

CERTIFICATION OF ENROLLMENT

SUBSTITUTE HOUSE BILL 1851

68th Legislature
2024 Regular Session

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

**Speaker of the House of
Representatives**

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

President of the Senate

Approved

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.

Chief Clerk

FILED

**Secretary of State
State of Washington**

SUBSTITUTE HOUSE BILL 1851

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.

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