**6514-S AMH HE H5039.1 - NOT FOR FLOOR USE**

**SSB 6514** - H COMM AMD

By Committee on Higher Education

**ADOPTED 02/28/2018**

Strike everything after the enacting clause and insert the following:

"NEW SECTION. **Sec.**  (1) Washington has been a leader in addressing suicide as a public health issue. The legislature intends for Washington to continue its leadership by supporting the creation of comprehensive suicide prevention and behavioral health initiatives for postsecondary students. In 2015, the legislature created the mental health and suicide prevention in higher education task force. The task force was charged with determining the policies, resources, and technical assistance needed to support postsecondary institutions in improving access to behavioral health services and improving suicide prevention responses. In November 2016, the task force issued its report on mental health and suicide prevention in higher education.

(2) According to the task force report:

(a) The 2005 American college health assessment survey found that nine and one-half percent of students seriously considered suicide, one and one-half percent of students nationwide have attempted suicide, and less than twenty percent were in treatment. According to the 2015 American college health association national college health assessment, seventy-five percent of postsecondary students reported feeling overwhelmed and thirty percent reported feeling so depressed it was difficult to function. More than one-third of students reported anxiety as negatively impacting academics and almost one-quarter said depression negatively impacted academics;

(b) There is incomplete data on suicide deaths among Washington's postsecondary students and the availability of behavioral health resources on Washington's campuses. There is currently no statewide system in place to track this data;

(c) Lack of funding for behavioral health resources across all sectors is the largest barrier to providing services for postsecondary students statewide;

(d) Due to funding constraints, the level of professional mental and behavioral health counseling is often limited for postsecondary institutions in all sectors. For example, six institutions in the public two-year sector servicing nearly fifty thousand students have either no professional mental health providers to counsel students or have such limited resources that the counselor to student ratio was as low as one to nearly eight thousand five hundred in 2014-2015.

(3) The legislature also recognizes that, as of 2016, there were over sixteen thousand student veterans and dependents enrolled in Washington's community and technical colleges, and approximately four thousand veterans and dependents enrolled in Washington's four-year institutions of higher education. The legislature recognizes that the risk for suicide is significantly higher among veterans when compared to nonveteran adults in the United States and that student veterans face unique challenges and often have vastly different life experiences from traditional students. According to a study presented a few years ago at an annual convention of the American psychological association, almost half of military veterans who are enrolled in college have contemplated suicide at some point and twenty percent have planned to kill themselves.

(4) The legislature intends to implement task force recommendations by:

(a) Creating a publicly available statewide resource for postsecondary institutions;

(b) Developing and centralizing data collection; and

(c) Creating a grant program for resource-challenged institutions to help develop suicide prevention programs in those institutions, which may include for example, enhancing treatment services to student veterans; creating campus-wide crisis services; expanding existing crisis plans to integrate suicide intervention; reentry, including medical leave that supports reentry; postvention; and creating links and referral systems between campus behavioral health resources and community-based mental health resources.

NEW SECTION. **Sec.**  A new section is added to chapter 28B.20 RCW to read as follows:

(1) Subject to availability of amounts appropriated for this specific purpose, an entity within the University of Washington school of social work that has expertise in suicide prevention, in collaboration with the student achievement council, shall develop a statewide resource for behavioral health and suicide prevention for the state's postsecondary institutions.

(2) To establish the components of the statewide resource, the entity shall convene and consult with a work group that consists of representatives from stakeholder groups the entity deems appropriate. The entity must consider representatives from those organizations listed in the mental health and suicide prevention in higher education task force, created by chapter 67, Laws of 2015. At a minimum, the stakeholders in the work group must include:

(a) Representation from a tribal college;

(b) Representation from a veterans training support center;

(c) Representation from students and families;

(d) Representatives selected by the educational opportunity gap oversight and accountability committee;

(e) Representation from a community behavioral health provider;

(f) A suicide prevention expert;

(g) Representation from the department of health; and

(h) Three institutional counseling center directors or executive directors to include one from each of the following: A public four-year college or university, a private, nonprofit institution, and a community and technical college.

(3) The entity must be responsible for constructing and hosting the statewide resource and linking the resource to the student achievement council's and the department of health's web sites.

(4) At a minimum, the statewide resource must:

(a) Be made publicly available through a web-based portal or a support line;

(b) Provide a free curriculum to train faculty, staff, and students in suicide recognition and referral skills and in the specific needs of student veterans;

(c) Provide a resource to build capacity within the institutions to train individuals to deliver training in person;

(d) Contain model crisis protocols, per sector, that include behavioral health and suicide identification, intervention, reentry, and postvention;

(e) Contain model marketing materials and messages that promote student behavioral health on college campuses;

(f) Develop capacity for an annual conference for postsecondary institutions seeking to address students' behavioral health and suicide prevention needs. The entity must be responsible for hosting the first conference for postsecondary institutions; and

(g) Include resources that will serve diverse communities and underrepresented populations, including resources that are culturally relevant.

(5) The statewide resource must be made available to postsecondary institutions by June 30, 2020.

NEW SECTION. **Sec.**  A new section is added to chapter 28B.77 RCW to read as follows:

(1) Subject to availability of amounts appropriated for this specific purpose, the suicide prevention in higher education grant program is established. The purpose of the grant program is to provide funding to postsecondary institutions for the institutions to create partnerships with health care entities to provide mental health, behavioral health, and suicide prevention to students in their institutions.

(2)(a) The council shall administer the grant program in accordance with this section and in collaboration with the work group convened by the entity within the University of Washington school of social work specified under section 2 of this act. The council shall establish minimum criteria that grant recipients must meet to be awarded a grant. The grant program must be implemented by November 1, 2019.

(b) The council must award the first six grants created under this section to public institutions of higher education. When selecting the recipients of the first six grants under this subsection, the council must consult with the state board for community and technical colleges. The council must identify which public institutions of higher education have the greatest need, have a clear and strong demonstration of willingness from leadership to utilize the statewide resources created under section 2 of this act, and can develop partnerships to enhance capacity. From those identified public institutions of higher education, proposals that enhance treatment services to student veterans must be given priority. Once the first six grants are awarded, the council may award grants to other postsecondary institutions that meet the council's criteria.

(3) For the purposes of this section, "postsecondary institutions" means institutions of higher education as defined in RCW 28B.10.016, degree-granting institutions as defined in RCW 28B.85.010, private vocational schools as defined under RCW 28C.10.020, and school as defined in RCW 18.16.020.

NEW SECTION. **Sec.**  A new section is added to chapter 28B.20 RCW to read as follows:

(1) Beginning June 1, 2019, and every June 1st thereafter until 2022, postsecondary institutions shall submit a report to the entity within the University of Washington school of social work specified under section 2 of this act for the purposes of establishing a baseline for behavioral health concerns and responses at the institutions of higher education.

(2) The annual report must include the following information as reported to the postsecondary institution, in compliance with the entity's established data collection requirements, and if an institution does not collect or have access to the information it must indicate this in the report:

(a) The awareness of students, faculty, and staff regarding behavioral health and suicide prevention resources;

(b) The institution's counselor-to-student ratio;

(c) The number of students referred to off-campus behavioral health providers;

(d) The number of students identifying emotional distress as reasons for withdrawal;

(e) The number of student suicide deaths;

(f) The number of student suicide attempts that result in hospitalization;

(g) Information about dissemination of material to students about behavioral health resources that are available on and off campus;

(h) Confirmation of campus plans for suicide recognition and referral training that identifies groups receiving the required training and which groups are recommended to receive training in the future;

(i) The entity or entities on campus responsible for the development and maintenance of the campus crisis plan that integrate policies for suicide identification, intervention, reentry, and postvention;

(j) The campus point person or persons responsible for the crisis plan; and

(k) Information about behavioral health services and supports available to veterans on campus.

(3) For purposes of this section, "postsecondary institutions" has the same meaning as that term is defined in section 3 of this act.

(4) This section expires December 31, 2022.

NEW SECTION. **Sec.**  A new section is added to chapter 28B.20 RCW to read as follows:

(1) By December 31, 2018, for the purposes of collecting data on suicide prevention and behavioral health in higher education, the entity within the University of Washington school of social work specified under section 2 of this act shall identify data, methods for data collection, and data definitions to be used by postsecondary institutions required to submit annual reports under section 4 of this act. The entity shall collaborate with the postsecondary institutions, as defined in section 3 of this act, in establishing data collection requirements and criteria.

(2) The entity shall aggregate the information it receives by sector and, by December 1st of each year, the entity must submit an aggregated summary report to the relevant committees of the legislature. The entity shall serve as the depository for annual reports submitted by institutions of higher education under section 4 of this act."

Correct the title.

EFFECT: (1) Requires an entity with suicide expertise within the University of Washington School of Social Work (rather than the Department of Health) to establish the statewide resource, convene the work group, and collect and report data.

(2) Allows the public four-year institutions to also be eligible for the first six grants, not just the public community and technical colleges.

(3) Removes the provision requiring the WSIPP study on stress.