**5389-S.E2 AMH ED H5039.4 - NOT FOR FLOOR USE**

**2ESSB 5389** - H COMM AMD

By Committee on Education

Strike everything after the enacting clause and insert the following:

"NEW SECTION. **Sec.**  A new section is added to chapter 28A.630 RCW to read as follows:

(1) The University of Washington department of psychiatry and behavioral sciences and Seattle children's hospital, in consultation with the office of the superintendent of public instruction, must expand the pilot program, related to school behavioral and mental health training for staff and telehealth consultations for school counselors and students at middle schools, junior high, and high schools, established in section 606(1)(dd), chapter 415, Laws of 2019.

(2) The pilot program must include the participation of four school districts as follows:

(a) The two school districts selected in accordance with section 606(1)(dd), chapter 415, Laws of 2019; and

(b) Two school districts selected by August 1, 2020, by the University of Washington department of psychiatry and behavioral sciences, Seattle children's hospital, and the office of the superintendent of public instruction, using selection criteria designed to improve the significance of the information reported under subsection (8) of this section. A school district may not be selected if it has a substance abuse treatment clinic or mental health care clinic within thirty miles of any school in the district.

(3) School districts selected as described under subsection (2) of this section must notify students and students' families of their participation in the pilot program.

(4) As soon as practicable, the University of Washington department of psychiatry and behavioral sciences and Seattle children's hospital must develop and provide behavioral and mental health trainings to the following staff of participating school districts assigned to middle, junior high, and high schools: School counselors, school social workers, school psychologists, school nurses, classroom teachers, school administrators, and classified staff. The trainings must be customized to each school district and staff position based on the district's needs as assessed by the training providers. The training must be based on clinical protocols including when to refer a student to the next level of behavioral or mental health care.

(5)(a) A school district participating in the pilot program must provide school counselors with access to telephone or televideo consultation with a consulting psychologist or psychiatrist. The purpose of the teleconsultation is for the consulting psychologist or psychiatrist to assist the school counselor with determining the behavioral or mental health services and supports needed by a student, with identifying providers who deliver the needed services and supports, and with referring the student to available providers.

(b) If identified as clinically appropriate by the consulting psychologist or psychiatrist during a teleconsultation provided under (a) of this subsection, a school district participating in the pilot program must provide students with access to televideo consultation with a consulting psychologist or psychiatrist.

(c) A teleconsultation provided under this section may include crisis management services if identified as clinically appropriate by the consulting psychologist or psychiatrist.

(6) The University of Washington department of psychiatry and behavioral health sciences, in collaboration with participating school districts and Seattle children's hospital, must collect the following information for the teleconsultations described in this section:

(a) The number of teleconsultations per school and per school district, disaggregated by whether the teleconsultation was provided to a school counselor or a student and whether the teleconsultation was provided by telephone or televideo;

(b) Demographic information regarding any students served, as available, including the student's grade, gender, race and ethnicity, and free or reduced-price meal status, except that demographic information may not include personally identifiable information;

(c) To the maximum extent possible, students' health plan information, including whether a student is covered by a state or private plan, and whether the plan covers provider-to-provider consultations, provider-to-patient telemedicine encounters, or both;

(d) The category of service provided during each teleconsultation, for example crisis management, primary care, or assistance with identifying or accessing services;

(e) Duration of teleconsultations;

(f) Number of students referred for services or supports not available through the school system;

(g) School counselor and student satisfaction; and

(h) Other data indicating whether the pilot program was successful in identifying, treating, and preventing student behavioral and mental health issues.

(7) The pilot program must conclude at the end of the 2023-24 school year.

(8) By December 1, 2023, and in compliance with RCW 43.01.036, the University of Washington school mental health assessment research and training center must submit a report to the appropriate committees of the legislature. In preparing the report, the center must review any evaluations of other behavioral or mental health service consultation or referral programs associated with the University of Washington department of psychiatry and behavioral sciences or Seattle children's hospital. At a minimum, the report must include the following:

(a) Information related to a four-year extension of the pilot program to an additional four school districts and to making the program available statewide. This information must include forecasted costs of operating and administering the program. It must also include an estimate of the capacity of the consulting psychologists and psychiatrists to provide teleconsultations to additional school districts;

(b) An analysis of the data collected under subsection (6) of this section;

(c) Recommendations regarding:

(i) The use of live teleconferencing to provide school staff with training on identifying students who are at risk for substance abuse, violence, or suicide;

(ii) Requiring school staff to be trained in accessing teleconsultations and in identifying students who are at risk for substance abuse, violence, or suicide, including a recommendation on which staff should be provided with each type of training, the content of the training, how often the school staff must receive the training, and the method of training delivery;

(iii) Involvement of students' families in the process of identifying, recommending, and providing behavioral and mental health services, including teleconsultations;

(iv) Requiring the development of a directory of psychiatrists and psychologists, and substance use disorder professionals and mental health counselors, if deemed appropriate, who have access to teleconsultation technology and are able to provide teleconsultations to school staff and students;

(v) Reimbursing psychiatrists, psychologists, and substance use disorder professionals and mental health counselors who provide teleconsultations to school staff and students;

(vi) Requiring school districts to schedule teleconsultations for students whom school staff have identified as at risk for substance abuse, violence, or suicide;

(vii) Procedures for referring students with behavioral or mental health issues through the levels of licensed providers, beginning with the most minimally licensed providers;

(viii) Liability issues regarding school districts and their employees who provide teleconsultations; and

(ix) Other issues related to the operation and potential expansion of the pilot program, including funding.

(9) For purposes of this section, "consulting psychologist or psychiatrist" means a psychologist or psychiatrist who specializes in children's mental health at the University of Washington department of psychiatry and behavioral sciences or at Seattle children's hospital and who provides teleconsultations to school districts participating in the pilot program.

(10) This section expires July 30, 2024."

Correct the title.

EFFECT: Replaces all provisions in the underlying bill with provisions:

(1) Expanding the pilot program established in the 2019-2021 Omnibus Operating Appropriations Act, also known as the Partnership Access Line (PAL) for schools pilot project, from two school districts to four school districts and extending the pilot program through the 2023-2024 school year;

(2) Directing the four selected school districts to notify students and students' families of their participation in the pilot program; and

(3) Requiring a report with data on the pilot program, impacts of further expanding the pilot program, and recommendations on eight listed issues, for example issues related to staff training, developing a directory of teleconsultation providers, involving students' families, reimbursing teleconsultation providers, and liability.