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## Education Committee

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### HB 2373

**Brief Description:** Making provisions to evaluate student mental health services and provide students with skills that promote mental health and well-being and increase academic performance.

**Sponsors:** Representatives Senn, Kagi, Stambaugh, Kuderer, Jenkins, Reykdal, Robinson, Frame, Kilduff, Sawyer, Orwall, Sells, McBride, Bergquist and Pollet.

#### Brief Summary of Bill

- Requires each Educational Service District (ESD) to develop and maintain the capacity to serve as a convener, trainer, and mentor for school district staff on social and emotional learning.
- Requires each ESD to offer training on social and emotional learning, beginning in the 2017-18 school year, at no cost if funds are appropriated specifically for this purpose or made available through grants or other sources.
- Directs the Joint Legislative Audit and Review Committee to conduct an inventory of the mental health service models available to students through schools, school districts, and ESDs and report its findings to the appropriate committees of the Legislature by October 31, 2016.
- Provides that the inventory be performed using data that is already collected and that student-level data not be collected, reviewed, or reported.

**Hearing Date:** 2/1/16

**Staff:** Megan Wargacki (786-7194).

#### **Background:**

##### Social and Emotional Learning.

In 2010 the Department of Early Learning (DEL), the Office of the Superintendent of Public Instruction (OSPI), and Thrive by Five Washington reviewed and revised the early learning and

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development benchmarks, which they published as the Washington State Early Learning and Development Guidelines. These guidelines include information about social and emotional learning (SEL) and development for parents, teachers, and other adults that supports children in grades K–3.

In 2013 legislation was enacted (*i.e.* ESHB 1336, enacted as ch 197 Laws of 2013) that highlighted the mental health needs of students:

- School counselors, social workers, psychologists, and nurses were required to complete a training in youth suicide screening and referral as a condition of certification.
- Each Educational Service District (ESD) was required to 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. The training may be offered on a fee-for-service basis or at no cost if funds are available.
- School districts were required to adopt a plan for recognition, initial screening, and response to emotional or behavioral distress in students, and provide the plan to all staff annually.

The 2015 operating budget (*i.e.* ESSB 6052, enacted as ch. 4 Laws of 2015, 3rd Special Session) directed the OSPI to convene a workgroup to recommend comprehensive benchmarks for developmentally appropriate interpersonal and decision-making knowledge and skills of SEL for grades kindergarten through high school that build upon what is being done in early learning. The workgroup is required to report on its recommendations by October 1, 2016.

#### Children's Mental Health Services.

Schools must respond to a broad range of behavioral and emotional needs that compromise students' and schools' successes. Publicly funded mental health services are often available only to the neediest children, as defined by income and severity of need.

The organizational structure for the delivery of publicly funded mental health services in Washington is similar to the structure of the larger public educational system. Under contract with the Department of Social and Health Services (DSHS), Regional Support Networks (RSNs) oversee the delivery of mental health services through community-based mental health agencies, often nonprofit entities, for individuals who meet access-to-care standards. During the 2015 fiscal year, the DSHS provided mental health services to approximately 48,000 children through contracts with 11 RSNs.

Apple Health for Kids, part of the state-federal Medicaid program, provides low cost community-based, out-patient mental health services to children in families with an income below 210 percent of the federal poverty level. Families with children above that level may also be eligible for the same coverage at a low cost.

#### Joint Legislative Audit and Review Committee.

The Joint Legislative Audit and Review Committee (JLARC) is comprised of an equal number of House and Senate members, Democrats and Republicans. The non-partisan staff of the JLARC conduct performance audits, program evaluations, sunset reviews, and other analyses assigned by the Legislature and the Committee itself.

#### **Summary of Bill:**

### Social and Emotional Learning.

Each ESD must develop and maintain the capacity to serve as a convener, trainer, and mentor for educators, administrators, and other school district staff on SEL. An ESD may demonstrate capacity by employing staff with sufficient expertise to offer the training or by contracting with individuals or organizations to offer the training.

Beginning in the 2017-18 school year, each ESD must offer training on SEL at no cost to school districts or educators, if funds are appropriated specifically for this purpose or made available through grants or other sources. The training model and curricula must be based on the recommendations of OSPI's 2016 report on SEL. An ESD may work with school districts to create a training model that works best for each district and the ESD.

### Children's Mental Health Services.

The JLARC must conduct an inventory of the mental health service models available to students through schools, districts, and ESDs, and report its findings to the Legislature by October 31, 2016. The JLARC must perform the inventory using data that is already collected by schools, school districts, and ESDs. The JLARC must not collect or review student-level data and must not include student-level data in the report.

The inventory and report must include information on the following:

- how many students are served by mental health services in each school, district, or ESD;
- how many of these students are participating in Medicaid programs;
- how the mental health services are funded, including federal, state, and private sources;
- information on who provides the mental health services, including district employees and contractors; and
- any other available information related to student access and outcomes.

**Appropriation:** None.

**Fiscal Note:** Requested on 1/13/16.

**Effective Date:** The bill takes effect 90 days after adjournment of the session in which the bill is passed.