H-1423.1

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUBSTITUTE HOUSE BILL 1138**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**State of Washington 64th Legislature 2015 Regular Session**

**By** House Higher Education (originally sponsored by Representatives Orwall, Haler, Blake, Carlyle, Kochmar, Reykdal, Appleton, S. Hunt, Pollet, Tarleton, Ortiz-Self, Gregerson, Bergquist, Ormsby, Senn, Riccelli, Ryu, Tharinger, Walkinshaw, and Fey)

AN ACT Relating to creating a task force on mental health and suicide prevention in higher education; creating new sections; and providing an expiration date.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION. **Sec.**  (1) The legislature finds that:

(a) According to Mental Health America's Parity or Disparity: The State of Mental Health in America 2015 Report, Washington ranks fourth in states with the highest prevalence of mental illness and lowest access to care. The report finds that, in Washington, both adults and youth have worse mental health outcomes than residents of other states. The report shows that Washington ranks third in states with the highest prevalence of behavioral concerns. The report estimates that there are over one million adults with mental illness in Washington, and almost one quarter of a million adults with serious thoughts of suicide.

(b) According to the national college health assessment survey, sponsored by the American college health association, almost ten percent of college students reported that they had seriously considered attempting suicide and 1.5 percent of students reported that they had attempted suicide within the last school year. There are approximately four hundred thousand students attending Washington's two-year and four-year public and private institutions of higher education, so based on national averages, about forty thousand Washington students have suicidal ideation, and about six thousand have attempted suicide in the past year.

(c) According to the state department of health:

(i) Suicide is the second leading cause of death for Washington youth between the ages of ten and twenty-four. Suicide rates among Washington youth remain higher than the national average;

(ii) In 2012 and 2013, over two hundred youth between the ages of eighteen and twenty-four died by suicide. Those same years, over one thousand youth ages eighteen to twenty-four required hospitalization due to a self-inflicted nonfatal injury; and

(iii) For each youth between the ages of ten and twenty-four who dies by suicide, the average cost is nearly two million dollars in future work loss and five thousand dollars in medical costs. The estimated cost for each nonfatal suicide attempt that results in hospitalization is about eleven thousand dollars in medical costs and twenty-four thousand dollars in work loss costs.

(d) According to the national center for veterans studies at the University of Utah, veterans face an elevated risk of suicide as compared to the general population; nearly half of college students who are United States military veterans have had thoughts of suicide. Nearly eight percent of veteran college students reported a suicide attempt compared to a little over one percent of other college students.

(2) Therefore, the legislature intends to convene a task force on mental health and suicide prevention in higher education to determine what policies, resources, and technical assistance may be needed to support the institutions of higher education in improving access to mental health services and improving suicide prevention responses.

NEW SECTION. **Sec.**  (1) Forefront at the University of Washington shall convene a task force on mental health and suicide prevention at Washington's public and private institutions of higher education to determine what policies, resources, and technical assistance are needed to support the institutions in improving access to mental health services and improving suicide prevention responses.

(2) Membership of the mental health and suicide prevention in higher education task force shall be as provided in this subsection.

(a) The following agencies and organizations shall each appoint one member to the task force: The student achievement council, the council of presidents, the state board for community and technical colleges, the independent colleges of Washington, the workforce training and education coordinating board, the northwest career colleges federation, the Washington department of veterans affairs, the Washington department of social and health services, and the Washington department of health; and

(b) Forefront at the University of Washington shall invite campus counselors and mental health experts; experts on suicide assessment, treatment and management; mental health and suicide prevention advocates; veterans center staff; experts on lesbian, gay, bisexual and transgender issues, and ethnic and minority affairs experts; campus administrators; and students to be members of the task force. The invitees must represent the various demographics and geographies of the state.

(c) The task force may form subgroups of members that research, discuss, and make recommendations on one or more topics in furtherance of the overall goals of the task force.

(3) The task force shall choose its cochairs from among its membership. Forefront at the University of Washington shall convene the initial meeting of the task force and the cochairs shall convene subsequent meetings.

(4) Staff support for the task force must be provided by Forefront at the University of Washington.

(5) The task force, in cooperation with the state's public and private institutions of higher education, shall collect data related to mental health services, suicide prevention and response, and deaths by suicide at the public and private institutions of higher education in Washington, to the extent that data is available. This data may include:

(a) Protocols for responding to students in distress that cover intervention, treatment, reentry, and post-crisis intervention;

(b) Data on on-campus use of student behavioral health services over the past five years;

(c) Data on available funding for on-campus student behavioral health services over the past five years;

(d) Data on the number of mental health professionals and chemical dependency professionals working on campus and the number of students on campus over the past five years;

(e) Data on student suicide attempts and deaths over the past five years;

(f) Information on courses or seminars focusing on early identification of mental health issues, providing early access to mental health services, and intervention offered at the campus over the past five years;

(g) Information on student groups raising awareness about suicide prevention and behavioral health promotion;

(h) Information on efforts to screen students for behavioral health disorders and suicidal ideation;

(i) Information on efforts to reduce access to lethal means, such as locking dorm balconies or prescription medication drop-off campaigns;

(j) Information on the relationship between emotional distress and student withdrawal; and

(k) Information on the availability of online behavioral health resources on institution web sites.

(6) Subject to funds appropriated specifically for this purpose, the expenses of the task force must be paid by the University of Washington.

(7) The task force shall report its findings and recommendations to the governor and the appropriate committees of the legislature by November 1, 2016. The report must include:

(a) A summary of the data reviewed by the task force;

(b) Best practices and policies for providing mental health services and preventing suicide at institutions of higher education;

(c) Recommendations on resources and technical assistance required to increase awareness of behavioral health needs on campus and support institutions of higher education in preventing suicide on campus.

NEW SECTION. **Sec.**  This act expires July 1, 2017.

**--- END ---**