

# SENATE BILL REPORT

## SB 6216

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As of January 24, 2024

**Title:** An act relating to establishing a statewide network for student mental and behavioral health to maintain, expand, and provide oversight to Washington's school-based mental and behavioral health system for children and adolescents across the state.

**Brief Description:** Establishing a statewide network for student mental and behavioral health.

**Sponsors:** Senators Nobles, Torres, Cleveland, Conway, Hasegawa, Kuderer, Lias, Lovelett, Lovick, Nguyen, Randall, Trudeau, Valdez, Wellman and Wilson, J.; by request of Superintendent of Public Instruction.

**Brief History:**

**Committee Activity:** Early Learning & K-12 Education: 1/24/24.

**Brief Summary of Bill**

- Directs the Office of the Superintendent of Public Instruction to provide state-level coordination to help schools better identify and connect students to behavioral health supports.
- Establishes a regional school-based mental and behavioral health student assistance program through the educational service districts.
- Creates a grant program to support school districts in developing and implementing a plan for recognition, screening, and response to emotional or behavioral distress in students.

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### SENATE COMMITTEE ON EARLY LEARNING & K-12 EDUCATION

**Staff:** Ailey Kato (786-7434)

**Background:** Children and Youth Behavioral Health Work Group. The Children and Youth Behavioral Health Work Group (work group) was first established in 2016. The work

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group has an advisory group focused on school-based behavioral health and suicide prevention, which is staffed by the Office of the Superintendent of Public Instruction (OSPI).

In 2022 the work group was tasked with developing a draft strategic plan that describes the current landscape of behavioral health services and a vision for the system. A draft strategic plan is due by October 1, 2024, and the final strategic plan must be included in the work group's 2024 annual report.

Delegation to Educational Service Districts. OSPI may contractually delegate to any of the nine educational service districts (ESD) or a combination of ESDs all or any portion of a program, project, or service authorized or directed by the Legislature to be performed by OSPI.

Regional School Safety Centers. Subject to appropriations, each ESD must establish a regional school safety center that includes:

- behavioral health coordination;
- school-based threat assessment coordination;
- training, technical assistance, and certain information; and
- the development of collaborative relationships.

Student Assistance Prevention and Intervention Services Program. According to the Health Care Authority (HCA), this agency contracts with each of the ESDs to administer the Student Assistance Prevention and Intervention Services Program (program). The program places student assistance professionals in local schools to serve students at risk of using alcohol, tobacco, and other drugs and students struggling with substance abuse. General prevention activities include supervising peer leadership clubs; providing information to students, staff, and families; and coordinating with community services.

Plan for Recognition, Screening, and Response to Emotional or Behavioral Distress in Students. Each school district is required to adopt a plan for recognition, initial screening, and response to emotional or behavioral distress in students such as possible substance abuse, violence, youth suicide, and sexual abuse. The plan must include specified components including training opportunities, how staff should respond to warning signs, partnering with community organizations, protocols for communicating with parents and guardians, and how to respond in a crisis situation.

Washington Integrated Student Supports Protocol. The purpose of this protocol is to support a school-based approach to promoting the success of all students by coordinating academic and nonacademic supports to reduce barriers to academic achievement and educational attainment. The essential framework of the protocol includes needs assessments, integration and coordination with community-based providers, and data to determine student progress and needs.

**Summary of Bill:** State-Level Coordination for Behavioral Health. Subject to appropriations, OSPI must provide state-level coordination to help schools better identify and connect students to behavioral health supports in school and interconnected community settings.

OSPI must collaborate with the Washington Association of Educational Service Districts (AESD) and other state agencies, including the HCA, the Department of Health, and the Department of Children, Youth, and Families, to develop a framework for coordinated student support related to behavioral health.

In collaboration with these agencies, OSPI must also:

- coordinate with training and technical assistance entities that can support designing, funding, and implementing comprehensive student behavioral health supports based on the framework;
- collect and make available evidence-based practices, including practices aligned with the Washington Integrated Student Supports Protocol;
- facilitate student access to mental and behavioral health supports and reduce barriers to school-based services;
- deploy student school-based substance use and behavioral health assessment, intervention, and referral activities in alignment with evidence-based practices;
- develop and maintain school substance abuse prevention and intervention resources;
- develop a review process for continuous improvement of services and monitor the impact and alignment of statewide efforts; and
- support the required activities of the Regional School-Based Mental and Behavioral Health Student Assistance Program.

OSPI must also support and implement elements from the strategic plan developed by the work group, subject to appropriated funds.

Regional School-Based Mental and Behavioral Health Student Assistance Program. *Establishment and Purpose.* Subject to appropriations, the Regional School-Based Mental and Behavioral Health Student Assistance Program is established to support increased regional deployment of behavioral and mental health supports, including substance abuse prevention and intervention services in communities with limited access to services.

*Regional Program Requirements.* Each regional program must work in conjunction with OSPI to form a statewide network for student mental and behavioral health.

In addition, each program must:

- provide student behavioral health assistance, prevention, and intervention services in schools;
- support school districts in providing direct student screening in mental health and substance abuse;
- collaborate with regional school safety centers by sharing information and resources

- to ensure alignment, as necessary and appropriate; and
- support behavioral health career pathways through hiring new nonlicensed staff who receive training, supervision, and internship opportunities to explore career pathways.

ESDs that are licensed as behavioral health agencies may pilot the integration of telehealth services to support students in need of more focused mental health treatment support.

*Program Coordination.* AESD must provide overall program coordination and support by establishing consistent criteria for school participation, establishing an overall evaluation and reporting process for program outcomes, and coordinating statewide data collection and reporting from the regional programs.

Grant Program to Develop a Plan for Recognition, Screening, and Response to Emotional or Behavioral Distress in Students. Subject to appropriations, OSPI must establish a grant program to support school districts in developing and implementing a plan for recognition, screening, and response to emotional or behavioral distress in students. The grant funds must be prioritized for local education agencies that have not yet developed a plan, and may be used to:

- support training;
- develop model school safety policies and procedures; and
- identify and implement best practices in school-based mental and behavioral health.

To the greatest extent possible, OSPI must pair grantees with OSPI and the Regional School-Based Mental and Behavioral Health Student Assistance Program. Pairing the grantees with these services is intended to support local education agency planning, connect staff to effective training and technical assistance, and ensure community-center implementation.

**Appropriation:** The bill contains a section or sections to limit implementation to the availability of amounts appropriated for that specific purpose.

**Fiscal Note:** Requested on January 17, 2024.

**Creates Committee/Commission/Task Force that includes Legislative members:** No.

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

**Staff Summary of Public Testimony:** PRO: Students face numerous challenges in today's complex world, and they need support with their mental health and well-being. Schools have lost students to suicide and many students struggle with depression and anxiety, so the need for these supports are high. Students need access to resources and trained professionals not what they can find on the Internet or having to rely on their friends. This bill develops a comprehensive framework, including state and regional components, to help coordinate student behavioral health supports including prevention, awareness, intervention,

access to school-based behavioral health services, and strategic goals. ESDs used federal COVID funding to start this work, and it has been successful. This approach will help small and rural school districts. Parents are involved every step of the way when it comes to these supports. This bill will help schools shift from being reactive to proactive and will help students upstream instead of when they are in crisis.

CON: Expanding state-sponsored health care through public schools will drive a wedge between parents and their children. This makes it difficult for parents to be involved in their child's health and well-being. Schools should not be turned into client pools for the mental health industry. These programs should only offer nondrug and noncoercive options for youth. Many youth are prescribed drugs to address depression, and these drugs have negative side effects like suicidal behavior, heart problems, psychosis, and aggression.

**Persons Testifying:** PRO: Senator T'wina Nobles, Prime Sponsor; Melissa Gombosky, Association of Educational Service District (AESD) ; Kevin Chase; Jake Tyrell; Mikhail Cherniske, Office of Superintendent of Public Instruction; Mark Beddes, Surprise Lake Middle School; Kim Hauff, WA Chapter of the American Academy of Pediatrics; Stephan Blanford, Children's Alliance; Chetan Soi, WA Youth Alliance; Mahi Malladi, WA Youth Alliance; Michael Transue, WA Chapter - National Alliance on Mental Illness; Meral Kandymova, WA Chapter National Alliance on Mental Illness.

CON: Joy Gjersvold, Conservative Ladies of Washington; Kathleen Wedemeyer, Citizens Commission on Human Rights.

**Persons Signed In To Testify But Not Testifying:** No one.