

# HOUSE BILL REPORT

## HB 2456

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**As Reported by House Committee On:**  
Children & Family Services

**Title:** An act relating to mental health consultation services for child care programs.

**Brief Description:** Establishing a pilot project to provide mental health consultation services for child care programs.

**Sponsors:** Representatives Roberts, Kagi, Moeller, Pettigrew, Green, Darneille, Morrell, Lantz, Dickerson, Upthegrove and Schual-Berke.

**Brief History:**

**Committee Activity:**

Children & Family Services: 1/18/06, 1/25/06 [DPS].

**Brief Summary of Substitute Bill**

- Establishes the child care mental health consultation pilot program.

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### HOUSE COMMITTEE ON CHILDREN & FAMILY SERVICES

**Majority Report:** The substitute bill be substituted therefor and the substitute bill do pass. Signed by 7 members: Representatives Kagi, Chair; Roberts, Vice Chair; Walsh, Ranking Minority Member; Darneille, Dickerson, Haler and Pettigrew.

**Minority Report:** Without recommendation. Signed by 2 members: Representatives Hinkle, Assistant Ranking Minority Member and Dunn.

**Staff:** Sydney Forrester (786-7120).

**Background:**

A 2005 study conducted by Yale University found that three- and four-year olds are expelled from pre-school programs at more than three times the rate school-age children are expelled from school. The most common cause of expulsion was aggression toward other children. The Yale study also found that in classrooms where teachers had no access to a psychologist or psychiatrist, students were expelled about twice as frequently. Researchers concluded that the likelihood of expulsion decreases significantly with access to classroom-based behavioral consultants that provide teachers with assistance in behavior management.

The multi-disciplinary consultation model is used in a number of child-care programs at the national, state, and local level, but the degree to which these programs include consultation

with child mental and behavioral health specialists is not known. The National Association for the Education of Young Children (NAEYC), which provides accreditation services for child-care programs and post-secondary degree-granting programs, has added the use of mental and behavioral health consultants to its recently revised performance criteria for accrediting child-care programs.

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**Summary of Substitute Bill:** A four-year pilot program for delivering mental health consultation services to child-care programs is established. The program will be administered by the Department of Early Learning (Department) or, if the Department is not established by the effective date of the bill, the Division of Early Learning and Child Care within the Department of Social and Health Services will administer the pilot. The purpose of the program is to integrate mental and behavioral health consultation services into early care and education settings in order to prevent more serious, long-term consequences and to promote child-care continuity and school readiness.

**Program Structure**

The pilot will be established in at least two communities selected on the basis of: (1) the relative availability or unavailability of comparable services in the community; and (2) the risk factors in the community.

Using a collaborative approach to supporting the child and his or her family, mental and behavioral health consultants will promote the integration of evidence-based practice for young children with challenging behaviors in child-care settings. Child mental health specialists will:

- (1) consult with care givers on-site or with case management teams;
- (2) observe children in the child-care setting to assess functioning relationships;
- (3) meet with families on-site or in the home to gather and share information and provide developmental guidance and referrals, including referral to clinical services and other services for children and families;
- (4) provide support and guidance to child-care staff through training, team building, and strengths-based problem solving; and
- (5) coordinate with specialists in public health, infant and toddler early intervention, infant mental health, and others.

**Program Funding**

Funding will be contracted to the local child-care resource and referral network, the local public health department, or to another community-based organization with expertise in child development and child-care programs. Local agencies will be responsible for:

- (1) coordinating with the community to develop a program model consistent with legislative intent;
- (2) hiring and supervising mental and behavioral health consultants who are knowledgeable in infant and child development;
- (3) responding to requests for consultation services and ensuring equitable access to services for all community child-care providers; and

- (4) maintaining information for evaluation of program outcomes and reporting to the community agency coordinating the pilot.

**Substitute Bill Compared to Original Bill:**

Clarifications are added to the intent section relating to consultation services for behavioral health as well as mental health concerns, including parents in the consultation process, and providing consultation services in serving children ages birth to five years. The reporting requirement is modified so that the local coordinating agency will report to the state administering agency which will brief the Legislature.

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**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date of Substitute Bill:** The bill takes effect 90 days after adjournment of session in which bill is passed. However, the bill is null and void if not funded in the budget.

**Testimony For:** (In support) We look to this resource of mental health consultation for child-care providers and for parents so that care-givers and parents can support the child together. This bill is modeled on programs that are proving very successful in other states. The single largest type of call received at the local Child Care Resource and Referral Networks are requests from child-care providers about how to help children who are struggling with challenging behaviors in the child-care setting. Through the Department of Health, we used to have more programs similar to the program in this bill, but funding has dwindled. This approach to supporting children has been wildly successful. Mental health consultants can be the bridge between parents and providers in finding solutions to meet the needs of children. By finding solutions and detecting the need for services early, we are able to maintain child-care continuity and to prepare more children for school success.

Center-based consultation is also another avenue for delivering valuable information on child development to providers and parents so as to better serve all children, including children who may be at risk of being expelled. In the Yale study, Washington ranked 16th worst in expulsion rates in its Early Childhood Education and Assistance Program. Stability of care is very important for children's healthy development as well as for school readiness. Teachers need help in finding ways to support children and parents when a child's behavior places him or her at risk of being expelled from child-care.

It is easier to build a child than to mend an adult. The skills for successful learning and relationships are learned in the early years of life. With all the pressures to improve the quality of early care, this is an important element. We need to get experts in children's mental and behavioral health connected with care providers and parents. Funding two pilot sites will allow us to begin in communities where there is the most need.

The earlier we intervene when children need more support the more likely we are to be successful in helping them. By waiting, the problems continue to escalate and are more

resistant to change. Some of the most challenging behaviors we are seeing include those related to inability for self soothing, extreme verbal or physical aggressiveness, sexualized behaviors, and children who run or hide in ways that create risks to their safety. These behaviors require intensive vigilance in group settings and broad-based interventions.

The need in Washington for behavioral health consultation in early care settings is increasing. Child-care providers report behavior management as their single largest concern. Better supporting children with behavioral concerns is necessary to prevent the child and family from experiencing multiple expulsions from care settings.

(Neutral) Children who maintain high levels of problem behaviors from preschool into grade school are 52 times more likely to be diagnosed with a conduct disorder as an adolescent. These are the children who cost us the most. Infants and toddlers were not included in the Yale study. In Connecticut, infant and early childhood consultation is springing up at the federal and state level. Connecticut, Colorado, North Carolina, California, Illinois, and Michigan have consultation projects that are or are anticipated to become statewide. The concept of infant and childhood consultation is in line with the President's New Freedom Commission on Mental Health and with the Mental Health Transformation Grant. Mental health consultation also offers the opportunity to help families avoid dealing with the crisis of losing their child-care and then losing their jobs.

**Testimony Against:** We need to find out the reasons why children are being expelled. There has been an increase in the use of drugs to treat kids with behavioral concerns. What we really need to do is give children the support they need. One survey shows just 51 kids were expelled so perhaps a whole new program is not needed for just 51 kids.

**Persons Testifying:** (In support) Representative Roberts, prime sponsor; Elizabeth Bonbright Thompson and M. Bracken Marren, Child Care Resource and Referral Network; Lonnie Johns-Brown, The Collaborative; Mary Leighton, Children's Home Society of Washington; Lisa Carpenter, Washington State Association of Local Public Health Officials; Karen Froelich, Snohomish Health District; and Seth Dawson, Washington State Psychiatric Association, National Alliance for the Mentally Ill, and Washington State Council of Child Psychiatrists.

(Neutral) Sheri Hill, University of Washington.

(Opposed) Steven Pearce, Citizens Commission for Human Rights.

**Persons Signed In To Testify But Not Testifying:** None.