

HOUSE BILL REPORT

HB 1851

As Reported by House Committee On:
Appropriations

Title: An act relating to implementation of a sustainable funding model for the services provided through the first approach skills training program.

Brief Description: Implementing the first approach skills training program.

Sponsors: Representatives Callan, Macri, Bergquist and Gregerson.

Brief History:

Committee Activity:

Appropriations: 4/1/23, 4/4/23 [DPS].

Brief Summary of Substitute Bill

- The First Approach Skills Training program is added to the funding model for the Partnership Access Line and Psychiatry Consultation Line programs.

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 31 members: Representatives Ormsby, Chair; Bergquist, Vice Chair; Gregerson, Vice Chair; Macri, Vice Chair; Stokesbary, Ranking Minority Member; Chambers, Assistant Ranking Minority Member; Corry, Assistant Ranking Minority Member; Berg, Chandler, Chopp, Connors, Couture, Davis, Dye, Fitzgibbon, Hansen, Harris, Lekanoff, Pollet, Riccelli, Rude, Ryu, Sandlin, Schmick, Senn, Simmons, Slatter, Springer, Steele, Stonier and Tharinger.

Staff: Meghan Morris (786-7119).

Background:

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

Partnership Access Line.

The Partnership Access Line (PAL) is a phone consultation service for primary care providers to consult with a pediatric psychiatrist. Seattle Children's Hospital delivers PAL consultation services in affiliation with the University of Washington Department of Psychiatry and Behavioral Sciences (UW) through a contract with the Health Care Authority (HCA).

Partnership Access Line for Moms and Kids.

The PAL for Moms pilot program provides consultation for health care professionals to assess and treat depression in pregnant women and new mothers.

Mental Health Referral Service for Children and Teens.

The Mental Health Referral Service for Children and Teens program facilitates referrals to children's mental health services and other resources for parents and guardians.

Psychiatry Consultation Line.

The HCA, in collaboration with the UW, implements the Psychiatry Consultation Line (PCL) to provide emergency department providers, primary care providers, and county and municipal correctional facility providers with on-demand access to psychiatric and substance use disorder clinical consultation for adult patients. The clinical consultation may occur via telemedicine.

Data and Reporting.

The UW and participating hospitals are responsible for collecting the following information for the PAL, PCL, and PAL for Moms programs:

- the number of individuals served;
- demographic information regarding the individuals served, as available, including the individual's age, gender, and city and county of residence;
- demographic information regarding the providers placing the calls, including type of practice, and city and county of practice;
- insurance information, including health plan and carrier, as available;
- a description of the resources provided; and
- provider satisfaction.

Partnership Access Line Funding Model.

The funding model for the PAL and PCL programs is as follows:

- The HCA consults with the UW and Seattle Children's Hospital to determine the annual costs of operating each program, including administrative costs.
- For each program, the HCA must calculate the proportion of clients that are covered by Medicaid or state medical assistance programs based on data collected by the UW and participating hospitals. The state must cover the cost for clients covered under Medicaid or state medical assistance programs.
- The HCA must collect a proportional share of program costs, excluding administrative costs, from each of the following entities that are not for covered lives

under contract with the HCA as Medicaid managed care organizations:

- health carriers;
- self-funded multiple employer welfare arrangements; and
- employers or other entities that provide health care in Washington, including self-funding entities or employee welfare benefit plans.

The HCA may contract with a third-party administrator to calculate and administer the assessments, which are deposited into the Telebehavioral Health Access Account to support telebehavioral health programs.

First Approach Skills Training.

The First Approach Skills Training (FAST) program provides brief, evidence-based behavioral therapy for youth and families with common mental health concerns, in settings such as primary care clinics or schools where longer-term treatment is not typically provided. For each FAST program, there is a two-page educational handout that can be given out as a first step in care, prior to referral for the clinician-guided intervention.

Summary of Substitute Bill:

The FAST program is added to the list of access lines that the HCA, in collaboration with the UW and Seattle Children's Hospital shall implement. The UW and participating hospitals are responsible for collecting the following information for FAST program:

- the number of individuals served;
- demographic information regarding the individuals served, as available, including the individual's age, gender, and city and county of residence;
- demographic information regarding the providers placing the calls, including type of practice, and city and county of practice;
- insurance information, including health plan and carrier, as available;
- a description of the resources provided; and
- provider satisfaction.

The FAST program is added to the funding model for the PAL and PCL programs.

Substitute Bill Compared to Original Bill:

The reporting requirements for the UW and coordinating hospitals that administer the FAST program are revised. The UW must collect the following information, in coordination with any hospital that it collaborates with to administer the program:

- the number of providers trained;
- the number of clinics supported;
- the number of ongoing consultation training sessions delivered;
- the utilization rates of the FAST website video and materials; and
- updates on all new materials created, such as new translations, for the program.

Appropriation: None.

Fiscal Note: Not requested.

Effective Date of Substitute Bill: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) The FAST program allows providers to deliver evidence-based treatments to families in multiple 20-minute sessions and realize positive results in families' lives. The FAST consultation service also shares clinical expertise with providers. This helps families avoid costly and lengthier services by offering these effective interventions earlier in the primary care setting. This program prevents family crisis and keeps people out of emergency rooms where a higher level of support and funding is required. The FAST program effectively supports families and the behavioral health providers.

The FAST program has trained 120 providers in the state from over 50 primary care clinics and offered free video trainings for over 700 providers. Training modules provide support for anxiety, child behavior problems, trauma, depression, and parenting issues. The FAST program is responsive to the needs of communities by expanding available modules to serve more families in a cost-effective manner. There have been many successes with this program. The FAST program funding is expiring, and this bill helps continue training modules in primary care and school settings.

The bill requires the same reporting data as the PAL and PCL programs. Specific reporting requirements suited to the FAST program would be better.

(Opposed) None.

Persons Testifying: Kathryn Boelk and Violet Rush, HopeSparks and Washington Chapter of the American Academy of Pediatrics; and Robert Hilt, Washington Chapter of the American Academy of Pediatrics.

Persons Signed In To Testify But Not Testifying: None.