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## Education Committee

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### HB 1634

**Brief Description:** Providing school districts and public schools with assistance to coordinate comprehensive behavioral health supports for students.

**Sponsors:** Representatives Thai, Eslick, Reed, Cortes, Doglio, Goodman, Salahuddin, Bergquist, Scott, Parshley, Zahn, Nance and Shavers.

#### Brief Summary of Bill

- Establishes a network of statewide and regional partners to provide school districts and public schools with the technical assistance, resources, and training necessary to coordinate comprehensive student supports across the behavioral health continuum.
- Requires the Office of the Superintendent of Public Instruction to maintain the network through a coordinating hub.

**Hearing Date:** 2/10/25

**Staff:** Megan Wargacki (786-7194).

#### **Background:**

##### Children and Youth Behavioral Health Work Group.

Established in 2016, the Children and Youth Behavioral Health Work Group is required to: identify barriers to and opportunities for accessing behavioral health services for children, youth, and their families; strengthen and build a coordinated, systemic approach to providing behavioral health care and supports for this population; and advise the Legislature on statewide behavioral health services for this population. The work group must report to the Governor and the Legislature annually with its recommendations.

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*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.*

In its 2025 report, the work group recommended that the Legislature establish and fund a technical assistance and training network to provide schools with the support, resources, and training necessary to coordinate comprehensive supports across the behavioral health continuum for their students.

Plans for Responding to 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. The plan, which must be annually provided to all staff, must include nine components, for example: staff training opportunities; how staff should respond to warning signs in students and to situations where a student is in crisis; partnering with community organizations and agencies for referral of students to behavioral health services; and protocols for communicating with parents and guardians.

Regional School Safety Centers.

Subject to appropriations, each educational service district (ESD) must establish a regional school safety center that includes nine services for example: behavioral health coordination; school-based threat assessment coordination; assistance with coordinating other regional entities to support school districts before emergencies occur; trainings related to school safety; information about systems and programs that allow anonymous reporting of student concerns; and real-time support and assistance for school districts in crisis.

The behavioral health coordination must specifically include seven services, for example: supporting school district development and implementation of plans for responding to distress in students; facilitating partnerships between school districts, public schools, and systems of behavioral health care services; assisting with building capacity to both identify and support students in need of behavioral health care services and to link students and families with community-based behavioral health care services; and providing Medicaid billing related technical assistance and coordination.

The regional centers must work in collaboration with one another and the Office of the Superintendent of Public Instruction's school safety center to form a statewide network for school safety.

**Summary of Bill:**

A technical assistance and training network (network) is established to provide school districts and public schools with the technical assistance, resources, and training necessary to coordinate comprehensive supports across the behavioral health continuum for their students. The network must be comprised of statewide and regional partners with specific experience and capacity to provide behavioral health-related training and technical assistance to schools. Partners may include the educational service districts, academic centers of excellence, and community-based organizations.

The network must provide direct assistance to school districts and public schools for

establishing, implementing, and evaluating efforts to support students across the behavioral health continuum. Nine forms of assistance the network may offer to school districts and public schools are provided, for example:

1. conducting or supporting administration of needs assessments to identify the behavioral health needs of students;
2. assisting in designing and implementing evidence-based behavioral health programs tailored to specific needs and resources, in alignment with plans for responding to distress in students;
3. facilitating behavioral health-related connections with community-based organizations and state and local agencies to enhance support for students; and
4. providing tools for involving families and communities in behavioral health initiatives.

The Office of the Superintendent of Public Instruction must establish a coordinating hub to create and maintain the network. At a minimum, the coordinating hub must conduct seven activities, for example:

1. analyze data to identify priorities for the network;
2. provide strategic oversight to ensure the priorities of the network align with state frameworks, systemwide goals, and statutory requirements;
3. establish criteria for recruiting and selecting network partners; and
4. promote, organize, and coordinate network activities, as necessary.

**Appropriation:** None.

**Fiscal Note:** Available.

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