to identify best practices, model programs, and successful strategies for school districts to form partnerships with qualified health, mental health, and social services agencies in the community to coordinate and improve support for youth in need. The taskforce must identify and develop resource documents to be posted on the School Safety Center web site, and submit a report with recommendations to the education committees of the Legislature by December 1, 2013. The taskforce must explore the potential use of online youth emotional health and crisis response systems that have been developed for use in other countries

**EFFECT OF CHANGES MADE BY EARLY LEARNING & K-12 EDUCATION COMMITTEE (Recommended Substitute)**: Adds language regarding teachers' ability to uniquely identify signs of emotional and behavioral distress in students. Removes the term troubled youth and replaces it with youth in need. Adds school psychologists to the school personnel that must complete a training program on youth suicide screening and referral as a condition of certification. Adds a requirement for the temporary taskforce to explore the potential use of online youth emotional health and crisis response systems that have been developed for use in other countries.

## Appropriation: None.

Fiscal Note: Available.

## Committee/Commission/Task Force Created: No.

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

**Staff Summary of Public Testimony on Original Bill (Early Learning & K-12 Education)**: PRO: Nurses will benefit from this training. Nurses are in favor of this bill because they feel they do not have enough training on youth suicide. This bill has an excellent approach. The strength of the bill is in the school district program. School counselors do not have proper training when students are suicidal. This lack of training has led to tragedies. Washington has higher youth suicide than the national average. We must give staff the proper tools. School staff does not know how to deal with student suicides. A plan is needed. There are a wide variety of reasons students become suicidal. Students often confide in counselors about suicidal feelings. We like that the training is mandatory. Last year 1200 8th graders reported having feelings of suicide. Most schools have crisis plans for earthquakes and bomb threats. Bombs and earthquakes are not as big of a threat as student suicide. We do not want to repeat Sandy Hook's tragedy. Staff want the training and often. Many suicides can be prevented with early prevention. Everyone thinks it is someone else's kid. We need to not stigmatize depressed or suicidal students. High-achieving students can

become suicidal too. This bill is pragmatic, can be implemented quickly, and has a low fiscal impact. The Positive Behavioral Interventions and Supports (PBIS) program could be a vehicle for helping suicidal kids. Staff should be updated on suicide prevention training more often than every five years.

**Persons Testifying (Early Learning & K-12 Education)**: PRO: Lonnie Johns-Brown, School Nurse Organization of WA, Youth Suicide Prevention Program; Davi Brenna, PESB; Jessica Scruggs, American Foundation of Suicide Prevention; Amy Brackenbury, WA School Counselors Assn.; Jerry Bender, Assn. of WA School Principals; Kurt Hatch, PBIS; Debbie Reisert, Sue Eastgard, Kristen Spexarth, Lauren Davis, citizens.

**Staff Summary of Public Testimony on Substitute (Ways & Means):** PRO: School districts need to be able to recognize troubled youth. Tragically, death by suicide was higher for our military members than all of those killed by enemy fire in the Afghanistan War last year. As tragic as that is, the suicide of youth is also at epic proportions. Our granddaughter could not fit in during high school. Educators could not seem to understand or care. Additionally, much youth suicide occurs in conjunction with problems with drugs, family disruptions, or among our lesbian, gay, bisexual, and transgender youth community. Many of these young people feel left out, bullied, or ostracized. It is crucial for educators to be trained to pick up on cues of suicidal ideation and be able to foster trust in youth so students in need or their peers will be free to go to them.

**Persons Testifying (Ways & Means)**: PRO: Bob Rudolph, Grandparents' Rights of WA State.