

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], 1/13/26, 1/22/26 [DP2S].

Brief Summary of Second Substitute Bill

- Requires the Office of the Superintendent of Public Instruction (OSPI) and the educational service districts (ESDs) to collaborate with specified entities and representatives to develop a technical assistance and training framework (framework) to provide school districts and public schools with assistance in supporting student behavioral health.
- Requires the OSPI and the ESDs to use the framework to optimize delivery and coordination of behavioral health technical assistance and supports, once it is developed.

HOUSE COMMITTEE ON EDUCATION

Majority Report: The second substitute bill be substituted therefor and the second substitute bill do pass. Signed by 12 members: Representatives Santos, Chair; Shavers, Vice Chair; Keaton, Assistant Ranking Minority Member; Bergquist, Callan, Eslick, Ortiz-

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.

Self, Pollet, Reeves, Rule, Scott and Stonier.

Minority Report: Do not pass. Signed by 2 members: Representatives Couture and McEntire.

Minority Report: Without recommendation. Signed by 3 members: Representatives Rude, Ranking Minority Member; Chase and Marshall.

Staff: Megan Wargacki (786-7194).

Background:

Children and Youth Behavioral Health Work Group and Washington Thriving.

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.

Washington Thriving is a collaborative statewide effort to develop and implement a strategic plan that will transform the behavioral health system serving residents from birth through age 25. In November 2025, the work group adopted the strategic plan developed by Washington Thriving. This plan outlines a shared framework for action and investment over the next decade to build an integrated system of behavioral health care.

In its 2026 report, the work group's primary recommendation is to authorize and establish infrastructure to implement the Washington Thriving Strategic Plan. Related to schools, the work group also recommends: (1) maintaining existing state investments in school behavioral health infrastructure; (2) establishing and funding a technical assistance and training network to provide schools with support, resources, and training necessary to coordinate comprehensive supports across the behavioral health continuum for their students; and (3) establishing a shared definition of school behavioral health and creating a comprehensive implementation plan to provide school districts with a menu of evidence-based, best practice resources and an accessible roadmap to guide implementation of the key functions of school behavioral health.

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 behavioral health systems; assisting with building capacity to both identify and support students in need of behavioral health services and to link students and families with behavioral health 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 (Second Substitute):

The Office of the Superintendent of Public Instruction (OSPI) and the educational service districts (ESDs) must collaborate and coordinate with state, regional, and local agencies and community partners involved in behavioral health services for children and youth to develop a technical assistance and training framework (framework) to provide school districts and public schools with assistance in supporting student behavioral health.

It is stated that the purpose of the framework is to improve coordination, reduce duplication, and increase access to behavioral health prevention, early identification, early intervention, and crisis intervention services and supports.

The framework must include nine components at a minimum. For example, the framework must:

1. align with the behavioral health goals and guiding principles outlined in the Washington Thriving Strategic Plan;
2. incorporate evidence-based and evidence-informed practices for equipping public schools with resources and guidance for providing certain behavioral services and supports to students and their families;
3. establish roles, processes, and delivery methods to optimize the delivery of technical assistance, resources, and training to school districts and public schools;
4. include strategies and tools for engaging families and community partners in public

- school wellness initiatives;
5. be designed to support braiding and coordinating of state, federal, and private funding streams to support delivery of the framework and related guidance and assistance to school districts and public schools; and
 6. include mechanisms for continuous improvement.

In developing the framework, the OSPI and the ESDs must consult and collaborate with specified entities and representatives, for example: school districts; the Department of Health; tribal governments; representatives of behavioral health professionals working in public schools; representatives of parents and families with public school students; and behavioral health agencies and community organizations.

The OSPI must provide an update on the development of the framework to the Legislature by November 1, 2027. After the framework is developed, the OSPI and the ESDs must use the framework to optimize delivery and coordination of behavioral health technical assistance and supports.

Second Substitute Bill Compared to Original Bill:

As compared to the original bill, the second substitute bill no longer 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. The second substitute bill also removes the requirement that the Office of the Superintendent of Public Instruction (OSPI) maintain the network through a coordinating hub, as provided in the original bill.

Instead, the second substitute bill requires the OSPI and the educational service districts (ESDs) to collaborate with specified entities and representatives to develop a technical assistance and training framework (framework) to provide school districts and public schools with assistance in supporting student behavioral health. The second substitute bill further requires the OSPI and the ESDs, once the framework is developed, to use the framework to optimize the delivery and coordination of behavioral health technical assistance and supports.

Appropriation: None.

Fiscal Note: Available. New fiscal note requested on January 23, 2026.

Effective Date of Second 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 has seen an increase in suicide and other self-harm in middle school students. Half of Washington teens report having worries they are unable to control, so they struggle in school. Families of color are particularly concerned. Despite the care of teachers, it can take time to create and implement a section 504 plan that supports a student with mental health issues. For some students, it takes too long to provide support. The state should help schools get the tools they need to help connect students with effective care.

Research and experience show that school mental health is the best way to bolster student mental health at scale. School leaders and staff have reported that they struggle to do comprehensive mental health well, and they need training to understand the regulations and expectations of providing a true system of care. School counselors work overtime to support their communities. The state could do better to provide qualified professionals in schools.

Research shows that even modest investments in staff training can yield significant changes in school practices. The state should invest in infrastructure so schools have the help needed to support students to learn and thrive.

Student well-being is foundational to student learning. Children face significant challenges related to behavioral health. Coordinated, evidence-based behavioral health frameworks, such as early identification of needs and providing access to care, improve student outcomes. When school districts build systems of support, students can develop coping strategies to manage their stress. As a result, the students' academic engagement improves. Cross-agency collaboration is necessary to help schools access behavioral health services and supports for their students.

Currently, schools vary widely in what they can provide. Some schools have great academic programs with lots of extracurricular activities, and other schools do not have resources to offer these extras. School counselors are overloaded. Teachers often spend their own money on classroom supplies. Coursebooks are often outdated.

Students navigate behavioral health challenges in a system without a coordinated, standardized approach to behavioral health. School districts have implemented a variety of different systems, which makes standardization difficult. When support is proactive and built into the system, it changes whether a student feels able to keep going, so students do not have to navigate challenges alone.

Teachers are at their limit trying to teach and address the emotional and behavioral needs of students in their classrooms. There is a lack of support personnel and social workers in schools. The bill creates a coordinated and collaborative system to address these gaps.

The intent of the bill is to build system infrastructure so that behavioral health services and supports can be provided to students. Lots of work was done on this bill last year and more work was done this year. The group doing the work has used Washington Thriving as its

guide and ensured that the bill coordinates with that effort.

Some students need consistent access to counseling to support their mental health. The mental health issues of youth extend beyond the pandemic, after which funding was cut. Mental health support should be part of public education, not something schools piece together when there is a tragedy. Everyone should work together to create healthier, more successful students.

Parents want the state to address student mental health. They want schools to have the structure and support needed to support student mental health. They also want the state to provide resources to assist families. They want the state to train teachers and administrators, as well as link school districts with behavioral health partners.

(Opposed) School counselors are not capable of addressing the needs of all students due to the diversity of student needs. Some students do not have health insurance to cover their health needs. Lack of funds to support the health of low-income students is a greater barrier to student well-being than lack of knowledge about where to access health services.

Placing labels on youth will lead to more drugging and increased diagnosis of disability rather than increased student health. There are no medical tests that show whether a person does or does not have a mental health disorder. The bill should include strategies and tools for involving families in wellness initiatives.

(Other) The state needs a system-based approach to behavioral health, such as a robust state network for behavioral health services in and out of schools. Both the availability and accessibility of such services are at a deficit.

The educational service districts (ESDs) already provide direct behavioral health services to students. Qualified school-based staff are also able to provide these services. The state's minority population has increased behavioral health needs. Families and students depend on school staff whom they trust.

It is good that the work in the bill is aligned with the existing responsibilities of ESDs and Washington Thriving, but the work must also be appropriately resourced. There should not be new duties imposed beyond existing statutory requirements.

Persons Testifying: (In support) Representative My-Linh Thai, prime sponsor; Taanvi Arekapudi, Uplift Teens Today Nonprofit; AYANNA COLMAN, WASHINGTON STATE PTA; Misha Cherniske, Office of Superintendent of Public Instruction; Mabel Thackeray, Washington School Counselor Association; Eric Bruns; Samuel Burkey; Patee Raval; Erin Wick; and Nicole Khouw, Parent and Bellevue PTSA.

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

(Other) Michelle Price, Association of Educational Service Districts (AESD); and Amy Cannava, Washington State Association of School Psychologists (WSASP).

Persons Signed In To Testify But Not Testifying: None.