
Education Committee

SSB 6191

Brief Description: Assessing the prevalence of adverse childhood experiences in middle and high school students to inform decision making and improve services.

Sponsors: Senate Committee on Early Learning & K-12 Education (originally sponsored by Senators Braun, Darneille, Hasegawa, O'Ban, Rolfes, Short and Wilson, C.).

Brief Summary of Substitute Bill

- Requires that questions regarding Adverse Childhood Experiences (ACEs) be added to the Healthy Youth Survey.
- Encourages school districts to use the information about ACEs in their decision making and to help improve services for students.

Hearing Date: 2/20/20

Staff: Riley O'Leary (786-7296) and Megan Wargacki (786-7194).

Background:

Adverse Childhood Experiences.

In 2011 the Legislature defined Adverse Childhood Experiences (ACEs) to mean the following indicators of severe childhood stressors and family dysfunction:

- child physical, sexual, and emotional abuse;
- child emotional or physical neglect;
- alcohol or other substance abuse in the home;
- mental illness, depression, or suicidal behaviors in the home;
- incarceration of a family member;
- witnessing intimate partner violence; and
- parental divorce or separation.

When experienced in the first 18 years of life and taken together, these indicators are proven by public health research to be powerful determinants of physical, mental, social, and behavioral

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health across a lifespan. Adverse Childhood Experiences have been demonstrated to affect the development of the brain and other major body systems. The definition applies to a nongovernmental private-public initiative tasked with preventing and mitigating the effects of ACEs.

Healthy Youth Survey.

The Healthy Youth Survey (HYS) is an anonymous statewide survey of youth, administered by the Healthy Youth Survey Planning Committee. The committee membership consists of representatives from the Health Care Authority's Division of Behavioral Health and Recovery (HCA), the Office of the Superintendent of Public Instruction (OSPI), the Department of Health (DOH), and the Liquor and Cannabis Board (LCB). Community partners and other stakeholders provide input into the development and administration of the survey.

Every two years, students in sixth, eighth, tenth, and twelfth grade voluntarily take the survey, which includes questions about alcohol, tobacco, other drug use, behaviors that result in unintentional and intentional injuries, dietary behaviors, physical activity, and related risk and protective factors. The survey is designed to:

- track information about the prevalence of major adolescent health risk behaviors;
- identify trends in adolescent health status and risky behaviors; and
- guide policy and improve programs that serve youth.

Summary of Bill:

The HCA in collaboration with the OSPI, the DOH, and the LCB must incorporate questions related to ACEs into the HYS. The questions must be validated for children and allow reporting of ACEs to be included in the biannual HYS summary reports. The additional questions must be administered for two cycles of the HYS and then evaluated by the state agencies for any needed changes. Student responses must remain anonymous, and aggregated data must be published and made available to school buildings and districts with 20 or fewer students. School districts are encouraged to use the collected information to inform and improve services for students.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.