

## Proposed Resolutions

During the annual Washington State PTA (WSPTA) Convention, delegates have the opportunity to add and amend long-term resolutions to our legislative platform that guide state and local advocacy work for WSPTA and its associated local PTAs and councils.

Delegates will vote on one new resolution and three amendments to existing resolutions. Only the parts, the title or resolved clauses, in **shaded boxes** will be voted on. Changes are shown as a ~~strike through~~ for deletions and as **underlined bold font** for additions.

The *whereas* clause(s) are not voted on by the delegates. The resolutions committee has provided the *whereas* clauses as they will appear or would be amended to provide the delegates with additional information to inform their vote.

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### Proposed New Resolution #1 (Member Submitted)

**WSPTA Board of Directors' recommendation: Adopt**

#### Furniture Tip-Over Prevention

**Whereas**, in the U.S. furniture tip-over incidents result in a child visiting the emergency room every 37 minutes, and one child dying every 11 days per the United States Consumer Product Safety Commission; and

**Whereas**, use of tip restraints or furniture anchors is an effective way to prevent tip-overs, but only 27% of Americans anchor their furniture per Consumer Reports; and

**Whereas**, the current federal furniture manufacturing standard for clothing storage units is voluntary and insufficient to prevent child injuries and death as shown by research conducted by Kids in Danger and Shane's Foundation; and

**Whereas**, state legislatures can pass laws regulating furniture safety and New York state passed laws in 2019 prohibiting the sale of new clothing furniture units that do not meet the voluntary standard and requiring all heavy furniture and televisions to be anchored in public spaces for children, including daycare facilities, foster care homes, and schools; and

**Whereas**, current federal legislation, the STURDY Act (Stop Tip-overs of Unstable, Risky Dressers on Youth), has been introduced in the U.S. House and Senate and would require new mandatory safety standards for all free-standing clothing storage units, and testing that more closely simulates real world use including to account for impact on clothing storage unit stability of carpeting, drawers with items in them, multiple open drawers, dynamic force and use by children up to 72 months of age and 60 pounds.

**Therefore, be it**

**Resolved**, that Washington State PTA and its local PTAs and councils shall support child safety through advocacy for the STURDY Act and other applicable federal legislation; and be it further

**Resolved**, that Washington State PTA and its local PTAs and councils shall support and advocate for state legislation to require sale of anchoring kits with new furniture units, to require anchoring of furniture and televisions in public spaces including, but not limited to, childcare/daycare facilities, schools, and foster care facilities, and to prohibit sale of new furniture that does not meet anti-tip safety standards; and be it further

**Resolved**, that Washington State PTA encourages its local PTAs and councils to educate families and the community about the dangers of unanchored furniture in their homes and public spaces.

### **Persuasive Statement from the Submitter**

Nationally, furniture tip-overs kill one child every 11 days. One child visits the ER every 37 minutes for a tip-over related injury per the United States Consumer Product Safety Commission. PTA can educate parents and advocate for changes to the furniture safety standards.

The STURDY Act is federal legislation introduced in the House and Senate to address the safety standards for newly manufactured clothing storage units per the United States Congress and the United States Senate.

New York passed a state law in 2019 requiring public facilities responsible for the care of children, such as foster care facilities, daycares, and schools, that requires them to anchor heavy furniture and televisions, to prevent deaths and injuries of children from furniture tip-over incidents.

Washington State PTA can help by speaking out and supporting the STURDY Act, advocating for the creation of legislation to require anchoring of furniture in public facilities to protect children in their care and educating local leaders to share information with their schools and communities about anchoring furniture at home.

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## **Proposed Amendment of Current Resolution #2 (Member Submitted)**

***WSPTA Board of Directors' recommendation: Adopt***

### **2.23 Gun Violence Prevention and Safety – Student and School Staff**

**Whereas**, one of the purposes of Washington State PTA is to advocate for laws that further the education, physical and mental health, welfare, and safety of children and youth; and

**Whereas**, firearms are the second leading cause of death for American children and teens nationally, with nearly 1,600 children and teens dying by gun homicide every year; and over 950 children and teens dying of suicide by gun every year; and the rate of firearm suicide is up by 61 percent in the past 10 years; and

**Whereas**, children exposed to gun violence, crime and abuse are more likely to abuse drugs and alcohol; suffer from depression, anxiety and posttraumatic stress disorder; fail or have difficulties in school and engage in criminal activity; and

**Whereas**, due to its tremendous impact on the health and wellbeing of our youth, the Centers for Disease Control and Prevention's, National Center for Injury Prevention and Control has declared gun violence a public health problem which must be dealt with using many multidisciplinary strategies and approaches; and

**Whereas**, recent research strongly supports that safe storage of firearms reduces the risk of suicide, domestic violence homicide, and unintentional injury; and

**Whereas**, the lethality, and severity of injury to the wounded is greatly increased by the shooters' use of semi-automatic assault weapons, including both pistols and rifles; and

**Whereas, possession of firearms on school premises is not permitted by law, except by persons engaged in military, law enforcement, or school district security activities under the direction of a school administrator; and some school districts employ commissioned law enforcement as school resource officers (SROs) or other armed school security personnel; and**

**Whereas, if a school district chooses to have an SRO program, the school district must confirm that every SRO has received specified training and engage in specific community outreach and accountability actions specified in RCW 28A.320.124.**

**Therefore, be it**

**Resolved**, that Washington State PTA encourages its local PTAs, councils, and members, as well as its fellow state PTAs, to support and advocate for legislation and policies that aim to prevent gun violence and reduce youth suicide; and be it further

**Resolved**, that Washington State PTA advocates for legislation and policies that reduce dangerous gun access, including:

- enforce all existing gun violence prevention laws
- strictly regulate civilian ownership of firearms and non-sporting ammunition, including high capacity magazines holding more than 10 rounds
- restrict dangerous access to all firearms, especially by children and by people with a history of violence including, but not limited to, domestic abusers, violent criminals, and/or people with histories showing a pattern of threatening behavior
- require the best available background checks on all firearm sales
- mandate safety training for firearms ownership
- hold legally accountable those corporations, businesses, and individuals who facilitate dangerous access to firearms
- oppose the defensive arming of teachers and school staff, other than:
  - properly trained and uniformed school resource officers (SROs)
  - **properly trained persons performing school security activities under the direction of a school administrator with equivalent training and community accountability as SROs.**

### **Persuasive Statement from the Submitter**

We believe that this resolution should be updated to allow the option for school districts to privately hire their own security staff (retired / former officers), as opposed to limited school districts solely to SROs (commissioned, currently employed law enforcement officers) for armed security. This flexibility is important to both large and small schools, depending upon the limitations of the law enforcement agencies in which they reside. It is also important for school districts to engage their communities over the topic of school security to decide if law enforcement in school is the best option for students and families in their district. If schools prefer not to have law enforcement in their buildings, this amendment allows for an excellent alternative.

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## Proposed Amendment of Current Resolution #3 (Member Submitted)

*WSPTA Board of Directors' recommendation: Adopt*

### 11.1 ~~Juvenile~~ **Students with** Diabetes

**Whereas clauses – no proposed changes**

**Resolved clauses – no proposed changes**

*(The complete resolution can be [accessed here](#).)*

#### **Persuasive Statement from the Submitter**

The term “juvenile diabetes” is outdated. Juvenile diabetes used to be used to refer to Type I Diabetes as it was frequently diagnosed in children, despite diagnosis occurring at all ages. Type II diabetes was a diagnosis associated with older people. As more children are being diagnosed with Type II Diabetes, to continue to refer to this resolution as “Juvenile Diabetes” implies that the recommendations only refer to T1D, despite the actual text addressing both types.

The JDRF (formerly known as the Juvenile Diabetes Research Foundation) has changed their name to exclude the word “juvenile” “To remove the misconception that T1D is only a childhood disease; To acknowledge that nearly 85 percent of people living with the disease are over age 18; To reinforce our commitment to funding research that improves life for people at all ages and all stages of the disease.”

Because children are diagnosed with both types of diabetes and because children who have diabetes grow up to become adults who have diabetes, I propose changing the name of the resolution to remove the outdated term “juvenile.” Titling the resolution “Students with Diabetes” more accurately describes the group this resolution wants to impact.

The name change will also be in alignment with RCW 28A.210.330 Students with diabetes.

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## Proposed Amendment of Current Resolution #4 (Member Submitted)

*WSPTA Board of Directors' recommendation: Adopt*

### 11.26 **Supporting the Mental and Behavioral Health Needs for Children of Children and Youth**

~~**Whereas**, according to the Centers of Disease Control and Prevention (CDC) up to one in five youth experience a mental health disorder, which is described as “serious deviations from expected cognitive, social and emotional development” such as anxiety, attention deficit/hyperactivity disorder, alcohol or substance abuse, and depression; and~~

**Whereas, the Centers for Disease Control and Prevention (CDC) defines mental health disorders, as “serious deviations from expected cognitive, social and emotional development” – including, but not limited to anxiety, attention-deficit/hyperactivity disorder, alcohol or substance use disorder, and depression; and**

**Whereas**, research also shows that most mental health conditions **disorders** will emerge or begin to manifest symptoms by age 14 and the prevalence of mental health illness **disorders** among children **and youth** is a critical issue due to the effects on the child/**youth**, their family, and the community; and

**Whereas, Washington State Healthy Youth Survey data show more than half of students in grades 8-12 report feeling anxious and one-third report being depressed for more than two weeks in the last year; and**

**Whereas**, mental health issues **disorders** for children and young adults are **youth are often** misdiagnosed or never identified; and

**Whereas, early intervention and prevention can help to address mental and behavioral health needs before symptoms exacerbate into more detrimental social, emotional or academic behaviors or activities; and**

**Whereas, many children and youth do not to receive treatment because of stigma and negative perceptions of mental health disorders; consequently, they may develop behavioral problems resulting in disciplinary action such as suspension, which increases risk for dropping out of school and contact with the criminal justice system; and**

**Whereas, even as access to mental and behavioral health care for children and youth has been increased, the lack of mental and behavioral healthcare providers and of treatment facilities remain significant barriers; and**

**Whereas, schools are uniquely situated to provide mental health prevention and intervention models and provide appropriate connections to mental health services and providers, as they have daily contact with children and youth and their families; and**

**Whereas, National PTA's position is that** it is imperative that parents and families are part of any school-based or medical decision-making team that provides early intervention, preventive programs and/or mental health services; **and that** a strong and trusting relationship among the providers, school, school-based mental health professionals, school leadership, educators, and parents is essential to support positive student mental, behavioral, interpersonal, and academic outcomes **for children and youth**.

Therefore, be it

**Resolved, that Washington State PTA and its local PTAs and councils support and promote an environment of well-being throughout all schools that does not stigmatize mental health disorders but encourages addressing mental health as pro-active, positive, and necessary in order for everyone in the community to thrive;**

**Resolved, that Washington State PTA and its local PTAs and councils support mental health education for school staff, and professional development to assist with addressing mental health disorders with emphasis on early detection and early intervention; and be it further**

**Resolved, that Washington State PTA and its local PTAs and councils advocate for:**

- **state and local policies which prioritize the funding and availability of mental health professionals for school-based mental health interventions and services—pre-kindergarten**

through grade 12— including adequate access to school psychologists, school counselors and school social workers

- equitable access to integrated and culturally competent community-based services
- and funding to expand residential treatment facilities; and be it further

**Resolved**, that Washington State PTA and its local PTAs and councils promote education about the importance of mental health professions as a critical career option for students and adults who wish to have a vital and positive impact on society.

**Resolved**, that state and local policies prioritize the funding and availability of mental health professionals for school based mental health interventions, services—especially at pre-kindergarten and elementary school levels—and ensure access to integrated, accessible, and culturally competent community-based services. Schools are uniquely situated to provide mental health prevention and intervention models and provide appropriate connections to mental health services and providers, as they have daily contact with students and families; and be it further

**Resolved**, that greater attention and resources should be provided for mental health early intervention and prevention services for non-school aged youth and their families. Early intervention and prevention can help to address a child's behavioral and mental needs before symptoms exacerbate into more detrimental social, emotional or academic behaviors or activities; and be it further

**Resolved**, that Washington State PTA urges policymakers to prioritize mental health and illness education, early intervention, prevention, and access to school and community based mental health personnel and services.

### **Persuasive Statement from the Submitter**

Mental health for students is one of the most significant challenges facing children and youth in Washington State. The Washington Chapter of the American Academy of Pediatrics estimates that 20% of primary care pediatric visits are due to mental health concerns. Mental Health impacts academic performance, school safety, and the ability to thrive in an increasingly complex civil society. Importantly, there is a disproportionate number of students with special needs and from underserved communities who suffer from mental health issues and are often disciplined in ways that put them on a pathway through the criminal justice system. Research by the National Institute of Health shows that a large number of incarcerated youths are concentrated in low-income, predominantly nonwhite communities where people are more likely to be medically underserved. Mental health issues are often stigmatized and amplify biases that these communities already face. This amendment addresses a critical barrier in students and families reaching out for mental health services as well as the challenge of alleviating bias. It addresses the stigma surrounding mental health issues. It also addresses the need for more treatment facilities and more mental health professionals by encouraging the promotion of mental health professions as an important career path. By implementing these amendments, WSPTA will be supporting a new paradigm of thinking around mental health issues. This new thinking would change the perception of mental health as something negative and instead promote mental health and well-being as a positive and important priority for all individuals.