

HOUSE BILL REPORT

2SHB 1664

As Passed Legislature

Title: An act relating to prototypical school formulas for physical, social, and emotional support in schools.

Brief Description: Concerning prototypical school formulas for physical, social, and emotional support in schools.

Sponsors: House Committee on Appropriations (originally sponsored by Representatives Rule, Stonier, Shewmake, Senn, Ramel, Wicks, Johnson, J., Callan, Berg, Cody, Davis, Goodman, Leavitt, Santos, Simmons, Kloba, Pollet, Riccelli, Harris-Talley, Hackney and Frame).

Brief History:

Committee Activity:

Education: 1/13/22, 1/21/22 [DPS];

Appropriations: 2/1/22, 2/3/22 [DP2S(w/o sub ED)].

Floor Activity:

Passed House: 2/10/22, 73-23.

Senate Amended.

Passed Senate: 3/3/22, 45-2.

House Concurred.

Passed House: 3/7/22, 74-24.

Passed Legislature.

Brief Summary of Second Substitute Bill

- Increases minimum allocations for nurses, social workers, psychologists, and counselors in the prototypical school funding model over three school years.
- Designates certain staff positions as "physical, social, and emotional support staff" (PSES staff) and specifies that the Superintendent of Public Instruction (SPI) may only allocate funding to the extent of and

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proportionate to a school district's demonstrated actual ratios of PSES staff.

- Requires that funding for PSES staff be prioritized to staff with a valid educational staff associate certificate.
- Requires the SPI to submit to the Legislature four biennial implementation reports.

HOUSE COMMITTEE ON EDUCATION

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 10 members: Representatives Santos, Chair; Dolan, Vice Chair; Ybarra, Ranking Minority Member; Walsh, Assistant Ranking Minority Member; Berg, Callan, McCaslin, Ortiz-Self, Rude and Steele.

Minority Report: Without recommendation. Signed by 3 members: Representatives Bergquist, McEntire and Stonier.

Staff: Megan Wargacki (786-7194).

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: The second substitute bill be substituted therefor and the second substitute bill do pass and do not pass the substitute bill by Committee on Education. Signed by 24 members: Representatives Ormsby, Chair; Bergquist, Vice Chair; Gregerson, Vice Chair; Macri, Vice Chair; Corry, Assistant Ranking Minority Member; Boehnke, Chopp, Cody, Dolan, Fitzgibbon, Frame, Hansen, Hoff, Johnson, J., Lekanoff, Pollet, Rude, Ryu, Senn, Springer, Steele, Stonier, Sullivan and Tharinger.

Minority Report: Do not pass. Signed by 6 members: Representatives Stokesbary, Ranking Minority Member; Chambers, Assistant Ranking Minority Member; Chandler, Dye, Harris and Schmick.

Minority Report: Without recommendation. Signed by 2 members: Representatives MacEwen, Assistant Ranking Minority Member; Jacobsen.

Staff: James Mackison (786-7104).

Background:

Educational Staff Associates.

Individuals with educational staff associate (ESA) certificates provide education and health

services to students. There are nine ESA roles including: school counselor, school nurse, school psychologist, and school social worker. Any individual employed by a public school as an ESA must hold a valid ESA certificate for the role, with the exception of school nurses employed at school districts with fewer than 2,000 students.

School districts may also contract with non-employees for nursing, counseling, psychology, and social work services. Individuals contracted for these services are not required to hold valid ESA certificates unless they are supporting students with disabilities with services listed on an individualized education program.

Prototypical School Funding Model Allocations.

The prototypical school funding model allocates general apportionment funding to school districts based on assumed levels of staff and other resources necessary to support " prototypical" elementary, middle, and high schools. These prototypical schools are assumed to have the following full-time student enrollments: 400 students for elementary school; 432 students for middle school; and 600 students for high school. In addition to other allocations, for each prototypical school, the model includes minimum allocations for the following types of staff:

	Elementary	Middle	High
School nurses	0.076	0.060	0.096
Social workers	0.042	0.006	0.015
Psychologists	0.017	0.002	0.007
Guidance counselors	0.493	1.216	2.539
Classified staff providing student and staff safety	0.079	0.092	0.141
Parent involvement coordinators	0.0825	0.00	0.00

Discretionary Spending of Allocations.

The funding provided to school districts through the prototypical school funding model is for allocation purposes only and district have discretion over how the money is spent, subject to some limits. For example, funding for average kindergarten through grade 3 (K-3) class sizes may be provided only to the extent of and proportionate to the school district's demonstrated actual class size in grades K-3, up to the funded class sizes.

Additional Allocations for School Staff.

In addition to the staffing units provided through the prototypical school funding model, certain additional staffing units are specified in statute. The additional staffing units must be allocated to school districts to the extent that the additional units are specifically appropriated and designated for those staff in the omnibus operating appropriations act. For example, the following additional staffing units are specified in statute:

	Elementary	Middle	High

School nurses	0.5090	0.8280	0.7280
Social workers	0.2690	0.0820	0.1120
Psychologists	0.0870	0.0220	0.0420
Guidance counselors	0.0070	0.7840	0.9610
Classified staff providing student and staff safety	0.0000	0.6080	1.1590
Parent involvement coordinators	0.9175	1.0000	1.0000

Summary of Second Substitute Bill:

Prototypical School Funding Model Allocations.

The minimum allocations in the prototypical school funding model are increased for specified staff types, over three years, as follows:

	2022-23	2023-24	2024-25
SCHOOL STAFF - ELEMENTARY			
Nurses	0.246	0.416	0.585
Social Workers	0.132	0.222	0.311
Psychologists	0.046	0.075	0.104
Counselors	0.660	0.827	0.993
SCHOOL STAFF - MIDDLE			
Nurses	0.336	0.612	0.888
Social Workers	0.033	0.060	0.088
Psychologists	0.009	0.016	0.024
Counselors	1.383	1.550	1.716
SCHOOL STAFF - HIGH			
Nurses	0.339	0.582	0.824
Social Workers	0.052	0.089	0.127
Psychologists	0.021	0.035	0.049
Counselors	2.706	2.882	3.039

Exceptions to Discretionary Spending of Allocations.

Funding, up to the combined minimum allocations, for nurses, social workers, psychologists, counselors, classified staff providing student and staff safety, and parent involvement coordinators through the prototypical school funding model may be allocated only to the extent of and proportionate to a school district's demonstrated actual ratios of: full-time equivalent physical, social, and emotional support staff (PSES staff) to full-time equivalent students. "Physical, social, and emotional support staff" include nurses, social workers, psychologists, counselors, classified staff providing student and staff safety, parent

involvement coordinators, and other school district employees and contractors who provide physical, social, and emotional support to students as defined by the Superintendent of Public Instruction (SPI).

The SPI must adopt rules to implement these provisions and the rules must require school districts to prioritize funding allocated for PSES staff who hold a valid educational staff associate (ESA) certificate appropriate for the staff's role.

Implementation Reports.

By February 1, 2023, 2025, 2027, and 2029, the SPI must submit to the Legislature a report that:

1. compares the staffing units provided for nurses, social workers, psychologists, counselors, classified staff providing student and staff safety, and parent involvement coordinators through the prototypical school funding model to the actual school district staffing levels for PSES staff, disaggregated by school district; and
2. analyzes trends with respect to: employed PSES staff and contract PSES staff; and the percentage of PSES staff with a valid ESA certificate. These trends must be disaggregated by assignment duty code, as well as analyzed year over year and by school district size and geography.

For the analysis, the SPI must use personnel data reported on or around October 1 of the report year and the prior year, and any other relevant data. For the report due February 1, 2023, the SPI must complete the analysis only to the extent that relevant data are available.

Appropriation: None.

Fiscal Note: Available. New fiscal note requested on March 1, 2022.

Effective Date: This bill takes effect 90 days after adjournment of the session in which the bill is passed, except for sections 3, 6, and 7, relating to increasing minimum allocations for certain staff in the prototypical school funding model, specifying allocation limits based on demonstrated actual ratios of certain staff, and making consistent use of the term “counselor,” which take effect September 1, 2022; and sections 4 and 5, relating to increasing minimum allocations for certain staff in the prototypical school funding model and specifying allocation limits based on demonstrated actual ratios of certain staff, which take effect September 1, 2024. However, the bill is null and void unless funded in the budget.

Staff Summary of Public Testimony (Education):

(In support) The United States Surgeon General recently stated that our nation's youth is in a mental health crisis. Twenty percent of high school students have a suicide plan and half of those students attempted suicide in 2018. While they have largely been spared the direct effects of the COVID-19 virus, children have suffered physical isolation, school disruption,

ongoing uncertainty, and fear of illness. More than 140,000 children have lost a caregiver during the COVID-19 pandemic. Adolescent depression has doubled since the beginning of the COVID-19 pandemic and emergency room visits for attempted suicide, especially among adolescent girls, has increased by 50 percent. Anxiety and depression does not look the same in kids as it does in adults; it often looks like destructive behaviors and acting out in kids.

Before the COVID-19 pandemic some students came to school with multiple adverse childhood experiences (ACEs), now nearly every student from preschool to higher education has at least one ACE. These ACEs affect students' physical, behavioral, social, emotional, mental and intellectual health. Educators received training on trauma-informed care to support the needs of students, but educators, families, and administrators rely heavily on a higher tiered level of support that is provided by school psychologists, counselors, nurses, and other educational staff associates.

Students' physical and mental well-being is critical to their education. Students and their families say that caring adult relationships and support for mental health are needed by students. Building administrators are overwhelmed managing students' mental and behavioral health challenges as well as supporting their academics. Even before the COVID-19 pandemic, there was a scarcity of nurses, counselors, and other staff who provide specialized help to students in schools. Full-time, registered, school nurses are integral to providing comprehensive supports to students and to link the most vulnerable and marginalized populations to the only health care they may receive. School counselors can provide physical, social, and emotional support, but often spend much of their time on career development and supporting academic needs.

A school without trauma-informed professionals, such as counselors, social workers, nurses, and safety staff, is a severe health issue. Local districts and parent teacher associations that can afford it pay for additional staff. Without an increase in the prototypical school funding model, all students will not have the supports they need to be successful in school.

This bill updates the staff ratios in the prototypical school funding model to ensure more realistic state funding of staffing levels. The model was adopted in 2010 with the stated understanding that the staff ratios would need to be regularly updated. However, in the last 12 years, the Legislature has made only minor changes. Although it will take time, all staff ratios should be updated to at least meet the ratios provided in Initiative 1351 adopted by the people in 2014 and recommended by the staffing enrichment work group in 2019.

This bill increases the public's confidence that staff funded by the state for the mental, behavioral, and physical well-being of students will be employed by school districts to serve students. It will also maintain flexibility for school districts to be responsive to local needs.

Increasing funding requires a continued investment, but will provide benefits that far outweigh the costs. It is a matter of equity and a matter of life and death that students have

access to nurses, mental health, and counselors daily.

(Opposed) None.

(Other) Adding additional resources to the prototypical school funding model for physical, social, and emotional support is important, but the allocation mechanism needs to be equitably based on student need. The bill proposes to allocate resources equally, but not equitably. A school with a 90 percent poverty rate gets the same allocation for social workers as a school of the same size with a 5 percent poverty rate. There should be recovery with equity.

Staff Summary of Public Testimony (Appropriations):

(In support) Codifying skills center class sizes already in the budget will help them maintain and expand high-quality programs. Skills centers are a point of pride for the state's K-12 system, allowing students to connect with their passions. Current funding is not sufficient to meet the needs of skills centers or industry demands.

During the pandemic, a single nurse must support many students and schools, more than is sustainable. A nurse's duties include overseeing COVID-19 testing and tracing and supporting all other health needs of students, which is not sustainable at current funding levels. This policy provides support staff to meet the physical, social, and emotional health needs of students.

Statewide associations representing school management strongly support the increases in staffing ratios in the model to ensure more realistic state funding levels. The intent when the model was established was to continually update and review it after implementation, but few adjustments have been made. The goal is to increase all staffing levels up to those included in Initiative Measure No. 1351. This initial step to phase in increases for physical, social, and emotional support staff is important, and is the highest priority for students, superintendents, and others that manage schools. Students need the support.

The highest priority is to add more adults to school buildings. Administrators are overwhelmed and stepping into a variety of roles to meet health and learning recovery demands for students. Principals are sharing stories about how they and their office staff are stepping in to address unprecedented behavioral and mental health challenges, because they don't have the staff provided in this bill. The support was needed before, and the need is even greater important with the pandemic.

Many school districts support the bill. It provides physical and mental health supports that students need. The current formula funds too few staff for nurses, for example:

- Highline—For over 17,000 students, the state provides 2.8 funded nurses.
- Seattle—For approximately 50,000 students, the state provides 9 funded nurses.

- Olympia—For approximately 9,000 students, the state provides 1.3 funded nurses.
- West Valley—For 3345 students, the state provides 0.4 funded nurses.

Schools must use local and federal funds to hire needed nurses and counselors above state-funded levels, and it is still not enough during normal times or a pandemic. One concern is the three-year phase-in period, but there is support for any additional staffing.

Students have had a difficult time during the pandemic. Additional counselor and nurse staff for social and emotional support are critical now and in the future. Students are dealing with emotional issues and thoughts of suicide, more so during the pandemic. It's the right thing to increase these allocations to help student well-being.

Nurses, social workers, psychologists, and counselors are underfunded by the state, and the pandemic has highlighted the need for more. The hope is that additional work will be done next year.

A top priority for associations representing parents is to increase staff for school health professionals. Current staffing allocations are insufficient in normal circumstances, and especially so for students with daily health needs. Formulas provide less than a full school nurse per 5,000 students. There is an ongoing mental health crisis for students, with a reported 20 percent of high school students contemplating, and some attempting, suicide. More adults need to be invested in students' well-being. There needs to be more done, but this is a good first step.

In addition to overall support for the bill, there is specific support for the social worker's increases. Health officials have highlighted the mental health crisis in schools. Suicide attempts by adolescent girls have increased by more the 50 percent in the last year. Social workers are professionals that can help address these issues. Current ratios of one social worker per 72,000 students will increase to one per 4,900 students for middle schools.

Additional staff at the Office of Superintendent of Public Instruction to support social workers would also be beneficial. The boundaries in the policy that prevent diverting physical, social, and emotional funding elsewhere is also appreciated.

Listening sessions with students and communities have highlighted the importance of adults in schools and the needs for increases to mental health support. According to surveys, the lack of mental health support is the number one challenge facing high school students. This feedback highlights the need for additional funds, and the need for language that requires the new funding to be for used only for these positions.

We desperately need more mental health support in schools and the community. Mental health needs of students, families, and communities have grown substantially in recent years, even before the pandemic. Even schools with mental health assistance programs

coordinating ESAs have substantial student needs that are being unmet because of funding levels. This bill helps counselors not have to choose who to help.

Untreated mental illness leads to lower graduation rates and future costs to students and the community, which research shows can have an economic impact between \$150 to 300 billion each year. In Seattle, the estimated cost of untreated mental illness is \$408 million. The cost of a social worker at each Seattle school is \$9.8 million, only 2 percent of the costs.

Funding these professions is important as students are six times more likely to receive mental health support at school than elsewhere in the community.

(Opposed) The increase to school health staff detracts from the main purpose of schools, education. There has been a push to increase health care providers in schools and decrease the involvement of parents. School officials providing consent for students breaks the trust between parents and schools by intentionally excluding parents from decisions. Parents should help their kids, not school staff, especially during the pandemic. Do not increase funding for services that don't belong in schools.

(Other) There are concerns about how schools would be impacted by the requirement to have one counselor and one nurse onsite at all schools. With the proposed removal of the requirement, there is full support for the bill. Support for the physical, social, and emotional needs of students is critical and must happen.

The allocation mechanism needs to be adjusted for district poverty and need. There is support for additional staff, but the funding for these roles needs to be provided equitably, not equally. A school with 90 percent poverty receives the same amount as a school of the same size with low poverty. This is not equitable or fair.

Persons Testifying (Education): (In support) Representative Alicia Rule, prime sponsor; Sarnika Ali; Tennille Jeffries-Simmons and TJ Kelly, Office of the Superintendent of Public Instruction; Virginia Barry, Stand for Children; Dan Steele and Roz Thompson, School Funding Coalition; Liz Pray; Denise Reddinger, Washington School Counselors Association; Leslie Van Leishout, North Thurston Public Schools; Mitch Denning, Alliance of Educational Associations; Maria Huang, Washington Chapter of the American Academy of Pediatrics; Charlotte Lartey and Carrie Suchy, Washington Education Association; Maddy Thompson, Office of the Governor; and Michael Uehara-Bingen, Washington State PTA.

(Other) Dave Larson, Tukwila School District.

Persons Testifying (Appropriations): (In support) Lynette Brower, Washington State Skills Center Association and Northwest Career and Technical Academy; Paul Randall, Tri Tech Skills Center; Liz Pray, School Nurse Organization of Washington; Dan Steele

and Roz Thompson, School Funding Coalition; Clifford Traisman, Bellevue, Highline, Olympia, and Seattle public school districts; Kyle Rydell, West Valley School District; Charlie Brown, Tacoma, Puyallup, Clover Park, Franklin Pierce, Bethel, Peninsula; Tom Seigel, Bethel School District; Mitch Denning, Alliance of Educational Associations; Michael Uehara-Bingen, Washington State Parent–Teacher Association; Bob Cooper, National Association of Social Workers Washington Chapter; Virginia Barry, Stand for Children; Maya Vergien; and Carrie Syvertsen, Washington Association of School Social Workers.

(Opposed) Julie Barrett, Conservative Ladies of Washington.

(Other) Paul Clark, Eastern Washington Quality Schools Coalition and Colton School District; and Dave Larson, Tukwila School District.

Persons Signed In To Testify But Not Testifying (Education): Julie Salvi, Elise Dalke and Kathryn Feder, Washington Education Association; Melissa Johnson, School Nurse Organization of Washington; Bob Cooper, National Association of Social Workers-Washington; and Charlie Brown, Schools Alliance, Tacoma, Federal Way, Puyallup, and other School Districts.

Persons Signed In To Testify But Not Testifying (Appropriations): None.