

SENATE BILL REPORT

ESHB 1336

As Reported by Senate Committee On:
Early Learning & K-12 Education, March 27, 2013
Ways & Means, April 9, 2013

Title: An act relating to increasing the capacity of school districts to recognize and respond to troubled youth.

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).

Brief History: Passed House: 3/04/13, 90-8.

Committee Activity: Early Learning & K-12 Education: 3/20/13, 3/27/13 [DPA-WM].
Ways & Means: 4/09/13 [DPA, w/oRec].

SENATE COMMITTEE ON EARLY LEARNING & K-12 EDUCATION

Majority Report: Do pass as amended and be referred to Committee on Ways & Means.

Signed by Senators Litzow, Chair; Dammeier, Vice Chair; McAuliffe, Ranking Member; Rolfes, Assistant Ranking Member; Billig, Brown, Cleveland, Fain, Hill, Mullet and Rivers.

Staff: Katherine Taylor (786-7434)

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: Do pass as amended.

Signed by Senators Hill, Chair; Baumgartner, Vice Chair; Honeyford, Capital Budget Chair; Hargrove, Ranking Member; Nelson, Assistant Ranking Member; Bailey, Becker, Braun, Conway, Dammeier, Fraser, Hasegawa, Hatfield, Hewitt, Keiser, Kohl-Welles, Murray, Parlette, Ranker, Rivers, Schoesler and Tom.

Minority Report: That it be referred without recommendation.

Signed by Senator Padden.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Staff: Elise Greef (786-7708)

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

Safe School Plans. School districts must 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 Superintendent of Public Instruction (OSPI) 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 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.

Mental Health First Aid (MHFA) is a public education program originally developed in Melbourne, Australia that helps the public identify, understand, and respond to signs of mental illness and substance abuse disorders. MHFA is offered in the form of a 12-hour course that presents an overview of mental illness and substance abuse disorders, introduces participants to risk factors and warning signs of mental health problems, builds an understanding of their impact, and overviews common treatments. MHFA teaches a five-step strategy that can be used to support an individual in crisis and help them connect with appropriate professional, peer, social, and self-help care.

In 2008, the Legislature provided \$80,000 in the operating budget by proviso for a train-the-trainer MHFA course.

Summary of Bill: The bill as referred to committee not considered.

Summary of Bill (Recommended Amendments): Individuals certified by PESB as a school nurse, school social worker, school psychologist, or school counselor must complete a training program on youth suicide screening and referral as a condition of certification. PESB must adopt standards for the minimum content of the training in consultation with OSPI and DOH. PESB must consider the training program as part of continuing education for certification.

To receive initial certification as a teacher, the applicant must successfully complete a course on issues of abuse, for which PESB must incorporate knowledge and skill standards pertaining to recognition, initial screening, and response to emotional and behavioral distress in students, including but not limited to indicators of possible substance abuse, violence, and youth suicide. PESB must consult with OSPI and DOH in developing the standards.

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, including but not limited to indicators of possible substance abuse, violence, and youth suicide. The school district must annually provide the plan to all district staff. The plan must address certain minimum requirements and may be an individual plan or be a component of another district plan or policy.

OSPI and the School Safety Advisory Committee must develop a model school district plan that includes but is not limited to addressing indicators of possible substance abuse, violence, and youth suicide. The model plan must be posted by February 1, 2014, on the School Safety Center website, along with additional information to support school districts in developing and implementing their plans for addressing indicators of possible substance abuse, violence, and youth suicide.

Educational School Districts (ESDs) must develop and maintain the capacity to offer training for educators and other school district staff on youth suicide screening and referral, among other concerns. An ESD may demonstrate capacity by employing staff with sufficient expertise to offer the training or by contracting with individuals or organizations to offer training.

OSPI must convene a temporary taskforce to identify best practices, model programs, and successful strategies for school districts to form partnerships with qualified health, mental health, and social services agencies in the community to coordinate and improve support for youth in need. The taskforce must identify and develop resource documents to be posted on the School Safety Center website, and submit a report with recommendations to the education committees of the Legislature by December 1, 2013. The taskforce must explore the potential use of online youth emotional health and crisis response systems that are developed for use in other countries.

Subject to appropriation of funds for the purpose, the Department of Social and Health Services (DSHS) must provide funds for MHFA training targeted at teachers and educational staff. DSHS must collaborate with OSPI to identify sites and modes of instruction that leverage local resources to the full extent possible for the purpose of making MHFA training broadly available.

The act does not create a civil liability on the part of the state, any state agency, officer, employee, agent, political subdivision, or school district.

EFFECT OF CHANGES MADE BY WAYS & MEANS COMMITTEE (Recommended Amendments): Retains the language of the underlying bill. DSHS must provide funds for MHFA training targeted at teachers and educational staff. DSHS must collaborate with OSPI to identify sites and modes of instruction that leverage local resources to the full extent possible for the purpose of making MHFA training broadly available. Adds a statement that the bill does not create a civil liability.

EFFECT OF CHANGES MADE BY EARLY LEARNING & K-12 EDUCATION COMMITTEE (Recommended Amendments): Each school district must adopt a plan for response to emotional or behavioral distress in students. The plan must also address information on the stages of grief and loss and how to respond to students who are in emotional distress as a result of a student or staff-related crisis or suicide.

Changes certain requirements regarding training and certification renewal for school counselors and psychologists.

Requires the Department of Social and Health Services (DSHS) to provide funding for mental health first-aid training targeted at school counselors and educational staff. Requires DSHS to collaborate with OSPI to identify sites and methods of instruction that leverage local resources for making mental health first-aid training broadly available. Includes a null and void clause, if funding is not provided for this training program. Retains the language of the underlying bill.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

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

Staff Summary of Public Testimony on Engrossed Substitute House Bill (Early Learning & K-12 Education): PRO: I am extremely concerned about suicidal youth. Many youth are suicidal. There are warning signs for suicide. Kids sometimes try to commit suicide in tandem. Counselors do not know how to deal with suicidal kids and do not always notify families. Schools fail to keep kids safe. Many schools do not have suicide prevention protocols. Suicide hurts the whole family. We need to prevent these tragedies. Suicide is preventable. We support this but it requires renewable training every five years, which is not consistent with employees who get recertified every ten years. Also, simple training is not enough. We need continued communication. Many veterans commit suicide. Lesbian, gay, bisexual, and transgender kids feel left out and hurt. This bill will increase the skill level of the employees who need to address suicidal students. School counselors are on the front lines. We also need training on how to cope with suicide in schools. We need to fund K-12.

OTHER: We know that educators need more training but at the same time we are worried about asking staff to do this without funding. We want a null and void amendment.

Persons Testifying (Early Learning & K-12 Education): PRO: Lonnie Johns-Brown, Youth Suicide Prevention Program, School Nurse Organization of WA; David Brenna, PESB; Bob Rudolph, Grandparents Rights of WA State, Veterans and Military Families for Progress; Jerry Bender, Assn. of WA School Principals; Kim Reykdal, WA School Counselor Assn.; Scott Friedman, Geraldine Laemmle, Debbie Reisert, citizens.

OTHER: Andrea Cobb, OSPI.

Staff Summary of Public Testimony (Ways & Means): None.

Persons Testifying (Ways & Means): No one.