

SHB 1851 - S COMM AMD
By Committee on Human Services

ADOPTED 02/28/2024

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

3 **"Sec. 1.** RCW 71.24.061 and 2021 c 126 s 1 are each amended to
4 read as follows:

5 (1) The authority shall provide flexibility to encourage licensed
6 or certified community behavioral health agencies to subcontract with
7 an adequate, culturally competent, and qualified children's mental
8 health provider network.

9 (2) To the extent that funds are specifically appropriated for
10 this purpose or that nonstate funds are available, a children's
11 mental health evidence-based practice institute shall be established
12 at the University of Washington department of psychiatry and
13 behavioral sciences. The institute shall closely collaborate with
14 entities currently engaged in evaluating and promoting the use of
15 evidence-based, research-based, promising, or consensus-based
16 practices in children's mental health treatment, including but not
17 limited to the University of Washington department of psychiatry and
18 behavioral sciences, Seattle children's hospital, the University of
19 Washington school of nursing, the University of Washington school of
20 social work, and the Washington state institute for public policy. To
21 ensure that funds appropriated are used to the greatest extent
22 possible for their intended purpose, the University of Washington's
23 indirect costs of administration shall not exceed ten percent of
24 appropriated funding. The institute shall:

25 (a) Improve the implementation of evidence-based and
26 research-based practices by providing sustained and effective
27 training and consultation to licensed children's mental health
28 providers and child-serving agencies who are implementing
29 evidence-based or researched-based practices for treatment of
30 children's emotional or behavioral disorders, or who are interested
31 in adapting these practices to better serve ethnically or culturally
32 diverse children. Efforts under this subsection should include a

1 focus on appropriate oversight of implementation of evidence-based
2 practices to ensure fidelity to these practices and thereby achieve
3 positive outcomes;

4 (b) Continue the successful implementation of the "partnerships
5 for success" model by consulting with communities so they may select,
6 implement, and continually evaluate the success of evidence-based
7 practices that are relevant to the needs of children, youth, and
8 families in their community;

9 (c) Partner with youth, family members, family advocacy, and
10 culturally competent provider organizations to develop a series of
11 information sessions, literature, and online resources for families
12 to become informed and engaged in evidence-based and research-based
13 practices;

14 (d) Participate in the identification of outcome-based
15 performance measures under RCW 71.36.025(2) and partner in a
16 statewide effort to implement statewide outcomes monitoring and
17 quality improvement processes; and

18 (e) Serve as a statewide resource to the authority and other
19 entities on child and adolescent evidence-based, research-based,
20 promising, or consensus-based practices for children's mental health
21 treatment, maintaining a working knowledge through ongoing review of
22 academic and professional literature, and knowledge of other
23 evidence-based practice implementation efforts in Washington and
24 other states.

25 (3) (a) To the extent that funds are specifically appropriated for
26 this purpose, the authority in collaboration with the University of
27 Washington department of psychiatry and behavioral sciences and
28 Seattle children's hospital shall implement the following access
29 lines:

30 (i) The partnership access line to support primary care providers
31 in the assessment and provision of appropriate diagnosis and
32 treatment of children with mental and behavioral health disorders and
33 track outcomes of this program;

34 (ii) The partnership access line for moms to support
35 obstetricians, pediatricians, primary care providers, mental health
36 professionals, and other health care professionals providing care to
37 pregnant women and new mothers through same-day telephone
38 consultations in the assessment and provision of appropriate
39 diagnosis and treatment of depression in pregnant women and new
40 mothers; ((and))

1 (iii) The mental health referral service for children and teens
2 to facilitate referrals to children's mental health services and
3 other resources for parents and guardians with concerns related to
4 the mental health of the parent or guardian's child. Facilitation
5 activities include assessing the level of services needed by the
6 child; within an average of seven days from call intake processing
7 with a parent or guardian, identifying mental health professionals
8 who are in-network with the child's health care coverage who are
9 accepting new patients and taking appointments; coordinating contact
10 between the parent or guardian and the mental health professional;
11 and providing postreferral reviews to determine if the child has
12 outstanding needs. In conducting its referral activities, the program
13 shall collaborate with existing databases and resources to identify
14 in-network mental health professionals; and

15 (iv) The first approach skills training program to provide brief,
16 evidence-based behavioral therapy for youth and families with common
17 mental health concerns.

18 (b) The program activities described in (a) of this subsection
19 shall be designed to promote more accurate diagnoses and treatment
20 through timely case consultation between primary care providers and
21 child psychiatric specialists, and focused educational learning
22 collaboratives with primary care providers.

23 (4) The authority, in collaboration with the University of
24 Washington department of psychiatry and behavioral sciences and
25 Seattle children's hospital, shall report on the following:

26 (a) The number of individuals who have accessed the resources
27 described in subsection (3) of this section;

28 (b) The number of providers, by type, who have accessed the
29 resources described in subsection (3) of this section;

30 (c) Demographic information, as available, for the individuals
31 described in (a) of this subsection. Demographic information may not
32 include any personally identifiable information and must be limited
33 to the individual's age, gender, and city and county of residence;

34 (d) A description of resources provided;

35 (e) Average time frames from receipt of call to referral for
36 services or resources provided; and

37 (f) Systemic barriers to services, as determined and defined by
38 the health care authority, the University of Washington department of
39 psychiatry and behavioral sciences, and Seattle children's hospital.

1 (5) Beginning December 30, 2019, and annually thereafter, the
2 authority must submit, in compliance with RCW 43.01.036, a report to
3 the governor and appropriate committees of the legislature with
4 findings and recommendations for improving services and service
5 delivery from subsection (4) of this section.

6 (6) The authority shall enforce requirements in managed care
7 contracts to ensure care coordination and network adequacy issues are
8 addressed in order to remove barriers to access to mental health
9 services identified in the report described in subsection (4) of this
10 section.

11 **Sec. 2.** RCW 71.24.063 and 2020 c 291 s 3 are each amended to
12 read as follows:

13 (1) The University of Washington department of psychiatry and
14 behavioral ((health)) sciences shall collect the following
15 information for the ((partnership access line described in RCW
16 71.24.061(3)(a)(i),)) partnership access line for moms described in
17 RCW 71.24.061(3)(a)(ii)((A)), and the psychiatric consultation line
18 described in RCW 71.24.062, in coordination with any hospital that it
19 collaborates with to administer the programs:

20 (a) The number of individuals served;

21 (b) Demographic information regarding the individuals served, as
22 available, including the individual's age, gender, and city and
23 county of residence. Demographic information may not include any
24 personally identifiable information;

25 (c) Demographic information regarding the providers placing the
26 calls, including type of practice, and city and county of practice;

27 (d) Insurance information, including health plan and carrier, as
28 available;

29 (e) A description of the resources provided; and

30 (f) Provider satisfaction.

31 (2) The ((University of Washington department of psychiatry and
32 behavioral health sciences)) authority shall collect the following
33 information for the program called the ((partnership access line for
34 kids referral and assistance service)) mental health referral service
35 for children and teens described in RCW 71.24.061((3)(a)(ii)(B))
36 (3)(a)(iii), and the partnership access line described in RCW
37 71.24.061(3)(a)(i), in coordination with ((any)) Seattle children's
38 hospital ((that it collaborates with)) to administer the program:

39 (a) The number of individuals served;

1 (b) Demographic information regarding the individuals served, as
2 available, including the individual's age, gender, and city and
3 county of residence. Demographic information may not include any
4 personally identifiable information;

5 (c) Demographic information regarding the parents or guardians
6 placing the calls, including family location;

7 (d) Insurance information, including health plan and carrier, as
8 available;

9 (e) A description of the resources provided;

10 (f) Average time frames from receipt of the call to referral for
11 services or resources provided;

12 (g) The most frequently requested issues that parents and
13 guardians are asking for assistance with;

14 (h) The most frequently requested issues that families are asking
15 for referral assistance with;

16 (i) The number of individuals that receive an appointment based
17 on referral assistance; and

18 (j) Parent or guardian satisfaction.

19 (3) The authority shall collect the following information for the
20 first approach skills training program (FAST) described in RCW
21 71.24.061(3)(a)(iv), in coordination with Seattle children's hospital
22 to administer the program:

23 (a) The number of providers trained;

24 (b) The number of clinics supported;

25 (c) The number of ongoing consultation training sessions
26 delivered;

27 (d) The utilization rates of the FAST website video and
28 materials; and

29 (e) Updates on all new materials created, such as new
30 translations, for the program.

31 **Sec. 3.** RCW 71.24.064 and 2020 c 291 s 4 are each amended to
32 read as follows:

33 (1) Beginning July 1, 2021, the partnership access lines
34 described in RCW 71.24.061(3)(a), ~~((and))~~ the psychiatric
35 consultation line described in RCW 71.24.062, and the first approach
36 skills training program described in RCW 71.24.061(3)(a)(iv) shall be
37 funded as follows:

38 (a) The authority, in consultation with the University of
39 Washington department of psychiatry and behavioral sciences and

1 Seattle children's hospital shall determine the annual costs of
2 operating each program, as well as the authority's costs for
3 administering the programs.

4 (b) For each program, the authority shall calculate the
5 proportion of clients that are covered by programs administered
6 pursuant to chapter 74.09 RCW. The state must cover the cost for
7 programs administered pursuant to chapter 74.09 RCW through state and
8 federal funds, as appropriated.

9 (c)(i) The authority shall collect a proportional share of
10 program costs from each of the following entities that are not for
11 covered lives under contract with the authority as medicaid managed
12 care organizations:

13 (A) Health carriers, as defined in RCW 48.43.005;

14 (B) Self-funded multiple employer welfare arrangements, as
15 defined in RCW 48.125.010;

16 (C) Employers or other entities that provide health care in this
17 state, including self-funding entities or employee welfare benefit
18 plans.

19 (ii) For entities listed in (c)(i) of this subsection, a
20 proportional share of the entity's annual program costs for each
21 program must be calculated by determining the annual cost of
22 operating the program not covered under (b) of this subsection and
23 multiplying it by a fraction that in which the numerator is the
24 entity's total number of resident insured persons among the
25 population served by the program and the denominator is the total
26 number of residents in the state who are served by the program and
27 not covered by programs administered pursuant to chapter 74.09 RCW.
28 The total number of resident insured persons among the population
29 served by the program shall be determined according to the covered
30 lives per calendar year determined by covered person months.

31 (iii) The entities listed in (c)(i) of this subsection shall
32 provide information needed to calculate the proportional share of
33 program costs under this section to the authority.

34 (d) The authority's administrative costs for these programs may
35 not be included in the assessments.

36 (2) The authority may contract with a third-party administrator
37 to calculate and administer the assessments of the entities
38 identified in subsection (1)(c)(i) of this section.

1 (3) The authority shall develop separate performance measures for
2 the partnership access lines described in RCW 71.24.061(3)(a), and
3 the psychiatric consultation line described in RCW 71.24.062.

4 (4) The University of Washington department of psychiatry and
5 behavioral sciences, in coordination with any hospital that it
6 collaborates with to administer the programs, shall provide quarterly
7 reports to the authority on the demographic data collected by each
8 program, as described in RCW 71.24.063 (1) and (2), any performance
9 measures specified by the authority, and systemic barriers to
10 services, as determined and defined by the authority, the University
11 of Washington, and Seattle children's hospital."

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12 On page 1, line 3 of the title, after "program;" strike the
13 remainder of the title and insert "and amending RCW 71.24.061,
14 71.24.063, and 71.24.064."

EFFECT: Makes technical changes and reorganizes the data reporting requirements based on which entity operates the service.

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