
**Human Services & Early Learning
Committee**

HB 1876

Brief Description: Concerning children's mental health.

Sponsors: Representatives Frame, Eslick, Appleton, Davis, Bergquist, Pollet and Doglio.

Brief Summary of Bill

- Requires behavioral health coordination by Educational Service Districts, training in topics related to behavioral health for school district staff, and the provision of a mental health literacy and healthy relationship curriculum by the Office of the Superintendent of Public Instruction to school districts.
- Establishes a Partnership Access Line for Schools pilot program.
- Establishes certificate programs in evidence-based practices for behavioral health at the University of Washington (UW).
- Expands child and adolescent psychiatry residencies at the UW and the Washington State University.
- Requires the development of statewide plans to implement coordinated specialty care and a multi-tiered system of school supports.
- Requires the Department of Children, Youth, and Families to deliver infant and early childhood mental health consultation.
- Requires the Health Care Authority (HCA) to provide online training for behavioral health providers related to Parent-Initiated Treatment (PIT) and other treatment options.
- Requires the HCA to conduct an annual survey of parents, youth, and behavioral health providers to measure the impacts of policy changes in PIT.

Hearing Date: 2/6/19

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.

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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.

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 telephone 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 (UWDPBS) 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 the WSU to each offer a 24-month residency 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-three.

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). PIT allows a parent to consent on behalf of a minor aged 13-17 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.

Each ESD must provide behavioral health coordination to school districts in its region. The coordination must include, at a minimum:

- 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 between school districts, public schools, and existing regional and local systems of behavioral health care services and supports in order to increase student and family access to these 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 between school districts; and
- guidance in implementing best practices in response to, and to recover from, the suicide or attempted suicide of a student.

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 must be implemented by January 1, 2020. The PALS 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 must provide phone consultations with psychologists and psychiatrists for school staff managing children with challenging behaviors. When assessed as clinically appropriate by PALS clinical staff and when similar support is not immediately available in the local community, the PALS must provide timely crisis management appointments in person or through interactive audio and video technology for school staff.

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

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

Subject to funds appropriated, the UW must establish two certificate programs in evidence-based practices for behavioral health care professionals.

1. The UW School of Social Work must collaborate with the UWDPBS to establish a certificate program in evidence-based practices that includes dialectical behavior therapy and the wellness recovery action plan. The certificate program must be designed for graduate students pursuing a Master of Social Work degree.
2. The UW Department of Psychology, in collaboration with the UWDPBS, the UW School of Social Work, and its Continuum College, must establish a certificate program in evidence-based practices that includes evidence-based parenting interventions, evidence-based treatments for anxiety and mood disorders, and trauma-focused cognitive behavior therapy. The certificate program must be designed for licensed behavioral health professionals.

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 the WSU must each offer two 24-month residency positions to residents specializing in child and adolescent psychiatry. The UW residencies must be located in western Washington, and the WSU residencies must be located in eastern Washington.

Coordinated Specialty Care.

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.

Multi-Tiered System of Supports.

Subject to funds appropriated, the UW must convene a work group of educators 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 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 ages birth to age 5 and provide the model to the Governor and the Legislature by November 1, 2019. The DCYF must consult with private and public partners, including tribal representatives, to ensure the model meets community needs in a culturally competent manner. 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 by providing the model in at least two regions by July 1, 2020, followed by full statewide implementation by December 31, 2023.

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 behavioral health services to children, youth, and families. The training must be free for providers and 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 provide mental health literacy and healthy relationship instructional materials to school districts to use as guidelines for student instruction in these subjects.

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

Appropriation: None.

Fiscal Note: Requested on February 1, 2019.

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