

Senate Bill 6514 Work Group 8/23/18 Discussion Supplement

1. Measuring Need

- a. Background information:
 - i. Statistics from CDC WISQRS system. They show suicide numbers and rates among Washington state residents ages 15-29 over the 10 year period of 2007-2016. These figures encompass students and non-students. The rates below are expressed per 100,000.
 - All suicides – 2,084 – Rate 14.66
 - White – 1,735 – Rate 15.07
 - Black – 105 - Rate 12.49
 - AI/AN – 104 – Rate 27.31
 - Asian/Pac Islander – 140 – Rate 9.45
 - Hispanic – 201 – Rate 9:40
 - ii. Washington state men die by suicide at three times the rate of Washington women. (The gap has been larger than that nationally – 4 times.) If you look only at male deaths and rates, the picture is fairly grim. Males only:
 - All suicides – 1,717 – Rate 23.44
 - White - 1,454 – Rate 24.50
 - Black – 79 – Rate 17.56
 - AI/AN – 77 – Rate 39.34
 - Asian/Pac Islander – 107 – Rate 14.42
 - Hispanic – 170 – Rate 15.06
- b. Should the RFP require certain measures of need, and if so, which?
 - i. Resource measures
 - a) Counselor-student ratio (what kind of counselors to include; headcount or FTE)?
 - b) Other resource measures? E.g. resources described in SB 6514 data work group survey, funding from Jed or other grants?
 - ii. Population measures (based on student surveys or administrative information) – use # or %?
 - a) SB 6514 data (# of students referred to off-campus behavioral health resources, # of students identifying emotional distress as reason for withdrawal, # of student suicide deaths, # of student suicide attempts that result in hospitalization)
 - b) North American College Health Association National College Health Assessment data: % overwhelmed, % depressed, % sad to very sad, % anxiety impacts academic performance, % depression negatively impacted their academics).
 - c) Are there others, e.g. % binge drinking or other substance abuse?
 - d) Disaggregate statistics above in terms of vulnerable populations (male, student veterans, Native American/Alaska Native, LGBTQ students, international students)?

Note: bill requires prioritizing veterans. Follow-up question: if disaggregating data above is too difficult, is it at least useful to require student demographic info on general student population of institution?

2. Definitions

- a. Agency – The Washington Student Achievement Council is the agency of the state of Washington that is issuing this RFP.
- b. Apparent Successful Bidder – The Bidder selected as the entity to perform the anticipated services, subject to completion of contract negotiations and execution of a written contract.
- c. **Behavioral Health** – Mental/emotional well-being and/or actions that affect wellness. Behavioral health problems include substance use disorders; alcohol and drug addiction; and serious psychological distress, suicide, and mental disorders.
- d. Bidder – Fiscal agent of an eligible partnership interested in the RFP and that may or does submit a proposal in order to attain a contract with the AGENCY.
- e. Contractor – Proposer whose proposal has been accepted by the AGENCY and is awarded a fully executed, written contract.
- f. Eligible Partnership – A partnership that includes at least one postsecondary institution and one health care entity. It may also include optional partners such as community-based organizations, additional postsecondary education institutions, and/or additional health care entities.
- g. Fiscal Agent – Postsecondary Institution that submits the eligible partnership’s proposal to the AGENCY, negotiates a contract with the AGENCY, invoices the AGENCY for work done by the partnership, and serves as the lead partner and main contact with the AGENCY throughout every phase of the project. The fiscal agent partner is responsible for ensuring that all other partners are aware of all relevant general and program-specific legal and administrative requirements and abide by them...
- h. **Health Care Entity** – An organization or individual whose mission includes providing behavioral health services.
- i. **Mental Health** – the capacity of individuals to interact with one another and the environment in ways that promote subjective well-being, optimal development and use of mental abilities (cognitive, affective and relational).
- j. Postsecondary Institution – One of the following types of education organizations: institutions of higher education as defined in Revised Code of Washington (RCW) 28B.10.016, degree-granting institutions as defined in RCW 28B.85.010, private vocational schools as defined under RCW 28C.10.020, and school as defined in RCW 18.16.020.
- k. **Postvention** – activities which reduce risk and promote healing after a suicide death.
- l. Project – What a Proposer is proposing to do. A project must help one or more resource-challenged postsecondary institutions develop suicide prevention program(s) serving their Washington students.
- m. Proposal – A formal offer submitted in response to this solicitation.
- n. Proposer – Fiscal agent for an eligible partnership that submits a proposal in order to attain a contract with the AGENCY.

- o. **Reentry** – Returning to the postsecondary education institution.
- p. Request for Proposals (RFP) – Formal solicitation document in which a service or need is identified but no specific method to achieve it has been chosen. The purpose of an RFP is to permit the Bidder community to suggest various approaches to meet the need at a given price.
- q. Substance Abuse – (do we want a definition broad enough to include misuse?)
- r. **Veteran** – Any person who is serving as a member in any branch of the armed services of the United states, including the national guard, coast guard, and armed forces reserves; or who has completed such service and received an honorable discharge, a discharge for medical reasons with an honorable record, a general discharge under honorable conditions, or a United States department of defense discharge document DD form 214, NGB form 22, or their equivalent or successor discharge paperwork, that characterizes his or her service as honorable. (Should we include dependents?)

3. Draft RFP Grant Program Framing Language

a. PURPOSE AND BACKGROUND

In 2018, the state legislature passed Substitute Senate Bill 6514, which takes a comprehensive approach to addressing behavioral health (mental health and substance misuse) and suicide prevention for Washington’s postsecondary students. Based on recommendations from the November 2016 Report on Mental Health & Suicide Prevention in Higher Education, the bill has three main components:

- A publicly available behavioral health and suicide prevention resource for postsecondary education institutions. This resource will include an online resource with trainings, crisis protocols, and promotional materials; plus an annual conference (see Exhibit B, which contains SB 6514 Section 2 language describing the resource).
- Centralized data collection.
- A suicide prevention in higher education grant program.

The Washington Student Achievement Council, hereafter called "AGENCY," is initiating this Request for Proposals (RFP) as a first step in implementing the bill’s grant program component. This RFP solicits proposals from postsecondary education institutions that partner with health care entities for the purpose of suicide prevention and behavioral health promotion for the institutions’ students in Washington. In the context of this RFP, promoting behavioral health includes promoting mental health and preventing substance abuse.

b. OBJECTIVES AND SCOPE OF WORK (bullets are directly from Section 1(4)(c) of the bill)

In order to accomplish the grant program’s purpose, each Bidder must propose and implement a project with objectives and activities based on relevant postsecondary education institution needs assessment.

The project must help one or more resource-challenged institutions develop one or more suicide prevention programs serving Washington students. The project may employ, but is not limited to, any of the following strategies:

- 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.
- Creating links and referral systems between campus behavioral health resources and community-based mental health resources.