

2019-21 Biennial Budget Decision Package

Agency: 350 – Supt of Public Instruction

DP code/title: Supports for School Safety and Mental Health

Budget period: 19-21 Regular Session

Budget level: PL

Agency RecSum text:

In order to be successful in school, students must be safe, and they must have support when they experience emotional or behavioral distress. Unfortunately, Washington has experience with violence at school and data indicates the number of students dying by suicide is increasing. For students to feel safe, we must ensure a coordinated system of prevention, early identification, and intervention is in place at every school. This proposal aims to develop such a system by establishing regional school safety centers at each Educational Service District and a coordinated regional suicide prevention and behavioral health system to assist school districts in serving students in need of support.

Fiscal detail: To be completed by budget staff

Operating Expenditures	FY 2020	FY 2021	FY 2022	FY 2023
Fund 001-01	\$6,553,000	\$6,482,000	\$6,432,000	\$6,432,000
Total Expenditures	\$6,553,000	\$6,482,000	\$6,432,000	\$6,432,000
Biennial Totals	\$13,035,000		\$12,864,000	
Staffing	FY 2020	FY 2021	FY 2022	FY 2023
FTEs	3.1	3.1	3.1	3.1
Average Annual	3.1		3.1	
Object of Expenditure	FY 2020	FY 2021	FY 2022	FY 2023
Obj. A	\$226,000	\$226,000	\$226,000	\$226,000
Obj. B	\$82,000	\$82,000	\$82,000	\$82,000
Obj. C	\$190,000	\$140,000	\$90,000	\$90,000
Obj. E	\$89,000	\$87,000	\$87,000	\$87,000
Obj. G	\$168,000	\$168,000	\$168,000	\$168,000
Obj. J	\$19,000	\$0	\$0	\$0
Obj. N	\$5,779,000	\$5,779,000	\$5,779,000	\$5,779,000
Revenue	FY 2020	FY 2021	FY 2022	FY 2023

Total Revenue	\$0	\$0	\$0	\$0
Biennial Totals	\$0		\$0	

Package description

In order to be successful in school, students’ basic physical, social, and emotional needs must be met. In April 2018, Superintendent Chris Reykdal surveyed the public to identify what K–12 education investments the public prioritized. More than 30,000 Washington residents responded, including educators, parents, families, and community members. The number one priority identified was “student support services (such as counseling, advising, and mental health).”

School safety is essential to student learning and must be a paramount priority for all Washington school districts. Washington has experience with violence at school and data indicates the number of students dying by suicide is increasing.

This request will establish a state and regional delivery model to create a coordinated system of prevention, early identification, and intervention. Using statewide leadership and coordination by the Office of Superintendent of Public Instruction (OSPI) and aligned service delivery by the nine educational service districts, this model will provide school districts with capacity to:

- Develop and implement comprehensive safe schools plans,
- Recognize and respond to emotional and behavioral distress in students,
- Increase student access to publicly funded behavioral health services, and
- Use best practices to address threats of violence to the school community proactively.

This proposal aligns with the multi-agency comprehensive suicide prevention decision package proposed by the Washington State Department of Health.

What is the problem, opportunity or priority you are addressing with the request?

The Problem

Behavioral Health and Suicide

A [2016 report](#) by the Child Mind Institute found that one in five children suffer from a mental health or learning disorder and 80 percent of chronic mental disorders start in childhood. Additionally, challenges that do not meet diagnostic criteria, including adverse childhood experiences (ACEs) and life-related mental problems and distress, may appear in school-age youth and compound mental health issues and concerns.

According to the federal Centers for Disease Control and Prevention, suicide rates among Washington’s youth are higher than the national average. Further, the Washington State Department of Health (DOH) indicates that suicide is the second leading cause of death for Washington youth between the ages of 10 and 24.

Completed Suicides by Youth in Washington			
Age	2016	2017	2018 so far
5–14	7	8	10
15–17	30	41	20
18–19	28	35	27

Figure 1. The number of completed suicides by youth in Washington (Washington State Department of Health, injury and violence prevention data, August 1, 2018).

In the 2016 Washington Healthy Youth Survey, student responses indicated the following:

- 28 percent of eighth graders, 34 percent of 10th graders, and 37 percent of 12th graders felt so sad or hopeless for two weeks or more that they stopped doing their usual activities.
- 13 percent of 8th graders, 17 percent of 10th graders, and 16 percent of 12th graders reported making a suicide plan.
- 12 percent of 8th graders, 15 percent of 10th graders, and 13 percent of 12th graders report there are not adults for them to turn to when they feel sad or hopeless.

In October 2016, the Washington State Health Care Authority (HCA) reported to the Legislature that 560,653 children ages 5–17 were enrolled in Medicaid through the Children’s Health Insurance Program (CHIP). Of those children, 126,235 were defined as having a mental health treatment need, but only 10,435 of those who had a mental health treatment need received services in the school setting. The Washington State Department of Social and Health Services (DSHS) and the HCA reported that in 2013, only 40 percent of the children eligible for Medicaid who had previously received mental health treatment were still receiving services (House Bill 1713 [2017]).

At a time when access to care, especially for our youth, is most critical, the system is changing dramatically. Washington’s publicly funded healthcare system is moving toward integration of behavioral and physical healthcare delivered in local communities through managed care organizations (MCOs). This changing landscape of behavioral health services will greatly affect school districts’ ability to connect students to needed care.

School Safety

Since 2014, educational institutions in Washington state have suffered three mass shootings which together have taken the lives of six students and educators and injured an additional nine individuals – some who have persistent disabilities as a result. In addition to these shootings at two high schools (Freeman High School and Marysville-Pilchuck High School) and a university (Seattle Pacific University), Washington has also seen several mass shootings by youth under the age of 21, resulting in an additional 8 deaths and 12 injured innocent bystanders in commercial and house party settings.

In school years 2015–16 and 2016–17 (the last year for which complete data are available), weapons incidents averaged slightly over 2,200 a year in Washington schools. These weapons included handguns, rifles, shotguns, and other firearms, as well as knives or daggers and “other” weapons,

such as clubs. Six of Washington state's nine educational service district (ESD) regions experienced year-over-year increases in weapons incidents.

During these same school years, schools across the state reported an increase from 24,778 to 28,841 – an increase of 16 percent in a single year – in disciplinary incidents involving violence, weapons possession, bullying, or harassment. The trend in the most recently completed school year (2017–18) continued upward with increases of 8 percent in reports of “violence with major injury” and of 10 percent in weapons possession.

Many of our students openly express they live in fear of violence, and far too many are steeped in cultures of violence. More than 10 percent of 10th graders and nearly 12 percent of 12th graders reported not attending school at least once in the previous 30 days because they did not feel safe either on their way to school or at school itself. Across 8th, 10th, and 12th grade students, an average of 23 percent responding to the state's 2016 Healthy Youth Survey reported that they had witnessed an adult hurt another adult. Twenty-one percent – one in five youth – reported that an adult had physically hurt them.

Finally, as outlined in a [2014 article](#) by Bonanno and Levinson examining characteristics of school shooters, 71 percent reported being victims of bullying, threats or injury, and most reported being extremely depressed and having suicidal ideation or suicide attempts.

The risk factors for school violence and for suicide among youth is a clear indicator of the need for early identification and intervention to help them manage their behavior and emotions in a way that protects their lives and the lives of others.

Relevant Context and History

Most school districts struggle to keep up with Washington's evolving behavioral health and school safety landscapes. While Washington's basic education funding formula includes specific allocations for student support personnel and school safety and additional state and federal investments have been made in school safety over the years, these allocations and investments are either inadequate to address the need or have not been sustainable over time.

The Legislature has supported several strategies in an effort to respond to the increasing behavioral health needs and suicide rates of youth, including:

1. Beginning in 2014–15, each school district must develop 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 (Revised Code of Washington [RCW] [28A.320.127](#)). This requirement was unfunded, and as a result, school districts across the state have varying levels of plan development and implementation. Completion of plans also varies due to limited capacity for school districts to engage in the community-based healthcare system.
2. Senate Bill 6431 (2014) created the Office of Superintendent of Public Instruction (OSPI) Suicide Prevention program to work with state agency and community partners to assist schools in implementing youth suicide prevention activities.
3. House Bill 2315 (2014) required the Washington State Department of Health (DOH) to convene partners and stakeholders to complete a plan for statewide suicide prevention.

4. House Bill 2439 (2016) formed the Children’s Mental Health Workgroup to identify barriers to accessing behavioral health services across early learning, K–12 education, and health care systems.
5. In response to the Children’s Mental Health Workgroup recommendations, House Bill 1713 (2017) established the OSPI Regional Behavioral Health Pilot Project to increase access to care through cultivating cross-system regional and state collaboration between schools and communities, and to increase equitable access to care for students in need of behavioral health supports (RCW [28A.630.500](#)).

Washington school districts are also faced with a myriad of important school safety requirements, including but not limited to:

- Comprehensive safe schools planning (RCW [28A.320.125](#)).
- Collaborating with law enforcement on emergency response systems (RCW [28A.320.126](#)).
- Addressing and communicating about threats of violence (RCW [28A.320.128](#)).
- Preventing and addressing harassment, intimidation, and bullying (RCW [28A.300.285](#)).
- Other requirements related to gun-free schools; managing and communicating about juvenile offenders; search and seizure; and school discipline requirements also have direct intersections with school safety.

Over the past several years, there have been multiple attempts to establish regional school safety and security programs in statute. Most recently, Senate Bill 6620 (2016) authorized, but did not require, educational service districts (ESDs) to establish regional safety and security programs (RCW [28A.310.505](#)). However, no funding was provided to implement these regional programs.

Harassment, intimidation, and bullying (HIB) continue to be problems in schools. House Bill 2801 (2010) was intended to expand the tools, information, and strategies available to districts to combat HIB. House Bill 1163 (2011) charged OSPI with creating a workgroup focused on preventing HIB and increasing student knowledge on issues relating to student mental health and youth suicide. The statute ended the group’s work in January 2016, but it is clear there is a high need for continued work to be done in this particular area. For example, state- and local-level work is needed to better clarify policy, procedure, training, and HIB definitions, particularly as these relate to protected classes. In addition, current model policy and procedure doesn’t adequately address the impacts on how students interact with each other given the expansion of digital connectivity and the emergence of a wide variety of new social media platforms.

The Opportunity

This current landscape of growing behavioral health and school safety need, expanding requirements, and limited resources means that our schools are continually challenged to engage in thoughtful and thorough planning and preparation, consistent attention to needs and requirements, and continuity of implementation of best practices over time. Furthermore, when students demonstrate emotional or behavioral distress, and when significant threats to safety occur, most schools do not have a reliable system in place to intervene. Instead, they often resort to ad hoc approaches that may not be grounded in best practice, may not be in the best interests of students and the school community, and may not result in desired positive outcomes.

A regional delivery model based at the educational service districts (ESDs) can be a cost-effective method for addressing behavioral health and school safety. Initial data shows promising evidence that the OSPI Regional Behavioral Health Pilot Project, which placed Behavioral Health System Navigators at two of the nine ESDs, is increasing access to behavioral healthcare for students and families eligible for Medicaid in those regions.

Further, ESDs are well positioned to provide regional support for comprehensive safe schools planning and for threat assessment services. The 2018 Supplemental Operating Budget included an appropriation of \$722,000 for OSPI to provide grants to ESDs to develop or expand regional safety programs to address student safety. These programs must implement a multi-tiered threat assessment system, develop a process for notifying schools of safety emergencies, and make recommendations or implement appropriate safety technologies consistent with regional need.

Finally, on September 28, 2018 OSPI was awarded school safety funding by the federal Office of Justice Programs at the U.S. Department of Justice (DOJ). The STOP School Violence Act of 2018 is a competitive grant program targeted to state and local governments to prevent and reduce school violence. OSPI's successful application demonstrates Washington's status as an innovative leader in addressing school safety.

This new federal funding will provide \$1,000,000 over a 3-year period to implement a statewide threat assessment program using a regional, ESD-based delivery model. This initiative is intentionally aligned with the existing threat assessment programs in all nine ESDs currently supported by the state operating budget and local funds. While these federal resources will most certainly augment our statewide/regional delivery model during the 3-year grant period, they are insufficient to sustain the program.

What is your proposed solution?

This request will establish a systematic approach to behavioral health and school safety in Washington, using a "hub and spokes" delivery model. OSPI will function as the hub, providing leadership; coordination; data collection, analysis, and reporting; interstate and federal linkages; statewide information dissemination; and overall program stewardship. The nine ESDs will function as the spokes, establishing regional school safety centers that will provide relevant on-the-ground behavioral health and school safety services and support to all school districts in their region. Ultimate responsibility for school safety will continue to reside with local school districts. However, all districts will have access to the state and regional services and supports they need to ensure a safe and supportive learning environment.

Specifically, this request includes:

1. Expanding the Regional Behavioral Health Pilot to all nine ESDs.

The emerging success of the OSPI Regional Behavioral Health Pilot Project presents a timely opportunity for expansion of this regional delivery model. ESDs are in a unique position to assist school districts in understanding their local systems, especially when it comes to rural schools. The behavioral health system navigators (BHSNs) build ESD capacity to engage in regional healthcare transformation and increase school district competence to use the existing

Medicaid reimbursement programs. BHSNs will provide training and technical assistance to support school districts in recognizing and responding to emotional and behavioral distress. BHSNs will engage with regional healthcare systems and other school-community efforts to intervene with youth at risk. ESDs, because of their regional nature, are best equipped to engage with the changing healthcare system to increase access to care for students and families.

2. Ensuring comprehensive safe schools planning.

This proposal will provide each ESD with capacity to assist school districts with comprehensive safe schools plans based on current best practices, and with training to ensure all staff have the awareness and capability to implement these plans. Over the past 20 years, school safety issues have evolved in number and complexity. District and school safety planning involves the prevention, mitigation, protection, response to and recovery from a variety natural, technological, biological and social threats and hazards. ESDs can provide assistance to school districts with comprehensive safe schools planning by bringing school districts together with local emergency management, fire and law enforcement personnel, and other key stakeholders. In addition, ESDs can help conduct needs assessments, provide school safety and security trainings, and coordinate as appropriate crisis and emergency response and recovery, among other things.

3. Establishing a Regional Threat Assessment Program.

This proposal will also provide each ESD capacity to establish a regional threat assessment program, utilizing a nationally recognized model that has been tested and proven effective over a 20-year implementation process: the Salem-Keizer Student Threat Assessment System (STAS). OSPI will work with the nine ESDs to build on existing expertise, experience, and infrastructure to support development of threat assessment and crisis intervention teams in each of the state's 295 school districts.

4. Contracting with the University of Washington's Forefront Suicide Prevention.

Forefront Suicide Prevention is a Center of Excellence at the University of Washington focused on reducing suicide. OSPI will contract with Forefront to provide expert consultation, training, and technical assistance to the nine BHSNs to work with school districts in suicide prevention, intervention, and postvention (recovery) planning.

5. Capacity building mini-grants for school districts.

OSPI will administer grants to assist school districts in planning and integrating tiered suicide prevention and behavioral health supports. Grants of up to \$10,000 will be awarded to schools or school districts who demonstrate the greatest need and readiness. Grants can be used on intensive technical assistance and training, professional development, and evidence-based suicide prevention training.

6. Providing additional statewide support for behavioral health and suicide prevention.

This request will provide OSPI capacity to lead a coordinated suicide prevention and behavioral health regional system to coordinate and partner with state agencies, provide leadership to the ESDs, ensure program activities align with the state Medicaid plan, and administer grants to high-need schools and school districts as identified by Department of Health and Healthy Youth Survey data. A coordinated suicide prevention and behavioral health regional system will increase equitable access to services for students in need of behavioral health supports through

cross-system, regional collaboration between schools and community providers, and other relevant stakeholders (e.g., community truancy boards).

7. Expanding the Washington School Safety Center.

A modest increase in staffing for the School Safety Center housed at OSPI will help improve communication, coordination, and alignment among the many federal, state, regional, and local actors in school safety. This additional capacity is also necessary to ensure the “hub and spokes” model for behavioral health and school safety can reach its full potential. In addition, this request will allow OSPI to reconfigure the School Safety Advisory Committee (SSAC) purpose and membership. A reconfigured SSAC will have better defined membership, will be focused on establishing and monitoring strategic approaches to school safety in Washington, and will better engage school safety stakeholders – students and families in particular. This request includes additional staffing capacity for the SSAC to provide coordination, policy analysis and formulation, and data collection, monitoring, and reporting.

8. Reestablishing an Anti-Bullying Workgroup.

This group will be charged with reviewing and updating materials and recommendations from the previous harassment, intimidation, and bullying (HIB) workgroup. The workgroup will review and revise existing HIB policies and procedures, expand and clarify definitions and responsibilities around cyberbullying, and identify professional development for appropriate staff in schools, among other things. The workgroup will provide regular progress updates to the School Safety Advisory Committee (SSAC), with biennial reports to the education subcommittee of the Legislature beginning in January 2020.

What are you purchasing and how does it solve the problem?

This request includes:

- 1.0 full-time equivalent (FTE) and related costs in each educational service district (ESD). The FTE will serve as a Regional Behavioral Health System Navigator (BHSN) to provide training and technical assistance to support school districts in recognizing and responding to emotional and behavioral distress. BHSNs will engage with regional healthcare systems and other school-community efforts to intervene with youth at risk. BHSNs will work closely with ESD threat assessment staff and local and regional threat assessment teams to improve access to behavioral health services for students identified as posing a risk to school safety.
- 1.0 FTE and related costs in each ESD to provide school safety leadership, coordination, training, and technical assistance to all districts in the region. The focus will be on supporting school districts and schools with comprehensive school safety planning and implementation. These positions will also fulfill data collection and reporting responsibilities.
- 1.0 FTE and related costs in each ESD dedicated to threat assessment training and coordination. This position will focus on training staff in schools within the region in the Salem-Keizer STAS model using a “train the trainer” model.
- Funding for each ESD to provide school district training and program evaluation.
- 1.5 FTE for the Washington School Safety Center at OSPI to staff the School Safety Advisory Committee and the Anti-Bullying Workgroup, and provide administrative support to the School Safety Center.

- 0.7 FTE at OSPI to increase capacity for statewide leadership and coordination with ESDs, state agencies, and local suicide prevention advocates.
Continued contract with the University of Washington – Forefront, including mini-grants to school districts who are working with Forefront.

What alternatives did you explore and why was this option chosen?

School districts have varying levels of success in engaging with the publicly funded healthcare system. If successful, it is often because the district is a recipient of grant funding or local municipality funding for supporting comprehensive healthcare systems in the school setting or linkages to the community-based health system. This proposal is the best option because it leverages federal Medicaid match dollars to expand this model to all nine ESDs. OSPI’s leadership and support will ensure the efforts align with the state Medicaid plan and are consistent across the state.

We considered proposing to increase funding for dedicated school safety staff for all Washington school districts, but determined it was more cost-effective to provide statewide and regional school safety staff whose reach is much broader.

Without regional and intensive supports for high-need schools, the completion rate of school district plans for recognizing and responding to emotional and behavioral distress will remain inconsistent, and the resources to meet these requirements will continue to be inequitable across the state.

Assumptions and calculations

Expansion or alteration of a current program or service

This proposal is an expansion of the current OSPI Suicide Prevention Program, Bullying Prevention Program, and School Safety Program. Current resources and projected needs are summarized below.

Current Resources and Projected Needs				
	FY 2020	FY 2021	FY 2022	FY 2023
OSPI School Safety Program costs	\$666,556	\$602,534	\$552,534	\$552,534
OSPI mental health/Suicide Program costs	\$464,747	\$457,737	\$457,737	\$457,737
ESD costs for safety/mental health/suicide	\$5,648,941	\$5,648,941	\$5,648,941	\$5,648,941
Total projected costs	\$6,780,244	\$6,709,212	\$6,659,212	\$6,659,212
Existing OSPI School Safety funding	(\$15,000)	(\$15,000)	(\$15,000)	(\$15,000)
Existing OSPI Bullying Prevention funding	(\$50,000)	(\$50,000)	(\$50,000)	(\$50,000)
Existing OSPI Suicide Prevention funding	(\$162,000)	(\$162,000)	(\$162,000)	(\$162,000)
Total existing resources	(\$227,000)	(\$227,000)	(\$227,000)	(\$227,000)
Total decision package request	\$6,553,244	\$6,482,212	\$6,432,212	\$6,432,212

Figure 2. Current resources and projected need to fulfill this request.

Detailed assumptions and calculations

Estimated annual costs for the expansion of services at the educational service districts (ESDs) is shown below.

Annual ESD Costs					
Item	Salaries	Benefits	Supplies & Travel	ESD Fees	Estimated Costs
0.15 FTE Supervisor	\$19,350	\$8,188	\$2,275	\$2,170	\$31,983
1.0 FTE Mental Health Specialist	\$90,000	\$33,128	\$10,000	\$7,800	\$140,928
1.0 FTE Threat Assessment Specialist	\$90,000	\$33,128	\$10,000	\$7,800	\$140,928
1.0 FTE Safety Specialist	\$90,000	\$33,128	\$10,000	\$7,800	\$140,928
0.75 FTE Clerical Support	\$33,750	\$21,818	\$6,825	\$7,800	\$70,193
School district training and program evaluation costs			\$40,500		\$40,500
Cost per ESD					\$565,460
Cost for nine ESDs					\$5,089,136
ESD indirect costs at 11 percent					\$559,805
Total cost for nine ESDs					\$5,648,941

Figure 3. Estimated annual costs to expand services at the nine educational service districts.

Workforce assumptions

Estimated costs to increase staff support at OSPI are shown below.

Costs at OSPI for Statewide Support		
OSPI Costs	FY 2020	FY 2021
Salaries		
2.5 FTE Program Supervisors	\$196,800	\$196,800
0.6 FTE Administrative Assistant	\$28,861	\$28,861
Benefits		
2.5 FTE Program Supervisors	\$68,500	\$68,500
0.6 FTE Administrative Assistant	\$13,000	\$13,000
Contract for data collection	\$190,400	\$140,400
Goods and services	\$89,702	\$87,420

Travel	\$168,290	\$168,290
Equipment and supplies	\$18,750	\$0
Grants	\$130,000	\$130,000
Total	\$904,303	\$833,271

Figure 4. Estimated costs for OSPI to expand capacity for effective statewide support.

Strategic and performance outcomes

Strategic framework

This request aligns with the Results Washington goal of Healthy and Safe Communities, which includes reducing the suicide death rate. It also aligns with the Results Washington K–12 goals related to student success because if students are in need of mental or behavioral health supports or feel unsafe at school, they cannot focus on learning.

In addition, this proposal represents specific initiatives that are part of the Office of Superintendent of Public Instruction’s strategic goal of “Comprehensive Supports for All.” This goal states that in order to be successful in school, students’ basic physical, social, and emotional needs have to be met.

Performance outcomes

This proposal represents a cost-effective approach to improving youth mental and behavioral health outcomes and enhancing school safety. Specific metrics include, but are not limited to:

- **Decreased school-based security incidents.**

- Decreased suspensions and expulsion for violence and serious bodily injury.
- Increased partnerships with community law enforcement and mental health professionals.
- Increased student sense of safety, as measured by the Healthy Youth Survey.
- Decreased youth-reported mental health, suicide, and depression rates, as measured by the Healthy Youth Survey.
- Decreased rates of student absences due to behavioral distress.
- Increased Medicaid enrollment and reimbursement rates, providing schools with reimbursement funds to invest in universal supports and for services for students not eligible for Medicaid.

Other collateral connections

Intergovernmental

This request has strong support from the nine regional educational service districts (ESDs). In addition, this request is part of a coordination with the Washington State Department of Health and the Action Alliance for Suicide Prevention. Finally, local governmental agencies responsible for emergency planning and first response will be positively impacted by added capacity for comprehensive school safety planning and by implementation of best practices in threat assessment.

Stakeholder response

This request aligns with [recommendations](#) from the Children’s Mental Health Legislative Workgroup. Additionally, this request has been reviewed by most Washington education stakeholder groups, including school administrators, principals, teachers, school directors, and parent-teacher associations. Increasing resources for school safety has strong support from these organizations.

Legal or administrative mandates

In 2016, Governor Jay Inslee issued [Executive Order 16-02](#) which aimed to reduce and prevent gun-related violence, crime, fatalities and injuries. The Action Alliance for Suicide Prevention (AASP) was created to implement action items in the executive order. The order directs the Office of Superintendent of Public Instruction (OSPI) to make recommendations to reduce suicide fatalities and serious injuries based on promising prevention strategies. This proposal addresses some of the highest priorities and needs identified by AASP members.

Changes from current law

OSPI anticipates proposing statutory changes to improve clarity of school safety requirements, establish the School Safety Advisory Committee, and reestablish the Anti-Bullying Workgroup (Revised Code of Washington [RCW] [28A.300.2851](#)). Additionally, OSPI will likely propose to combine the roles and responsibilities of RCW [28A.320.127](#) and RCW [28A.630.500](#) and assign them to the BHSN role at each of the nine ESDs.

State workforce impacts

Not applicable.

State facilities impacts

Not applicable.

Puget Sound recovery

Not applicable to OSPI.

Other supporting materials

- [WA Healthy Youth Survey Fact Sheet: Depressive Feelings, Anxiety, and Suicide](#)
- [WA DOH Suicide Data, including preliminary 2017 data and National Violent Death Reporting System Information.](#)
- [Washington State Suicide Prevention Plan](#)
- [CDC Vital S: Suicide rising across the US](#)

Information technology (IT)

Information Technology

Does this DP include funding for any IT-related costs, including hardware, software (including cloud-based services), contracts or IT staff?

No

Yes

Please download the [IT-addendum](#) and follow the directions on the bottom of the addendum to meet requirements for OCIO review. After completing the IT addendum, please upload the document to continue.