

Children's Mental Health Work Group

2019 Legislative Recommendations and Outcomes

On December 10, 2018 and January 11, 2019, the Children's Mental Health Work Group approved several new recommendations. At the conclusion of the 2019 session, two bills containing Work Group recommendations were enacted:

- **2SSB 5903**-Children’s mental health (Chapter 360, Laws of 2019)
- **E2SHB 1874**-Adolescent behavioral health (Chapter 381, Laws of 2019)

Several other bills had impacts related to children and youth’s behavioral health:

- **ESHB 1109**-Operating budget (Chapter 415, Laws of 2019)
- **2SSB 5082**-Social emotional learning (Chapter 386, Laws of 2019)
- **SSB 5324**-Homeless student support (Chapter 412, Laws of 2019)
- **2SHB 1668**-Washington health corps (Chapter 302, Laws of 2019)
- **ESHB 1768**-Substance use disorder prof. (Chapter 444, Laws of 2019)
- **2SHB 1216**-School safety & well-being (Chapter 333, Laws of 2019)

2019 Recommendations	2019 Passed Legislation (legislation that did not pass is in italics)
<p>1. <i>School-based services (OSPI, Dr. Johnson)</i></p> <ul style="list-style-type: none"> • Expand the Children’s Behavioral Health System Navigators to all 9 Educational Service Districts. 	<p><i>This recommendation was included in the OSPI decision package, but was not funded.</i></p>
<p>2. <i>School-based services (Avanti Bergquist, MD and Laurie Lippold)</i></p> <ul style="list-style-type: none"> • Develop a workgroup to collaborate between OSPI and mental health groups/providers as a means to begin to improve school-based services and Social Emotional Learning curriculum development and implementation. • Support the establishment of a pool of funds, connected to ESD pilots, so that schools can build capacity. • Provide resources to schools to ensure that staff and students receive appropriate mental health first aid, suicide prevention, and anti-bullying training. • Ensure collaboration with ongoing workgroups. 	<p>2SSB 5903-Children’s mental health: Beginning in the 2020-21 school year, and every other school year thereafter, school districts must use one of the professional learning days funded under RCW 28A.150.415 to train staff in one or more of the following topics: social-emotional learning, trauma-informed practices (using the model plan developed under RCW 28A.320.1271), ACES, mental health literacy, anti-bullying strategies, or culturally sustaining practices.</p> <p>2SSB 5082-Social emotional learning:</p> <ul style="list-style-type: none"> • Creates the Social Emotional Learning committee to promote and expand social-emotional learning. (Committee membership includes school psychologists and counselors, and a mental health counselor, but does not include broader mental health groups/providers.) • Committee shall: <ul style="list-style-type: none"> ○ Develop and implement a state-wide framework for social-emotional learning that is trauma-informed, culturally sustaining and developmentally appropriate; ○ Review, update and align as needed standards and benchmarks for social-emotional learning and developmental indicators for all grades, and confirm they are evidence-based;

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	<ul style="list-style-type: none"> ○ Identify best practices for schools and professional development opportunities for teachers, and consider data collection systems; and ○ Engage with stakeholders and seek feedback. <ul style="list-style-type: none"> ● OSPI to review the recommendations of the work group and adopt social-emotional learning standards and benchmarks by 1/1/2020. ● Washington Professional Educator Standards board to adopt the recommendations of the Social Emotional Learning Benchmarks Work Group (2016) for teachers, para-educators and principals, including related competencies, such as trauma-informed practices, ACES, mental health literacy, anti-bullying strategies, and culturally sustaining practices. ● OSPI must create and publish on its website a list of professional development resources on the topics identified above. <p>ESHB 1109-Operating budget:</p> <ul style="list-style-type: none"> ● UW Department of Psychiatry and Behavioral Sciences and Seattle Children’s Hospital, in consultation with OSPI, shall plan for and implement a 2-year pilot program of school mental health education and consultations for students at middle schools, junior high, and high schools in one school district on either side of the Cascades. The program must: <ul style="list-style-type: none"> ○ Develop and provide behavioral health trainings for school counselors, social workers, psychologists, nurses, teachers, administrators, and classified staff by 1/1/2020. ○ Beginning with the 2020-21 school year: <ul style="list-style-type: none"> ▪ Provide school counselors access to teleconsultations with psychologists and psychiatrists at Seattle Children’s Hospital or the UW School of Psychiatry ▪ Provide students access to teleconsultations with psychologists and psychiatrists at Washington Dept of Psychiatry to provide crisis management services when assessed as clinically appropriate. <p>SSB 5324-Homeless student support:</p> <ul style="list-style-type: none"> ● Each school must establish a point of contact to identify homeless students and connect them with the school district’s liaison for students experiencing homelessness. ● State-funded grant program (DOC), weighting districts w/ demonstrated commitment to partnering with local housing and community-based organizations serving the needs of homeless students and students of color, or unaccompanied youth, and implementing evidence-based practices. ● Behavioral health organizations are eligible for the grant program.
3. <i>Partnership Access Line (PALS) (Laurie Lippold)</i>	<p>2SSB 5903-Children’s mental health: The workgroup shall convene an advisory group* to develop a funding model to:</p>

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<ul style="list-style-type: none"> • Ensure the community referral line can serve both Medicaid and non-Medicaid families by securing a funding source. 	<ul style="list-style-type: none"> • Develop a funding model for the Partnership Access Line (PAL) for Moms and Kids. • Deliver PAL services to ESDs. • Expand PAL consultation services to health professionals serving adults. <p>Funding model must:</p> <ul style="list-style-type: none"> • Build upon previous funding models by HCA. • Determine annual operating costs and collect a proportional share from each carrier. • Differentiate between Medicaid-eligible PAL activities and those that are not. • Be delivered w/ recommendations by 12/1/2019. <p><i>*Advisory group to include private insurance carriers, Medicaid MCOs, self-insured organizations, Seattle Children’s Hospital, the Partnership Access Line, the Office of the Insurance Commissioner, UW School of Medicine.</i></p> <p>ESHB 1109, Sec. 606 (dd)-Operating budget:</p> <ul style="list-style-type: none"> • \$500,00 GF-State for FY 2020 and \$500,000 GF-State for FY 2021 to UW Dept of Psychiatry and Seattle Children’s Hospital, in consultation with OSPI, to plan for and implement a 2-year pilot program of school mental health education for middle school, junior high, and high school students, in one school district east of the Cascades and one school district west of the Cascades to include: <ul style="list-style-type: none"> ○ Trainings for school counselors, social workers, psychologists, nurses, teachers, administrators, and classified staff by 1/1/2020, and ○ Beginning in 2020-21 school year, teleconsultations for psychologists/psychiatrists to support them in managing children w/ challenging behavior, and teleconsultations for students to provide crisis management services as clinically appropriate.
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<p>4. <i>Trauma Informed Care (Laurie Lippold)</i></p> <p>Pilot full model from DCYF recommendations with all components in two communities. <i>Full pilot model recommended by Trauma Informed Care advisory group.</i></p> <ul style="list-style-type: none"> • Starting in Jan. 2020, plan to implement expulsion tracking system in early learning. • Pilot trauma Informed early care and education including: <ul style="list-style-type: none"> ○ Trauma Informed Care professional development model implementation; ○ Enhanced trauma informed early learning program (in between universal childcare that is available to all and therapeutic early learning programs such as ECLIPSE) – focus on smaller group sizes, enhanced rates, and access to additional supports such as health consultation; ○ Communities of practice for family home child care providers; ○ Implement Trauma Informed practices in early achievers coaching and data collection; 	<p><i>Included in SSB 5903; did not pass.</i></p>

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<p>and</p> <ul style="list-style-type: none"> ○ Implementation of expulsion tracking system. No funding identified yet for this work. <p>This recommendation is reflected in DCYF's Trauma Informed Care report to the Legislature.</p>	
<p>5. <i>Workforce development and training (Avanti Bergquist, MD and Laurie Lippold)</i></p> <ul style="list-style-type: none"> ● Increase availability of loan repayment options and conditional scholarships for all mental health providers. ● Increase residency positions for general psychiatry as well as child and adolescent psychiatry. ● Provide funding for pediatric residents and family medicine residents to learn from child and adolescent psychiatry fellows or attending's to improve their understanding of treatment minor to moderate mental health issues as a means to improve access to care. ● Expand capacity for preceptorships, dual licensing/credentialing, and other mechanisms (e.g. UW Bothell). 	<p>2SSB 5903-Children's mental health:</p> <ul style="list-style-type: none"> ● # of residencies increased to 2 at WSU and 2 at UW. ● Length of residencies increased from 12 to 18 months. <p>2SHB 1668-Washington health corps: Directs DOH to create the WA Health Corps by modifying the health professional conditional scholarship program and loan repayment program to include behavioral health providers who serve in underserved areas. (Not exclusive of children and youth.)</p> <p>ESHB 1768-Substance use disorder prof.: Establishes certification standards for the issuance of a co-occurring disorder specialist enhancement for psychologists, independent social workers, marriage and family therapists, mental health counselors, and certain agency-affiliated counselors. (Not exclusive of children and youth.)</p> <p><i>Did not pass: HB 1850 and SB 5635 (companion bill) increased credit limit under the Opportunity Grant Program to 90 credits for students pursuing behavioral health professions.</i></p>
<p>6. <i>Child care services (Laurie Lippold)</i></p> <ul style="list-style-type: none"> ● Support implementation of Infant Early Childhood Mental Health Consultation (IECMHC) in two regions. <p>Notes from Janet Fraatz: Federal Preschool Development Birth to Five Grant* supports additional planning work for the development of services, no sources for implementation at this point.</p> <ul style="list-style-type: none"> ● SAMHSA recommends IECMHC services be provided by licensed or license eligible clinicians, planning around workforce development. ● Expulsion prevention and promotion of trauma-informed care practices will be integrated into IECMHC. ● Resources needed for development of protocol for evaluating and tracking services statewide and hiring consultation teams/supervisors to provide MH consultation services in child care settings in two regions in the state. ● Federal grant project title in WA is "Advancing an Integrated, Equitable and Responsive Early Learning System in WA." 	<p>2SSB 5903-Children's mental health: DCYF must enter into a contractual agreement with an organization providing coaching services to early achievers program participants to hire one qualified MH consultant for each of the six department-designated regions. The consultants must support early achievers program coaches and child care providers by providing resources, information, and guidance regarding challenging behavior and expulsions and may travel to assist providers serving families and children with severe behavioral needs. DCYF to report on services provided and outcomes of consultant activities by 6/30/2021.</p>

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<p>7. <i>Family-Initiated Treatment (formerly Parent Initiated Treatment [PIT] sub-work group)</i></p> <ul style="list-style-type: none"> Adopt full Parent Family Initiated Treatment (was Parent Initiated Treatment) advisory work group recommendations with the noted adjustment to recommendation language #6 (in notes). 	<p>E2SHB 1874-Adolescent behavioral health:</p> <ul style="list-style-type: none"> Authorizes mental health professionals to provide certain mental health treatment information to a family member who is involved in an adolescent’s treatment when the professional believes this information would not be detrimental to the adolescent. Authorizes DCYF to share certain mental health treatment records with a care provider. Authorizes a parent of an adolescent to request and receive medically necessary outpatient (OP) or substance use disorder (SUD) treatment for an adolescent for up to 12 sessions within a 3-month period and treatment in other less restrictive settings. Expands the definition of “parent” for purposes of family-initiated treatment to include individuals whom the minor’s parent has given a signed authorization to make health care decisions, a stepparent, or another relative responsible for the adolescent’s health care. Requires HCA to provide online training for behavioral health providers related to parent-initiated treatment. Requires HCA to conduct an annual survey of parents, youth, and behavioral health providers to measure the impacts of policy changes in family-initiated treatment.
<p>8. <i>Partial hospitalization or day treatment program (Kristen Houser and Laurie Lippold)</i></p> <ul style="list-style-type: none"> Properly source partial hospitalization. Day treatment programs for children specifically recommended. 	<ul style="list-style-type: none"> <i>In original version of SB 5903; did not pass.</i>
<p>9. <i>Student behavioral health policy proposals (Rep. Noel Frame)</i></p> <ul style="list-style-type: none"> Support recommendations from the Washington Mass Shootings Work Group: <ul style="list-style-type: none"> #16: Increased investment should be made to ensure sufficient and effective K-12 school counselors, psychologists, mental health professionals, family engagement coordinators, school social workers, and other investments in positive school climate, including restorative discipline. These resources should be required to be spent for their intended purpose. #17: Accessible and effective mental health services can be an effective means of intervening against a potential perpetrator of mass shootings. Resources should be provided to improve the overall mental health system in Washington. #24: Suicide and bullying prevention outreach and education efforts should be supported and modernized. 	<p>2SHB 1216-School safety & well-being:</p> <ul style="list-style-type: none"> Subject to appropriations, each ESD must establish a regional school safety center, to work in collaboration with one another and the state school safety center. Each regional school safety center must provide behavioral health coordination to the school districts in its region that includes: <ul style="list-style-type: none"> Support for school district development and implementation of plans for recognition, screening, and response to students’ emotional or behavioral distress as required by RCW 28A.320.127. Suicide prevention training for school counselors, psychologists and social workers. Facilitating partnerships and coordination with behavioral health services and supports to increase student and family access. Identifying, sharing and integrating behavioral and physical health care service delivery systems. Providing Medicaid billing related training, TA, and coordination between school districts. Guidance in implementing best practices in response to, and to recover from, the suicide or attempted suicide of a student. <p><i>Some elements included in HB 1221 (behavioral health coordination, suicide prevention), HB 1943 (add'l staff, including counselors, psychologists, and social workers), 2SSB 5315 (increases ratios for some staff positions); these bills were not passed.</i></p>

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<p>10. <i>Promote culturally and linguistically appropriate services (Laurie Lippold)</i></p> <ul style="list-style-type: none"> • Add this to the “intention” section of the bill to apply to all items. • Look for opportunities to incorporate this work into professional development days. 	<p>2SSB 5903-Children’s mental health:</p> <ul style="list-style-type: none"> • “cultural and linguistic diversity” language included in Intent statement as well as other sections. • Beginning in the 2020-21 school year, and every other school year thereafter, school districts must use one of the professional learning days funded under RCW 28A.150.415 to train staff in one or more of the following topics: social-emotional learning, trauma-informed practices (using the model plan developed under RCW 28A.320.1271), ACES, mental health literacy, anti-bullying strategies, <i>or culturally sustaining practices.</i> (Italics added.)
<p>11. <i>Promote culturally and linguistically appropriate hiring (Laurie Lippold)</i></p> <ul style="list-style-type: none"> • Add this to the “intention” section of the bill to apply to all items. 	<p>2SSB 5903-Children’s mental health: “cultural and linguistic diversity” language included in Intent statement as well as other sections.</p>
<p>12. <i>Workforce development and training (Dr. Eric Trupin)</i></p> <ul style="list-style-type: none"> • Develop a fee-based certificate program in Children’s Behavioral Health Evidence-Based Practice (EBP) and explore funding sources to ensure the behavioral health workforce are able to access this program focusing mainly on those who serve primarily Medicaid funded children. 	<p><i>In original version of SB 5903; did not pass.</i></p>

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<p>13. <i>Other (Joan Miller)</i></p> <ul style="list-style-type: none"> • Coordinated specialty care: Early intervention for psychosis. <ul style="list-style-type: none"> ○ Analyze and determine the cost of statewide implementation of Coordinated Specialty Care. ○ Fund additional Coordinated Specialty Care teams so that each BHO/ACH regional service area (RSA) of the state has one team. ○ Fund additional Coordinated Specialty Care teams so that capacity is available based on incidence and population across the state. 	<p>2SSB 5903-Children’s mental health: HCA shall collaborate with UW and a professional association of licensed community behavioral health agencies to develop a statewide plan to implement evidence-based coordinated specialty care (CSC) programs that provide early identification and intervention for psychosis in licensed and certified community behavioral health agencies.</p> <p>HCA must submit a statewide plan by 3/1/2020 that includes:</p> <ul style="list-style-type: none"> a) Analysis of existing benefit packages, payment rates, and resource gaps, including needs for non-medicaid resources; b) Development of a discrete benefit package and case rate for coordinated specialty care; c) Identification of costs for statewide start-up, training, and community outreach; d) Determination of the number of CSC teams needed in each RSA; and e) A timeline for implementation. <p>HCA shall ensure that:</p> <ul style="list-style-type: none"> a) At least one CSC team is starting up or in operation in each RSA by 10/1/2020. b) Each RSA has an adequate number of CSC teams based on incidence and population across the state by 12/31/2023.