

**2ESSB 5389** - H COMM AMD  
By Committee on Education

1 Strike everything after the enacting clause and insert the  
2 following:

3 "NEW SECTION. **Sec. 1.** A new section is added to chapter 28A.630  
4 RCW to read as follows:

5 (1) The University of Washington department of psychiatry and  
6 behavioral sciences and Seattle children's hospital, in consultation  
7 with the office of the superintendent of public instruction, must  
8 expand the pilot program, related to school behavioral and mental  
9 health training for staff and telehealth consultations for school  
10 counselors and students at middle schools, junior high, and high  
11 schools, established in section 606(1)(dd), chapter 415, Laws of  
12 2019.

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

15 (a) The two school districts selected in accordance with section  
16 606(1)(dd), chapter 415, Laws of 2019; and

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

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

28 (4) As soon as practicable, the University of Washington  
29 department of psychiatry and behavioral sciences and Seattle  
30 children's hospital must develop and provide behavioral and mental  
31 health trainings to the following staff of participating school  
32 districts assigned to middle, junior high, and high schools: School

1 counselors, school social workers, school psychologists, school  
2 nurses, classroom teachers, school administrators, and classified  
3 staff. The trainings must be customized to each school district and  
4 staff position based on the district's needs as assessed by the  
5 training providers. The training must be based on clinical protocols  
6 including when to refer a student to the next level of behavioral or  
7 mental health care.

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

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

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

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

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

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

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

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

4 (e) Duration of teleconsultations;

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

7 (g) School counselor and student satisfaction; and

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

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

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

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

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

31 (c) Recommendations regarding:

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

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

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

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

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

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

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

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

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

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

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

29 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.

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