
ENGROSSED THIRD SUBSTITUTE HOUSE BILL 1634

State of Washington

69th Legislature

2026 Regular Session

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

READ FIRST TIME 02/09/26.

1 AN ACT Relating to providing school districts and public schools
2 with the assistance, resources, and training necessary to coordinate
3 comprehensive supports across the behavioral health continuum for
4 their students; adding a new section to chapter 28A.210 RCW; and
5 creating a new section.

6 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

7 NEW SECTION. **Sec. 1.** (1) The legislature finds that:

8 (a) According to the 2023 healthy youth survey, approximately
9 one-quarter of Washington children and youth ages three through 17
10 experience mental, emotional, developmental, or behavioral problems;

11 (b) Prevention, early identification, early intervention, and
12 crisis intervention for these problems improve educational outcomes,
13 reduce involvement with the judicial system, increase long-term well-
14 being, and reduce the public costs associated with chronic and severe
15 behavioral health needs; and

16 (c) The state's behavioral health system remains fragmented and
17 does not consistently provide children and youth and their families
18 with timely, coordinated, and effective services and supports.

19 (2) The legislature further finds that:

20 (a) The children and youth behavioral health work group adopted
21 the "Washington thriving" strategic plan in November 2025, as

1 required by RCW 74.09.4951, to transform the behavioral health system
2 for residents from birth to age 25; and

3 (b) The strategic plan identifies goals that include a connected,
4 coordinated, collaborative, accountable, and sustainable behavioral
5 health ecosystem and the provision of coordinated, accessible,
6 effective services and supports across a full continuum of
7 comprehensive offerings, including services delivered where children
8 and youth and their families spend time, such as at schools.

9 (3) The legislature finds that school districts and public
10 education entities already have responsibilities and infrastructure
11 related to student behavioral health, including:

12 (a) Adoption of student emotional and behavioral distress plans
13 required of school districts under RCW 28A.320.127, including
14 identification of staff training opportunities and partnerships with
15 agencies and community organizations for referral of students to
16 behavioral health services;

17 (b) Behavioral health coordination and related support required
18 of the regional school safety centers under RCW 28A.310.510,
19 including support for the development and implementation of student
20 emotional and behavioral distress plans, suicide prevention training,
21 and facilitation of partnerships between school districts, public
22 schools, and behavioral health systems; and

23 (c) Biennial obligations to train school staff in mental health
24 literacy, social-emotional learning, and trauma-informed practices.

25 (4)(a) The legislature further finds that school districts and
26 public schools use a variety of structured systems to support
27 students' readiness to learn, for example multitiered systems of
28 support and the Washington integrated student supports protocol.

29 (b) The Washington integrated student supports protocol,
30 established under RCW 28A.300.139 includes student and system needs
31 assessments, integration and coordination of academic and nonacademic
32 supports, community partnerships, and outcome tracking.

33 (5) Therefore, the legislature intends to strengthen cross-agency
34 coordination between public education entities and behavioral health
35 partners so that public schools can serve as an access point for
36 prevention, early identification, early intervention, and crisis
37 intervention as part of a coordinated continuum of regional and
38 statewide behavioral health services and supports for children and
39 youth and their families.

1 NEW SECTION. **Sec. 2.** A new section is added to chapter 28A.210

2 RCW to read as follows:

3 (1)(a) To support students' readiness to learn, school districts
4 and public schools must have access to the prevention, early
5 identification, early intervention, and crisis intervention
6 assistance, resources, and training necessary for schools to utilize
7 and integrate with a statewide system of coordinated care for
8 children and youth and their families.

9 (b)(i) The office of the superintendent of public instruction,
10 including the state school safety center established in RCW
11 28A.300.630, and the educational service districts, including the
12 regional school safety centers established in RCW 28A.310.510, must
13 collaborate and coordinate with state, regional, and local agencies
14 and community partners involved in behavioral health services for
15 children and youth to develop a technical assistance and training
16 framework to provide school districts and public schools with
17 assistance in supporting student behavioral health, including
18 identifying systems' needs, mapping resources, accessing available
19 funding, and connecting to community-based behavioral health services
20 and supports.

21 (ii) The purpose of the technical assistance and training
22 framework is to improve coordination, reduce duplication, and
23 increase access to prevention, early identification, early
24 intervention, and crisis intervention behavioral health services and
25 supports.

26 (2) The technical assistance and training framework must, at a
27 minimum:

28 (a) Align with the behavioral health goals and guiding principles
29 outlined in the strategic plan adopted by the children and youth
30 behavioral health work group in November 2025, as required by RCW
31 74.09.4951;

32 (b) Incorporate evidence-based and evidence-informed practices
33 for equipping school districts and public schools with tools,
34 resources, and guidance for prevention, early identification, early
35 intervention, and crisis intervention behavioral health services and
36 supports to students and their families;

37 (c) Include best practices and procedures for engaging state,
38 regional, and local agency and community partners involved in
39 behavioral health services for children and youth, and for enabling
40 school districts and public schools to access any technical

1 assistance, resources, training, and services made available through
2 those partners;

3 (d) Establish roles, processes, and delivery methods for the
4 office of the superintendent of public instruction, the educational
5 service districts, and participating agency and community partners to
6 optimize the statewide and regional delivery of technical assistance,
7 resources, and training to school districts and public schools;

8 (e) Identify and incorporate strategies to braid and coordinate
9 state, federal, local, and private resources to support prevention,
10 early identification, early intervention, and crisis intervention
11 activities that promote student behavioral health;

12 (f) Support school district and public school application of the
13 Washington integrated student supports protocol, established under
14 RCW 28A.300.139;

15 (g) Include strategies and tools for engaging families, parent
16 advocacy groups, and community partners in the planning,
17 implementation, and evaluation of school district and public school
18 wellness initiatives, with the goal of promoting a holistic approach
19 to student wellness supports;

20 (h) Include strategies and procedures to support school districts
21 and public schools in accessing training, technical assistance, and
22 community resources that support student behavioral health through
23 the technical assistance and training framework; and

24 (i) Include mechanisms for continuous improvement, including
25 procedures for updating technical assistance and training based on
26 emerging best practices, data, and feedback from school districts and
27 public schools.

28 (3) In developing the technical assistance and training
29 framework, the office of the superintendent of public instruction and
30 the educational service districts must consult and collaborate with,
31 at a minimum: Large and small, and rural and urban school districts;
32 the health care authority; the department of health; the tribal
33 leaders congress on education; an association representing
34 Washington's federally recognized tribes; representatives of
35 associations representing behavioral health professionals working in
36 public schools; representatives of organizations advocating for and
37 supporting parents and families with students in public schools; and
38 state and local agencies, institutions of higher education, and
39 community-based organizations involved in behavioral health services
40 for children and youth.

1 (4) The office of the superintendent of public instruction and
2 the educational service districts must design the technical
3 assistance and training framework to support braiding and
4 coordinating of current and future state, federal, and private
5 funding streams to support development, implementation, and ongoing
6 delivery of the technical assistance and training framework and
7 related guidance and assistance to school districts and public
8 schools.

9 (5) (a) The office of the superintendent of public instruction,
10 the educational service districts, school districts, and public
11 schools must continue to comply with all responsibilities to promote
12 student behavioral health required by law, including RCW 28A.310.510,
13 28A.320.127, and 28A.415.445(1), while the technical assistance and
14 training framework is developed.

15 (b) After the technical assistance and training framework is
16 developed, the office of the superintendent of public instruction and
17 the educational service districts must use the framework to optimize
18 delivery and coordination of behavioral health technical assistance,
19 resources, training, and supports, including by improving
20 identification of and access to available behavioral health services,
21 supports, and funding streams.

22 (6) The office of the superintendent of public instruction must
23 provide an update on the development of the technical assistance and
24 training framework to the appropriate committees of the legislature
25 by November 1, 2027, and in compliance with RCW 43.01.036.

26 (7) This section does not impose additional duties on school
27 districts or public schools beyond those otherwise required by law.

28 (8) For purposes of this section, "public schools" has the same
29 meaning as in RCW 28A.150.010.

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