

HOUSE BILL REPORT

HB 1634

As Reported by House Committee On:
Education

Title: An act relating to providing school districts and public schools with the assistance, resources, and training necessary to coordinate comprehensive supports across the behavioral health continuum for their students.

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 History:

Committee Activity:

Education: 2/10/25, 2/20/25 [DPS].

Brief Summary of Substitute 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 regional school safety centers, through the educational service districts, to maintain the infrastructure of the network.
- Requires the network's administrative support be provided collaboratively by specified entities and representatives.

HOUSE COMMITTEE ON EDUCATION

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 14 members: Representatives Santos, Chair; Shavers, Vice Chair; Rude,

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Ranking Minority Member; Keaton, Assistant Ranking Minority Member; Bergquist, Callan, Donaghy, Eslick, Ortiz-Self, Pollet, Reeves, Rule, Scott and Stonier.

Minority Report: Do not pass. Signed by 4 members: Representatives Couture, Marshall, McEntire and Steele.

Minority Report: Without recommendation. Signed by 1 member: Representative Chase.

Staff: Megan Wargacki (786-7194).

Background:

Children and Youth Behavioral Health Work Group.

Established in 2016, the Children and Youth Behavioral Health Work Group (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.

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 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 school safety 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 Substitute 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.

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 the 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, federally recognized tribes, and state and local agencies to enhance support for students; and
4. providing tools for involving families and communities in behavioral health initiatives, including informing them about available services and those that may be provided to children without parental consent.

The regional school safety centers, through the educational service districts, must create and maintain the infrastructure of the network, including administering any grants or contracts managed by the network.

The regional school safety centers, the Department of Health, the Office of the Superintendent of Public Instruction, the academic centers for excellence, and representatives of associations representing behavioral health professionals working in public schools shall collaborate to provide administrative support to the network. At a minimum, the administrative support must include:

1. analyzing data to identify priorities for the network;
2. providing strategic oversight to ensure the priorities of the network align with state frameworks, systemwide goals, and statutory requirements;
3. establishing criteria for recruiting and selecting network partners; and
4. promoting, organizing, and coordinating network activities as necessary.

The regional school safety centers must consult with specified tribal organizations to ensure that the services provided through the network are culturally responsive.

Substitute Bill Compared to Original Bill:

Compared to the original bill, the substitute bill:

- requires the regional school safety centers, through the educational service districts, to create and maintain the infrastructure of the network, including administering any grants or contracts managed by the network, rather than requiring the Office of the Superintendent of Public Instruction (OSPI) to establish a coordinating hub to create and maintain the network;
- makes the regional school safety centers in collaboration with the Department of Health, the OSPI, the academic centers for excellence, and representatives of associations representing behavioral health professionals working in public schools responsible for providing administrative support to the network;
- removes the requirement that the administrative support include evaluating and monitoring progress towards goals and priorities on an ongoing basis;
- requires that the regional school safety centers consult with specified tribal organizations to ensure that the services provided through the network are culturally responsive;
- allows the network to contract with organizations equipped to provide behavioral telehealth services to students and to partner with federally recognized tribes;
- replaces "community-based organizations" with "associations representing behavioral health professionals working in public schools" in the list of optional partners of the technical assistance and training network;
- revises language referring to optional provision of strategies and tools for involving families and communities in behavioral health initiatives to foster a holistic approach to student support, by referring instead to behavioral health initiatives that are culturally responsive; and
- adds to the list of optional assistance that the network may provide as part of providing strategies and tools for involving families and communities in behavioral health initiatives to foster a holistic approach: informing them about available services and those that may be provided to children without parental consent.

Appropriation: None.

Fiscal Note: Available. New fiscal note requested on February 20, 2025.

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

Staff Summary of Public Testimony:

(In support) The state is experiencing a behavioral health crisis. Thirty-seven percent of high school students suffer from anxiety or depression. The youth mental health crisis existed before the pandemic, which only exacerbated the problem.

Students turn to their teachers and friends because there are not mental health professionals available. Education is not a priority for students when their lives are on the line. School counselors and social workers try to find community services for their students. School districts try to support the social-emotional needs of their students, and some pay for that through federal funds. With help of community providers, some school districts have improved the accessibility and cultural relevance of services. Some districts do systematic work to inventory resources available in their communities and their schools. These districts review their processes and efficiencies to improve their prevention efforts.

Across Washington, many adults and young people have worked to make education meet the needs of all students. There are amazing resources out there; however, some students' needs are not being met because the resources are not getting where they are needed. Some school districts do not know where to find resources or lack the resources to address students' needs. Some school districts receive no mental health services from their cities.

The educational service districts have a statewide assistance program (SAP) that provides behavioral health services to schools. The University of Washington's Smart Center provides supports that have also been shown to be effective. Schools need evidence-based programs, crisis intervention strategies, and partnerships with community organizations to prevent crisis. Early intervention improves student outcomes.

This bill would coordinate and create consistency across the state. The Office of the Superintendent of Public Instruction (OSPI) envisions that this network will mirror the inclusionary practices technical assistance network. The academic centers of excellence are not defined in statute, they are higher education centers. The approach in this bill could help expand the SAP, which could help teachers return their energy to educating children.

(Opposed) This bill moves the issue of youth and mental health in the wrong direction. The framework of behavioral health is made up of marketing; it does not rely on clinical symptoms. What is being done is not working. The schools should not be turned into a system that does not track health outcomes, rather the schools need help with youth issues such as: bullying, violence, physical activity, and alcohol consumption.

If money is not provided for the bill, it is pointless. Special education is designed to not produce results so that students do not improve. Schools will evaluate but refuse to

diagnose. There are programs that are proven to change, but schools refuse to use them.

Persons Testifying: (In support) Representative My-Linh Thai, prime sponsor; Melissa Gombosky, AESD Network; Tawni Barlow, Medical Lake School District; Devyna Aguon, Renton School District; Mahi Malladi, Washington Youth Alliance Action Fund; Erica Limon-Trefielo, Communities in Schools Washington; and Misha Cherniske, Office of the Superintendent of Public Instruction.

(Opposed) John Axtell; and Kathleen Wedemeyer, Citizens Commission on Human Rights.

Persons Signed In To Testify But Not Testifying: None.