

SENATE BILL REPORT

E3SHB 1634

As of February 23, 2026

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

Brief History: Passed House: 2/17/26, 95-2.

Committee Activity: Early Learning & K-12 Education: 2/24/26.

Brief Summary of Bill

- Directs the Office of the Superintendent of Public Instruction and Educational Service Districts to 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 to assist public schools with supporting student behavioral health.

SENATE COMMITTEE ON EARLY LEARNING & K-12 EDUCATION

Staff: Elena Becker (786-7493)

Background: Children and Youth Behavioral Health Work Group. The Children and Youth Behavioral Health Work Group (work group) was first established in 2018 to identify barriers to and opportunities for accessing behavioral health services for children and their families and advise the Legislature on statewide behavioral health services for this

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population. In 2024, the work group's purpose was expanded to include strengthening and building a coordinated systemic approach to providing behavioral health care and supports to children, youth, young adults, and their families.

In November 2025, the work group adopted the Washington Thriving Strategic Plan. The plan includes the following five goals:

- focus on what matters to young people, caregivers, families, and the workforce;
- serve Washingtonians equitably;
- expand upstream;
- strengthen the foundation; and
- make help easy to find and get.

The plan also identifies seven guiding principles for Washington's prenatal through age 25 behavioral health system, including ensuring that all doors lead to support; connecting with individual children, youth, families, and caregivers; changes in response to new information; invests in prevention and well-being; is equitable, anti-racist, and culturally and linguistically responsive, and more.

Washington Integrated Student Supports Protocol. The Washington Integrated Student Supports Protocol is developed by the Center for the Improvement of Student Learning at Office of the Superintendent of Public Instruction (OSPI) and includes:

- a system-level needs assessment with resource mapping, a student-level needs assessment for all at-risk students, and a coordinated package of mutually reinforcing supports designed to meet the individual needs of each student;
- clear, cooperative policies and procedures between public schools and community-based and other out-of-school providers of academic and nonacademic supports;
- engagement with community partners to provide supports, including supports to students' families; and
- tracking of student needs and outcomes over time.

Regional School Safety Centers. Subject to appropriations, each Educational Service District (ESD) must establish a regional school safety center to coordinate school safety efforts across the state. Each regional school safety center must collaborate with OSPI to provide the school districts in its region with behavioral health coordination, school-based threat assessment coordination, assistance with coordination other regional entities to provide supports, planning and delivery of behavioral health and other school safety trainings, technical assistance, information related to anonymous reporting, and real-time support for districts in crisis, collaborative relationships across the community, and other services.

The required behavioral health coordination must, at a minimum, include:

- support for school district plans for recognition, initial screening, and response to emotional or behavioral distress in students as required under law;
- suicide prevention training for school counselors, psychologists, and social workers;

- facilitating partnerships between school districts, public schools, and existing regional and local systems of behavioral health care services and supports in order to increase student and family access;
- assisting public schools in building capacity to identify students in need of behavioral health support and link student and families with community-based support services;
- identifying, sharing, and integrating behavioral and physical health care delivery models;
- providing training related to Medicaid billing, technical assistance, and inter-district coordination; and
- guidance related to best practices for responding to and recovering from the suicide or attempted suicide of a student.

Plans for Responding to Students in Distress. Each school district must have a plan for recognition, screening, and response to emotional or behavioral distress in students and provide the plan to all district staff each year. At a minimum, the plan must address training opportunities that may be available for staff; how to use the expertise of trained staff; how staff should respond to concerns and warning signs; developing partnerships with community health organizations, including at least one memorandum of understanding; protocols for communicating with parents and families; crisis response; provision of mandatory reporter training; and support for students and staff after certain incidents or allegations.

Summary of Bill: OSPI and ESDs must 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 assist public schools with supporting student behavioral health.

The framework is intended to improve coordination, reduce duplication, and increase access to behavioral health services and supports and must be designed to support coordinating current and future state, federal, and private funding streams to support ongoing development of the framework and related assistance to public schools. The framework must, at a minimum:

- align with the behavioral health goals and guiding principles adopted by the children and youth behavioral health work group in November 2025;
- incorporate evidence-based and evidence-informed practices for equipping schools with tools, resources, and guidance for prevention, early identification, early intervention, and crisis intervention behavioral health services and supports for students and families;
- include best practices and procedures for engaging state, regional, and local agency and community partners, and for enabling public schools to access the resources and services made available through those partners;
- establish roles, processes, and delivery methods for OSPI, the ESDs, and participating agency and community partners to optimize the delivery of technical assistance, resources, and training to public schools;

- identify and incorporate strategies to braid and coordinate state, federal, local, and private resources to support certain activities that promote student behavioral health;
- support public school application of the Washington integrated student supports protocol;
- include strategies and tools for engaging families, parent advocacy groups, and community partners in planning, implementation, and evaluation of school wellness initiatives to promote a holistic approach to student wellness supports;
- include strategies and procedures to support public schools in accessing training, technical assistance, and student behavioral health through the framework; and
- include mechanisms for continuous improvement, including updates based on emerging best practices, data, and school feedback.

In developing the technical assistance and training framework, OSPI and the ESDs must consult and collaborate with, at a minimum:

- large, small, urban, and rural school districts;
- the Health Care Authority;
- the Department of Health;
- the Tribal Leaders Congress on Education;
- an association representing Washington's federally recognized Tribes;
- representatives of associations representing behavioral health professionals working in public schools;
- representatives of organizations advocating for and supporting parents and families with students in public schools; and
- state and local agencies, institutions of higher education, and community-based organizations involved in behavioral health services for children and youth.

After the framework is developed, OSPI and ESDs must use the framework to optimize delivery and coordination of behavioral health technical assistance, resources, training, and supports, including by improving identification of and access to available services, supports, and funding streams. OSPI must provide an update on the development of the framework to the appropriate committees of the Legislature by November 1, 2027.

This act does not impose additional duties on school districts or public schools beyond those otherwise required by law. For the purposes of this act, public schools has the same meaning as common schools under state law.

Appropriation: None.

Fiscal Note: Available.

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

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