

# HOUSE BILL REPORT

## SSB 6191

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### As Reported by House Committee On:

Education  
Appropriations

**Title:** An act relating to assessing the prevalence of adverse childhood experiences in middle and high school students to inform decision making and improve services.

**Brief Description:** Assessing the prevalence of adverse childhood experiences in middle and high school students to inform decision making and improve services.

**Sponsors:** Senate Committee on Early Learning & K-12 Education (originally sponsored by Senators Braun, Darneille, Hasegawa, O'Ban, Rolfes, Short and Wilson, C.).

### Brief History:

#### Committee Activity:

Education: 2/20/20, 2/25/20 [DPA];  
Appropriations: 2/29/20 [DPA(ED)].

#### Brief Summary of Substitute Bill (As Amended by Committee)

- Requires that questions regarding Adverse Childhood Experiences (ACEs) be added to the Healthy Youth Survey.
- Encourages school districts to use the information about ACEs in their decision making and to help improve services for students.

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### HOUSE COMMITTEE ON EDUCATION

**Majority Report:** Do pass as amended. Signed by 17 members: Representatives Santos, Chair; Dolan, Vice Chair; Paul, Vice Chair; Steele, Ranking Minority Member; McCaslin, Assistant Ranking Minority Member; Volz, Assistant Ranking Minority Member; Bergquist, Caldier, Callan, Corry, Harris, Ortiz-Self, Rude, Stonier, Thai, Valdez and Ybarra.

**Staff:** Riley O'Leary (786-7296) and Megan Wargacki (786-7194).

### Background:

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*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.*

### Adverse Childhood Experiences.

In 2011 the Legislature defined Adverse Childhood Experiences (ACEs) to mean the following indicators of severe childhood stressors and family dysfunction:

- child physical, sexual, and emotional abuse;
- child emotional or physical neglect;
- alcohol or other substance abuse in the home;
- mental illness, depression, or suicidal behaviors in the home;
- incarceration of a family member;
- witnessing intimate partner violence; and
- parental divorce or separation.

When experienced in the first 18 years of life and taken together, these indicators are proven by public health research to be powerful determinants of physical, mental, social, and behavioral health across a lifespan. Adverse Childhood Experiences have been demonstrated to affect the development of the brain and other major body systems. The definition applies to a nongovernmental private-public initiative tasked with preventing and mitigating the effects of ACEs.

### Healthy Youth Survey.

The Healthy Youth Survey (HYS) is an anonymous statewide survey of youth, administered by the Healthy Youth Survey Planning Committee. The committee membership consists of representatives from the Health Care Authority's Division of Behavioral Health and Recovery (HCA), the Office of the Superintendent of Public Instruction (OSPI), the Department of Health (DOH), and the Liquor and Cannabis Board (LCB). Community partners and other stakeholders provide input into the development and administration of the survey.

Every two years, students in sixth, eighth, tenth, and twelfth grade voluntarily take the survey, which includes questions about alcohol, tobacco, other drug use, behaviors that result in unintentional and intentional injuries, dietary behaviors, physical activity, and related risk and protective factors. The survey is designed to:

- track information about the prevalence of major adolescent health risk behaviors;
- identify trends in adolescent health status and risky behaviors; and
- guide policy and improve programs that serve youth.

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### **Summary of Amended Bill:**

The HCA in collaboration with the OSPI, the DOH, and the LCB must incorporate questions related to ACEs into the HYS. The questions must be validated for children and allow reporting of ACEs to be included in the biannual HYS summary reports. The additional questions must be administered for two cycles of the HYS and then evaluated by the state agencies for any needed changes. Student responses must remain anonymous, and aggregated data must be published and made available to school buildings and districts with 20 or fewer students. School districts are encouraged to use the collected information to inform and improve services for students.

### **Amended Bill Compared to Substitute Bill:**

Rather than publishing student responses to ACEs questions disaggregated by state, educational service district, county, and school district, the striking amendment requires publishing of disaggregated data by state, educational service district, and county.

The original requirement that school districts or school buildings with 20 or fewer students be provided with their students' aggregated responses to ACEs questions is changed in the amended bill to require that all school districts and school buildings be provided their students' aggregated responses. These data are not required to be published.

The amended bill explicitly states that the publishing and provision of aggregated student responses must comply with state and federal privacy laws.

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**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date of Amended Bill:** The bill takes effect 90 days after adjournment of the session in which the bill is passed.

**Staff Summary of Public Testimony:**

(In support) Adverse Childhood Experiences can have a lasting impact on someone's life and can even impact the architecture of the brain, increase the risk of heart disease, or increase the risk of cancer. However, these experiences can be mitigated or even reversed through intervention. If the HYS is expanded to include questions about ACEs it would provide more local data, which would help identify hotspots, and the services for children with high ACEs could be improved.

In general, surveys often go unused, but the HYS is designed to provide valuable and reliable information. This information is frequently used by state agencies and nongovernmental organizations to guide initiatives, programs, policies, and investments. The questions are written in an age-appropriate manner and the information gained from the survey offers a unique opportunity to capture student voice.

While the data represent the lives of real children and families, the aggregate HYS data can act as a sensitivity analysis to determine if a health risk is an outlier, or if the health risk is part of a larger trend among youth. Adding ACEs questions, which will be developed in accordance with existing standards, will allow educators, policy makers, and funders to better understand the social and emotional health of Washington students.

The language and concepts created by the ACEs framework creates a shared lens for people to view traumatic incidents and talk about them with each other. These conversations can increase the emotional intelligence of people and they can help to address the stigma associated with traumatic events.

(Opposed) The ACEs questions were originally developed to assess trauma-affected children. The ACEs survey is usually administered with a trained professional or doctor in the room to assist with any questions that may be triggering for the child. The HYS is delivered to all students in grades 6, 8, 10, and 12 and there is not a trained professional or doctor in the room. If ACEs questions are included into the HYS, some of the triggering content may not be appropriate for all students.

In addition, some of the questions could be misinterpreted. Children experience traumatic things throughout their normal lives. As children get older, they get involved in risky behaviors that are healthy for normal children, but they could be interpreted as seriously risky behaviors. The HYS questions could be misinterpreted by the students to mean something less serious than what the questionnaire intends. Also, by pairing questions about negative health behaviors with questions about positive health behaviors, some students may interpret the negative behaviors as positive ones and believe that the state is encouraging the consideration of negative behaviors. The questions need to be more specific so that they are less open to interpretation.

**Persons Testifying:** (In support) Melanie Smith, Committee for Children; Tennile Jeffries-Simmons, Office of the Superintendent of Public Instruction; and Kate Dean, Jefferson County Board of Commissioners.

(Opposed) Sharon Hanek; and Dawn Land.

**Persons Signed In To Testify But Not Testifying:** None.

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## HOUSE COMMITTEE ON APPROPRIATIONS

**Majority Report:** Do pass as amended by Committee on Education. Signed by 30 members: Representatives Ormsby, Chair; Robinson, 1st Vice Chair; Bergquist, 2nd Vice Chair; Stokesbary, Ranking Minority Member; Rude, Assistant Ranking Minority Member; Caldier, Chandler, Chopp, Cody, Corry, Dolan, Dye, Fitzgibbon, Hansen, Hoff, Hudgins, Kilduff, Macri, Mosbrucker, Pettigrew, Ryu, Schmick, Senn, Springer, Steele, Sullivan, Sutherland, Tarleton, Tharinger and Ybarra.

**Minority Report:** Do not pass. Signed by 1 member: Representative Kraft.

**Staff:** Andy Toulon (786-7178).

### **Summary of Recommendation of Committee On Appropriations Compared to Recommendation of Committee On Education:**

No new changes were recommended.

**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date of Amended Bill:** The bill takes effect 90 days after adjournment of the session in which the bill is passed.

**Staff Summary of Public Testimony:**

(In support) None.

(Opposed) None.

**Persons Testifying:** None.

**Persons Signed In To Testify But Not Testifying:** None.