STATE OF WASHINGTON
OFFICE OF GOVERNOR JAY INSLEE

EMERGENCY PROCLAMATION OF THE GOVERNOR

21-05

Children and Youth Mental Health Crisis

WHEREAS, on February 29, 2020, I proclaimed a State of Emergency for all counties throughout Washington State as a result of the coronavirus disease 2019 (COVID-19) outbreak in the United States and confirmed person-to-person spread of COVID-19 in Washington State as a result of the continued worldwide spread of COVID-19, its significant progression in Washington State, and the high risk it poses to our most vulnerable populations; and

WHEREAS, I issued many amendatory proclamations, exercising my emergency powers under RCW 43.06.220 by prohibiting certain activities and waiving and suspending specified laws and regulations, including prohibiting most schools from conducting in-person educational, recreational, and other K-12 school programs using school facilities, as well as certain student educational and outreach services; and

WHEREAS, closing school facilities contributed to Washington's efforts to minimize the spread and impact of COVID-19, but the closure of schools has also been stressful for many Washingtonians, particularly for many children and youth; and for many Washington children, it is feared that the lack of in-person learning and other school-based supports may result in gaps in students' learning and development that may last a lifetime; and

WHEREAS, the United States Centers for Disease Control and Prevention (CDC) noted that schools provide numerous benefits beyond education, including school meal programs and social, physical, behavioral, and mental health services, and because of their critical role for all children and the disproportionate impact that school closures can have on those with low incomes, K-12 schools should be the last settings to close after all other COVID-19 mitigation measures have been employed and the first to reopen when they can do so safely; and

WHEREAS, hospitals and health professionals who specialize in the treatment of children indicate that many of Washington's children and youth are experiencing a significant mental and behavioral health crisis as a result of the ongoing pandemic, which has been exacerbated by continued isolation, difficulty engaging with virtual learning, and lack of regular in-person interaction with educators, school personnel, mentors and peers; and

WHEREAS, early school-age children are at a critical juncture for social and emotional learning, such as formation of positive relationships, peer interaction, self-awareness and self-management, development of social skills, and decision-making, and these domains are essential for school success but are not readily learned in the absence of in-person interaction; and

WHEREAS, pediatric physicians have recently observed the following:

- Since the physical closure of schools, pediatricians are seeing a significant increase in youth with eating disorders, anxiety, mood disorders, and depression with suicidal thoughts or self-harm behaviors; and
- Most families experience long wait times and limited access to mental health services; and
- LGBTQ2+ youth have specific challenges navigating limited social support when affirmation and support is particularly important, resulting in sleep disturbances, decreased physical activity leading to unhealthy weight gain, and abuse of substances; and
- A significant number of previously stable youth have experienced now-onset or exacerbated eating disorders, depression, or anxiety, with some requiring increased use of medications, hospitalization, or other higher levels of care; and
- Children are experiencing a significant sense of isolation and loss, which is negatively impacting their learning and grades; and
- Although we have, for the time being, averted the crisis of overwhelming hospital capacity related to COVID-19 cases, we are in the midst of another crisis related to the mental health of many of our children; and

WHEREAS, at nearly every data point, Sacred Heart Children's Hospital in Spokane has reported a substantial increase in pediatric patients with behavioral health diagnoses as a primary concern during COVID-19, despite the general tendency to avoid health care settings to avoid exposure to COVID-19, including the following:

- Acute care admissions to its Inpatient Adolescent Psychiatric Unit increased 73% in 2020 as compared to 2019, and
- Acute care admissions to its General Pediatric Floor for behavioral health issues increased 68% in 2020 compared to 2019; and

WHEREAS, Seattle Children's Hospital has reported that:

- The Psychiatric Unit is currently the most over-capacity/over-stressed part of the hospital; and
- Unlike before the COVID-19 pandemic, it is now normal for 1 to 2 children to be admitted every night at Seattle Children's for attempted suicide; and
- Parent calls seeking referrals to outpatient mental health providers have significantly increased in 2020 compared to 2019; and

WHEREAS, Swedish Medical Center has reported that, despite a lack of designated pediatric inpatient psychiatry beds:

- The percentage of pediatric inpatient admissions in its hospital for behavioral health reasons and/or suicide attempt has dramatically increased from 7.5% in 2018, 6.2% in 2019, 10.8% in 2020, to 24.5% in the first 2 months of 2021; and
- During COVID-19, pediatric hospital physicians are seeing many more children and adolescents with new-onset depression and anxiety, initial suicide attempts, and new-onset need for behavioral health treatment; and

WHEREAS, Mary Bridge Children's Hospital has reported:

- The 14-day medical admission rate for mental health reasons increased approximately 67% from March 2020 to February 2021; and

- 60% of patients admitted to medical wards for mental health reasons are age 15-18 and 40% of these patients are age 14 and younger; and

WHEREAS, University of Washington Medicine reports that for patients under the age of 27, depression and anxiety are now the two most common diagnoses, and, when compared against 2019 data, it has seen 1,723 more patients with depression and 2,968 more patients with anxiety in 2021; and

WHEREAS, recent data from the CDC also shows that the proportion of emergency department visits related to mental health crises has increased for young children and adolescents since the pandemic started, reaching levels in late-March through October 2020 substantially higher than during the same period in 2019; and in Washington State, preliminary data suggest the relative reported emergency department visit count for suicidal ideation, suspected suicide attempt, and psychological distress are higher in the first few weeks of 2021 than the rates in corresponding weeks of 2019 and 2020 and show an increase from the end of 2020; and

WHEREAS, the children and adolescents presenting in mental health crises to hospitals or emergency rooms are the most severe cases and represent just a small portion of the entire population of youth in Washington who are suffering from increased mental and behavioral health needs, educational setbacks, and developmental concerns; and

WHEREAS, the Office of Superintendent of Public Instruction reports that student absences increased by 60% for middle school students in January 2021 compared to January 2020. Across all grades, for students receiving English learner services and students whose families are experiencing poverty, absences doubled in that same timeframe. In addition, 25% of all high school students did not receive credit in at least one course this school year. This is a 42% increase from the 2019-2020 school year. The increase in not receiving credit in courses is most significant for students experiencing poverty, and disproportionately impact students who are American Indian/Alaskan Native, and students who are Latino; and

WHEREAS, while school-age child care and youth development programs have been able to provide basic supports to some children, many programs and facilities that offer vital support to children and youth facing physical, mental, or socio-economic crises have been and remain unavailable due to restrictions imposed in response to the COVID-19 pandemic; and

WHEREAS, the multiple, overlapping effects on our children of continuing school facility closures on our children and adolescents constitutes an emergency related to and amplified by, but distinct from, the threat posed by the COVID-19 pandemic; and

WHEREAS, epidemiologists and infection prevention physicians, including those associated with the Washington Chapter of the American Academy of Pediatrics and the Washington Department of Health, believe that each region of our state has made adequate progress to reduce community levels of COVID-19 such that, by implementing multi-layered infection prevention protocols, K-12 school facilities can safely reopen for, at a minimum, hybrid learning; and

WHEREAS, on-campus, in-person instruction can be done safely, as evidenced by the demonstrated success of over 1,400 Washington schools that have experienced minimal in-school transmission; and

WHEREAS, health and worker safety protocols and measures must be followed to protect staff, students, and families; and

WHEREAS, increasing the option to return to school facilities for all K-12 students will help to prevent or curtail mental and behavioral health issues for many students by reducing isolation and improving in-person access to educators, school personnel, mentors and peers, but it is not a panacea for the long-standing need for accessible behavioral health services and supports for our children and youth. It is only a part of the solution to addressing mental and behavioral health issues for children and youth, many of whom will also need greater access to and availability of behavioral health services and supports, in and outside of schools, in order to forestall lifelong impacts from this pandemic; and

WHEREAS, teachers have been creative and have worked very diligently to provide remote learning, and some students and families have benefited from remote learning. But student/parental choice with regard to in-person learning must be respected during the ongoing pandemic, and remote-learning options must be preserved to serve those students; and

WHEREAS, the lack of statewide in-person K-12 schooling affects the life and health of our people as well as the economy of Washington State, and remains a public disorder or disaster affecting life, health, property or the public peace; and

WHEREAS, the Washington State Military Department Emergency Management Division, through the State Emergency Operations Center, continues coordinating resources across state government to alleviate the impacts to people, property, and infrastructure from the COVID-19 emergency and the new emergency developing from the lack of statewide in-person K-12 schooling; and

NOW, THEREFORE, I, Jay Inslee, Governor of the state of Washington, as a result of the above-noted situation, and under Chapters 38.08, 38.52 and 43.06 RCW, do hereby proclaim and order that a State of Emergency exists in all counties of Washington State due to the current status of the mental and behavioral health of many of Washington's children and youth, and direct the plans and procedures of the Washington State Comprehensive Emergency Management Plan be implemented. State agencies and departments are directed to utilize state resources and to do everything reasonably possible to assist affected political subdivisions in an effort to respond to and recover from this mental health crisis.

As a result of this event, I also hereby order into active state service the organized militia of Washington State to include the National Guard and the State Guard, or such part thereof as may be necessary in the opinion of The Adjutant General to address the circumstances described above, to perform such duties as directed by competent authority of the Washington State Military Department in addressing the crisis. Additionally, I direct the Washington State Department of Health, the Washington State Military Department Emergency Management Division, and other agencies to identify and provide appropriate personnel for conducting necessary and ongoing incident related assessments.

FURTHERMORE, based on the above situation and under the provisions of RCW 43.06.220(1)(h) to help preserve and maintain life, health, property or the public peace, I hereby prohibit all public school districts, including charter schools, in the state of Washington from failing to offer all K-12 students the opportunity to engage in both remote/on-line instruction and on-campus/in-person instruction, otherwise known as a hybrid model of K-12 instruction, and I also hereby prohibit all public school districts, including charter schools, in the state of Washington from offering or continuing to offer a remote/online instruction option without also offering an on-campus/in-person instruction option that is consistent with Department of Health guidance, found here, and the Department of Labor and Industries' requirements for employee safety as dictated by the School Employer Health and Safety Requirements found here, and as further provided below:

- By April 5, 2021, all elementary grade students (K-5 or K-6, depending on the district) must be provided with an opportunity to engage in a hybrid model of instruction; and
- By April 19, 2021, all remaining K-12 students must be provided with an opportunity to engage in a hybrid model of instruction. School districts may stagger/phase-in grades to achieve this requirement by April 19, 2021; and
- By April 19, 2021, all school districts must offer at least 30% of average weekly instructional hours as on-campus, in-person instruction for all K-12 students who wish to attend in-person.
- In addition:
    - Under no circumstances may a student be offered less than 2 days (which may be partial days) of on-campus, in-person instruction per week; and
    - All school districts must continue to work to exceed the 30% minimum instructional hours, and must reach the school's maximum capacity and maximum frequency of on-campus, in-person instruction that the school can provide, when all health and safety recommendations and requirements are applied, as soon as possible; and
    - If a school district currently provides a hybrid instruction model that deviates from the parameters specified above, the Office of Superintendent of Public Instruction may approve the schedule of any such school district operating unique hybrid learning models that meets the intent of the prohibitions in this order.

FURTHERMORE, I also hereby direct our Health Care Authority and Department of Health to immediately begin work on recommendations on how to support the behavioral health needs of our children and youth over the next 6 to 12 months and to address and triage the full spectrum of rising pediatric behavioral health needs.

ADDITIONALLY, I recommend use of the Washington State Department of Health's guidance to school districts and local health jurisdictions entitled, "*Tools to Prepare for the Provision of In-Person Learning among K-12 Students Public and Private Schools during the COVID-19 Pandemic"* found here. This document provides recommendations for modes of learning based on county-level COVID-19 health metric trends to support local school districts and public health officers as they collaborate to balance community education and health care needs.

Violators of this order may be subject to criminal penalties pursuant to RCW 43.06.220(5).

This order goes into effect immediately and will remain in effect until the end of this mental health emergency or until rescinded.

Signed and sealed with the official seal of the state of Washington on this 15th day of March, A.D., Two Thousand and Twenty-One at Olympia, Washington.

By:

/s/
Jay Inslee, Governor

BY THE GOVERNOR:

/s/
Secretary of State