

CERTIFICATION OF ENROLLMENT

**SUBSTITUTE HOUSE BILL 1851**

Chapter 358, Laws of 2024

68th Legislature  
2024 Regular Session

BEHAVIORAL THERAPY FOR YOUTH AND FAMILIES—FIRST APPROACH SKILLS  
TRAINING PROGRAM—FUNDING

EFFECTIVE DATE: June 6, 2024

Passed by the House March 5, 2024  
Yeas 96 Nays 0

LAURIE JINKINS

**Speaker of the House of  
Representatives**

Passed by the Senate February 28,  
2024  
Yeas 49 Nays 0

DENNY HECK

**President of the Senate**

Approved March 29, 2024 10:56 AM

JAY INSLEE

**Governor of the State of Washington**

CERTIFICATE

I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is **SUBSTITUTE HOUSE BILL 1851** as passed by the House of Representatives and the Senate on the dates hereon set forth.

BERNARD DEAN

**Chief Clerk**

FILED

April 1, 2024

**Secretary of State  
State of Washington**

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**SUBSTITUTE HOUSE BILL 1851**

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AS AMENDED BY THE SENATE

Passed Legislature - 2024 Regular Session

**State of Washington                      68th Legislature                      2023 Regular Session**

**By** House Appropriations (originally sponsored by Representatives Callan, Macri, Bergquist, and Gregerson)

READ FIRST TIME 04/04/23.

1            AN ACT Relating to implementation of a sustainable funding model  
2 for the services provided through the first approach skills training  
3 program; and amending RCW 71.24.061, 71.24.063, and 71.24.064.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5            **Sec. 1.** RCW 71.24.061 and 2021 c 126 s 1 are each amended to  
6 read as follows:

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

11            (2) To the extent that funds are specifically appropriated for  
12 this purpose or that nonstate funds are available, a children's  
13 mental health evidence-based practice institute shall be established  
14 at the University of Washington department of psychiatry and  
15 behavioral sciences. The institute shall closely collaborate with  
16 entities currently engaged in evaluating and promoting the use of  
17 evidence-based, research-based, promising, or consensus-based  
18 practices in children's mental health treatment, including but not  
19 limited to the University of Washington department of psychiatry and  
20 behavioral sciences, Seattle children's hospital, the University of  
21 Washington school of nursing, the University of Washington school of

1 social work, and the Washington state institute for public policy. To  
2 ensure that funds appropriated are used to the greatest extent  
3 possible for their intended purpose, the University of Washington's  
4 indirect costs of administration shall not exceed ten percent of  
5 appropriated funding. The institute shall:

6 (a) Improve the implementation of evidence-based and  
7 research-based practices by providing sustained and effective  
8 training and consultation to licensed children's mental health  
9 providers and child-serving agencies who are implementing  
10 evidence-based or researched-based practices for treatment of  
11 children's emotional or behavioral disorders, or who are interested  
12 in adapting these practices to better serve ethnically or culturally  
13 diverse children. Efforts under this subsection should include a  
14 focus on appropriate oversight of implementation of evidence-based  
15 practices to ensure fidelity to these practices and thereby achieve  
16 positive outcomes;

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

22 (c) Partner with youth, family members, family advocacy, and  
23 culturally competent provider organizations to develop a series of  
24 information sessions, literature, and online resources for families  
25 to become informed and engaged in evidence-based and research-based  
26 practices;

27 (d) Participate in the identification of outcome-based  
28 performance measures under RCW 71.36.025(2) and partner in a  
29 statewide effort to implement statewide outcomes monitoring and  
30 quality improvement processes; and

31 (e) Serve as a statewide resource to the authority and other  
32 entities on child and adolescent evidence-based, research-based,  
33 promising, or consensus-based practices for children's mental health  
34 treatment, maintaining a working knowledge through ongoing review of  
35 academic and professional literature, and knowledge of other  
36 evidence-based practice implementation efforts in Washington and  
37 other states.

38 (3) (a) To the extent that funds are specifically appropriated for  
39 this purpose, the authority in collaboration with the University of  
40 Washington department of psychiatry and behavioral sciences and

1 Seattle children's hospital shall implement the following access  
2 lines:

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

7 (ii) The partnership access line for moms to support  
8 obstetricians, pediatricians, primary care providers, mental health  
9 professionals, and other health care professionals providing care to  
10 pregnant women and new mothers through same-day telephone  
11 consultations in the assessment and provision of appropriate  
12 diagnosis and treatment of depression in pregnant women and new  
13 mothers; (~~and~~)

14 (iii) The mental health referral service for children and teens  
15 to facilitate referrals to children's mental health services and  
16 other resources for parents and guardians with concerns related to  
17 the mental health of the parent or guardian's child. Facilitation  
18 activities include assessing the level of services needed by the  
19 child; within an average of seven days from call intake processing  
20 with a parent or guardian, identifying mental health professionals  
21 who are in-network with the child's health care coverage who are  
22 accepting new patients and taking appointments; coordinating contact  
23 between the parent or guardian and the mental health professional;  
24 and providing postreferral reviews to determine if the child has  
25 outstanding needs. In conducting its referral activities, the program  
26 shall collaborate with existing databases and resources to identify  
27 in-network mental health professionals; and

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

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

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

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

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

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

7 (d) A description of resources provided;

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

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

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

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

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

25 (1) The University of Washington department of psychiatry and  
26 behavioral ((health)) sciences shall collect the following  
27 information for the ((partnership access line described in RCW  
28 71.24.061(3)(a)(i),)) partnership access line for moms described in  
29 RCW 71.24.061(3)(a)(ii)((A)), and the psychiatric consultation line  
30 described in RCW 71.24.062, in coordination with any hospital that it  
31 collaborates with to administer the programs:

32 (a) The number of individuals served;

33 (b) Demographic information regarding the individuals served, as  
34 available, including the individual's age, gender, and city and  
35 county of residence. Demographic information may not include any  
36 personally identifiable information;

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

1 (d) Insurance information, including health plan and carrier, as  
2 available;

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

4 (f) Provider satisfaction.

5 (2) The (~~University of Washington department of psychiatry and~~  
6 ~~behavioral health sciences~~) authority shall collect the following  
7 information for the program called the (~~partnership access line for~~  
8 ~~kids referral and assistance service~~) mental health referral service  
9 for children and teens described in RCW 71.24.061(~~(3)(a)(ii)(B)~~)  
10 (3)(a)(iii), and the partnership access line described in RCW  
11 71.24.061(3)(a)(i), in coordination with (~~any~~) Seattle children's  
12 hospital (~~that it collaborates with~~) to administer the program:

13 (a) The number of individuals served;

14 (b) Demographic information regarding the individuals served, as  
15 available, including the individual's age, gender, and city and  
16 county of residence. Demographic information may not include any  
17 personally identifiable information;

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

20 (d) Insurance information, including health plan and carrier, as  
21 available;

22 (e) A description of the resources provided;

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

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

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

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

31 (j) Parent or guardian satisfaction.

32 (3) The authority shall collect the following information for the  
33 first approach skills training program (FAST) described in RCW  
34 71.24.061(3)(a)(iv), in coordination with Seattle children's hospital  
35 to administer the program:

36 (a) The number of providers trained;

37 (b) The number of clinics supported;

38 (c) The number of ongoing consultation training sessions  
39 delivered;

1 (d) The utilization rates of the FAST website video and  
2 materials; and

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

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

7 (1) Beginning July 1, 2021, the partnership access lines  
8 described in RCW 71.24.061(3)(a), ~~((and))~~ the psychiatric  
9 consultation line described in RCW 71.24.062, and the first approach  
10 skills training program described in RCW 71.24.061(3)(a)(iv) shall be  
11 funded as follows:

12 (a) The authority, in consultation with the University of  
13 Washington department of psychiatry and behavioral sciences and  
14 Seattle children's hospital shall determine the annual costs of  
15 operating each program, as well as the authority's costs for  
16 administering the programs.

17 (b) For each program, the authority shall calculate the  
18 proportion of clients that are covered by programs administered  
19 pursuant to chapter 74.09 RCW. The state must cover the cost for  
20 programs administered pursuant to chapter 74.09 RCW through state and  
21 federal funds, as appropriated.

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

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

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

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

32 (ii) For entities listed in (c)(i) of this subsection, a  
33 proportional share of the entity's annual program costs for each  
34 program must be calculated by determining the annual cost of  
35 operating the program not covered under (b) of this subsection and  
36 multiplying it by a fraction that in which the numerator is the  
37 entity's total number of resident insured persons among the  
38 population served by the program and the denominator is the total  
39 number of residents in the state who are served by the program and

1 not covered by programs administered pursuant to chapter 74.09 RCW.  
2 The total number of resident insured persons among the population  
3 served by the program shall be determined according to the covered  
4 lives per calendar year determined by covered person months.

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

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

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

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

16 (4) The University of Washington department of psychiatry and  
17 behavioral sciences, in coordination with any hospital that it  
18 collaborates with to administer the programs, shall provide quarterly  
19 reports to the authority on the demographic data collected by each  
20 program, as described in RCW 71.24.063 (1) and (2), any performance  
21 measures specified by the authority, and systemic barriers to  
22 services, as determined and defined by the authority, the University  
23 of Washington, and Seattle children's hospital.

Passed by the House March 5, 2024.

Passed by the Senate February 28, 2024.

Approved by the Governor March 29, 2024.

Filed in Office of Secretary of State April 1, 2024.

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