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HOUSE BILL 1221

State of Washington 66th Legislature 2019 Regular Session

By Representatives Orwall, Harris, Wylie, Frame, Kilduff, Dolan, Ortiz-Self, Lovick, Lekanoff, Sells, Doglio, Bergquist, Stanford, Appleton, Slatter, Tarleton, Thai, Jinkins, Fey, Macri, Pollet, and Goodman

Read first time 01/17/19. Referred to Committee on Education.

AN ACT Relating to improving crisis planning in schools to prevent youth suicide; amending RCW 28A.310.500, 28A.320.127, and 28A.410.226; reenacting and amending RCW 71.24.061; adding a new section to chapter 28A.210 RCW; adding new sections to chapter 28A.310 RCW; adding new sections to chapter 28A.630 RCW; creating a new section; and providing expiration dates.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION. **Sec. 1.** The legislature finds that youth suicide is an urgent public health problem in the United States. For youth ages ten to nineteen, suicide is the second leading cause of death. The centers for disease control and prevention reported that the suicide rate among ten to seventeen year olds increased by seventy percent between 2006 and 2016. Death by suicide among high school adolescents is only part of the picture. According to the 2016 Washington state healthy youth survey, twenty-one percent of Washington tenth graders considered attempting suicide, seventeen percent made a plan, and ten percent made a suicide attempt. Mental health issues are one of the strongest predictors among adolescents for engaging in self-harm and suicidal behavior. Feelings of depression, anxiety, hopelessness, and distress often precede suicidal behavior that can be symptomatic of an underlying mental

health disorder. In 2016, fifty-three percent of Washington tenth graders reported being unable to stop or control worrying, thirty-four percent reported having depressive feelings, and fifteen percent reported having no adults to turn to when sad or hopeless. One in five adolescents who are attending school have a diagnosable mental health disorder; however, only about one-third of that twenty percent receive mental health services, and more than likely at community-based agencies in the form of outpatient services. These numbers are even lower for youth from historically disenfranchised populations including homeless, racial, and ethnic minorities, and LGBTQ populations. Due to high levels of unmet need, reliance on traditional models of mental health service delivery will not ameliorate the problem of youth suicide, pointing to the need for school-based approaches.

NEW SECTION. **Sec. 2.** A new section is added to chapter 28A.210 RCW to read as follows:

Beginning in the 2019-20 school year, school district staff who have knowledge or a reasonable suspicion that a student has expressed a desire to end his or her life or otherwise harm himself or herself must disclose the knowledge or reasonable suspicion to either:

(1) The student's parent or guardian; or

(2) The school nurse, school counselor, school social worker, or school psychologist, who must then contact the student's parent or guardian.

NEW SECTION. **Sec. 3.** A new section is added to chapter 28A.310 RCW to read as follows:

Each educational service district must provide to the school districts in its region behavioral health coordination that, at a minimum, includes:

(1) Providing support for school district development and implementation of plans for recognition, initial screening, and response to emotional or behavioral distress in students as required under RCW 28A.320.127;

(2) Facilitating partnerships and coordination between school districts, public schools, and existing regional and local systems of behavioral health care services and supports in order to increase student and family access to these services and supports;

(3) Assisting school districts and public schools in building capacity to identify and support students in need of behavioral health care services and to link students and families with community-based behavioral health care services;

(4) Identifying, sharing, and integrating, to the extent practicable, behavioral and physical health care service delivery models;

(5) Providing medicaid billing related training, technical assistance, and coordination between school districts; and

(6) Guidance in implementing best practices in response to, and to recover from, the suicide or attempted suicide of a student.

NEW SECTION. **Sec. 4.** A new section is added to chapter 28A.310 RCW to read as follows:

Each educational service district must consult with forefront suicide prevention at the University of Washington regarding:

(1) Best practices related to suicide prevention and recovery; and

(2) Training and technical assistance in implementing the behavioral health coordination described in section 3 of this act.

NEW SECTION. **Sec. 5.** A new section is added to chapter 28A.630 RCW to read as follows:

(1)(a) The office of the superintendent of public instruction must select up to twelve high schools located east of the crest of the Cascade mountains to participate in the mental health promotion and suicide prevention program described in subsection (2) of this section during the 2020-21 through 2021-22 school years. High schools selected must be in need of the program due to high rates of suicide or attempted suicide by students.

(b) Forefront suicide prevention at the University of Washington must work with the school districts of the high schools selected under (a) of this subsection to deliver the mental health promotion and suicide prevention program described in subsection (2) of this section during the 2019-20 through 2021-22 school years.

(2) The mental health promotion and suicide prevention program must be a capacity-building, comprehensive and sustainable approach to mental health promotion and suicide prevention that allows the selected high schools to transform their climate and practices to

reduce student risk for suicide. The program must include the following components:

(a) Each high school must engage a multidisciplinary team, comprised of students, families, teachers, school counselors, and an administrator, to participate as a cohort;

(b) Each cohort must cooperate with the behavioral health navigator in its educational service district;

(c) Forefront suicide prevention at the University of Washington must provide training, course materials, and consultation to the selected high schools on the use of suicide prevention, social emotional learning, and mental health awareness curricula;

(d) Forefront suicide prevention at the University of Washington and the school districts must gather the high school teams two times per year;

(e) Forefront suicide prevention at the University of Washington must support the school districts in revising their plans for recognition, initial screening, and response to emotional or behavioral distress in students, required under RCW 28A.320.127;

(f) Forefront suicide prevention at the University of Washington must enhance the high schools links to mental health referral networks;

(g) The high schools must encourage the development of student-led behavioral health promotion and awareness activities in collaboration with forefront suicide prevention at the University of Washington; and

(h) Forefront suicide prevention at the University of Washington must provide behavioral health screening support.

(3) Forefront suicide prevention at the University of Washington must develop public-private partnerships to support the implementation of the mental health promotion and suicide prevention program in middle and high schools across the state.

(4)(a) By January 6, 2023, and in compliance with RCW 43.01.036, the Washington state institute for public policy shall report to the governor, the appropriate committees of the legislature, and the office of the superintendent of public instruction with an evaluation of the mental health promotion and suicide prevention program described in subsection (2) of this section. The report must describe the implementation and outcomes of the high schools selected under subsection (1) of this section and the high schools located west of the crest of the Cascade mountains that began implementing the

program in the 2019-20 school year. In analyzing outcomes, the Washington state institute for public policy must use healthy youth survey and assessment data to evaluate changes in student behavioral health, suicidal health, and academic outcomes due to participation in the program.

(b) The office of the superintendent of public instruction, forefront suicide prevention at the University of Washington, and the school districts with high schools implementing the program described in subsection (2) of this section must cooperate with the Washington state institute for public policy to supply data and information needed for the evaluation.

(5) This section expires August 1, 2023.

NEW SECTION. **Sec. 6.** A new section is added to chapter 28A.630 RCW to read as follows:

(1) Forefront suicide prevention at the University of Washington must award grants to school districts and youth advocacy organizations, selected by forefront suicide prevention at the University of Washington. Grant funds must be used to develop youth-informed mental health promotion and suicide prevention resources, such as social media messages and videos.

(2) Forefront suicide prevention at the University of Washington, in collaboration with the office of the superintendent of public instruction, must select grant recipients and provide support and guidance to grant recipients on the content of the mental health promotion and suicide prevention resources.

(3) The office of the superintendent of public instruction must post the mental health promotion and suicide prevention resources developed under this section on its web site.

(4) This section expires July 1, 2024.

Sec. 7. RCW 28A.310.500 and 2016 c 96 s 5 are each amended to read as follows:

((~~(1)~~)) Each educational service district shall develop and maintain the capacity to offer training for educators and other school district staff on youth suicide screening and referral, and on recognition, initial screening, and response to emotional or behavioral distress in students, including but not limited to indicators of possible substance abuse, violence, and youth suicide. An educational service district may demonstrate capacity by employing

staff with sufficient expertise to offer the training or by contracting with individuals or organizations to offer the training. Training may be offered on a fee-for-service basis, or at no cost to school districts or educators if funds are appropriated specifically for this purpose or made available through grants or other sources.

((~~(2)(a) Subject to the availability of amounts appropriated for this specific purpose, Forefront at the University of Washington shall convene a one-day in-person training of student support staff from the educational service districts to deepen the staff's capacity to assist schools in their districts in responding to concerns about suicide. Educational service districts shall send staff members to the one-day in-person training within existing resources.~~

~~(b) Subject to the availability of amounts appropriated for this specific purpose, after establishing these relationships with the educational service districts, Forefront at the University of Washington must continue to meet with the educational service districts via videoconference on a monthly basis to answer questions that arise for the educational service districts, and to assess the feasibility of collaborating with the educational service districts to develop a multiyear, statewide rollout of a comprehensive school suicide prevention model involving regional trainings, on-site coaching, and cohorts of participating schools in each educational service district.~~

~~(c) Subject to the availability of amounts appropriated for this specific purpose, Forefront at the University of Washington must work to develop public-private partnerships to support the rollout of a comprehensive school suicide prevention model across Washington's middle and high schools.~~

~~(d) The comprehensive school suicide prevention model must consist of:~~

~~(i) School-specific revisions to safe school plans required under RCW 28A.320.125, to include procedures for suicide prevention, intervention, assessment, referral, reentry, and intervention and recovery after a suicide attempt or death;~~

~~(ii) Developing, within the school, capacity to train staff, teachers, parents, and students in how to recognize and support a student who may be struggling with behavioral health issues;~~

~~(iii) Improved identification such as screening, and response systems such as family counseling, to support students who are at risk;~~

~~(iv) Enhanced community-based linkages of support; and~~

~~(v) School selection of appropriate curricula and programs to enhance student awareness of behavioral health issues to reduce stigma, and to promote resilience and coping skills.~~

~~(e) Subject to the availability of amounts appropriated for this specific purpose, and by December 15, 2017, Forefront at the University of Washington shall report to the appropriate committees of the legislature, in accordance with RCW 43.01.036, with the outcomes of the educational service district trainings, any public-private partnership developments, and recommendations on ways to work with the educational service districts or others to implement suicide prevention.~~))

Sec. 8. RCW 28A.320.127 and 2016 c 48 s 1 are each amended to read as follows:

(1) Beginning in the 2014-15 school year, each school district must adopt 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. The school district must tailor the plan to each school's specific needs. The school district must annually provide the plan to all district staff.

(2) At a minimum the plan must address:

(a) Identification of training opportunities in recognition, screening, and referral that may be available for staff;

(b) How to use the expertise of district staff who have been trained in recognition, screening, and referral;

(c) How staff should respond to suspicions, concerns, or warning signs of emotional or behavioral distress in students;

(d) Identification and development of partnerships with community organizations and agencies for referral of students to health, mental health, substance abuse, and social support services, including development of at least one memorandum of understanding between the district and such an entity in the community or region;

(e) Protocols and procedures for communication with parents and guardians, including the notification requirements under RCW 28A.320.160;

(f) How staff should respond to a crisis situation where a student is in imminent danger to himself or herself or others;

(g) How the district will provide support to students and staff after an incident of violence, youth suicide, or allegations of sexual abuse;

(h) How staff should respond when allegations of sexual contact or abuse are made against a staff member, a volunteer, or a parent, guardian, or family member of the student, including how staff should interact with parents, law enforcement, and child protective services; and

(i) How the district will provide to certificated and classified staff the training on the obligation to report physical abuse or sexual misconduct required under RCW 28A.400.317.

(3) The plan under this section may be a separate plan or a component of another district plan or policy, such as the harassment, intimidation, and bullying prevention policy under RCW 28A.300.2851 or the comprehensive safe school plan required under RCW 28A.320.125.

(4) Beginning in the 2019-20 school year, and annually thereafter, each school district must submit the plan to the office of the superintendent of public instruction and to the educational service district. The school district must resubmit the plan any time that substantial changes are made to the plan.

Sec. 9. RCW 28A.410.226 and 2013 c 197 s 2 are each amended to read as follows:

(1) As provided under subsections (2) and (3) of this section, individuals certified by the professional educator standards board as a school nurse, school social worker, school psychologist, or school counselor must complete a training program on youth suicide screening and referral as a condition of certification. The training program must be at least three hours in length. The professional educator standards board must adopt standards for the minimum content of the training in consultation with the office of the superintendent of public instruction and the department of health. In developing the standards, the board must consider training programs listed on the best practices registry of the American foundation for suicide prevention and the suicide prevention resource center. By January 1, 2020, the training program must include safety planning with the parents or guardians of students identified as at-risk for suicide, where the planning includes limiting access to lethal means.

(2) This section applies to the following certificates if the certificate is first issued or is renewed on or after July 1, 2015:

(a) Continuing certificates for school nurses;

(b) Continuing certificates for school social workers;

(c) Continuing and professional certificates for school psychologists; and

(d) Continuing and professional certificates for school counselors.

(3) A school counselor who holds or submits a school counseling certificate from the national board for professional teaching standards or a school psychologist who holds or submits a school psychologist certificate from the national association of school psychologists in lieu of a professional certificate must complete the training program under subsection (1) of this section by July 1, 2015, or within the five-year period before the certificate is first submitted to the professional educator standards board, whichever is later, and at least once every five years thereafter in order to be considered certified by the professional educator standards board.

(4) The professional educator standards board shall consider the training program under subsection (1) of this section as approved continuing education ((~~under RCW 28A.415.020~~)) and shall count the training program toward meeting continuing education requirements for certification as a school nurse, school social worker, school psychologist, or school counselor.

Sec. 10. RCW 71.24.061 and 2018 c 288 s 2 and 2018 c 201 s 4007 are each reenacted and amended to read as follows:

(1) The authority shall provide flexibility in provider contracting to behavioral health organizations for children's mental health services. Behavioral health organization contracts shall authorize behavioral health organizations to allow and encourage licensed or certified community mental health centers to subcontract with individual licensed mental health professionals when necessary to meet the need for an adequate, culturally competent, and qualified children's mental health provider network.

(2) To the extent that funds are specifically appropriated for this purpose or that nonstate funds are available, a children's mental health evidence-based practice institute shall be established at the University of Washington division of public behavioral health and justice policy. The institute shall closely collaborate with entities currently engaged in evaluating and promoting the use of evidence-based, research-based, promising, or consensus-based

practices in children's mental health treatment, including but not limited to the University of Washington department of psychiatry and behavioral sciences, Seattle children's hospital, the University of Washington school of nursing, the University of Washington school of social work, and the Washington state institute for public policy. To ensure that funds appropriated are used to the greatest extent possible for their intended purpose, the University of Washington's indirect costs of administration shall not exceed ten percent of appropriated funding. The institute shall:

(a) Improve the implementation of evidence-based and research-based practices by providing sustained and effective training and consultation to licensed children's mental health providers and child-serving agencies who are implementing evidence-based or researched-based practices for treatment of children's emotional or behavioral disorders, or who are interested in adapting these practices to better serve ethnically or culturally diverse children. Efforts under this subsection should include a focus on appropriate oversight of implementation of evidence-based practices to ensure fidelity to these practices and thereby achieve positive outcomes;

(b) Continue the successful implementation of the "partnerships for success" model by consulting with communities so they may select, implement, and continually evaluate the success of evidence-based practices that are relevant to the needs of children, youth, and families in their community;

(c) Partner with youth, family members, family advocacy, and culturally competent provider organizations to develop a series of information sessions, literature, and online resources for families to become informed and engaged in evidence-based and research-based practices;

(d) Participate in the identification of outcome-based performance measures under RCW 71.36.025(2) and partner in a statewide effort to implement statewide outcomes monitoring and quality improvement processes; and

(e) Serve as a statewide resource to the authority and other entities on child and adolescent evidence-based, research-based, promising, or consensus-based practices for children's mental health treatment, maintaining a working knowledge through ongoing review of academic and professional literature, and knowledge of other

evidence-based practice implementation efforts in Washington and other states.

(3) To the extent that funds are specifically appropriated for this purpose, the health care authority in collaboration with the University of Washington department of psychiatry and behavioral sciences and Seattle children's hospital shall:

(a) Implement a program to support primary care providers in the assessment and provision of appropriate diagnosis and treatment of children with mental and behavioral health disorders and track outcomes of this program;

(b) Beginning January 1, 2019, implement a two-year pilot program called the partnership access line for moms and kids to:

(i) Support obstetricians, pediatricians, primary care providers, mental health professionals, and other health care professionals providing care to pregnant women and new mothers through same-day telephone consultations in the assessment and provision of appropriate diagnosis and treatment of depression in pregnant women and new mothers; and

(ii) Facilitate referrals to children's mental health services and other resources for parents and guardians with concerns related to the mental health of the parent or guardian's child. Facilitation activities include assessing the level of services needed by the child; within seven days of receiving a call from a parent or guardian, identifying mental health professionals who are in-network with the child's health care coverage who are accepting new patients and taking appointments; coordinating contact between the parent or guardian and the mental health professional; and providing postreferral reviews to determine if the child has outstanding needs. In conducting its referral activities, the program shall collaborate with existing databases and resources to identify in-network mental health professionals((~~.~~)); and

(c) Expand programs described in (a) and (b)(i) of this subsection to school nurses, school social workers, school psychologists, and school counselors and encourage these school staff to use the service when they are concerned about a student's mental health and do not know to whom to refer the student.

(4) The program activities described in subsection (3) (a) and (b)(i) of this ((~~subsection~~)) section shall be designed to promote more accurate diagnoses and treatment through timely case consultation between primary care providers and child psychiatric

specialists, and focused educational learning collaboratives with primary care providers.

((~~(4)~~)) (5) The health care authority, in collaboration with the University of Washington department of psychiatry and behavioral sciences and Seattle children's hospital, shall report on the following:

(a) The number of individuals who have accessed the resources described in subsection (3) of this section;

(b) The number of providers, by type, who have accessed the resources described in subsection (3) of this section;

(c) Demographic information, as available, for the individuals described in (a) of this subsection. Demographic information may not include any personally identifiable information and must be limited to the individual's age, gender, and city and county of residence;

(d) A description of resources provided;

(e) Average time frames from receipt of call to referral for services or resources provided; and

(f) Systemic barriers to services, as determined and defined by the health care authority, the University of Washington department of psychiatry and behavioral sciences, and Seattle children's hospital.

((~~(5)~~)) (6) Beginning December 30, 2019, and annually thereafter, the health care authority must submit, in compliance with RCW 43.01.036, a report to the governor and appropriate committees of the legislature with findings and recommendations for improving services and service delivery from subsection ((~~(4)~~)) (5) of this section.

((~~(6)~~)) (7) The health care authority shall enforce requirements in managed care contracts to ensure care coordination and network adequacy issues are addressed in order to remove barriers to access to mental health services identified in the report described in subsection ((~~(4)~~)) (5) of this section.

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