

RCW 28B.20.510 Behavioral health and suicide prevention—

Statewide resource. (1) Subject to availability of amounts appropriated for this specific purpose, an entity within the University of Washington school of social work that has expertise in suicide prevention, in collaboration with the student achievement council, shall develop a statewide resource for behavioral health and suicide prevention for the state's postsecondary institutions.

(2) To establish the components of the statewide resource, the entity shall convene and consult with a work group that consists of representatives from stakeholder groups the entity deems appropriate. The entity must consider representatives from those organizations listed in the mental health and suicide prevention in higher education task force, created by chapter 67, Laws of 2015. At a minimum, the stakeholders in the work group must include:

- (a) Representation from a tribal college;
- (b) Representation from a veterans training support center;
- (c) Representation from students and families;
- (d) Representatives selected by the educational opportunity gap oversight and accountability committee;
- (e) Representation from a community behavioral health provider;
- (f) A suicide prevention expert;
- (g) Representation from the department of health; and
- (h) Three institutional counseling center directors or executive directors to include one from each of the following: A public four-year college or university, a private, nonprofit institution, and a community and technical college.

(3) The entity must be responsible for constructing and hosting the statewide resource and linking the resource to the student achievement council's and the department of health's websites.

(4) At a minimum, the statewide resource must:

- (a) Be made publicly available through a web-based portal or a support line;
- (b) Provide a free curriculum to train faculty, staff, and students in suicide recognition and referral skills and in the specific needs of student veterans;
- (c) Provide a resource to build capacity within the institutions to train individuals to deliver training in person;
- (d) Contain model crisis protocols, per sector, that include behavioral health and suicide identification, intervention, reentry, and postvention;
- (e) Contain model marketing materials and messages that promote student behavioral health on college campuses;
- (f) Develop capacity for an annual conference for postsecondary institutions seeking to address students' behavioral health and suicide prevention needs. The entity must be responsible for hosting the first conference for postsecondary institutions; and
- (g) Include resources that will serve diverse communities and underrepresented populations, including resources that are culturally relevant.

(5) The statewide resource must be made available to postsecondary institutions by June 30, 2020. [2018 c 293 s 2.]

Intent—Findings—2018 c 293: "(1) Washington has been a leader in addressing suicide as a public health issue. The legislature intends for Washington to continue its leadership by supporting the creation of comprehensive suicide prevention and behavioral health initiatives

for postsecondary students. In 2015, the legislature created the mental health and suicide prevention in higher education task force. The task force was charged with determining the policies, resources, and technical assistance needed to support postsecondary institutions in improving access to behavioral health services and improving suicide prevention responses. In November 2016, the task force issued its report on mental health and suicide prevention in higher education.

(2) According to the task force report:

(a) The 2005 American college health assessment survey found that nine and one-half percent of students seriously considered suicide, one and one-half percent of students nationwide have attempted suicide, and less than twenty percent were in treatment. According to the 2015 American college health association national college health assessment, seventy-five percent of postsecondary students reported feeling overwhelmed and thirty percent reported feeling so depressed it was difficult to function. More than one-third of students reported anxiety as negatively impacting academics and almost one-quarter said depression negatively impacted academics;

(b) There is incomplete data on suicide deaths among Washington's postsecondary students and the availability of behavioral health resources on Washington's campuses. There is currently no statewide system in place to track this data;

(c) Lack of funding for behavioral health resources across all sectors is the largest barrier to providing services for postsecondary students statewide;

(d) Due to funding constraints, the level of professional mental and behavioral health counseling is often limited for postsecondary institutions in all sectors. For example, six institutions in the public two-year sector servicing nearly fifty thousand students have either no professional mental health providers to counsel students or have such limited resources that the counselor to student ratio was as low as one to nearly eight thousand five hundred in 2014-2015.

(3) The legislature also recognizes that, as of 2016, there were over sixteen thousand student veterans and dependents enrolled in Washington's community and technical colleges, and approximately four thousand veterans and dependents enrolled in Washington's four-year institutions of higher education. The legislature recognizes that the risk for suicide is significantly higher among veterans when compared to nonveteran adults in the United States and that student veterans face unique challenges and often have vastly different life experiences from traditional students. According to a study presented a few years ago at an annual convention of the American psychological association, almost half of military veterans who are enrolled in college have contemplated suicide at some point and twenty percent have planned to kill themselves.

(4) The legislature intends to implement task force recommendations by:

(a) Creating a publicly available statewide resource for postsecondary institutions;

(b) Developing and centralizing data collection; and

(c) Creating a grant program for resource-challenged institutions to help develop suicide prevention programs in those institutions, which may include for example, enhancing treatment services to student veterans; creating campus-wide crisis services; expanding existing crisis plans to integrate suicide intervention; reentry, including medical leave that supports reentry; postvention; and creating links

and referral systems between campus behavioral health resources and community-based mental health resources." [2018 c 293 s 1.]