

## **S.B. 6514 Work Group Meeting**

**Feb. 28, 2019**

### **Department of Health NW Regional Office**

Attendees: Mark Bergeson, WSAC; MaryAnn Brathwaite, NWFCC; Devon Crouch, ICW; Tam Dinh, CAPAA, St. Martin's University; Jessica Gallus, Forefront Suicide Prevention; Erin Hayden, Bates Technical College; Sarah Hohl, Forefront; Joe Holliday, SBCTC; Reese Holford, DOH; Scott Latiolais, Clover Park Technical College; Donn Marshall, chair; Carter Osborne, UW graduate student; John Phillips, WDVA; Erica Wollen, Workforce Training & Education Coordinating Board; Casey Wynecoop, Intellectual House, UW; Marny Lombard, Forefront.

#### Rep. Tina Orwall, Legislative Session Review:

A total of 22 bills on mental health and suicide prevention were introduced; several bills did not survive cut-off or had pieces moved into other bills. Bills moving forward:

S.B. 5428 - Higher Ed bill adding a veterans' counselors to each of the six four-year public institutions.

Substitute H.B. 1355 - Task force on lowering student-to-counselor ratios at CTCs.

#### Mark Bergeson, Grants Report:

2019 Suicide Prevention Grant Awardees:

- Central Washington University (CWU)
- Divers Institute of Technology (DIT)
- Everett Community College (EvCC)
- Grays Harbor College (GHC)
- Heritage University (HU)
- Lake Washington Technical Institute (LWTech)
- Spokane Community College (SCC)
- Washington State University (WSU)

Grant project themes:

- Suicide prevention-related training (all 8 projects)
  - Train-the-trainer (CWU, DIT, EvCC, LWTech, WSU)
- Campus awareness/outreach (all 8 projects)
- Enhanced counseling services for students (EvCC, HU, LWTech, SCC)
- Partnership capacity enhancement (EvCC, HU, SCC, WSU)
- Data system enhancement (SCC)
- Means restriction (LWTech)
- Model Policies (DIT)

Discussion:

Moving to a less labor-intensive award process for possible future grants.

Excellent geographic spread among the grant recipients, several of which are close to Native American populations.

Overlap in projects as well as components that reflect needs of individual institutions was noted.

#### Sarah Hohl, Data Collection Update:

Survey disseminated to 550-600 institutions, including proprietary vocational institutions

28 surveys returned - all proprietary institutions to-date.

Comments include:

- "In 30 years of teaching I have not had a student dealing with mental illness."

- “The instructor handles it, but to date, in 26 years, we have yet to have a student who we thought had mental health issues at any of my 24 locations across 12 states.”

Marny Lombard, Review of revised LEARN slides: no concerns raised.

April 16 Training on Cultural Responsive Approach:

- Comments by Casey Wynecoop on tribal-U.S. history, historical trauma and related issues affecting Native American students.
- Focus 3.5 hr. training on serving American Indian/Native Alaskan students
- Broader discussion culturally responsive trainings planned for May workgroup meeting.

Sarah Hohl, Measuring Our Success:

Suggested indicators to measure achievement of work group-established expected outcomes of SB 6514: The table at the end of these meeting notes summarizes indicators brainstormed by working group as well as indicators being collected on the SB 6514 survey. Some highlights include:

- Survey RA's, tutors, writing center volunteers; climate surveys; faculty diversity.
- Focus on resilience and building coping skills in students, rather than reducing stressors which may not be possible.

Donn Marshall, Big Picture – What Vision Do We Aspire To?

In response to the question: What is the work group's role in supporting the outcomes established? Several of these suggestions were connected to the central theme of developing further counseling resources:

- Measure our progress and that of postsecondary institutions
- Use what we have learned to create a roadmap/strategic plan for the state regarding institutional approaches to behavioral health and suicide prevention (one that won't collect dust)
  - Include recommendations for institutions and to the legislation for future support
- Develop an information clearinghouse (i.e. statewide resource)
  - Offer models and examples of policies, protocols, programs to support behavioral health and suicide prevention
  - Post work products from institutions who have created/implemented policies, protocols, and programs to support behavioral health and suicide prevention
  - Incorporate advocacy tool for call to action
- Develop support for professional learning time, to ensure resource is used. Continue our role as a convener
- Find and build allies in legislature
- Use our collective power to create or negotiate lower costs for tools such as electronic screening, telehealth, etc.
- Ensure programming fits two-year student lifestyles
- Building resilience & coping skills (with concern noted that this can seem to “blame the victim” rather than a focus on changing to more supportive campus culture)
- Encourage relationships across state-federal groups to support student veterans

## SB 6514 Measuring our success

Expected bill impact/outcome	Definition	Indicator	Data source	
			SB 6514 Survey	Other source
<b>Impact</b>				
Washington postsecondary student <b>suicide rates</b> reduced		<ul style="list-style-type: none"> <li># student suicides</li> </ul>	✓	
<b>Long term outcomes</b> Note: the long term outcomes represent individual-level data. With a few exceptions, the SB 6514 survey collects only institution-level data. However, individual-level data is available from other sources, such as Healthy Minds.				
Student <b>emotional well-being</b> improved	Students have a sense of control over their thoughts, feelings, and behaviors	<ul style="list-style-type: none"> <li># student withdrawals for reasons of emotional distress</li> </ul>	✓	
		<ul style="list-style-type: none"> <li>#/proportion of students taking advantage of campus support services, such as writing center tutoring</li> </ul>		Institution-collected data?
		<ul style="list-style-type: none"> <li># sexual assault reports to institution</li> </ul>		Institution-collected data?
		<ul style="list-style-type: none"> <li>institutional graduation rates</li> </ul>		Institution-collected data
		<ul style="list-style-type: none"> <li>other measures of student-level emotional well-being (e.g., coping mechanisms)</li> </ul>		Healthy Minds
Student <b>behavioral health</b> improved	Mental health illnesses or conditions and substance use disorders are managed so that students may function and thrive.	<ul style="list-style-type: none"> <li># student medical leave of absences reported for behavioral health issue</li> </ul>	✓	
		<ul style="list-style-type: none"> <li>other measures of student-level behavioral health (e.g., substance use behaviors, depression, anxiety, help-seeking behavior)</li> </ul>		Healthy Minds
Student <b>suicidality</b> decreased	Student suicidal ideation (serious thoughts about taking one's own life), suicide plans and suicide attempts decreased	<ul style="list-style-type: none"> <li># ER visits or hospitalizations for suicide attempts</li> </ul>	✓	
		<ul style="list-style-type: none"> <li># ER visits or hospitalizations for substance use</li> </ul>	✓	
		<ul style="list-style-type: none"> <li>other measures of student-level suicidal ideation, suicide plans, suicide attempts</li> </ul>		Healthy Minds

Intermediate Outcomes				
<p>Campus community educated and trained</p> <p>Unique student needs addressed</p>	<p>Training programs implemented to support behavioral health and suicide prevention at postsecondary institutions;</p>	<ul style="list-style-type: none"> <li>• # institutions implementing programs to support coping skills among students</li> </ul>	✓	
		<ul style="list-style-type: none"> <li>• # institutions implementing programs to support coping skills among students</li> </ul>	✓	
	<p>Behavioral health needs of unique, at-risk student groups (i.e., Veterans, LGBTQIA, AI/AN, Students of color, student athletes, survivors of sexual assault) are recognized, acknowledged, and addressed through training, education, and resource/support.</p>	<ul style="list-style-type: none"> <li>• # institutions implementing programs to support relationship-building among student groups</li> </ul>	✓	
		<ul style="list-style-type: none"> <li>• # groups (e.g., faculty, students, res life staff, advisors) in behavioral health identification and referral training</li> </ul>	✓	
		<ul style="list-style-type: none"> <li># institutions employing staff with specific role to focus on at-risk student groups</li> </ul>	✓	
		<ul style="list-style-type: none"> <li># institutions implementing bystander training</li> </ul>	✓	
<p>Institution culture enriched</p>	<p>Institutional culture (i.e., beliefs, values, and social practices) foster behavioral health among students</p>	<ul style="list-style-type: none"> <li>• # institutions reporting student involvement in mental health and suicide prevention/postvention efforts</li> </ul>	✓	
		<ul style="list-style-type: none"> <li>• # institutions implementing programs to support relationship-building among student groups</li> </ul>	✓	
		<ul style="list-style-type: none"> <li>• # institutions implementing non-Western medical models to address behavioral health</li> </ul>	✓	
		<ul style="list-style-type: none"> <li>• # institutions with resources to address unique behavioral health needs and/or suicide prevention among at-risk student groups (i.e., Veterans, LGBTQIA, AI/AN, Students of color, student athletes, survivors of sexual assault)</li> </ul>	✓	
		<ul style="list-style-type: none"> <li>• # institutions providing financial aid to students</li> </ul>	✓	
		<ul style="list-style-type: none"> <li>• Proportion of students receiving financial aid across institutions</li> </ul>	✓	
		<ul style="list-style-type: none"> <li>• diversity of faculty (with a goal to be representative of student population)</li> </ul>		Institution-collected data
		<ul style="list-style-type: none"> <li>• campus climate</li> </ul>		Campus climate survey

		<ul style="list-style-type: none"> <li>• other measures or qualitative characterizations of student culture</li> </ul>		Qual intvws w/ student res assts
Behavioral health services enhanced	Health services that address mental health and substance use, and recognize the interrelationships between them	<ul style="list-style-type: none"> <li>• # institutions offering behavioral health services</li> </ul>	✓	
		<ul style="list-style-type: none"> <li>• # institutions for whom all students are eligible for behavioral health services</li> </ul>	✓	
		<ul style="list-style-type: none"> <li>• # days wait for behavioral health services</li> </ul>	✓	
		<ul style="list-style-type: none"> <li>• # institutions with staff employed to address behavioral health</li> </ul>	✓	
		<ul style="list-style-type: none"> <li>• counselor-to-student ratios</li> </ul>	✓	
		<ul style="list-style-type: none"> <li>• # institutions reporting student referrals to off-campus behavioral health resources</li> </ul>	✓	
		<ul style="list-style-type: none"> <li>• # student referrals to off-campus behavioral health resources</li> </ul>	✓	
		<ul style="list-style-type: none"> <li>• # Behavioral Intervention Teams (BIT)</li> </ul>		Institution-collected data?
	<ul style="list-style-type: none"> <li>• # county-level crisis response teams</li> </ul>		county level data?	
Institution policies and programs supported and implemented	Institutional high-level overall plans and procedures exist to support student behavioral health.	<ul style="list-style-type: none"> <li>• # institutions with environmental safety policies or protocols in place</li> </ul>	✓	
		<ul style="list-style-type: none"> <li>• # institutions with firearm policies in place</li> </ul>	✓	
		<ul style="list-style-type: none"> <li>• # institutions that participate in prescription and over-the-counter drug take back programs</li> </ul>	✓	
		<ul style="list-style-type: none"> <li>• # institutions that administer health history questionnaires</li> </ul>	✓	
		<ul style="list-style-type: none"> <li>• # institutions that screen students for mental health conditions</li> </ul>	✓	
		<ul style="list-style-type: none"> <li>• # institutions that screen students for substance use disorder</li> </ul>	✓	
		<ul style="list-style-type: none"> <li>• # institutions with referral to community support services protocol in place</li> </ul>	✓	
		<ul style="list-style-type: none"> <li>• # institutions with medical leave of absence policies in place</li> </ul>	✓	
		<ul style="list-style-type: none"> <li>• # institutions with policy or protocol in place to communicate with family regarding student leave and return</li> </ul>	✓	
	<ul style="list-style-type: none"> <li>• # institutions with policies or protocols in place to address behavioral health crises</li> </ul>	✓		
	<ul style="list-style-type: none"> <li>• # institutions with policies or protocols to address student death, including suicide (i.e., postvention policies/protocols)</li> </ul>	✓		