

# HOUSE BILL REPORT

## HB 2194

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As Reported By House Committee On:  
Health Care

**Title:** An act relating to suicide prevention.

**Brief Description:** Establishing youth suicide prevention education programs.

**Sponsors:** Representatives L. Johnson, Dellwo, Wood, Cothorn, Jones, Brown, J. Kohl, H. Myers, Wineberry, Flemming, Roland, Romero, Eide, Johanson and Anderson.

**Brief History:**

Reported by House Committee on:  
Health Care, February 1, 1994, DPS.

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### HOUSE COMMITTEE ON HEALTH CARE

**Majority Report:** The substitute bill be substituted therefor and the substitute bill do pass. Signed by 11 members: Representatives Dellwo, Chair; L. Johnson, Vice Chair; Dyer, Ranking Minority Member; Appelwick; Conway; R. Johnson; Lemmon; Mastin; Morris; Thibaudeau and Veloria.

**Minority Report:** Do not pass. Signed by 5 members: Representatives Ballasiotes, Assistant Ranking Minority Member; Backlund; Cooke; Flemming and Lisk.

**Staff:** John Welsh (786-7133).

**Background:** There is no program currently in law that expressly addresses the problem of youth suicide.

Suicide is the second leading cause of death for youth from 15 to 19 years of age, following unintentional injuries. It is the third leading cause of death for young persons from 15 to 24 years of age, after unintentional injuries and homicides. One out of seven teenagers has attempted suicide at least once. Between 1979 and 1988, the suicide rate for 10 to 14 year-olds increased 75 percent.

**Summary of Substitute Bill:** There is a legislative finding that youth suicide is one of the most serious phenomena affecting children and should be addressed as a compelling public health and safety problem affecting the future of

society. Youth suicide should be confronted through intervention and prevention strategies.

The purpose of the act is to establish a statewide and local suicide prevention program that develops and implements strategies through the school system and throughout the communities.

The Secretary of Health is required to establish a statewide suicide prevention program, in consultation with an interagency workgroup consisting of the Superintendent of Public Instruction; the Departments of Community, Trade and Economic Development, and Social and Health Services; local community mental health programs; and local government.

The program can include an assessment of populations at-risk and effective programs currently available; strategies for addressing suicide; evaluation of program effectiveness; an inter-agency workgroup; and demonstration projects.

The department is to establish guidelines for state funding of local suicide prevention programs offering counseling, referral, crisis intervention, techniques for minimizing suicide contagion, and training for school and other personnel. The department must monitor and evaluate each program for effectiveness in approving applications for funding and report to the Legislature.

The programs may include class room instruction; a 24-hour telephone line service staffed by professionals; intervention and follow-up; parent and teacher education; the use of community resources; and assessment of suicidality by mental health professionals.

The department must adopt rules establishing guidelines for funding youth service bureaus, which are community-based entities that provide community-oriented suicide preventive services, including individual and family counseling; referral; crisis intervention; and community education. The department is required to monitor and evaluate the effectiveness of these services as a condition of funding. Funding must be a shared responsibility of state and local government, the state providing a 75 percent match.

There is \$1,000,000 appropriated to fund the program.

**Substitute Bill Compared to Original Bill:** The state's suicide prevention program is to include techniques for minimizing the risk of suicide contagion in situations of suicide completion. Local government is given a role on the interagency workgroup that develops policy and programs. Classroom coursework is to encourage sound choices for

students, rather than ethical decision-making. Educational program components are discretionary, not mandatory, but can include assessment by health practitioners of potential suicides. An appropriation of \$1 million is added to fund the statewide suicide prevention program.

**Fiscal Note:** Available.

**Appropriation:** \$1,000,000 from state general fund.

**Effective Date of Substitute Bill:** Ninety days after adjournment of session in which bill is passed.

**Testimony For:** Suicide is violence directed toward self and results from the same factors leading to interpersonal violence. Suicide among our youth has taken epidemic proportions. It is the second cause of death for teenagers and is our most serious public health and safety concern for young people, outpacing even homicide. Suicide prevention programs work and are effective in recognizing signs of depression and other predictable factors leading to suicide. The costs are minimal compared to those avoided in future treatment for alcohol, drugs and dysfunction, as well as the loss of human potential occasioned by the tragedy of suicide.

**Testimony Against:** Schools should not interfere with family prerogatives in teaching ethical decision-making. They should teach students only that suicide is morally wrong.

**Witnesses:** Leona Eggert, University of Washington (pro); Gretchen Garth, Sarah Rogers, Greg Nebelar and Wendy Edwards, Teen Northshore (pro); Craig Hirt (pro); Mitchell Zimmerman (pro); Rhonda McKim, Northshore PTA Council (pro); Doug Simpson, The Capitol Project (con); Pari Johnson (con); Leah Simpson, Scot Simpson and Arturo Biblarz, Washington State Youth Suicide Prevention Committee (pro); Carol Strong, Office of the Superintendent of Public Instruction (pro); Madelyn Schwartz, Thurston County Coroner's Office (pro); and Sylvia Beck, Washington State Public Health Association.