

Legislative Issue Proposal Form

Complete and email the form below (as a Word document and not a PDF) to ptaadvocacydir@wastatepta.org. Review the Legislative Issue Proposal Instructions document for instructions and details about the submittal process. Type or cut and paste your answers in the spaces below.

Section 1 – Submitter Information (Required for all proposals.)

- This submission is being offered by a / an:** *(Use only one response below.)*
 Individual Council
 Local PTA WSPTA committee
- Primary submitter contact:**
(For the submission to be accepted, you must fill out all the criteria in this section.)
Name: **Mike Uehara-Bingen**
PTA name and number: **Alki Elementary PTA 6.15.25**
Mobile phone number: **310-339-0953**
Email address: **mikebingen@gmail.com**
- Additional submitter contact information:**
(Leave blank if no additional submitters – add additional lines as needed.)
Name: **Davina Dilley**
PTA name and number: **Alki Elementary PTA 6.15.25**
Mobile phone number: **206-947-4385**
Email address: **thedgreen@yahoo.com**

Section 2 – New Legislative Issue (Answers to questions 1-6 below are required for all proposals.)

- Issue title:** *(In 50 characters or less, including spaces, provide a title of your new issue. The title should concisely and accurately describe the legislative issue.)*

Medical and Mental Health Staff for All Students

- Issue description:** *(In 350 characters or less, including spaces, provide a description for the new issue. The description must follow the provided format beginning with “The Washington State PTA shall support legislation or policies that:”.)*

The Washington State PTA shall support legislation or policies that: Support the medical and mental health of all students K-12 with increased and equitable staffing for nurses, counselors, psychologists, and social workers in all schools, provided by both in-person and telehealth access.

3. Facts and evidence: (Provide the facts and evidence that lead you to propose this new issue. Include references and links to substantiate facts. Limit your response to no more than 5 pages.)

School Nurses

Most would be quick to recognize that School Nurses provide basic health services in schools, but their services transcend that in a variety of ways. This was detailed in the American Academy of Pediatrics' 2016 Policy Statement on the role of the School Nurse in providing health services. *SOURCE: [American Academy of Pediatrics](#)*

A helpful summary was published by the Pennsylvania Association of School Nurses and Practitioners, as follows:

"The school nurse's job comprises much more than just health services. School nurses provide surveillance, chronic disease management, emergency preparedness, behavioral assessment, ongoing health education and extensive case management, among their duties. The policy statement notes that school nurses today monitor more children with special needs, and help with medical management in behavioral challenges which impact learning, diabetes, life-threatening allergies, asthma and seizures.

"School nurses participate in public health arenas such as immunization, obesity prevention and substance abuse assessment. The policy statement notes that collaboration among pediatricians, families and the school medical team is increasingly critical to optimal health care in both office and community settings. Yet, school nurse staffing patterns vary widely across the United States."

SOURCE: [Pennsylvania Association of School Nurses and Practitioners](#)

School Nurses are necessary for providing medical attention to children who may not otherwise receive it. They are uniquely positioned to discover a child's need and recommend it to the guardian. They can also make referrals to other health services beyond basic pediatrics, helping guardians provide care for their children in ways that they may not otherwise recognize. In these ways guardians rely heavily on School Nurses to detect potential problems and connect them with potential solutions.

When medical emergencies and disasters occur in the school, School Nurses are typically the only staff member onsite with the training necessary to provide the best responsive care. They provide leadership in all phases of emergency prevention, preparedness, response, and recovery. Leaving these responsibilities to other staff who are not appropriately trained is dangerous, as it leaves children unnecessarily vulnerable. *SOURCE: [National Association of School Nurses](#)*

"Tragedy struck... [when] a 12-year-old girl died on her way to the hospital from an asthma attack that began at school. No nurse was on duty at the school at the time... You can't get sick on the day the nurse is not there... It doesn't make a lot of sense, but it's become the reality we live with." *SOURCE: [Council of State Governments Knowledge Center](#)*

School Nurses are necessary for concerted public health efforts which require implementation in schools. They execute on action plans and safety protocols to maintain standards of health required by governing bodies such as a School Board, School District, or State. This has always been true, but it is more clear than ever in the midst of a pandemic. Governing bodies at all levels are formulating plans to change how schools should operate, to prevent further outbreaks of COVID-19, and these plans will rely on medical experts for implementation. The pandemic has further clarified the need for School Nurses as professionals whose impact goes way beyond bandages and ice packs, and in fact is at the center of managing public health beyond the school. Contagions thrive where people gather in large numbers, and schools are among the most essential of such places. Public health management should be at the forefront of public education policy, for which School Nurses are undeniably essential. The CDC has recommendations for School Health Services as a fundamental piece of managing public health conditions. They identify School Nurses as essential in every aspect, including acute care, emergency care, care coordination, chronic disease management, and family engagement. *SOURCE: [Centers for Disease Control and Prevention](#)*

Although the concern is mostly about children as vectors for spreading COVID-19, based on the concentrated impact on the elderly and other adults with pre-existing conditions, there have been reports of potentially long-term negative impacts to children's health, and nobody knows what to expect from future mutations of the virus. School Nurses are absolutely necessary to monitor how this evolves when schools bring children together in the midst of the pandemic.

"We don't know everything about this virus, and we really better be very careful, particularly when it comes to children." -Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases *SOURCE: [KOMO News](#)*

Children need to attend a particular school for a number of reasons, typically because of its proximity to their home, but there are other reasons as well. Children with special needs often choose a school because of a particular way in which that school is able to meet their needs, and this is especially true when it comes to matters of health. For example, children with diabetes may not be able to self-administer insulin several times a day, and so receiving assistance while they are at school is actually a matter of life and death. Lack of School Nurse hours in schools can require that these children relocate or commute to a different school where there is a School Nurse. This can have a variety of effects on a community, increasing stress and transportation costs, and potentially decreasing family engagement due to distance from the school.

School Mental Health Professionals - Counselors, Psychologists, and Social Workers

The experience of school for every child involves a myriad of emotionally challenging scenarios, varying by age group, socio-economic constraints and opportunities, and the needs of each individual. Every child deserves equitable access to the guidance that is necessary for their individual success, which is a complicated equation that School Counselors, Psychologists, and Social Workers are uniquely trained to help solve.

At the Elementary Level, mental health professionals are needed for guidance with regard to how children best learn, how they can manage themselves while they begin to develop their social skills, and what it will take to promote success across a diverse set of students. In the earlier years of Elementary School, children transition from focused attention from their guardian(s), to distributed attention from their teachers and friends. Mental health professionals are particularly helpful as children learn how to share that attention, with programs and resources that help them to manage it proactively.

At the Middle School Level, mental health professionals are needed to provide guidance as children face the passage from childhood to adolescence. Several things change for children during this time, as they begin to connect their education with its practical applications in life and work, and as they transition from reliance on their parents for ideas and affirmation to that from their peers. This comes with an extreme sensitivity to what their peers say about them, and involves a heavy reliance on the comfort and understanding of their friends. Mental health professionals can be especially supportive for children who struggle with these transitions.

At the High School Level, mental health professionals are needed for guidance across a whole set of scenarios that relate to each child's changing influences. For many teenagers, the influence from their guardian(s) can be replaced by the influence from their peers. This has much to do with their increased exposure to risky behaviors, invoking curiosities and pressures in exploration of sexual activity, drug use, and competitive opportunity. These challenges introduce a child to the process of making important decisions, in a void of relevant experience. If that is coupled with a void of relevant guidance, the outcomes for some will range from unfortunate to outright devastating and tragic. Teenagers need advice so that they can make informed decisions, and mental health professionals are uniquely trained in how to best provide this advice via therapeutic guidance and collaboration.

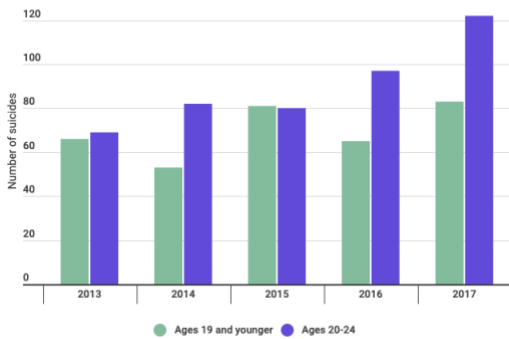
In a variety of empirical research studies, the effectiveness of Mental Health Professionals in the success of a child's education is clear and present in the results. There is a countless amount of research on the topic. Lists of relevant examples can be found in these links, but this is by no means exhaustive: **SOURCES:** *School Counselors* - [American School Counselor Association](#), *School Psychologists* - [National Association of School Psychologists](#), *School Social Workers* - [Database of Abstracts of Reviews of Effects](#)

The critical role of Mental Health Professionals in schools has already been officially recognized by an overwhelming majority of the WA House, Senate, and Governor, in House Bill 1377. **SOURCE:** [WA House Bill 1377](#)

“If there would’ve been a counselor (available) in any one of the myriad of schools I went to, it would’ve been different... If I would’ve had someone who would’ve listened to me, I would’ve ran in there and told them everything. I never felt like I could be heard... Every day that we don’t offer these kids someone to talk to is another day that they are wallowing in their own pain and reaching that edge of violence... if we really want to stop this we need to start by listening to the kids who are actually in pain.”

SOURCE: [King5](#)

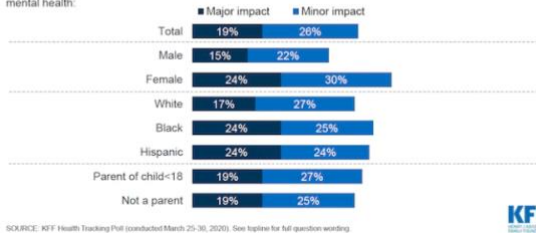
Youth suicides in Washington 2013-17



Source: Washington State Department of Health.

Significant Shares Say The Coronavirus Has Had A Negative Impact On Their Mental Health

Percent who say they feel that worry or stress related to coronavirus has had a negative impact on their mental health:



SOURCE: KFF Health Tracking Poll (conducted March 25-30, 2020). See legend for full question wording.



School mental health professionals play an integral role in Suicide Prevention, which just gets increasingly urgent with every report of the increasing suicide rate.

“The suicide rate among children ages 10 to 17 increased by 70 percent between 2006 and 2016.” SOURCE: [American Civil Liberties Union](#)

The chart to the left shows that there has clearly been an increasing mental health crisis taking place among children in Washington, and recent events are quickly making this much worse. Although data from the COVID-19 pandemic is still being compiled, it is quite clear that mental health issues are spiking quickly across the United States.

Nearly half of Americans report the coronavirus crisis is harming their mental health, according to a Kaiser Family Foundation poll. A federal emergency hotline for people in emotional distress registered a more than 1,000 percent increase in April, compared with the same time last year. Last month, roughly 20,000 people texted that hotline. SOURCES: [King5](#), [Washington Post](#)

It is reasonable to expect increasingly negative effects on overall mental health as the impact of COVID-19 continues to unfold. For children, the shutdown of schools and outdoor activities, and more fundamentally the requirement for children to remain socially distant, is detrimental to their mental health. Compounding this may be the deterioration of their guardians' mental health, as anxiety in children is a function of the anxiety in their homes, and so the pandemic and the consequent economic downturn is expected to have a cascading impact on children's health.

“A generation of children and teenagers in the US who were born under the specter of international terrorism, raised during a recession and... the threat of near-constant school shootings is facing yet another trauma: a pandemic that’s already racked up a devastating body count and completely upended their lives.” SOURCE: [The Guardian](#)

Though this cannot yet be fully substantiated with data, experts in the field are already weighing in. One of the most prominent pediatricians in the United States, Dr. Dimitri Christakis, a resident at Seattle Children’s Hospital and Researcher at University of Washington, said the following:

“...millions of children have been kept home from school and transitioned rather abruptly to distance learning that no child, school district, or teacher was adequately prepared for.” SOURCE: [JAMA Pediatrics](#)

“The social-emotional needs of children to connect with other children in real time and space, whether it's for physical activity, unstructured play or structured play, this is immensely important for young children in particular.” SOURCE: [NPR](#)

In the absence of helpful data in the United States, we can look at research coming out of China, where the pandemic began several months earlier. A new study in JAMA Pediatrics documents elevated depression and anxiety among children under lockdown in China.

“In this study, 22.6% of students reported having depressive symptoms, which is higher than other investigations in primary schools of China (17.2%). During the outbreak... reduction of outdoor activities and social interaction may have been associated with an increase in children’s depressive symptoms... 18.9% of students reported anxiety symptoms, which is higher than the prevalence in other surveys. Severe acute respiratory syndrome in 2003 was also associated with several psychological symptoms... serious infectious diseases may influence the mental health of children as other traumatic experiences do.” SOURCE: [JAMA Pediatrics](#)

Further complicating the lives of children in the midst of the pandemic is the increased incidence of hospitalizations due to severe Child Abuse, along with increased calls into sex abuse hotlines. This is likely due to prolonged exposure of children to abusive scenarios at home, exacerbated by increased stress levels among their abusers, as explained here by Dr. Christakis:

“A... major risk... is child abuse. With schools closed and activities canceled... mandatory reporters... are less likely to catch wind of abuse or neglect. Hospitals... are reporting a rise in admissions for severe child abuse injuries and even deaths. And a sex-abuse hotline... reported that half its calls in March came from minors, for the first time in its history.” SOURCE: [NPR](#)

One particularly notable detail in the quote above is that although the incidence of hospitalizations due to severe child abuse has gone up, the reporting of child abuse has decreased. Across the country, this drop has been dramatic, ranging from ~16% to ~50% in the months of March and April, 2020. *SOURCES: Washington - [The Columbian](#), California - [Los Angeles Times](#), Iowa - [The Gazette](#), Massachusetts - [Boston Globe](#)*

This is clearly due to the lack of access that children have to mandatory reporters, due to school closures. School Mental Health Professionals have a uniquely positioned role in mandatory reporting, with extensive education around child development and identifying child abuse. *SOURCES: School Counselors - [American School Counselor Association](#), School Psychologists - [Western Kentucky University](#), School Social Workers - [Social Work Today](#)*

In addition to the way in which School Mental Health Professionals can help prevent troubled children from harming themselves, they are in that same way uniquely positioned to prevent troubled children from harming others. Gun violence is the leading cause of premature death in the United States, and it is often prevented when mental health professionals notice alarming behavior:

“His drawings were of guns and shooting people, guns in the house. And when we talked about it he readily admitted that yes, that’s all he thought about, and he could hear people telling him he needed to shoot someone... that time I knew he was being as honest as honest could be.’... His parents had no idea what was going on with him, Villarreal learned during a meeting with them. If she hadn’t intervened, she said she thinks he may have followed ‘what his voices told him.’ Villarreal said it’s frightening to think of a similar scenario at a school without a counselor. ‘It can escalate, and we will not see it at all.’” *SOURCE: [King5](#)*

School Counselors, School Psychologists, and School Social Workers all have critical roles in the prevention of gun violence. *SOURCES: School Counselors - [American School Counselor Association](#), School Psychologists - [National Association of School Psychologists](#), School Social Workers - [The New Social Worker](#)*

All School Health Professionals

When a school is without a nurse, counselor, psychologist, and/or social worker, the need for health services does not go away. This reduces the focus on other priorities in the school for which other staff have responsibilities. Teachers either spend significantly less time teaching, or individual and public health needs go ignored.

“In a classroom of 26 first graders, a student had a rock in their hand from recess but there was no school nurse in the office that day, and the office assistant who would normally take care of bandaids and ice packs was at lunch, so I had to get out my classroom first aid kit to remove the rock and dress the wound. I had 25 six and seven year olds waiting, so I asked one student to read a book to the class. Another student told me they didn’t feel well and began vomiting in the classroom. I had to grab a garbage can, calm the screaming students, remove the rock, call both of the children’s families, and call the custodian to clean the vomit. All of these things happened without the aid of a school nurse, and no learning was taking place for any of the 26 students in the class. Nearly every teacher has a story of their own that is much like this. Allergic reactions, concussions, fractured or broken bones, vomiting, fevers, lice, pink eye, rashes, and other health concerns that office staff and teachers are tasked with determining the best course of action, with limited to no training. Each day that a school nurse is in the building, I can focus on teaching because student’s health needs can be met.” *-Davina Dilley, elementary school teacher*

Furthermore, when students receive health care from School Health Professionals, they are able to collaborate more easily with other staff in the school who have insight into the child's daily activities and behaviors. When external medical and mental health professionals are the only ones providing care, the communication between those professionals and school staff is regulated, and less accessible.

The historically underserved student population is suffering at a higher rate than their white peers due to the lack of school based mental health and physical health staff. *SOURCE: [American Civil Liberties Union](#)*

“Nearly 80% of youth in need of mental health services do not have access to adequate services in their communities. Of those who do receive services, more than 70% receive services in schools... School-based mental health providers—such as counselors, nurses, social workers, and psychologists—are frequently the first to identify children in need. These students experience sickness, stress, or trauma; they can act out, hurt themselves, or harm others as a result... These providers improve health outcomes for those students as well as advance school climate and school safety... ‘Schools that employ more school-based mental health providers see improved attendance rates, lower rates of suspension and other disciplinary incidents, lower rates of expulsion, improved academic achievement and career preparation, and improved graduation rates,’ the report states.” *SOURCES: [Salud America](#)*

Telehealth

In order to provide much needed and equitable access to school nurses, counselors, social workers, and psychologists in all schools throughout the state, telehealth services need to be available in schools that cannot meet the PSM due to the lack of trained professionals in their district or during emergency school closures. The benefits of telehealth for both behavioral health and medicine are access for students in smaller districts, rural communities, and immediate access for students in all schools facing urgent needs. The best option is students working with physical and mental health professionals in person, but when that is not possible, telemedicine is imperative. In the absence of trained health care professionals, CPR and First Aid certification needs to be provided for all teachers and other school staff. Other benefits of telehealth for children and adolescents include comfortable surroundings, technology that students use frequently, and studies show that 90% of children and parents of children who receive telebehavioral health rate it positively. **SOURCE:** [American Telemedicine Association](#)

Recent legislation (House bill 2728) was passed to open a path for telehealth services for children. **SOURCE:** [WA House Bill 2728](#)

Funding & Staffing Levels

The COVID-19 crisis and the consequent economic downturn is resulting in a severe state revenue shortfall, which cannot be ignored as a funding complication for increasing health professional staff in all schools. But to kick the can further down the road on this priority for all children would be to ignore the very obvious ways in which the COVID-19 crisis is also increasing the need for these critical positions. State leaders need to think outside the box to carve out the funds, because the need is increasing faster than ever. There are untapped sources of funding which need to be explored. For six years now Medicaid has been available as a source of federal funding for paying the salaries of school health professionals, but this has mostly gone untapped by Washington State (more on this below). To ignore the health care needs of all children without exploring new avenues of funding is simply a failure to understand the scope of the problem.

The following chart demonstrates the large gap between the recommended student to health professional staffing and the Washington state actual staffing model as evidenced in RCW28A.150.260. The staffing model needs to be changed in order to more closely meet the school nurse, counselor, psychologist, and social worker staffing recommendations that will adequately serve student medical and mental health needs. The current PSM allocates one school nurse for every 5,200 students. In a 180-day school year, a school nurse would have to see 28.89 different students per day to even meet a student one time in the school year. This highlights the extreme inadequacy of our state ratio for all of our professional health positions in schools. **SOURCE:** [WA RCW28A.150.260](#)

Type of School Health Professional	Type of Student Population	Recommended Ratios		Nationwide K-12 Actual Ratios		WA State-Funded Ratios					
						Elementary Schools		Middle Schools		High Schools	
Nurses	Healthy	750:1	(a)	1,515:1	(b)	5,263:1	(i)	7,200:1	(i)	6,250:1	(i)
	Requiring daily professional nursing services	225:1	(a)								
	Complex healthcare needs	125:1	(a)								
	Requiring continuous professional nursing services	1:1	(a)								
Counselors	General	250:1	(c)	455:1	(d)	811:1	(i)	360:1	(i)	236:1	(i)
Psychologists	General	500:1	(e)	1,400:1	(f)	23,529:1	(i)	216,000:1	(i)	85,714:1	(i)
Social Workers	General	250:1	(g)	1,245:1	(h)	9,523:1	(i)	72,000:1	(i)	40,000:1	(i)
	Intensive Needs	50:1	(g)								

SOURCES:

- (a) <https://tinyurl.com/nurse-recommended>
- (b) <https://tinyurl.com/nurse-actual>
- (c) <https://tinyurl.com/counselor-recommended>
- (d) <https://tinyurl.com/counselor-actual>
- (e) <https://tinyurl.com/psychologist-recommended>
- (f) <https://tinyurl.com/psychologist-actual>
- (g) <https://tinyurl.com/socialworker-recommended>
- (h) <https://tinyurl.com/socialworker-actual-1>,
<https://tinyurl.com/socialworker-actual-2>
- (i) <https://tinyurl.com/wa-state-funded-ratios>

Table 17: Number of Student FTE Needed to Generate One Staff FTE

Staff Position	Elementary	Middle	High
School Counselors	811	355	236
School Nurses	5,263	7,200	6,250
Social Workers	9,524	72,000	40,000
Psychologists	23,529	216,000	85,714
Student and Staff Safety	5,063	4,696	4,255

Table 16: Current Law Allocations for Social-Emotional Health Staff

Staff Position	Elementary (400 FTE)	Middle (432 FTE)	High (600 FTE)
School Counselors	0.493	1.216	2.539
Counselor Enhancement	0.307	0.512	0.000
School Nurses	0.076	0.060	0.096
Social Workers	0.042	0.006	0.015
Psychologists	0.017	0.002	0.007
Family Engagement Coordinators	0.000	0.000	0.000
Student and Staff Safety	0.079	0.092	0.141

Table 18: Recommended Fully Phased-in Values for Social-Emotional Health and Safety Staff

Staff Position	Elementary	Middle	High
Prototypical School Size	400 FTE	432 FTE	600 FTE
School Counselors	0.500	2.000	3.500
Counselor Enhancement (provided for 20 schools)	0.512	0.512	0.000
School Nurses	0.585	0.888	0.824
Social Workers	0.311	0.088	0.127
Psychologists	0.104	0.024	0.049
Family Engagement Coordinators	1.000	1.000	1.000
Student and Staff Safety	0.790	0.700	1.300

The 2018 Legislature directed OSPI to convene a technical workgroup from a diversity of school districts and education stakeholders. Their job was to review the basic education staffing enrichments detailed in section 904 of House Bill 2242. As part of that analysis, they were able to demonstrate how poorly staffed a school of 400-600 students would be with Health Professionals if the bill were to not pass, and how many students would need to be enrolled in a school just to have state funding for one Health Professional.

The technical workgroup recommended PSM funding to match that detailed in the 2011 voter-approved Initiative 1351, which would have resulted in the improvements shown in Table 18, to the left.

The bill was partially vetoed, due to an inadequate funding proposal, ultimately decreasing K-3 class size, but with no increase in funding for School Health Professionals. **SOURCE:** [Washington Office of Superintendent of Public Instruction](#)

The most recent failure to increase state funding for School Health Professionals took place on April 3rd, 2020, when the anticipated state revenue shortfall due to the COVID-19 pandemic forced Governor Inslee to veto \$445million in new spending, including \$116million for 370 new School Counselors, and \$31.8million to add 0.5 School Counselor to the PSM. Governor Inslee expressed his support for these initiatives, and said, "We know that fairly shortly we'll be back one way or another, and legislators will have a chance to deal with this issue." **SOURCE:** [Seattle Times](#)

With such a small amount of State Funding available for School Health Professionals, these critical positions heavily depend on additional funding from local school districts. This is an inequitable funding model, providing further advantage to some children, but not others. Concerned communities understandably turn to local fundraising to further supplement these funds, when they are able. In communities where local businesses are less able to donate, and membership has less time to rally up support, this funding model all but ensures that they are not adequately staffed with School Health Professionals. For other communities, where fundraising has successfully funded staff salaries, these critical positions depend on millions of dollars in volatile grants, a model which is challenging to sustain and threatens the consistency of health services in these schools, often on a yearly basis. **SOURCE:** [SPS Office of Grants and Fiscal Compliance](#)

As aforementioned, new solutions for funding must be supported. Medicaid's SBHS program is an impactful option to help fund Health Professionals in all schools, progressive in its scope to low-income families and communities, and it's an option that has been available for school health care since 2014. Washington has mostly not leveraged this option so far, while several other states have been using it to fund School Health Professional's salaries. This is an untapped source of funding that should be at the forefront of the discussion about how to fund Health Professionals in all schools. **SOURCES:** [Washington State Health Care Authority](#), [Seattle Times](#), [Kaiser Health News](#)

4. Persuasive statement: *(Provide a persuasive statement for this new issue. Up to a maximum of 250 words.)*

Washington State urgently needs to address the insufficient staffing of school nurses and mental health professionals in our schools. The recommended ratio for school nurses is one for every 750 students, but state funding only allows for a ratio of one to every 5,200 students. This leaves districts and PTAs to bridge the gap, causing significant inequities across our state.

We rely on school health professionals to care for our children through everyday bumps and bruises. We also rely on them for students who need regular medical attention, many of whom have to travel outside of their neighborhood to attend schools that have a full-time nurse. School health professionals are key in early detection of child abuse and suicidal behavior, the rates of which have been on the rise among our youth for several years. Every student deserves access to these services, and we are not meeting those needs.

The COVID-19 crisis has only further illustrated the urgency of this issue. When our children return to school, we will be relying on school nurses to implement public health guidelines to keep them safe and healthy. In this time of extreme transition, our school counselors, psychologists, and social workers will be crucial in meeting the mental health needs of all students.

The new state budget included more funding for health professionals but was cut due to revenue shortfalls. Please vote this issue to the top 5 and let's use WSPTA power to allow all students to be safe and healthy.

5. Work in progress: *(Are any legislators and/or groups or coalitions currently working on this topic? Please provide if known.)*

OSPI Education Workgroup

- <https://tinyurl.com/2018-staff-enrich-workgroup>

WA State Democratic Leadership

- <https://tinyurl.com/inslee-veto-445million>

WA School Counselor Association, SB6480

- <https://app.leg.wa.gov/documents/billdocs/2017-18/Pdf/Bills/Senate%20Bills/6480.pdf>

6. Is this topic a current or past position of PTA? (List the WSPTA, other state PTA congress, or National PTA positions, principles, issues, or resolutions that align with your proposed new legislative issue. Cite the position or resolution title and year, if known.)

WSPTA 2019 Legislative Platform, Social Emotional Learning

- <https://www.wastatepta.org/wp-content/uploads/2018/10/2019-Legislative-Priorities-1.pdf>

WSPTA 2019 Legislative Platform, Social Emotional Learning 2SSB 5082, 2SSB 5903

- <http://lawfilesexternal.wa.gov/biennium/2019-20/Pdf/Bills/Session%20Laws/Senate/5082-S2.SL.pdf>
- <http://lawfilesexternal.wa.gov/biennium/2019-20/Pdf/Bills/Session%20Laws/Senate/5903-S2.SL.pdf>

Topic	Position Objectives	Status	Success
Social Emotional Learning	Codify Social Emotional Learning Work Group and support adoption of the SEL framework; provide training; ensure adequate staffing of psychologists, counselors, social workers, behavioral specialists, and nurses in schools.	<ul style="list-style-type: none"> • 2SSB 5082 creates the Social Emotional Learning work group in statute. It also describes membership on the work group; responsibilities and tasks; and reports due. The bill also requires school districts, beginning in the 2020-21 school year and every other year, to use one of the state-funded professional development days for training in social emotional learning, trauma-informed practices, adverse childhood experiences, anti-harassment/intimidation/bullying, and related topics. • 2SSB 5903 implements recommendations from the Children’s Mental Health Work Group, includes the same requirement as above for professional development training for all school employees using existing state-funded days, starting in the 2020-21 school year and every other year. • Still to go: increasing staffing levels to meet the needs of students. 	√

WSPTA 2019 Advocacy in favor of a change to SB5315

- <https://tinyurl.com/wspta-change-to-sb5315>

WSPTA 2019-20 “SHB 1479/SB 5777 would have created a work group and, based on the recommendations of the work group, adopt, require educators to meet, and implement a continuing education program that meets the knowledge, skill, and performance standards related to student mental health and wellbeing”

- <https://app.leg.wa.gov/billsummary?BillNumber=1479&Initiative=false&Year=2019>

WSPTA 2019-20 “SHB 1265 would have increased allocations for guidance counselors under the prototypical school funding model, phased in over three school years to: 0.800 for a prototypical elementary school; and 1.728 for a prototypical middle school. NOTE: funding was provided in the 2019-21 operating budget for 20 of the lowest performing schools, larger than 150 students, grades K-8.”

- <https://app.leg.wa.gov/billsummary?BillNumber=1265&Initiative=false&Year=2019>