

Suicide Prevention Training

**2018 Supplemental Budget
Decision Package**

Agency: 350 Office of Superintendent of Public Instruction
Decision Package Code/Title: SN/Suicide Prevention Training
Budget Period: 2018 Supplemental
Budget Level: PL

Agency Recommendation Summary Text:

Suicide is the second leading cause of death for youth ages 15-19 in Washington. Current resources to support youth suicide prevention are lacking and remain inconsistent from one school district to another. With effective planning, evidence-based training, and relevant referral resources, struggling students can be identified and directed to appropriate care. The Superintendent is requesting \$1,158,000 for FY 19 to support educators in acquiring skills to recognize students who may be experiencing a behavioral health crisis and make appropriate referrals. This will provide a base level of support which is necessary to begin to reduce Washington's youth suicide rate.

Fiscal Summary:

| Operating Expenditures | FY 2018 | FY 2019 | FY 2020 | FY 2021 |
|------------------------------|----------------|--------------------|--------------------|--------------------|
| Fund 001-1 (Program 010) | \$0 | \$77,000 | \$37,000 | \$37,000 |
| Fund 001-1 (Program 028) | \$0 | \$1,081,000 | \$1,214,000 | \$1,239,000 |
| Total Cost | \$0 | \$1,158,000 | \$1,251,000 | \$1,276,000 |
| Staffing | FY 2018 | FY 2019 | FY 2020 | FY 2021 |
| FTEs | 0 | .1 | .1 | .1 |
| Object of Expenditure | FY 2018 | FY 2019 | FY 2020 | FY 2021 |
| Obj. A | \$0 | \$7,566 | \$7,566 | \$7,566 |
| Obj. B | \$0 | \$2,678 | \$2,678 | \$2,678 |
| Obj. C | \$0 | \$40,000 | \$0 | \$0 |
| Obj. E | \$0 | \$26,756 | \$26,756 | \$26,756 |
| Obj. G | \$0 | \$0 | \$0 | \$0 |
| Obj. J | \$0 | \$0 | \$0 | \$0 |
| Obj. N | \$0 | \$1,081,000 | \$1,214,000 | \$1,276,000 |

Package Description:

Background:

Suicide is the second leading cause of death for youth ages 15-19 in Washington¹. Suicide rates among Washington's youth remain higher than the national average. An average of two students die by suicide per week in Washington, which affects approximately eighty school communities per year. According to the Washington Healthy Youth Survey (2016), 28% of eighth graders, 34% of 10th graders, and 37% of 12th graders felt so sad or hopeless for two weeks or more that they stopped doing their usual activities. 13% of 8th graders, 17% of 10th graders, and 16% of 12th graders reported making a suicide plan.

ESHB 2315, (2014) required the Department of Health complete a plan for statewide suicide prevention across the lifespan. In 2016, Executive Order 16-02 recommended the Department of Health begin implementation of the

¹ <http://www.askhys.net/FactSheets>

Suicide Prevention Training

statewide suicide prevention plan in collaboration with the Governor's Health Leadership Team, the Department of Veterans Affairs, the Governor's Office of Indian Affairs, and the Office of Superintendent of Public Instruction (OSPI). OSPI collaborates with the Department of Health's Action Alliance for Suicide Prevention and the Suicide Prevention Plan Implementation Workgroup to implement the statewide plan's recommendations and priorities.

Results Washington, Goal 4, Healthy & Safe Communities includes the metric 1.2.A.g: reduce the suicide death rate from 15.6 per 100,000 in 2015 to 14.0 in 2020². This rate is inclusive of youth suicides.

Current Situation:

School staff who are required to complete suicide prevention training are currently limited to school counselors, psychologists, social workers, and nurses (RCW 28A.410.226). The approved training program is required to be three hours in length and must contain content that includes screening students for suicide risk. OSPI, DOH, and the Professional Educator Standards Board maintain a list of approved training programs that school counselors, social workers, psychologists, and nurses must choose from and complete to receive certification or recertification.

All other K-12 certificated and classified educators and school staff are not currently required to take a suicide prevention training. Adults who interact with students regularly in schools are in a prime position to recognize the signs of suicide risk and make appropriate referrals. Their ability is enhanced once they receive proper training to build their competency to identify warning signs and to provide an effective response. A requirement of the school's suicide prevention plan is that staff receive training. However, the training content which is determined by school districts, may not include best practices or consistency in annual delivery. The responsibility for suicide prevention lies with everyone working with students, and cannot be solely upon one staff person per building. Thus, the need to expand the training requirement to all K-12 certificated and classified educators.

A technologically relevant resource that is specific to intervention and referral services in Washington is not currently available statewide for youth in crisis. Youth must access national crisis service providers who may not have a complete understanding of the crisis response services available in Washington communities. There is great need for a user-friendly, localized tool that can be used by youth across the state to reach out for help and connect with local crisis intervention services.

RCW 28A.320.127 requires each school district to adopt a plan for recognition, initial screening, and response to emotional or behavioral distress in students, including but not limited to indicators of possible substance abuse, violence, youth suicide, and sexual abuse, and the school district must annually provide the plan to all district staff.

At a minimum the plan must address:

- Identification of training opportunities in recognition, screening, and referral that may be available for staff;
- How to use the expertise of district staff who have been trained in recognition, screening, and referral;
- How staff should respond to suspicions, concerns, or warning signs of emotional or behavioral distress in students;
- Identification and development of partnerships with community organizations and agencies for referral of students to health, mental health, substance abuse, and social support services, including development of at least one memorandum of understanding between the district and such an entity in the community or region;
- Protocols and procedures for communication with parents and guardians, including the notification requirements under RCW 28A.320.160;
- How staff should respond to a crisis situation where a student is in imminent danger to himself or herself or others;
- How the district will provide support to students and staff after an incident of violence, youth suicide, or allegations of sexual abuse;

² <https://data.results.wa.gov/reports/G4-1-2-A-g-Reduce-suicide-death-rate-from-15.6-per-1>

Suicide Prevention Training

- How staff should respond when allegations of sexual contact or abuse are made against a staff member, a volunteer, or a parent, guardian, or family member of the student, including how staff should interact with parents, law enforcement, and child protective services; and
- How the district will provide to certificated and classified staff the training on the obligation to report physical abuse or sexual misconduct required under RCW 28A.400.317.

It is not necessarily true that schools have the internal capacity to meet these requirements due to the lack of local expertise in suicide prevention and absence of dedicated resources as well as time for this work. OSPI does not have the mechanism or capacity to monitor school compliance with this legislative requirement. Reductions in funds in the 2017 Operating budget to support youth suicide prevention activities further constrains the current efforts underway to support schools in high-need areas.

In the 2015-17 biennium, school districts in seven counties received technical assistance and training for suicide prevention. The Department of Health's Substance Abuse and Mental Health Services Administration (SAMHSA) Garrett Lee Smith Grant (Clallam, Greys Harbor, Pacific), OSPI's proviso for suicide prevention work SSHB 1163 (2011) (Stevens, Okanogan, Island), and foundation funded University of Washington Forefront in the Schools (King) each work with school districts in the respective counties to meet the state suicide prevention requirements. This biennium (2017-19), the OSPI proviso that provides funds to support Stevens, Okanogan, and Island Counties was reduced, leaving these three counties with significantly less resources than they have received in previous years. Districts in the remaining thirty-two counties remain without the training and technical assistance necessary for schools to be prepared to prevent suicide.

Educational Service Districts (ESDs) are required to maintain capacity to train schools in suicide prevention as per RCW 28A.310.500. Some ESDs can offer support to school districts for suicide prevention, however, the available resources are based on grant funding which is not equally distributed across the state and is not sustainable. This inequitable distribution of resources creates barriers for school districts that need training and technical assistance to meet the state requirements for suicide prevention.

Proposed Solution:

The goal of Washington's public education system is to prepare every student who walks through our school doors for post-secondary aspirations, careers, and life. To do so, we must embrace an approach to education that encompasses the whole child. In order to begin to effectively address the youth suicide rate in Washington State, the Superintendent is requesting the following:

Online educator suicide prevention training for all school staff (\$40,000):

In alignment with current best practices in Washington State specific to other helping professions, the Superintendent is proposing an online suicide prevention training be developed and made available to all school staff. Through procurement of an online K-12 educator focused training, all districts in Washington can build certificated and classified school staff competencies in best practices for suicide prevention. OSPI further requests changes to state statute which would require training, through the online module, every three years for all school staff.

Investment in the Crisis Text Line (\$25,000):

[The Crisis Text Line](#) is a tool that schools and communities can promote to students. The tool can connect youth with existing crisis response systems through familiar technology. Washington will set a keyword that students can text for help, which then allows the state to analyze aggregated usage data. This will inform the state on youth demographics and usage patterns, which can guide future decision making on needed resources to support youth experiencing behavioral health crises.

Increasing Regional ESD Capacity (\$1,081,000):

Expanding ESD Capacity for regional coordination of crisis services will provide critical supports to vast majority of schools that do not have the internal capacity to navigate behavioral or mental health services in their community. A regional mental health coordinator at each ESD will also provide a vehicle for monitoring the completeness and quality of school district plans required under RCW 28A.320.127.

Suicide Prevention Training

ESD Regional Coordinators will assist schools by providing training, coordination, and technical assistance to:

- Train in recognition, screening, and referral, how staff should respond to suspicions, concerns, or warning signs of emotional or behavioral distress in students;
- Identify and develop partnerships with community organizations and agencies for referral of students to health, mental health, substance abuse, and social support services;
- Develop at least one memorandum of understanding between the district and a behavioral health provider in the community or region;
- Establish protocols and procedures for communication with parents and guardians, including the notification requirements under RCW 28A.320.160;
- Establish protocols and procedures for how staff should respond to a crisis situation where a student is in imminent danger to himself or herself or others;
- Establish protocols and procedures for how the district will provide support to students and staff after an incident of violence, youth suicide, or allegations of sexual abuse;
- Establish protocols and procedures for how staff should respond when allegations of sexual contact or abuse are made against a staff member, a volunteer, or a parent, guardian, or family member of the student, including how staff should interact with parents, law enforcement, and child protective services;
- Train on the obligation to report physical abuse or sexual misconduct required under RCW 28A.400.317.

The responsibilities of these mental health coordinator positions may be further refined based on outcomes of the Children’s Mental Health and Substance Use Disorders pilot projects, as authorized by E2SHB 1713 (2017) as well as the policy recommendations for the implementation of a statewide integrated student supports system to close the educational opportunity gap as authorized by 4SHB 1541 (2016).

OSPI Staffing (\$12,000):

OSPI requires .1 FTE (4-6 hours/week) to manage and monitor the online training contract, contract with the Crisis Text Line, and provide monthly technical assistance and training coordination efforts with each of the ESDs.

Contact person:

- Camille Goldy, Suicide Prevention Program Supervisor, camille.goldy@k12.wa.us, 360-725-6071

Base Budget: If the proposal is an expansion or alteration of a current program or service, provide information on the resources now devoted to the program or service.

| Current requirements and allocated funds for school suicide prevention by statute | | Current Level of Funding |
|---|--|--------------------------|
| RCW 28A.230.095 (SSHB 1163, 2011) | Adds mental health and suicide prevention to the essential academic learning standards in health and fitness. | \$54,370 per biennium |
| RCW 28A.410.226 (ESHB 1336, 2013) | School counselor, psychologist, social worker, and nurse to receive suicide prevention training. | \$0 |
| RCW 28A.320.127 (ESHB 1336, 2013) | Issues of Abuse course content include recognition, screening, and response to emotional or behavioral distress in students, substance abuse, violence, and youth suicide. | \$0 |
| RCW 28A.320.127 (ESHB 1336, 2013) | School districts must adopt a plan for recognition, screening, and response to emotional or behavioral distress in student substance abuse, violence, youth suicide, and sexual abuse. | \$0 |
| RCW 28A.310.500 (ESHB 1336, 2013) | Requires that each Educational Service District develop and maintain the capacity to train on youth suicide screening and referral, and student emotional and behavioral distress. | \$0 |
| RCW 28A.300.288 (SSB 6431, 2014) | Funds provided to OSPI to assist schools in implementing youth suicide prevention activities. | \$284,000 per biennium |

Suicide Prevention Training

| | |
|---|------------------|
| Total Current Level of Funding for Youth Suicide Prevention (per biennium) | \$338,370 |
|---|------------------|

\$104,370 per biennium currently supports a contract with University of Washington Forefront to offer technical assistance and training to districts in Stevens, Okanogan, and Island Counties to develop suicide prevention plans that meet the state requirements and coordination of community coalitions mobilizing for suicide prevention. In the previous biennium, the allocation for this work was \$199,816.

\$234,000 per biennium supports one FTE at OSPI to coordinate the efforts of the program statewide which includes:

- Maintaining a website that offers a model plan template based on national best practices
- Partnership with the Professional Educator Standards Board and Department of Health on maintaining a list of approved trainings for certification/recertification for school counselors, social workers, psychologists, and nurses
- Promoting OSPI's Health Education Learning Standards which include content for suicide prevention
- Participation in efforts to implement the statewide suicide prevention plan with other state agencies and partners
- Collaborating with Educational Service Districts to increase their capacity to offer technical assistance and training to school districts on their suicide prevention plans.
- Providing consultation and technical assistance to districts on the development of their suicide prevention plans

Decision Package expenditure, FTE and revenue assumptions, calculations and details:

Based on review of current online K-12 certificated and classified training available, \$40,000 can secure a custom online training module that will include data and resources specific to Washington built upon an existing online training based on best practices for suicide prevention.

Annual investment in the existing Crisis Text Line provides a much needed resource that will be specifically targeted to serve youth in Washington and will allow us to collect aggregated, non-identifiable data based on usage patterns that will inform ongoing suicide prevention efforts statewide.

Currently only a few counties in Washington are receiving technical assistance to develop their suicide prevention plans. Therefore, providing regional coordinator staff at each ESD will reduce the gap in services. Regional coordination will also provide the intensive efforts required for community-school partnerships, outreach and mobilization in suicide prevention planning. Projected costs are based on the annual allocation to ESDs for Certificated Professional Development staff.

OSPI partial FTE (.1) is needed to manage the allocation of funds in this request to ensure successful program implementation.

Decision Package Justification and Impacts

What specific performance outcomes does the agency expect?

In partnership with DOH and other state agencies, OSPI is responsible for implementing the statewide suicide prevention plan and deploying strategies to reduce the statewide suicide rate by 2020.

Expected Outcomes:

- Schools can use comprehensive supports for behavioral health in schools as an added strategy in reducing chronic absenteeism by offering suicide prevention support to the whole child.
- Inconsistency in state suicide prevention requirements will be reduced, and equity for all schools to receive some resource to meet these requirements will be increased through training, regional supports for connecting to resources, and students will have a resource for their own crisis outreach.
- Efficiency will increase because more certificated and classified staff in each school will have training on the competencies needed for comprehensive suicide prevention and ESDs will have increased capacity to support districts in connecting to behavioral health supports regionally

Suicide Prevention Training

- Changes to the state rates of suicide ideations, attempt and completion will be seen if students who are experiencing psychological distress are identified and referred to available resources. Rates for student absences due to behavioral distress will be reduced when resources are available in the school.

Performance Measure detail:

- Youth mental health, suicide, and depression rates will be reduced, as measured in the Healthy Youth Survey.
- Washington’s statewide suicide rate will be reduced to meet the Results WA goal by 2020.
- Department of Health Injury and Violence data will be tracked to determine if there is a decrease in the statewide youth suicide rate.
- Rates for student absences due to behavioral distress will be reduced when resources are available in the school.

Fully describe and quantify expected impacts on state residents and specific populations served.

All school certificated and classified staff will complete suicide prevention training which will increase the capacity of schools statewide to reduce suicides.

Youth in Washington will have access to technology for crisis intervention that is customized to resources available to them.

Through ESD regional support, schools will be in compliance with state law and successfully connected to community resources.

Distinction between one-time and ongoing costs:

All costs are ongoing except for one-time FY18 costs of \$40,000 for the online educator suicide prevention training.

What are other important connections or impacts related to this proposal?

| Impact(s) To: | | Identify / Explanation |
|---|------------|---|
| Regional/County impacts? | Yes | Identify: By increasing the capacity of all school staff to be confident and competent in suicide prevention the statewide suicide rate should decrease. |
| Other local gov’t impacts? | No | |
| Tribal gov’t impacts? | No | |
| Other state agency impacts? | Yes | Identify: The Department of Health is tasked with implementing a statewide suicide prevention plan and the components of this proposal are in line with the statewide plan recommendations. OSPI will actively coordinate any resources received in this area with DOH and the larger state stakeholder body engaged in the work of the state plan |
| Responds to specific task force, report, mandate or exec order? | Yes | Identify: Executive Order 16-02 identifies OSPI to participate in making recommendations to reduce suicide fatalities and serious injuries based on promising prevention strategies. OSPI is called to collaborate on implementation of the Statewide Suicide Prevention Plan |

Suicide Prevention Training

| Impact(s) To: | | Identify / Explanation |
|---|-----|--|
| Does request contain a compensation change? | No | |
| Does request require a change to a collective bargaining agreement? | No | |
| Facility/workplace needs or impacts? | No | |
| Capital Budget Impacts? | No | |
| Is change required to existing statutes, rules or contracts? | Yes | Identify: Statute will be needed to require training for all certificated and classified educators every 3 years. |
| Is the request related to or a result of litigation? | No | Identify lawsuit (please consult with Attorney General's Office): |
| Is the request related to Puget Sound recovery? | No | If yes, see budget instructions Section 14.4 for additional instructions |
| Identify other important connections | | |

Please provide a detailed discussion of connections/impacts identified above.

ESHB 2315, (2014) required the Department of Health complete a plan for statewide suicide prevention. OSPI collaborates with the Department of Health Action Alliance for Suicide Prevention and the Suicide Prevention Plan Implementation Workgroup to participate in the rollout of the statewide plan's recommendations and priorities. Educator training is a component of the statewide plan recommendations.

American Indian (AI)/Alaska Native (AN) youth are particularly vulnerable to suicide. By training school certificated and classified staff to recognize signs of distress and refer students to resources, we hope to have an impact on the skills of the adults working with AI/AN youth.

What alternatives were explored by the agency and why was this option chosen?

OSPI considered adding *all educators* to the existing training requirement for school counselors, psychologists, social workers, and nurses (RCW 28A.410.226). This training requirement has a fee-for-service cost and is a 3-hour training requirement which includes steps for assessing suicide risk. Educators do not need such an intensive level of training, as their role is to recognize signs of risk and refer to an appropriate professionally trained resource to conduct a risk assessment.

What are the consequences of not funding this request?

School district compliance with RCW 28A.320.127 will remain inconsistent while the resources available for schools to meet these requirements are inequitable across the state. ESDs need resources to meet the requirement of RCW 28A.310.500 which requires that each Educational Service District develop and maintain the capacity to train on youth suicide screening and referral, and student emotional and behavioral distress.

How has or can the agency address the issue or need in its current appropriation level?

OSPI reviews best practice language and policy recommendations for suicide prevention and provides examples for Local Education Agencies (LEAs) through maintaining a 'Model Suicide Prevention Plan Template' on the suicide prevention webpage. Relevant resources and information to support LEAs and Educational Service Districts (ESDs) in developing and implementing the required plan are regularly posted to the web site. OSPI provides consultation to ESDs and Districts on their suicide prevention plan development upon request. OSPI does not monitor school district

Suicide Prevention Training

compliance with RCW 28A.320.127. Additional capacity is needed through regional supports to complete a statewide assessment of plan completions, and provide local technical assistance to districts in need.


Other supporting materials:

N/A

Activity Inventory:

| Activity Inventory Item | Prog | Staffing | | | Operating Expenditures | | |
|-------------------------|------|----------|-----------|-----------|------------------------|--------------------|--------------------|
| | | FY 2018 | FY 2019 | Avg | FY 2018 | FY 2019 | Total |
| A031 | 010 | 0 | .1 | .1 | \$0 | \$77,000 | \$77,000 |
| A010 | 028 | 0 | .1 | .1 | \$0 | \$1,081,000 | \$1,081,000 |
| Total Activities | | 0 | .1 | .1 | \$0 | \$1,158,000 | \$1,158,000 |

Information technology: Does this Decision Package include funding for any IT-related costs, including hardware, software, services (including cloud-based services), contracts or IT staff?

No 

Yes Continue to IT Addendum below and follow the directions on the bottom of the addendum to meet requirements for OCIO review.)