

HOUSE BILL REPORT

E2SHB 1593

As Amended by the Senate

Title: An act relating to establishing a behavioral health innovation and integration campus within the University of Washington school of medicine.

Brief Description: Establishing a behavioral health innovation and integration campus within the University of Washington school of medicine.

Sponsors: House Committee on Appropriations (originally sponsored by Representatives Chopp, Sullivan, Ormsby, Cody, Harris, Lovick, Jinkins, Kilduff, Riccelli, Pettigrew, Davis, Stonier, Macri, Robinson, Ortiz-Self, Frame, Senn, Slatter, Schmick, Chandler, Caldier, Tarleton, Appleton, Dolan, Thai, Shewmake, Valdez, Bergquist, Reeves, Goodman, Lekanoff and Pollet; by request of Office of the Governor).

Brief History:

Committee Activity:

College & Workforce Development: 2/5/19, 2/20/19 [DPS];

Capital Budget: 2/25/19, 2/26/19 [DPS(CWD)];

Appropriations: 2/27/19, 2/28/19 [DP2S(w/o sub CWD)].

Floor Activity:

Passed House: 3/13/19, 95-0.

Senate Amended.

Passed Senate: 4/17/19, 48-0.

Brief Summary of Engrossed Second Substitute Bill

- Creates the Behavioral Health Innovation and Integration campus within the University of Washington School of Medicine (UWSOM).
- Requires the UWSOM to create a plan to develop and site a teaching facility that provides inpatient care and workforce training.

HOUSE COMMITTEE ON COLLEGE & WORKFORCE DEVELOPMENT

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 16 members: Representatives Hansen, Chair; Leavitt, Vice Chair; Van Werven, Ranking Minority Member; Gildon, Assistant Ranking Minority Member; Graham, Assistant

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Ranking Minority Member; Bergquist, Kraft, Mead, Paul, Pollet, Ramos, Rude, Sells, Slatter, Sutherland and Young.

Staff: Trudes Tango (786-7384).

HOUSE COMMITTEE ON CAPITAL BUDGET

Majority Report: The substitute bill by Committee on College & Workforce Development be substituted therefor and the substitute bill do pass. Signed by 23 members: Representatives Tharinger, Chair; Doglio, Vice Chair; Peterson, Vice Chair; DeBolt, Ranking Minority Member; Smith, Assistant Ranking Minority Member; Steele, Assistant Ranking Minority Member; Callan, Corry, Davis, Dye, Eslick, Gildon, Irwin, Jenkin, Leavitt, Lekanoff, Maycumber, Morgan, Riccelli, Santos, Sells, Stonier and Walsh.

Staff: Steve Masse (786-7115).

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: The second substitute bill be substituted therefor and the second substitute bill do pass and do not pass the substitute bill by Committee on College & Workforce Development. Signed by 31 members: Representatives Ormsby, Chair; Bergquist, 2nd Vice Chair; Robinson, 1st Vice Chair; Stokesbary, Ranking Minority Member; MacEwen, Assistant Ranking Minority Member; Rude, Assistant Ranking Minority Member; Caldier, Chandler, Cody, Dolan, Dye, Fitzgibbon, Hansen, Hoff, Hudgins, Jinkins, Kraft, Macri, Mosbrucker, Pettigrew, Pollet, Ryu, Senn, Springer, Stanford, Steele, Sullivan, Sutherland, Tarleton, Tharinger and Ybarra.

Staff: Zane Potter (786-7349).

Background:

The University of Washington School of Medicine (UWSOM) Department of Psychiatry and Behavioral Sciences provides training to medical students, a residency program for students specializing in psychiatry, and mental health services, consultations and telepsychiatry, and other services to patients and the community. It also offers inpatient psychiatric care services at Harborview Medical Center and the University of Washington (UW) Medical Center, as well as other locations. Harborview Medical Center has approximately 60 inpatient beds for voluntary and involuntary treatment of patients. The UW Medical Center has 14 inpatient beds for voluntary treatments and is a training site for the Psychiatry Residency Training Program.

The Involuntary Treatment Act is the statutory scheme governing the civil commitment of persons who, due to a mental disorder, pose a likelihood of serious harm or are gravely disabled. Generally, inpatient commitments for 90 or 180 days of treatment take place at the two state hospitals operated by the Department of Social and Health Services. Inpatient commitments for 14 days generally take place in community facilities.

Summary of Engrossed Second Substitute Bill:

The Behavioral Health Innovation and Integration campus is created within the UWSOM. The campus must include inpatient treatment capacity and focus on inpatient and outpatient care for individuals with behavioral health needs, while training a behavioral health provider workforce. The training must include an interdisciplinary curriculum and programs that support and encourage professionals to work in teams. The siting and design for the new campus should take into account local community needs and resources, with attention to diversity and cultural competence, a focus on training and supporting the next generation of health care providers, and close coordination with existing local and regional programs, clinics, and resources.

By December 1, 2019, the UWSOM must consult with collective bargaining representatives of the UW health system workforce and report to the Office of Financial Management and the appropriate committees of the Legislature a plan to develop and site a teaching facility that will provide inpatient care for up to 150 individuals receiving care under the Involuntary Treatment Act. The plan may also include:

- adding psychiatry residency training slots;
- initiating telepsychiatry consultations to community-based hospitals and other facilities;
- initiating fellowship programs, internships and residency opportunities for various health professionals;
- developing integrated workforce development programs and other workforce development efforts;
- expanding the UW Forefront Suicide Prevention's efforts; and
- incorporating transitional services for mental health and substance use disorders and other transitional care programs.

For the purposes of siting and other land use planning and approval, work should be done within the existing major institution master plan, including the existing community advisory committee.

EFFECT OF SENATE AMENDMENT(S):

The Senate amendment clarifies that the act is null and void if funding is not provided in the omnibus capital appropriations act or the omnibus operating appropriations act.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed. However, the bill is null and void unless funded in the budget.

Staff Summary of Public Testimony (College & Workforce Development):

(In support) Everyone has direct or indirect experience with mental health and substance abuse issues in their families and communities. This bill is the next big step to address

behavioral health needs of the state. The bill takes care of the two biggest needs in the health care system: (1) treatment capacity; and (2) workforce needs. There is a health care provider workforce shortage. The school would be the first in the nation to train the workforce in an integrated way. Modern facilities are needed to train the next generation of providers. Facilities are not just places to warehouse people. They need to be places where people can get well and get connection. Facilities are needed to inspire teaching and training and provide environments for multiple people to work together to examine a patient's issue from all perspectives, including social service needs. This bill is a new model of team-based training and will be transformative. The bill is not just about workforce development; it is about systems change.

(Opposed) None.

Staff Summary of Public Testimony (Capital Budget):

(In support) There has been no improvement of state behavioral health facilities in a long time. The state facilities are old and use old methods for treatment. There is also a need for new well trained workers. The Behavioral Health Task Force has met for about five years and this is a recommendation. The University of Washington already has an integrated behavioral health workforce.

(Opposed) None.

Staff Summary of Public Testimony (Appropriations):

(In support) The funding and construction of this teaching hospital is important if the Legislature is to address the behavioral health crisis. The hospital would train, in one location, the next behavioral health workforce generation. It would create bed capacity for the state for patients who need a civil commitment for 90 or 180 days. The hospital would also have a telepsychiatry component that would make psychiatrists available for primary care providers throughout the state.

(Opposed) None.

Persons Testifying (College & Workforce Development): Representative Chopp, prime sponsor; Rashi Gupta, Governor's Policy Office; Jurgen Unutzer, University of Washington School of Medicine; Kristen Federici, Providence St. Joseph Health; Len McComb, Washington State Hospital Association; Lindsey Grad, Service Employees International Union Healthcare 1199 Northwest; Craig Cole; and Jennifer Stuber, Forefront Suicide Prevention.

Persons Testifying (Capital Budget): Representative Chopp, prime sponsor; Rashi Gupta, Office of the Governor; Len McComb, Washington State Hospital Association and Community Health Network of Washington; and Ian Goodhew, University of Washington Medicine.

Persons Testifying (Appropriations): Len McComb, Washington State Hospital Association; and Ian Goodhew, University of Washington Medicine.

Persons Signed In To Testify But Not Testifying (College & Workforce Development):
None.

Persons Signed In To Testify But Not Testifying (Capital Budget): None.

Persons Signed In To Testify But Not Testifying (Appropriations): None.