S.B. 6514 Work Group Meeting
Nov. 8, 2018
Bates College Mohler/Central Campus

IN ATTENDANCE:
Mark Bergeson, WSAC; Maryann Braithwaite, NWFCC; Tam Dinh, CAPAA, St. Martin’s University; Cody Eccles, Council of Presidents; Jennifer Ellsworth, WSU Counseling; Erin Hayden, Bates Technical College Counseling; Scott Latiolais, Clover Park Technical College, Student Success; Donn Marshall, chair; Earl Martin, Everett Community College Counseling; Lee Moniz, parent advocate; Paul Nagel-McNaughton, Comprehensive Behavioral Health Care; Rep. Tina Orwall, District 33; John Phillips, WDVA; David Shulman, Seattle Film Institute; Rosemary Simmons, UW-Bothell/Cascadia Counseling; Jennifer Stuber, Forefront Suicide Prevention; Casey Wynecoop, Intellectual House, UW.

Legislative Overview:
Rep. Tina Orwall:
- “Big year for mental health legislation. Several colleagues involved in this issue. Expects K-12 legislation.
- Need for PTSD counselors may become subject of a bill this session
- Effective tracking of pilot programs, showing important change in the pilot results, will allow return to legislators next year.
- Interest in seeing students engaged in S.B. 6514 work.
- Possible bill to work on student-counselor ratios in higher ed. EARL MARTIN, counseling director at Everett CC, confirms that along with Washington Community and Technical College Counselor Association, he is working on this bill. JENN STUBER

Jenn Stuber:
1. Governor’s Decision Package includes several projects involving diverse partners. One element: OSPI pilot project to put new staff into a few ESDs to help schools effectively partner with community behavioral health providers.

Grant Program Report, Mark Bergeson, Washington Student Achievement Council
- Total 8 grant proposals received: 6 public, 1 private, 1 vocational
- Discussion regarding the number of applicants, which was lower than many Work Group members had hoped to see. Factors identified as challenges to would-be applicants include:
  - Insufficient timeframe (six weeks) for planning project and completing proposal. “No MOU that I know of can be completed in less than three months.” Rosemary Simmons
  - Lack of grant-writing experience on low-resource campuses
  - Complexity of developing agreement with required external partner.
  - High number (500 plus) of potential grant competitors
  - $60,000 award too low to attract interest. Increase to $100,000 would capture more attention.
  - Institutions with grant writers could not access their services, as the grant writers focus on larger dollar grants.
  - Short timeframe for implementing grants
  - “When you consider all of this, it’s a minor miracle we received eight applications,” Mark Bergeson.
LOOKING AHEAD – SYSTEMATIC PLANNING FOR FUTURE ROUND OF GRANT PROGRAM, Mark Bergeson:

1. Create a framework using a full biennium
2. Year 1 focus on RFP process, administration, planning for the successful proposals.
3. Year 2 offers successful proposals a full 12 months of implementation.

LEARN SUICIDE PREVENTION TRAINING, Jenn Stuber, Forefront Suicide Prevention

Extended slide-by-slide discussion on the LEARN training resulted in many valuable suggestions to create a better fit for the faculty audience. These suggestions will be incorporated into the LEARN training and train the trainers workshop to be offered at the 2019 Washington State Conference on Suicide Prevention in Higher Education, and Training Day, April 15-16 (Both events are free)

UPDATE ON DATA COLLECTION, Sarah Hohl

Reviewers offered feedback on the data collection assessment including:

• Support in identifying how to track the data
• Presentations to appropriate commission and councils to ensure awareness
• Incentive for completion
• Create a template for schools to build awareness and implementation of suicide prevention policy and procedures

Work Group members offered these suggestions (via online poll during meeting) to best support institutions to track and report the data requested in the SB6514 survey. The poll offered an option to “upvote” suggestions; upvoted suggestions are denoted with an asterisk.

• Common online tool to report data in real time with summary upon completion*
• Identify staff and faculty who are most likely to receive this data and create protocol for reporting to one designated source at their institution*
• Survey students directly
• Clear, early, consistent communication and collaboration
• Centralized data system where institutions upload data monthly with incentives
• Define “to the best of your knowledge” (referring to survey question regarding # of student suicides and attempts)
• Customize or streamline survey
• Ask coroners to report suicides to Forefront, the FF sends list to institutions for cross-check

SYNERGY AMONG S.B. 6514 COMPONENTS, Mark Bergeson, Sarah Hohl

Discussion on leveraging connections between S.B. 6514’s three components developed several ideas including:

• Use the data to inform what goes into the resource, and use the grant program to incentivize the data collection.
• Analysis of data will identify high need institutions; design the grant program to give priority to high need institutions.
• Support high need institutions by simplifying grant proposal application for them.
RESULTS OF THE VOTE for TOP FIVE ideas from June 13 Brainstorm Exercise, Sarah Hohl:

1. Conduct cultural competency training for behavioral health professionals with a goal of addressing issues that may be unique to specific student groups (e.g., American Indian/Alaska Native [AI/AN], Hispanics or Latinos, Asian Americans, Native Hawaiians, Pacific Islanders, African Americans, LGBTQIA+, veterans, and others)

2. Increase the number of behavioral health providers available to students

3. Train a broad group of people (including students, families, friends, faculty, staff) on campuses to be identifiers of those at risk for suicide and behavioral health needs

4. Develop a central website that all postsecondary institutions can access so no one need to “recreate the wheel” and so there can be a central point for evidence-based, factual information and resources for behavioral health and suicide prevention. Such a resource may include credible MH screening and diagnostic tools and cognitive-behavioral therapy resources

5. Integrate an understanding of risk factors for, resources available for, identification of behavioral health conditions and suicide into required student courses