

FINAL BILL REPORT

ESHB 1336

C 197 L 13
Synopsis as Enacted

Brief Description: Increasing the capacity of school districts to recognize and respond to troubled youth.

Sponsors: House Committee on Education (originally sponsored by Representatives Orwall, Dahlquist, Pettigrew, Cody, Walsh, Green, Appleton, Freeman, Fitzgibbon, Hunt, Stonier, Kagi, Maxwell, Goodman, Moscoso, Roberts, Reykdal, Lytton, Santos, Fagan, O'Ban, Van De Wege, Jinkins, Bergquist, Pollet, McCoy, Ryu, Upthegrove, Tarleton and Fey).

House Committee on Education

House Committee on Appropriations Subcommittee on Education

Senate Committee on Early Learning & K-12 Education

Senate Committee on Ways & Means

Background:

Certification and Training.

Legislation enacted in 2012 requires certain health professionals, including counselors, therapists, and social workers, to complete an approved training program of three to six hours in suicide assessment, treatment, and management every six years. The training applies toward continuing education requirements for certificate renewal. The Department of Health (DOH) is writing rules to implement these provisions, including considering training programs listed on the Best Practices Registry of the American Foundation for Suicide Prevention and the Suicide Prevention Resource Center. The training requirement takes effect January 1, 2014.

School counselors, psychologists, and social workers are certified by the Professional Educator Standards Board (PESB) rather than by the DOH. School nurses are certified by both agencies, but are not included under the 2012 legislation regarding suicide assessment training. Educators are certified under a two-tier system. They receive an initial certificate, and then a professional certificate or continuing certificate based on completion of an additional program or requirement. The second certificate may then be renewed based on 150 clock hours of continuing education every five years.

All educators must complete a course on Issues of Abuse to receive an initial certificate. The required content of the course is outlined in statute and includes identification of physical,

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emotional, sexual, and substance abuse; impacts on student learning; reporting; and methods for teaching students about prevention.

Safe School Plans.

School districts are required to adopt comprehensive safe school plans. At a minimum, the plans must address school safety policies and procedures; emergency preparedness and response; school mapping for emergency first responders; and communication with parents. The Office of the Superintendent of Public Instruction (OSPI) has developed a model safe school plan that school districts are encouraged to consider when developing their own plans. There is a School Safety Advisory Committee and a School Safety Center within the OSPI to provide updated information and serve as a resource for school districts. The focus of the model safe school plan is on preventing and responding to natural disasters and external threats.

Summary:

Certification and Training.

School counselors, psychologists, social workers, and nurses must complete a training program of at least three hours in youth suicide screening and referral as a condition of certification by the PESB. Content standards for the training are adopted by the PESB in consultation with the OSPI and the DOH. The PESB must consider training programs on the Best Practices Registry of the American Foundation for Suicide Prevention and the Suicide Prevention Resource Center. The training requirement applies to continuing or professional certificates if the certificates are first issued or renewed on or after July 1, 2015.

As part of the course on Issues of Abuse, the PESB must incorporate standards for recognition, initial screening, and response to emotional or behavioral distress in students, including indicators of possible substance abuse, violence, and youth suicide. To be initially certified after August 31, 2014, educators must complete the expanded course.

Each Educational Service District must develop and maintain the capacity to offer training on youth suicide screening and referral, and on recognition, initial screening, and response to emotional or behavioral distress in students. Training may be offered on a fee-for-service basis or at no cost if funds are available.

If funds are appropriated for this purpose, the Department of Social and Health Services (DSHS) must provide funds for mental health first-aid training targeted at teachers and educational staff. The training must follow a model developed by the Department of Psychology in Melbourne, Australia, and include descriptions of common mental disorders in youth, possible causes and risk factors, availability of various treatments, processes for making referrals, and methods for rendering assistance in initial intervention and crisis situations. The DSHS must collaborate with the OSPI to identify methods of instruction that leverage local resources in order to make the training broadly available.

District Plans.

Beginning in the 2014-15 school year, each school district must adopt a plan for recognition, initial screening, and response to emotional or behavioral distress in students (Plan), and annually provide the Plan to all district staff. The Plan must include:

- identification of training opportunities for staff;
- use of the expertise of trained staff;
- staff response to concerns or warning signs of emotional or behavioral distress;
- identification and development of partnerships with community organizations and agencies for referral of students to health and social services, including development of at least one memorandum of understanding with such an entity in the community or region;
- protocols and procedures for communication with parents;
- staff response to a crisis situation of imminent danger; and
- district support to students and staff after an incident.

The Plan may be a separate plan or a component of another required plan, such as the harassment, intimidation, and bullying prevention plan or the comprehensive safe school plan.

The OSPI and the School Safety Advisory Committee must develop a model Plan and post it on the School Safety Center website by February 1, 2014.

Nothing in the bill creates civil liability on the part of the state or any state agency, political subdivision, or school district.

Task Force.

The OSPI must convene a task force to identify best practices, model programs, and successful strategies for school districts to develop partnerships with community agencies to coordinate and improve support for youth in need. Resource documents must be posted on the School Safety Center website, and a report with recommendations is due to the Education Committees of the Legislature by December 1, 2013. The task force must also explore the potential use of online emotional health and crisis and response systems that have been developed for use in other countries.

Votes on Final Passage:

House	90	8	
Senate	46	1	(Senate amended)
House	89	6	(House concurred)

Effective: July 28, 2013