

SENATE BILL REPORT

SSB 6514

As Amended by House, February 28, 2018

Title: An act relating to implementing a comprehensive approach to suicide prevention and behavioral health in higher education, with enhanced services to student veterans.

Brief Description: Concerning suicide prevention and behavioral health in higher education, with enhanced services to student veterans.

Sponsors: Senate Committee on Higher Education & Workforce Development (originally sponsored by Senators Brown, O'Ban, Darneille, Palumbo and Saldaña).

Brief History:

Committee Activity: Higher Education & Workforce Development: 1/30/18, 1/31/18 [DPS, w/oRec].

Floor Activity:

Passed Senate: 2/08/18, 48-0.

Passed House: 2/28/18, 98-0.

Brief Summary of First Substitute Bill

- Requires the Department of Health (DOH) to develop a statewide resource for behavioral health and suicide prevention for post-secondary institutions.
- Creates a grant program to fund post-secondary institutions' behavioral health and suicide prevention.
- Requires post-secondary institutions to submit annual reports to the DOH regarding information related to behavioral health and suicide on their campuses.

SENATE COMMITTEE ON HIGHER EDUCATION & WORKFORCE DEVELOPMENT

Majority Report: That Substitute Senate Bill No. 6514 be substituted therefor, and the substitute bill do pass.

Signed by Senators Ranker, Chair; Palumbo, Vice Chair; Hawkins, Ranking Member; Carlyle, Lias, Nelson and Short.

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.

Minority Report: That it be referred without recommendation.

Signed by Senator Miloscia.

Staff: Kellee Gunn (786-7429)

Background: In 2015, the Legislature created the Mental Health and Suicide Prevention in Higher Education Task Force (Task Force). The Task Force was created to determine what policies, resources, and technical assistance were needed to support the post-secondary institutions in improving access to mental health services and improving suicide prevention responses. The Task Force reported its findings to the Legislature and the Governor on November 1, 2016.

The Task Force identified four recommendations to increase awareness and prevention of behavioral health and suicide at Washington's postsecondary institutions:

- prioritize ongoing state funding to support behavioral health counselors;
- develop a public behavioral health and suicide prevention resource;
- establish a grant program to support resource-challenged postsecondary institutions;
- and
- require all Washington postsecondary institutions to submit an annual report focused on behavioral health awareness and suicide prevention to DOH.

Postsecondary institutions include public baccalaureates, two-year institutions, private vocational schools, and other degree-granting institutions that provide academic or professional degrees beyond the secondary level.

Summary of First Substitute Bill: Statewide Resource for Behavioral Health and Suicide Prevention. DOH, with the Washington Student Achievement Council (WSAC), must develop a statewide resource for behavioral health and suicide prevention for the state's postsecondary institutions (institutions). The workgroup must include representatives from entities involved in the Task Force.

At a minimum, persons in the workgroup must include representation from:

- a tribal college;
- a veterans' training support center;
- students and families;
- the Educational Opportunity Gap Oversight and Accountability Committee;
- a community behavioral health provider;
- a suicide prevention expert; and
- three institutional counseling center directors—one representing a four-year college, one representing a private nonprofit institution, and one representing a community and technical college.

The statewide resource would be a publicly available web portal or support line. It would provide and/or develop:

- curriculum to train staff and students in suicide recognition, including the specific needs of student veterans;
- a resource for institutions to deliver trainings;
- guidance on model crisis protocols;

- communication materials that promote student behavioral health on college campuses;
- capacity for an annual conference for postsecondary institutions to address student behavioral health and suicide prevention; and
- resources to serve diverse communities and underrepresented populations.

The resource must be made available to institutions by June 30, 2020.

Suicide Prevention in Higher Education Grant Program. Subject to appropriation, the Suicide Prevention in Higher Education Grant Program is established and administered by WSAC, in collaboration with the workgroup and DOH. The grant program would assist post-secondary institutions in partnering with health care entities to provide mental health support and suicide prevention. WSAC must establish minimum criteria for grant recipients.

By November 1, 2019, the grant program must be implemented. The first six grants must go to public community and technical colleges. The identified institutions to receive awards, must give priority to enhancing services for student veterans.

Report on Suicide Prevention and Behavioral Health in Higher Education. The post-secondary institutions in Washington must provide certain information on students' behavioral health, student suicides, and the campus crisis plan to the DOH annually on June 1, 2019, until 2022.

DOH must take that information in aggregate and, by December 1 each year, report to the relevant committees of the Legislature.

Washington Institute of Public Policy (WSIPP). WSIPP must conduct a study on academic stress in higher education settings that includes a literature review and a survey of best practices.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

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

Staff Summary of Public Testimony on Original Bill: *The committee recommended a different version of the bill than what was heard.* PRO: There is a need for suicide prevention in higher education. Currently there is no overall strategy, resources, or funding available for prevention, intervention, and postvention. What if our universities had a culture where students felt they could reach out for help? Overall, there is not a lot of advertisement for mental health first aid. When I attempted suicide in college, no one knew about it and I had no resources available to me on campus. There is a problem with the perception of mental health issues and the stigma associated with it. I served as co-chair for the task force that led to this bill. Suicide among college students is a real thing. When we ask colleges how many deaths are caused by suicide, colleges cannot answer. Colleges should be able to

answer that question. Learning environments are severely disrupted when these suicides occur. Having a plan is a critical piece that each campus should put together. This bill is timely.

In 2015, one of the students I advised passed away due to suicide. The student was living at a homeless shelter with her son. Unbeknownst to me, she was silently struggling. When students have to deal with many challenges, one bad day leads to hopelessness and intervention needs to occur quickly. In the spring of 2013, my son told his counselor about his plan for suicide. By the end of the year, he committed suicide. On that campus, client confidentiality was the highest value. This is an example of what can happen when a campus does not have a protocol in place when confronted with a student in crisis. As a veteran, struggling with mental health issues, I recognize the need for this. One in five students are saying they cannot do their jobs, academically, because of mental health. There are lots of things higher institutions of education can do. I am faculty at the UW. When I lost my husband to suicide, I discovered the resources. In every one of my classes, I introduce students to the available resources. This bill would get the information out to faculty and schools.

The CTCs will be the first recipients of the grant program. The State Board for Community and Technical Colleges will incorporate a best practices approach to implement it, working with partners addressed in the bill for a comprehensive and collaborative approach. Many of the CTCs have a student to counselor ratio of 1 to 1000. There are over 16,000 student veterans in the CTC system. This year a CTC, Clover Park, had to seek out resources outside of campus to help students suffering from mental health conditions. Often, these are the same students who end up acting out. Many two-year colleges cannot financially support mental health counselors. The CTCs currently have zero infrastructure and resources for students dealing with this.

Persons Testifying: PRO: Senator Sharon Brown, Prime Sponsor; Seth Dawson, Washington State Psychiatric Association; Jerry Fugich, Veterans Legislative Coalition; Katie Viola, Director of Student Development, Lake Washington Institute of Technology; Scott Latiolais, Clover Park Technical College; Edward Espara, Washington State Board for Community and Technical Colleges; Donn Marshall, Director of Counseling, Health & Wellness Services, University of Puget Sound; Erin Hayden, Bates Technical College; Marny Lombard, citizen; Delaney Knottnerus, citizen; Jenn Stuber, Forefront Suicide Prevention; Mark Lee, citizen; Kristi Haynes, citizen; Conner Mertens, citizen; Cameron Fordemeir, citizen; Christian Crowell, citizen.

Persons Signed In To Testify But Not Testifying: No one.

EFFECT OF HOUSE AMENDMENT(S):

- Requires an entity established at the University of Washington School of Social Work, instead of DOH, to establish the statewide resource and convene a workgroup as well as collect and annually report on certain data.
- Allows public baccalaureates to be eligible for the first six grants, in addition to CTCs.
- Removes requirement for WSIPP to study academic stress in higher education settings.