

# FINAL BILL REPORT

## E3SHB 1634

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Synopsis as Enacted

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

**Sponsors:** House Committee on Appropriations (originally sponsored by Representatives Thai, Eslick, Reed, Cortes, Doglio, Goodman, Salahuddin, Bergquist, Scott, Parshley, Zahn, Nance and Shavers).

**House Committee on Education**

**House Committee on Appropriations**

**Senate Committee on Early Learning & K-12 Education**

### **Background:**

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

A state work group advises the Legislature on children and youth behavioral health and reports annually to the Governor and the Legislature. The

Washington Thriving is a collaborative statewide effort to develop and implement a strategic plan that will transform the behavioral health system for residents from birth through age 25. In 2025 the work group adopted the Washington Thriving Strategic Plan for action and investment to build an integrated system of behavioral health care over the next decade.

In its 2026 report, the work group recommended establishing infrastructure to implement the Washington Thriving Strategic Plan. For schools, the work group also recommended: maintaining existing investments in school behavioral health infrastructure; developing a shared definition and implementation plan for school behavioral health; and establishing a technical assistance and training network to support schools in coordinating comprehensive behavioral health supports for their students.

#### Plans for Responding to Distress in Students.

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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.*

Each school district must adopt, and annually provide staff, a plan to identify and respond to emotional and behavioral distress in students. The plan must include nine components, for example: staff training; response protocols; partnerships with community providers; and communication 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; school safety trainings; information about systems and programs that allow anonymous reporting of student concerns; and real-time support and assistance for school districts in crisis.

Behavioral health coordination must 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 collaborate with one another and the Office of the Superintendent of Public Instruction school safety center to form a statewide network.

**Summary:**

The Office of the Superintendent of Public Instruction (OSPI) and the educational service districts (ESDs) must develop a technical assistance and training framework (framework) to provide school districts and public schools with assistance in supporting student behavioral health. The framework must be developed in collaboration and coordination with providers of behavioral health services for children and youth.

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 in the Washington Thriving Strategic Plan;
2. incorporate evidence-based and evidence-informed practices for equipping public schools with resources and guidance for providing behavioral health services and supports to students and their families;
3. establish roles and processes to optimize the delivery of technical assistance, resources, and training;

4. include strategies and tools for engaging families, parent advocacy groups, and community partners;
5. be designed to support braiding and coordinating of funding to deliver of the framework and related guidance and assistance; and
6. include continuous improvement mechanisms.

In developing the framework, the OSPI and the ESDs must consult and collaborate with school districts, the Department of Health, tribal governments, behavioral health professionals working in public schools, parents and families of public school students, and behavioral health providers.

The OSPI must update the Legislature on the framework's development in November 2027.

After development, the OSPI and the ESDs must use the framework to optimize delivery and coordination of behavioral health technical assistance and supports.

**Votes on Final Passage:**

<b>House</b>	95	2
<b>Senate</b>	47	0

**Effective:** June 11, 2026