
HOUSE BILL 1221

State of Washington

66th Legislature

2019 Regular Session

By Representatives Orwall, Harris, Wylie, Frame, Kilduff, and Dolan

1 AN ACT Relating to improving crisis planning in schools to
2 prevent youth suicide; amending RCW 28A.310.500, 28A.320.127, and
3 28A.410.226; reenacting and amending RCW 71.24.061; adding a new
4 section to chapter 28A.210 RCW; adding new sections to chapter
5 28A.310 RCW; adding new sections to chapter 28A.630 RCW; creating a
6 new section; and providing expiration dates.

7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

8 NEW SECTION. **Sec. 1.** The legislature finds that youth suicide
9 is an urgent public health problem in the United States. For youth
10 ages ten to nineteen, suicide is the second leading cause of death.
11 The centers for disease control and prevention reported that the
12 suicide rate among ten to seventeen year olds increased by seventy
13 percent between 2006 and 2016. Death by suicide among high school
14 adolescents is only part of the picture. According to the 2016
15 Washington state healthy youth survey, twenty-one percent of
16 Washington tenth graders considered attempting suicide, seventeen
17 percent made a plan, and ten percent made a suicide attempt. Mental
18 health issues are one of the strongest predictors among adolescents
19 for engaging in self-harm and suicidal behavior. Feelings of
20 depression, anxiety, hopelessness, and distress often precede
21 suicidal behavior that can be symptomatic of an underlying mental

1 health disorder. In 2016, fifty-three percent of Washington tenth
2 graders reported being unable to stop or control worrying, thirty-
3 four percent reported having depressive feelings, and fifteen percent
4 reported having no adults to turn to when sad or hopeless. One in
5 five adolescents who are attending school have a diagnosable mental
6 health disorder; however, only about one-third of that twenty percent
7 receive mental health services, and more than likely at community-
8 based agencies in the form of outpatient services. These numbers are
9 even lower for youth from historically disenfranchised populations
10 including homeless, racial, and ethnic minorities, and LGBTQ
11 populations. Due to high levels of unmet need, reliance on
12 traditional models of mental health service delivery will not
13 ameliorate the problem of youth suicide, pointing to the need for
14 school-based approaches.

15 NEW SECTION. **Sec. 2.** A new section is added to chapter 28A.210
16 RCW to read as follows:

17 Beginning in the 2019-20 school year, school district staff who
18 have knowledge or a reasonable suspicion that a student has expressed
19 a desire to end his or her life or otherwise harm himself or herself
20 must disclose the knowledge or reasonable suspicion to either:

- 21 (1) The student's parent or guardian; or
22 (2) The school nurse, school counselor, school social worker, or
23 school psychologist, who must then contact the student's parent or
24 guardian.

25 NEW SECTION. **Sec. 3.** A new section is added to chapter 28A.310
26 RCW to read as follows:

27 Each educational service district must provide to the school
28 districts in its region behavioral health coordination that, at a
29 minimum, includes:

- 30 (1) Providing support for school district development and
31 implementation of plans for recognition, initial screening, and
32 response to emotional or behavioral distress in students as required
33 under RCW 28A.320.127;

- 34 (2) Facilitating partnerships and coordination between school
35 districts, public schools, and existing regional and local systems of
36 behavioral health care services and supports in order to increase
37 student and family access to these services and supports;

1 (3) Assisting school districts and public schools in building
2 capacity to identify and support students in need of behavioral
3 health care services and to link students and families with
4 community-based behavioral health care services;

5 (4) Identifying, sharing, and integrating, to the extent
6 practicable, behavioral and physical health care service delivery
7 models;

8 (5) Providing medicaid billing related training, technical
9 assistance, and coordination between school districts; and

10 (6) Guidance in implementing best practices in response to, and
11 to recover from, the suicide or attempted suicide of a student.

12 NEW SECTION. **Sec. 4.** A new section is added to chapter 28A.310
13 RCW to read as follows:

14 Each educational service district must consult with forefront
15 suicide prevention at the University of Washington regarding:

16 (1) Best practices related to suicide prevention and recovery;
17 and

18 (2) Training and technical assistance in implementing the
19 behavioral health coordination described in section 3 of this act.

20 NEW SECTION. **Sec. 5.** A new section is added to chapter 28A.630
21 RCW to read as follows:

22 (1)(a) The office of the superintendent of public instruction
23 must select up to twelve high schools located east of the crest of
24 the Cascade mountains to participate in the mental health promotion
25 and suicide prevention program described in subsection (2) of this
26 section during the 2020-21 through 2021-22 school years. High schools
27 selected must be in need of the program due to high rates of suicide
28 or attempted suicide by students.

29 (b) Forefront suicide prevention at the University of Washington
30 must work with the school districts of the high schools selected
31 under (a) of this subsection to deliver the mental health promotion
32 and suicide prevention program described in subsection (2) of this
33 section during the 2019-20 through 2021-22 school years.

34 (2) The mental health promotion and suicide prevention program
35 must be a capacity-building, comprehensive and sustainable approach
36 to mental health promotion and suicide prevention that allows the
37 selected high schools to transform their climate and practices to

1 reduce student risk for suicide. The program must include the
2 following components:

3 (a) Each high school must engage a multidisciplinary team,
4 comprised of students, families, teachers, school counselors, and an
5 administrator, to participate as a cohort;

6 (b) Each cohort must cooperate with the behavioral health
7 navigator in its educational service district;

8 (c) Forefront suicide prevention at the University of Washington
9 must provide training, course materials, and consultation to the
10 selected high schools on the use of suicide prevention, social
11 emotional learning, and mental health awareness curricula;

12 (d) Forefront suicide prevention at the University of Washington
13 and the school districts must gather the high school teams two times
14 per year;

15 (e) Forefront suicide prevention at the University of Washington
16 must support the school districts in revising their plans for
17 recognition, initial screening, and response to emotional or
18 behavioral distress in students, required under RCW 28A.320.127;

19 (f) Forefront suicide prevention at the University of Washington
20 must enhance the high schools links to mental health referral
21 networks;

22 (g) The high schools must encourage the development of student-
23 led behavioral health promotion and awareness activities in
24 collaboration with forefront suicide prevention at the University of
25 Washington; and

26 (h) Forefront suicide prevention at the University of Washington
27 must provide behavioral health screening support.

28 (3) Forefront suicide prevention at the University of Washington
29 must develop public-private partnerships to support the
30 implementation of the mental health promotion and suicide prevention
31 program in middle and high schools across the state.

32 (4) (a) By January 6, 2023, and in compliance with RCW 43.01.036,
33 the Washington state institute for public policy shall report to the
34 governor, the appropriate committees of the legislature, and the
35 office of the superintendent of public instruction with an evaluation
36 of the mental health promotion and suicide prevention program
37 described in subsection (2) of this section. The report must describe
38 the implementation and outcomes of the high schools selected under
39 subsection (1) of this section and the high schools located west of
40 the crest of the Cascade mountains that began implementing the

1 program in the 2019-20 school year. In analyzing outcomes, the
2 Washington state institute for public policy must use healthy youth
3 survey and assessment data to evaluate changes in student behavioral
4 health, suicidal health, and academic outcomes due to participation
5 in the program.

6 (b) The office of the superintendent of public instruction,
7 forefront suicide prevention at the University of Washington, and the
8 school districts with high schools implementing the program described
9 in subsection (2) of this section must cooperate with the Washington
10 state institute for public policy to supply data and information
11 needed for the evaluation.

12 (5) This section expires August 1, 2023.

13 NEW SECTION. **Sec. 6.** A new section is added to chapter 28A.630
14 RCW to read as follows:

15 (1) Forefront suicide prevention at the University of Washington
16 must award grants to school districts and youth advocacy
17 organizations, selected by forefront suicide prevention at the
18 University of Washington. Grant funds must be used to develop youth-
19 informed mental health promotion and suicide prevention resources,
20 such as social media messages and videos.

21 (2) Forefront suicide prevention at the University of Washington,
22 in collaboration with the office of the superintendent of public
23 instruction, must select grant recipients and provide support and
24 guidance to grant recipients on the content of the mental health
25 promotion and suicide prevention resources.

26 (3) The office of the superintendent of public instruction must
27 post the mental health promotion and suicide prevention resources
28 developed under this section on its web site.

29 (4) This section expires July 1, 2024.

30 **Sec. 7.** RCW 28A.310.500 and 2016 c 96 s 5 are each amended to
31 read as follows:

32 (~~(1)~~) Each educational service district shall develop and
33 maintain the capacity to offer training for educators and other
34 school district staff on youth suicide screening and referral, and on
35 recognition, initial screening, and response to emotional or
36 behavioral distress in students, including but not limited to
37 indicators of possible substance abuse, violence, and youth suicide.
38 An educational service district may demonstrate capacity by employing

1 staff with sufficient expertise to offer the training or by
2 contracting with individuals or organizations to offer the training.
3 Training may be offered on a fee-for-service basis, or at no cost to
4 school districts or educators if funds are appropriated specifically
5 for this purpose or made available through grants or other sources.

6 ~~((2)(a) Subject to the availability of amounts appropriated for
7 this specific purpose, Forefront at the University of Washington
8 shall convene a one-day in-person training of student support staff
9 from the educational service districts to deepen the staff's capacity
10 to assist schools in their districts in responding to concerns about
11 suicide. Educational service districts shall send staff members to
12 the one-day in-person training within existing resources.~~

13 ~~(b) Subject to the availability of amounts appropriated for this
14 specific purpose, after establishing these relationships with the
15 educational service districts, Forefront at the University of
16 Washington must continue to meet with the educational service
17 districts via videoconference on a monthly basis to answer questions
18 that arise for the educational service districts, and to assess the
19 feasibility of collaborating with the educational service districts
20 to develop a multiyear, statewide rollout of a comprehensive school
21 suicide prevention model involving regional trainings, on-site
22 coaching, and cohorts of participating schools in each educational
23 service district.~~

24 ~~(c) Subject to the availability of amounts appropriated for this
25 specific purpose, Forefront at the University of Washington must work
26 to develop public-private partnerships to support the rollout of a
27 comprehensive school suicide prevention model across Washington's
28 middle and high schools.~~

29 ~~(d) The comprehensive school suicide prevention model must
30 consist of:~~

31 ~~(i) School-specific revisions to safe school plans required under
32 RCW 28A.320.125, to include procedures for suicide prevention,
33 intervention, assessment, referral, reentry, and intervention and
34 recovery after a suicide attempt or death;~~

35 ~~(ii) Developing, within the school, capacity to train staff,
36 teachers, parents, and students in how to recognize and support a
37 student who may be struggling with behavioral health issues;~~

38 ~~(iii) Improved identification such as screening, and response
39 systems such as family counseling, to support students who are at
40 risk;~~

1 ~~(iv) Enhanced community-based linkages of support; and~~
2 ~~(v) School selection of appropriate curricula and programs to~~
3 ~~enhance student awareness of behavioral health issues to reduce~~
4 ~~stigma, and to promote resilience and coping skills.~~

5 ~~(e) Subject to the availability of amounts appropriated for this~~
6 ~~specific purpose, and by December 15, 2017, Forefront at the~~
7 ~~University of Washington shall report to the appropriate committees~~
8 ~~of the legislature, in accordance with RCW 43.01.036, with the~~
9 ~~outcomes of the educational service district trainings, any public-~~
10 ~~private partnership developments, and recommendations on ways to work~~
11 ~~with the educational service districts or others to implement suicide~~
12 ~~prevention.))~~

13 **Sec. 8.** RCW 28A.320.127 and 2016 c 48 s 1 are each amended to
14 read as follows:

15 (1) Beginning in the 2014-15 school year, each school district
16 must adopt a plan for recognition, initial screening, and response to
17 emotional or behavioral distress in students, including but not
18 limited to indicators of possible substance abuse, violence, youth
19 suicide, and sexual abuse. The school district must tailor the plan
20 to each school's specific needs. The school district must annually
21 provide the plan to all district staff.

22 (2) At a minimum the plan must address:

23 (a) Identification of training opportunities in recognition,
24 screening, and referral that may be available for staff;

25 (b) How to use the expertise of district staff who have been
26 trained in recognition, screening, and referral;

27 (c) How staff should respond to suspicions, concerns, or warning
28 signs of emotional or behavioral distress in students;

29 (d) Identification and development of partnerships with community
30 organizations and agencies for referral of students to health, mental
31 health, substance abuse, and social support services, including
32 development of at least one memorandum of understanding between the
33 district and such an entity in the community or region;

34 (e) Protocols and procedures for communication with parents and
35 guardians, including the notification requirements under RCW
36 28A.320.160;

37 (f) How staff should respond to a crisis situation where a
38 student is in imminent danger to himself or herself or others;

1 (g) How the district will provide support to students and staff
2 after an incident of violence, youth suicide, or allegations of
3 sexual abuse;

4 (h) How staff should respond when allegations of sexual contact
5 or abuse are made against a staff member, a volunteer, or a parent,
6 guardian, or family member of the student, including how staff should
7 interact with parents, law enforcement, and child protective
8 services; and

9 (i) How the district will provide to certificated and classified
10 staff the training on the obligation to report physical abuse or
11 sexual misconduct required under RCW 28A.400.317.

12 (3) The plan under this section may be a separate plan or a
13 component of another district plan or policy, such as the harassment,
14 intimidation, and bullying prevention policy under RCW 28A.300.2851
15 or the comprehensive safe school plan required under RCW 28A.320.125.

16 (4) Beginning in the 2019-20 school year, and annually
17 thereafter, each school district must submit the plan to the office
18 of the superintendent of public instruction and to the educational
19 service district. The school district must resubmit the plan any time
20 that substantial changes are made to the plan.

21 **Sec. 9.** RCW 28A.410.226 and 2013 c 197 s 2 are each amended to
22 read as follows:

23 (1) As provided under subsections (2) and (3) of this section,
24 individuals certified by the professional educator standards board as
25 a school nurse, school social worker, school psychologist, or school
26 counselor must complete a training program on youth suicide screening
27 and referral as a condition of certification. The training program
28 must be at least three hours in length. The professional educator
29 standards board must adopt standards for the minimum content of the
30 training in consultation with the office of the superintendent of
31 public instruction and the department of health. In developing the
32 standards, the board must consider training programs listed on the
33 best practices registry of the American foundation for suicide
34 prevention and the suicide prevention resource center. By January 1,
35 2020, the training program must include safety planning with the
36 parents or guardians of students identified as at-risk for suicide,
37 where the planning includes limiting access to lethal means.

38 (2) This section applies to the following certificates if the
39 certificate is first issued or is renewed on or after July 1, 2015:

- 1 (a) Continuing certificates for school nurses;
2 (b) Continuing certificates for school social workers;
3 (c) Continuing and professional certificates for school
4 psychologists; and
5 (d) Continuing and professional certificates for school
6 counselors.

7 (3) A school counselor who holds or submits a school counseling
8 certificate from the national board for professional teaching
9 standards or a school psychologist who holds or submits a school
10 psychologist certificate from the national association of school
11 psychologists in lieu of a professional certificate must complete the
12 training program under subsection (1) of this section by July 1,
13 2015, or within the five-year period before the certificate is first
14 submitted to the professional educator standards board, whichever is
15 later, and at least once every five years thereafter in order to be
16 considered certified by the professional educator standards board.

17 (4) The professional educator standards board shall consider the
18 training program under subsection (1) of this section as approved
19 continuing education (~~under RCW 28A.415.020~~) and shall count the
20 training program toward meeting continuing education requirements for
21 certification as a school nurse, school social worker, school
22 psychologist, or school counselor.

23 **Sec. 10.** RCW 71.24.061 and 2018 c 288 s 2 and 2018 c 201 s 4007
24 are each reenacted and amended to read as follows:

25 (1) The authority shall provide flexibility in provider
26 contracting to behavioral health organizations for children's mental
27 health services. Behavioral health organization contracts shall
28 authorize behavioral health organizations to allow and encourage
29 licensed or certified community mental health centers to subcontract
30 with individual licensed mental health professionals when necessary
31 to meet the need for an adequate, culturally competent, and qualified
32 children's mental health provider network.

33 (2) To the extent that funds are specifically appropriated for
34 this purpose or that nonstate funds are available, a children's
35 mental health evidence-based practice institute shall be established
36 at the University of Washington division of public behavioral health
37 and justice policy. The institute shall closely collaborate with
38 entities currently engaged in evaluating and promoting the use of
39 evidence-based, research-based, promising, or consensus-based

1 practices in children's mental health treatment, including but not
2 limited to the University of Washington department of psychiatry and
3 behavioral sciences, Seattle children's hospital, the University of
4 Washington school of nursing, the University of Washington school of
5 social work, and the Washington state institute for public policy. To
6 ensure that funds appropriated are used to the greatest extent
7 possible for their intended purpose, the University of Washington's
8 indirect costs of administration shall not exceed ten percent of
9 appropriated funding. The institute shall:

10 (a) Improve the implementation of evidence-based and
11 research-based practices by providing sustained and effective
12 training and consultation to licensed children's mental health
13 providers and child-serving agencies who are implementing
14 evidence-based or researched-based practices for treatment of
15 children's emotional or behavioral disorders, or who are interested
16 in adapting these practices to better serve ethnically or culturally
17 diverse children. Efforts under this subsection should include a
18 focus on appropriate oversight of implementation of evidence-based
19 practices to ensure fidelity to these practices and thereby achieve
20 positive outcomes;

21 (b) Continue the successful implementation of the "partnerships
22 for success" model by consulting with communities so they may select,
23 implement, and continually evaluate the success of evidence-based
24 practices that are relevant to the needs of children, youth, and
25 families in their community;

26 (c) Partner with youth, family members, family advocacy, and
27 culturally competent provider organizations to develop a series of
28 information sessions, literature, and online resources for families
29 to become informed and engaged in evidence-based and research-based
30 practices;

31 (d) Participate in the identification of outcome-based
32 performance measures under RCW 71.36.025(2) and partner in a
33 statewide effort to implement statewide outcomes monitoring and
34 quality improvement processes; and

35 (e) Serve as a statewide resource to the authority and other
36 entities on child and adolescent evidence-based, research-based,
37 promising, or consensus-based practices for children's mental health
38 treatment, maintaining a working knowledge through ongoing review of
39 academic and professional literature, and knowledge of other

1 evidence-based practice implementation efforts in Washington and
2 other states.

3 (3) To the extent that funds are specifically appropriated for
4 this purpose, the health care authority in collaboration with the
5 University of Washington department of psychiatry and behavioral
6 sciences and Seattle children's hospital shall:

7 (a) Implement a program to support primary care providers in the
8 assessment and provision of appropriate diagnosis and treatment of
9 children with mental and behavioral health disorders and track
10 outcomes of this program;

11 (b) Beginning January 1, 2019, implement a two-year pilot program
12 called the partnership access line for moms and kids to:

13 (i) Support obstetricians, pediatricians, primary care providers,
14 mental health professionals, and other health care professionals
15 providing care to pregnant women and new mothers through same-day
16 telephone consultations in the assessment and provision of
17 appropriate diagnosis and treatment of depression in pregnant women
18 and new mothers; and

19 (ii) Facilitate referrals to children's mental health services
20 and other resources for parents and guardians with concerns related
21 to the mental health of the parent or guardian's child. Facilitation
22 activities include assessing the level of services needed by the
23 child; within seven days of receiving a call from a parent or
24 guardian, identifying mental health professionals who are in-network
25 with the child's health care coverage who are accepting new patients
26 and taking appointments; coordinating contact between the parent or
27 guardian and the mental health professional; and providing
28 postreferral reviews to determine if the child has outstanding needs.
29 In conducting its referral activities, the program shall collaborate
30 with existing databases and resources to identify in-network mental
31 health professionals ~~((-))~~; and

32 (c) Expand programs described in (a) and (b)(i) of this
33 subsection to school nurses, school social workers, school
34 psychologists, and school counselors and encourage these school staff
35 to use the service when they are concerned about a student's mental
36 health and do not know to whom to refer the student.

37 (4) The program activities described in subsection (3) (a) and
38 (b)(i) of this ~~((subsection))~~ section shall be designed to promote
39 more accurate diagnoses and treatment through timely case
40 consultation between primary care providers and child psychiatric

1 specialists, and focused educational learning collaboratives with
2 primary care providers.

3 ~~((4))~~ (5) The health care authority, in collaboration with the
4 University of Washington department of psychiatry and behavioral
5 sciences and Seattle children's hospital, shall report on the
6 following:

7 (a) The number of individuals who have accessed the resources
8 described in subsection (3) of this section;

9 (b) The number of providers, by type, who have accessed the
10 resources described in subsection (3) of this section;

11 (c) Demographic information, as available, for the individuals
12 described in (a) of this subsection. Demographic information may not
13 include any personally identifiable information and must be limited
14 to the individual's age, gender, and city and county of residence;

15 (d) A description of resources provided;

16 (e) Average time frames from receipt of call to referral for
17 services or resources provided; and

18 (f) Systemic barriers to services, as determined and defined by
19 the health care authority, the University of Washington department of
20 psychiatry and behavioral sciences, and Seattle children's hospital.

21 ~~((5))~~ (6) Beginning December 30, 2019, and annually thereafter,
22 the health care authority must submit, in compliance with RCW
23 43.01.036, a report to the governor and appropriate committees of the
24 legislature with findings and recommendations for improving services
25 and service delivery from subsection ~~((4))~~ (5) of this section.

26 ~~((6))~~ (7) The health care authority shall enforce requirements
27 in managed care contracts to ensure care coordination and network
28 adequacy issues are addressed in order to remove barriers to access
29 to mental health services identified in the report described in
30 subsection ~~((4))~~ (5) of this section.

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