

SENATE BILL REPORT

ESSB 5389

As Passed Senate, March 13, 2019

Title: An act relating to establishing a telehealth training and treatment program to assist youth.

Brief Description: Establishing a telehealth training and treatment program to assist youth.

Sponsors: Senate Committee on Ways & Means (originally sponsored by Senators Becker, Cleveland, Bailey, Wilson, L., Brown, Walsh and Warnick).

Brief History:

Committee Activity: Health & Long Term Care: 2/08/19, 2/22/19 [DP-WM].

Ways & Means: 2/28/19, 3/01/19 [DPS, w/oRec].

Floor Activity:

Passed Senate: 3/13/19, 45-2.

Brief Summary of Engrossed First Substitute Bill

- Directs the University of Washington (UW), in collaboration with the Extension for Community Healthcare Outcomes project (Project ECHO), to develop a training program for identifying students at risk for substance abuse, violence, or youth suicide in schools.
- Requires all certificated and classified employees at each school to be trained on this student risk assessment beginning in the 2020-21 school year.
- Requires the UW to seek grants, gifts, and donations to fund the development of training curriculum and reimbursement for health care services provided by psychiatrists for the provision of teleconsultations to students.
- Requires certain school staff to screen students for risk of substance abuse, violence, or youth suicide, if a student is identified to potentially be at risk.
- Requires school districts to, subject to consent, schedule one psychiatric teleconsultations for students determined to be at risk, and a second teleconsultation if recommended by a psychiatrist.

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.

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Majority Report: Do pass and be referred to Committee on Ways & Means.

Signed by Senators Cleveland, Chair; Randall, Vice Chair; O'Ban, Ranking Member; Bailey, Becker, Conway, Dhingra, Frockt, Keiser, Rivers and Van De Wege.

Staff: Evan Klein (786-7483)

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: That Substitute Senate Bill No. 5389 be substituted therefor, and the substitute bill do pass.

Signed by Senators Rolfes, Chair; Mullet, Capital Budget Cabinet; Braun, Ranking Member; Honeyford, Assistant Ranking Member, Capital; Becker, Billig, Darneille, Hunt, Keiser, Liias, Palumbo, Rivers, Schoesler, Van De Wege, Wagoner, Warnick and Wilson, L..

Minority Report: That it be referred without recommendation.

Signed by Senators Frockt, Vice Chair, Operating, Capital Lead; Carlyle, Conway, Hasegawa and Pedersen.

Staff: Sandy Stith (786-7710)

Background: Project Extension for Community Healthcare Outcomes. Project ECHO is a telehealth model linking primary care clinicians with specialists through real-time learning made possible by videoconferencing technology. This model was founded by the University of New Mexico, and the UW was the first place to replicate the model. The model is now being replicated internationally by academic medical centers, community health centers, military health centers, and prisons.

School Counselors, Psychologists, and Social Workers. Certificated instructional staff in public schools include both teachers and other professionals, called educational staff associates, who meet certification requirements adopted by the Professional Educator Standards Board (PESB). Educational staff associates include school counselors, psychologists, and social workers.

State law defines a school counselor as a professional educator who holds a valid school counselor certification as defined by PESB. The purpose and role of the school counselor is to plan, organize, and deliver a comprehensive school guidance and counseling program that personalizes education and supports, promotes, and enhances the academic, personal, social, and career development of all students. State law does not currently define school psychologist or social worker.

Youth Suicide Screening and Referral. School counselors, psychologists, and social workers must complete a training program on youth suicide screening and referral as a condition of certification. PESB must adopt standards for the minimum content of the training in consultation with the Office of the Superintendent of Public Instruction and the Department of Health.

Emotional or Behavioral Distress Plan. Beginning in the 2014-15 school year, school districts were required to adopt a plan for recognition, initial screening, and response to emotional or behavioral distress in students, including but not limited to indicators of possible substance abuse, violence, youth suicide, and sexual abuse. The plan must address topics like training and partnerships with community organizations for referral of students.

Emotional or Behavioral Distress Training. Educational Service Districts are required to develop and maintain the capacity to offer training for educators and other school district staff on youth suicide screening and referral, and on recognition, initial screening, and response to emotional or behavioral distress in students. Training may be offered on a fee-for-service basis, or at no cost to school districts or educators if funds are appropriated specifically for this purpose or made available through grants or other sources.

Summary of Engrossed First Substitute Bill: Training Curriculum. The UW, in collaboration with Project ECHO, must design a training curriculum and training delivery system to train middle, junior high, and high school staff to identify students at risk for substance abuse, violence, or youth suicide. The training must:

- be developed in consultation with mental health providers;
- align with national best practices; and
- be designed to assist school staff in identifying students struggling with mental health issues, students having thoughts of suicide or harming others, and students who have abused or are at risk of abusing alcohol or drugs.

The training delivery system must utilize live teleconference or store-and-forward technology.

Project ECHO must coordinate with medical schools, hospitals, clinics, and independent providers to develop a directory of psychiatrists licensed in Washington who have access to telemedicine and are able to provide psychiatric teleconsultations to students. The directory must be updated periodically and made available to all middle, junior high, and high schools in Washington.

Beginning in the 2020-21 school year, school districts must require all certificated and classified employees at each school to receive training based on the curriculum established by the UW. This training may be incorporated within existing training.

Grants, Gifts, and Donations. The UW, in collaboration with Project ECHO, must seek grants, gifts, and donations to support:

- development of the training curriculum and training system; and
- reimbursement for health care services provided by psychiatrists for the provision of psychiatric teleconsultations to students who do not have health insurance.

The UW must develop a system to receive reimbursement requests from, and distribute reimbursements to, psychiatrists who provide health care services, and a methodology for determining the amount of a reimbursement paid to a psychiatrist.

Student Screening & Teleconsultations. If a certificated or classified school employee, or school counselor, psychologist, or social worker, identifies a student who may be at risk for

substance abuse, violence, or youth suicide, the staffer must screen the student to determine if the student is at risk. If the staffer determines the student is at risk for substance abuse, violence, or youth suicide, after an initial psychiatry teleconsultation, the student's school district must schedule a second psychiatric teleconsultations for the student within 30 days.

The school district must provide an unoccupied room and the technology necessary for the student to connect with the remote psychiatrist, and must allow for the two teleconsultations to occur during school hours.

The school district must receive consent from a student, or if the student is a minor under the age of thirteen, from a parent or other person legally authorized to consent for the student, prior to scheduling a psychiatric teleconsultation.

Following the teleconsultations, the school district must work with the psychiatrist to refer the student to any appropriate medical, mental health, or behavioral health services.

Reimbursement. Psychiatrists who provide teleconference services may seek reimbursement for the services provided from the health plan in which a student is enrolled, including through Apple Health. For students with no coverage, a psychiatrist may seek reimbursement from the state for any uncompensated health care services provided to students.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: The bill contains an emergency clause and takes effect immediately.

Staff Summary of Public Testimony on Original Bill (Health & Long Term Care): PRO: For ten years this committee has heard about the growing problem of mental health in Washington. Children with critical mental health issues are not currently receiving the treatment that they need. Schools can not afford to spend any more money to support mental health in schools, but there is still a need to address the issues. Texas had a terrible school shooting. After that event, Texas created a four-year pilot program to provide psychiatric services in schools for students who were at risk for harming others. The program has been found to help intervene with students earlier and help divert students to the help they need. This program also reduced truancy and disciplining of students. There are faculty at the UW School of Education, who are trained in working with teachers and school staff, who are working on the framework of this program. The PAL program and the faculty at Seattle Children's Hospital can be of assistance in standing up this program as well. The hope is to be able to deliver this training through teleconference, but not to have to use teleconference technology to deliver the training.

OTHER: This bill highlights two priorities including the promotion of telemedicine, and access to mental health services. Developing the training and compiling a list of psychiatrists who could provide services, are both great elements of this bill. Ensuring patient privacy,

and providing clarity for physicians about patient privacy are needed. Setting a statutory payment rate based on Medicare is a concern. There is support for expanding the number of staff who work with students with mental health issues. There are concerns however that educational service districts (ESDs) should be contacting parents if there is a concern over student safety. There is also a need for ESDs to be able to refer students to different resources. There is concern that ESDs will have to schedule these services and that doing so will take time and resources away from other work.

Persons Testifying (Health & Long Term Care): PRO: Senator Randi Becker, Prime Sponsor; Ian Goodhew, University of Washington Medicine Health System, School of Medicine; John Hutchings, Commissioner, Thurston County.

OTHER: Sean Graham, Washington State Medical Association; Simone Boe, Washington Education Association.

Persons Signed In To Testify But Not Testifying (Health & Long Term Care): PRO: Corina Pfeil, Behavioral Health & Social Services Undergrad.

Staff Summary of Public Testimony on Original Bill (Ways & Means): *The committee recommended a different version of the bill than what was heard.* PRO: This bill is a result of working on the committee to resolve the issues at Western State Hospital. I realized working on those committees, that if we didn't do something, we would never stop the flow of people being committed to that hospital, or other facilities. This bill has taken about 3 years to put together working with the University of Washington and Project ECHO. However, this was based on a pilot project in the State of Texas after a school shooting. The results over a 4-year period, was looking for those who were at harm to risk others. This bill looks for other indicators. My goal is to look at mental health in four stages: situational, needing treatment, needing some hospitalization, and hospitalization going on for a long time. We want to get to kids at stage one. In this program, we can also work with bus drivers and all school employers so they can reach kids at all steps along the path. In Texas, they have seen that graduation rates have increased and truancy rates have decreased. Putting this all together, we have put together a bill that will help counselors talk to kids with the protocols we have developed. This will help kids get one or two psychiatric visits where needed. The key to this is telemedicine. This helps because there are not psychiatrists in many areas. The costs in the first year can be lowered because the time frames are not as long as listed in the bill. It takes time to take effect and the costs are recouped through reimbursement. There is the initial training component and the set-up component, which has normal health care reimbursement. There is a lot of talk about similar intervention in the House. We think we can marry these up.

OTHER: We are aware of mental health issues and suicide in youth. These are significant. We need to try different things. Advocates like these ideas. We want to encourage you to pass this and move it forward. We have some concerns with the language and want to get it right.

Persons Testifying (Ways & Means): PRO: Senator Randi Becker, Prime Sponsor; Ian Goodhew, University of Washington School of Medicine.

OTHER: Dave Mastin, OSPI.

Persons Signed In To Testify But Not Testifying (Ways & Means): No one.