
Human Services & Early Learning Committee

2SSB 5903

Brief Description: Concerning children's mental health.

Sponsors: Senate Committee on Ways & Means (originally sponsored by Senators Darneille, Warnick, Das, Nguyen and O'Ban).

Brief Summary of Second Substitute Bill

- Requires behavioral health coordination by educational service districts and behavioral health training for school district staff.
- Establishes a Partnership Access Line for Schools pilot program.
- Establishes certificate programs in evidence-based practices for behavioral health.
- Requires statewide coordinated specialty care for early identification and intervention for psychosis.
- Establishes infant and early childhood mental health consultation and a trauma-informed early care and education pilot.
- Establishes behavioral health provider training on parent-initiated treatment (PIT) and other treatment options and an annual survey related to PIT policy changes.

Hearing Date: 3/26/19

Staff: Dawn Eychaner (786-7135).

Background:

The Children's Mental Health Work Group (CMHWG) was established to identify barriers to accessing mental health services for children and families and to advise the Legislature on statewide mental health services for this population. The CMHWG expires in December 2020.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Educational Service District Behavioral Health Coordination.

In 2017 the Office of the Superintendent of Public Instruction (OSPI) designated two Educational Service Districts (ESD) to pilot a lead staff person to coordinate mental health and substance use disorder services for students. The OSPI must report on the ESD pilot results to the Governor and the Legislature by December 1, 2019.

Professional Learning Days.

Professional learning for kindergarten through twelfth grade (K-12) school personnel is defined as a sustained, job-embedded, and collaborative approach to improving teachers' and principals' effectiveness in raising student achievement. The Legislature must phase in funding for professional learning days for certificated instructional staff, beginning with a minimum of one professional learning day in the 2018-19 school year, two professional learning days in 2019-20, and three professional learning days in 2020-21.

Partnership Access Line.

The Partnership Access Line (PAL) is a phone consultation service for primary care providers to consult with a pediatric psychiatrist. Seattle Children's Hospital delivers the PAL consultation services in affiliation with the University of Washington (UW) through a contract with the Health Care Authority (HCA). The PAL for Moms and Kids pilot provides consultation for health care professionals to assess and treat depression in pregnant women and new mothers. The PAL for Moms and Kids pilot also facilitates referrals to children's mental health services and other resources for parents and guardians. The PAL for Moms and Kids pilot will conclude in 2021.

The University of Washington Department of Psychiatry and Behavioral Sciences.

The UW Department of Psychiatry and Behavioral Sciences provides undergraduate students, medical students, graduate physicians, and graduate students with courses, clinical training, and research opportunities in related health programs such as psychology, social work, and psychiatric nursing.

Psychiatry Residencies.

The Accreditation Council for Graduate Medical Education accredits medical education and residency programs and associated sponsoring institutions. The UW Child and Adolescent Psychiatry Residency Program based at Seattle Children's Hospital and the Providence Psychiatry Residency located at the Spokane Teaching Health Clinic on the Washington State University (WSU) Spokane campus are psychiatry residency programs. Legislation enacted in 2017 and 2018 required the UW and WSU to each offer a 24-month position to a resident specializing in child and adolescent psychiatry. The UW residency requirement becomes effective July 1, 2020.

Coordinated Specialty Care.

The National Institute for Mental Health describes Coordinated Specialty Care (CSC) as a recovery-oriented treatment program for individuals experiencing first-episode psychosis. The CSC is a shared decision-making approach using a team of specialists who work together to develop a patient's treatment plan. Psychosis describes conditions that affect the mind where there has been some loss of contact with reality and often begins in adolescence or early adulthood.

Multi-Tiered System of Supports.

A Multi-Tiered System of Supports (MTSS) is a framework of different levels of academic and nonacademic services and supports for K-12 students. In MTSS, initial tiers of support such as social emotional skills, are provided to all students. Students identified as needing supplemental instruction and supports, such as reading interventions or behavioral check-ins, are provided with those supports. A small number of students receive more intensive supports and services that may be provided through community partnerships or specialized programs.

Infant and Early Childhood Mental Health Consultation.

Infant and Early Childhood Mental Health Consultation (IECMHC) is an intervention that provides early learning professionals and families with consultation from a mental health specialist in order to improve the social, emotional, and behavioral health of children in care. The Department of Children, Youth, and Families (DCYF) provides infant toddler consultation to early learning providers participating in the Early Achievers (EA) quality rating and improvement system. Referrals for infant toddler consultation are made by EA coaches and are available for children ages birth to 3.

Trauma-Informed Care.

In 2017 the former Department of Early Learning, now the DCYF, was directed to establish a child care consultation program to provide child care providers with evidence-based, trauma-informed, and best-practice resources regarding caring for infants and young children who present behavioral concerns or symptoms of trauma.

Legislation enacted in 2018 required the DCYF to convene an advisory group to develop a five-year strategy to expand training in trauma-informed child care for early learning providers and reduce expulsions from early learning environments. The five-year strategy was received in March 2019.

Parent-Initiated Treatment.

When a minor aged 13 or older is brought to an evaluation and treatment facility or a hospital emergency room for immediate mental health services, the provider or facility must notify the parent in writing of the option for parent-initiated treatment (PIT). The PIT process allows a parent to consent on behalf of a minor aged 13 to 17 for behavioral health treatment. A stakeholder advisory group reviewed the PIT process and made recommendations to the CMHWG and the Legislature in December 2018.

Summary of Bill:

Educational Service District Behavioral Health Coordination.

Subject to funds appropriated, each ESD must provide behavioral health coordination to school districts in its region. The coordination must include:

- support for the development and implementation of plans for recognition, initial screening, and response to emotional or behavioral distress in students;
- facilitation of partnerships and coordination to increase student and family access to behavioral health services and supports;
- assistance in building capacity to identify and support students in need of behavioral health care services and to link students and families with community-based behavioral health care services;

- identification, sharing, and integration, to the extent practicable, behavioral and physical health care service delivery models;
- provision of Medicaid billing related training, technical assistance, and coordination;
- guidance in implementing best practices in response to, and recovery from, the suicide or attempted suicide of a student; and
- provision of technical assistance to schools and school districts in implementing or expanding social-emotional learning programs.

Professional Learning Days.

School districts must use a professional learning day to train district staff in mental health first aid, suicide prevention, social-emotional learning, trauma-informed care, and anti-bullying strategies.

Partnership Access Line.

Subject to funds appropriated, the HCA must collaborate with the UW, Seattle Children's Hospital, and the OSPI to develop a plan to implement a two-year pilot program called the Partnership Access Line for Schools (PALS). The plan development must begin by July 1, 2019, and the PALS pilot must be implemented by January 1, 2020. The PALS pilot must support two ESDs selected by the OSPI.

Elements of the PALS pilot must include the development of a general behavioral support health curriculum appropriate for school staff and the delivery of behavioral health trainings for school counselors, social workers, psychologists, nurses, teachers, and administrators. For school staff who have participated in the training, the PALS pilot must provide phone consultations with psychologists and psychiatrists for school staff managing children with challenging behaviors. In some cases, the PALS staff may provide consultation via interactive audio and video technology.

By December 1, 2022, the HCA must report to the Governor and the Legislature on services delivered through the PALS pilot and recommend whether the PALS pilot should continue or be made permanent.

The University of Washington Certificate Programs in Evidence-Based Practices.

Subject to funds appropriated, the UW must collaborate with specific entities to establish two separate certificate programs in evidence-based practices to include:

- a certificate program, designed for students pursuing a Master of Social Work degree, in practices that have been shown to effectively treat adolescents and young adults with suicidal behavior. The program must include dialectical behavior therapy and “wraparound” and must be designed to offer stipends, scholarships, and loans to students and employees of participating behavioral health agencies; and
- a certificate program, designed for licensed behavioral and mental health professionals, that includes evidence-based parenting interventions, evidence-based treatments for anxiety and mood disorders, and trauma-focused cognitive behavior therapy.

Participants in the certificate programs are eligible to apply for the state health care professional loan repayment and conditional scholarship program.

Psychiatry Residencies.

Subject to funds appropriated, the UW and WSU must each offer two 24-month residency positions to residents specializing in child and adolescent psychiatry. The residencies must include at least 18 months of training in a supervised setting. The UW residencies must be located in western Washington, and WSU residencies must be located in eastern Washington.

Coordinated Specialty Care.

Subject to available funds, the HCA must collaborate with the UW and a professional association of licensed community behavioral health agencies to develop a statewide plan to implement evidence-based CSC programs that provide early identification and intervention for psychosis in licensed or certified community behavioral health agencies. The plan is due to the Governor and the Legislature by March 1, 2020, and must include an analysis of existing benefit packages, payment rates, and resource gaps, including needs for non-Medicaid resources; development of a discrete benefit package and case rate for CSC; identification of costs for statewide start-up, training, and community outreach; determination of the number of CSC teams needed in each regional service area; and a timeline for statewide implementation.

The HCA must ensure at least one CSC team is starting up or in operation in each Regional Service Area (RSA) by October 1, 2020, and must ensure that each RSA has an adequate number of CSC teams based on incidence and population by December 31, 2023.

Multi-Tiered System of Supports.

Subject to funds appropriated, the OSPI and the UW School Mental Health Assessment, Research, and Training (SMART) Center must convene a work group of educators, families of K-12 students, state agency representatives, and researchers to develop a statewide multi-tiered system of school supports (MTSS). The MTSS must include academic, social-emotional, and behavioral supports. The UW SMART Center and the OSPI must submit the findings and recommendations of the work group to the Governor and the Legislature by November 1, 2020.

Infant and Early Childhood Mental Health Consultation.

Subject to funds appropriated, the DCYF must develop an IECMH consultation model for children from birth through age 5 and provide the model to the Governor and the Legislature by November 1, 2019.

The model must include a workforce development plan, consultation standards, a program evaluation protocol, and a plan for a data tracking system for consultation activities. The DCYF must phase in service delivery and begin implementation in at least two regions by July 1, 2020, followed by full statewide implementation by December 31, 2023.

Trauma-Informed Care Pilot.

Subject to funds appropriated, the DCYF must implement a trauma-informed early care and education pilot in at least two regions. The pilot must begin by January 1, 2020, and conclude by December 1, 2021. The pilot must:

- implement a professional development model for trauma-informed care for child care and early learning providers;
- provide targeted social and emotional supports beyond what is typically provided in child care and early learning settings;

- establish communities of practice for family home child care providers to receive trauma-informed training and coaching, reflective supervision and consultation, and peer-to-peer mentoring and support;
- establish enhanced trauma-informed early care and education sites that must receive increased subsidy rates and supports to enable the provision of a more intensive level of care and smaller teacher-child ratios than required in DCYF licensing rules;
- implement trauma-informed practices in EA coaching and data collection; and
- establish a system for tracking expulsions from child care and early learning settings.

By December 1, 2021, the DCYF must report to the Governor and the Legislature on the results of the pilot and include recommendations whether to continue or make the pilot permanent.

Parent-Initiated Treatment.

Subject to funds appropriated, the HCA must provide a free online training for behavioral health providers regarding state law and best practices when providing services to children, youth, and families. The training must include information about PIT and other related treatment options.

If House Bill 1874 relating to implementing policies related to expanding adolescent behavioral health care access as reviewed and recommended by the CMHWG is enacted, the HCA must conduct an annual survey of parents, youth, and behavioral health providers to measure its impacts during the first three years of implementation, subject to funds appropriated. The first survey must be complete by July 1, 2020, followed by subsequent surveys in 2021 and 2022. The HCA must report annually on survey results to the Governor and the Legislature by November 1, beginning in 2020. The final report is due November 1, 2022, and must include any recommendations for statutory changes identified as needed based on survey results.

Other.

The OSPI must identify and make available mental health literacy and healthy relationship instructional materials to school districts that are consistent with Washington’s health and physical education K-12 learning standards. The OSPI must include in health and physical education graduation requirements all social-emotional health, substance use and abuse, and healthy relationship standards adopted in rule by the OSPI.

The July 1, 2020, effective date for the UW child and adolescent psychiatry residency requirement is repealed.

Appropriation: None.

Fiscal Note: Requested on March 18, 2019.

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