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## Education Committee

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### 2SSB 6243

**Brief Description:** Regarding a training program for educators and parents concerning students' mental health.

**Sponsors:** Senate Committee on Ways & Means (originally sponsored by Senators Litzow, Fain, McAuliffe, Dammeier, Rivers, O'Ban, Bailey, Hill, Warnick, Becker, Hewitt, Keiser, Carlyle, Darneille, Rolfes, Conway and Mullet).

#### Brief Summary of Second Substitute Bill

- Requires the development of an online social and emotional training module for educators.
- Requires, within existing resources, the development of a youth suicide prevention training program for middle and high school educators, and parents or guardians.
- Requires an inventory of, and report on, the mental health service models available to students through schools, school districts, and educational service districts.

**Hearing Date:** 2/22/16

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

#### **Background:**

##### Social and Emotional Learning.

In 2010 the Department of Early Learning, the Office of the Superintendent of Public Instruction (OSPI), and Thrive by Five Washington reviewed and revised the early learning and development benchmarks, which they published as the Washington State Early Learning and Development Guidelines. These guidelines include information about social and emotional learning and development for parents, teachers, and other adults who support children in grades K–3.

The 2015 operating budget (i.e., Engrossed Substitute Senate Bill 6052, enacted as Chapter 4 Laws of 2015, 3rd Special Session) directed the OSPI to convene a work group to recommend

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comprehensive benchmarks for developmentally appropriate interpersonal and decision-making knowledge and skills of social and emotional learning for grades kindergarten through high school (Benchmarks Report). The benchmarks must build upon what is being done in early learning. The work group is required to report on its recommendations by October 1, 2016.

#### Youth Suicide Screening.

In 2013 legislation was enacted (i.e., Engrossed Substitute House Bill 1336, enacted as Chapter 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 University of Washington Departments of Social Work and Communication, the School of Nursing, and the College of Education collaborated to create Forefront. Forefront focuses on introducing changes to suicide prevention by:

- educating and empowering individuals and communities to advocate for and to implement suicide prevention strategies;
- training health professionals to develop and sharpen skills in the assessment, management, and treatment of suicide risk;
- supporting secondary schools and colleges implementing comprehensive plans to promote mental health services; and
- guiding news media in responsible reporting on mental health and suicide that accurately portrays the reality of hope and recovery.

#### Children's Mental Health Services.

Schools must respond to a broad range of behavioral and emotional needs that influence 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.

## **Summary of Bill:**

### Social and Emotional Training.

The OSPI must create and maintain an online social and emotional training module for educators, administrators, and other school district staff. The training module must be based on the recommendations of the OSPI's 2016 Benchmarks Report. The module must be available by September 1, 2017.

### Youth Suicide Prevention Training.

Within existing resources, the ESDs must work with Forefront at the University of Washington to develop a two-day youth suicide prevention training program for middle and high school administrators, teachers, counselors, psychologists, social workers, and parents or guardians.

The training program must address the following:

- developmentally appropriate, evidence-based curriculum and programs;
- parent and peer education;
- strategies for creating school environments with a focus on social and emotional needs; and
- basic training for teachers and students in how to recognize and support a student who may be struggling.

### Inventory of Mental Health Service Models.

School districts and ESDs must report the following data to the OSPI:

- how many students are served by mental health services in each school, district, or an 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.

The OSPI must compile the data into an inventory of the mental health service models available to students through schools, school districts, and the ESDs. By October 31, 2016, the OSPI must submit a report to the Legislature. This section expires August 1, 2017.

**Appropriation:** None.

**Fiscal Note:** Available.

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