
**Children & Family Services
Committee**

HB 2456

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 Summary of Bill

- Establishes the child care mental health consultation pilot program.

Hearing Date: 1/18/06

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 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 health consultants to its recently revised performance criteria for accrediting early care programs.

Summary of 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 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 health 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; (2) the relative at-risk populations in the community; and (3) the availability of information regarding numbers of children expelled from child-care programs in the community.

Using a collaborative approach to supporting the child and his or her family, mental 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 complete assessments 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 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 health consultants who are knowledgeable in child development;
3. Responding to requests for consultation services and ensuring equitable access to services for all community child-care providers;
4. Maintaining information for evaluation of program outcomes and reporting to the Legislature and the state agency administering the pilot.

Appropriation: None.

Fiscal Note: Requested 1/09/06.

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