
Education Committee

ESSB 5389

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 Summary of Engrossed Substitute Bill

- Directs the University of Washington, in collaboration with the Extension for Community Healthcare Outcomes Program (Project ECHO), to design a training curriculum and training delivery system for middle, junior high, and high school staff to learn to identify students who are at risk for substance abuse, violence, or youth suicide.
- Requires that certain school staff be trained on the curriculum.
- Outlines a procedure for at risk students to be screened and provided with psychiatric teleconsultation.
- Allows psychiatrists who provide teleconsultations to students to seek reimbursement.
- Requires the University of Washington, in collaboration with Project ECHO, to seek grants, gifts, and donations to support the development of the training curriculum and delivery system and reimbursement of psychiatric teleconsultations to students who do not have health insurance coverage.
- Specifies that the act does not create any civil liability on the part of the state or any state agency, officer, employee, agent, political subdivision, or school district.

Hearing Date: 3/25/19

Staff: Megan Wargacki (786-7194).

Background:

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.

Project ECHO. The University of Washington School of Medicine Extension for Community Healthcare Outcomes Program (Project ECHO) is a teleconsultation model designed for common diseases, like psychotic disorders, that have a high public health impact, require complex management, and for which clinical expertise is limited. Through Project ECHO local clinicians are able to videoconference with specialists in real-time.

Plans for Emotional or Behavioral Distress in Students. In 2014 school districts were required to adopt a plan for recognition, initial screening, and response to emotional or behavioral distress in students, such as indicators of possible substance abuse, violence, youth suicide, and sexual abuse. School districts must annually provide the plan to all district staff. The plan must include certain minimum components related to: staff trainings; communicating with students families; and partnership development for referral of students to health, mental health, substance abuse, and social support services. The plan must also address how staff should respond to: suspicions, concerns, or warning signs of emotional or behavioral distress in students; or a crisis situation where a student is in imminent danger to himself or herself or others.

Training on Emotional or Behavioral Distress in Students. School nurses, school social workers, school psychologists, and school counselors must complete a three hour training program on youth suicide screening and referral as a condition of certification. The content of the training is determined by the Professional Educator Standards Board in consultation with the Office of the Superintendent of Public Instruction (OSPI) and the Department of Health.

To receive initial certification as a teacher, an applicant must complete a course on issues of abuse. This course must include the following content: the identification of physical abuse, emotional abuse, sexual abuse, and substance abuse; commercial sexual abuse of a minor; sexual exploitation of a minor; information on the impact of abuse on the behavior and learning abilities of students; discussion of the responsibilities of a teacher to report abuse or provide assistance to students who are the victims of abuse; methods for teaching students about abuse of all types and their prevention; and recognition, screening, and response to emotional or behavioral distress in students, such as indicators of possible substance abuse, violence, and youth suicide.

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, such as indicators of possible substance abuse, violence, youth suicide, and sexual abuse. 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.

The Department of Social and Health Services (DSHS) is required to provide funds for mental health first aid training targeted at teachers and educational staff. The training must describe common mental disorders that arise in youth, their possible causes and risk factors, the availability of evidence-based medical, psychological, and alternative treatments, processes for making referrals for behavioral health services, and methods to effectively render assistance in both initial intervention and crisis situations. The DSHS must collaborate with the OSPI to identify ways to make the training broadly available.

Summary of Bill:

Development of Curriculum. The University of Washington, in collaboration with the Extension for Community Healthcare Outcomes Program (Project ECHO), must design a training curriculum and training delivery system to train middle, junior high, and high school staff to identify students who are at risk for substance abuse, violence, or youth suicide. The training curriculum must: (a) be developed in consultation with mental health providers; (b) align with national best practices; and (c) be designed to assist any school staff in identifying students who may be struggling with mental health issues, have had thoughts of suicide or harming others, and have abused, are abusing, or are at risk of abusing alcohol or drugs, including opioids. The training delivery system must use live teleconference or store-and-forward technology to deliver the trainings to school staff.

Training Requirements. The three-hour training program for school nurses, school social workers, school psychologists, and school counselors on youth suicide screening and referral is modified to include identifying and referring students who are at risk for substance abuse and violence and utilizing teleconsultation. Beginning July 1, 2019, school nurses, school social workers, school psychologists, and school counselors must complete the modified training program as a condition of certification.

The course on issues of abuse required for initial teacher certification must include the training curriculum developed by Project ECHO described above. Beginning August 31, 2019, applicants for initial teacher certification must complete the modified course.

Beginning in the 2020-21 school year, school districts must require all certificated and classified employees to receive training based on the curriculum developed by Project ECHO described above. The training may be incorporated within existing training programs and related resources.

Student Screening and Teleconsultation. 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 technology and are able to provide psychiatric teleconsultations to students who are determined to be at risk for substance abuse or committing violence to themselves or others. Project ECHO must update the directory periodically and make the directory available to all middle, junior high, and high schools in the state.

If certain school staff identify that a student may be at risk for substance abuse, violence, or youth suicide, a school counselor, school psychologist, school social worker, or school nurse must screen the student to determine if the student is at risk. If the screener determines that the student is at risk for substance abuse, violence, or youth suicide, the school district must use the directory described above to schedule an initial psychiatry teleconsultation for the student. The school district must schedule a second teleconsultation if recommended by the psychiatrist. Following the second teleconsultation, the school district must work with the psychiatrist to refer the student to any appropriate medical, mental health, or behavioral health services.

The school district may not schedule a psychiatry teleconsultation for a student without first receiving authorization from the student, or if the student is a minor under the age of 13, written authorization from a parent or person who may lawfully consent on behalf of the minor. The school district must provide an unoccupied room and the technology necessary for the student to

connect with the remote psychiatrist and allow for two teleconsultations during normal school hours.

Reimbursements. Psychiatrists who provide teleconference services may seek reimbursement for the health care services provided from the health plan in which a student is enrolled. For students with no health coverage, a psychiatrist may seek reimbursement from the state for any uncompensated health care services provided to the students. The University of Washington must develop: (a) a system to receive reimbursement requests from, and to distribute reimbursements to, psychiatrists who provide health care services; and (b) methodology for determining the amount of a reimbursement paid to a psychiatrist.

Gifts, Grants, and Donations. The University of Washington, in collaboration with Project ECHO must seek grants, gifts, and donations to support: (a) the development of the training curriculum, training delivery system, and directory of psychiatrists; and (b) the reimbursement for health care services provided by psychiatrists for the provision of psychiatric teleconsultations to students who do not have health insurance coverage.

Liability. This act does not create any civil liability on the part of the state or any state agency, officer, employee, agent, political subdivision, or school district.

Appropriation: None.

Fiscal Note: Requested on March 19, 2019.

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