

SENATE BILL REPORT

E2SHB 1593

As Passed Senate - Amended, April 17, 2019

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

Committee Activity: Behavioral Health Subcommittee to Health & Long Term Care: 3/29/19 [DP-WM].

Ways & Means: 4/03/19, 4/08/19 [DPA].

Floor Activity:

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

Brief Summary of Bill (As Amended by Senate)

- Creates a behavioral health innovation and integration campus within the University of Washington School of Medicine (UW School of Medicine).
- Directs the UW School of Medicine to submit a development and siting plan to the Office of Financial Management and the Legislature by December 1, 2019.

SENATE COMMITTEE ON BEHAVIORAL HEALTH SUBCOMMITTEE TO HEALTH & LONG TERM CARE

Majority Report: Do pass and be referred to Committee on Ways & Means.

Signed by Senators Dhingra, Chair; Wagoner, Ranking Member; Darneille, Frockt and O'Ban.

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

Staff: Kevin Black (786-7747)

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: Do pass as amended.

Signed by Senators Rolfes, Chair; Frockt, Vice Chair, Operating, Capital Lead; Braun, Ranking Member; Brown, Assistant Ranking Member, Operating; Honeyford, Assistant Ranking Member, Capital; Bailey, Becker, Billig, Carlyle, Conway, Darneille, Hasegawa, Hunt, Keiser, Liias, Palumbo, Pedersen, Rivers, Schoesler, Van De Wege, Wagoner and Warnick.

Staff: Daniel Masterson (786-7454)

Background: The UW School of Medicine, Department of Psychiatry and Behavioral Sciences provides training to medical students; a residency program for students specializing in psychiatry; and mental health services, consultations, 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 Medical Center (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 or substance use 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, Eastern State Hospital or Western State Hospital, operated by the Department of Social and Health Services. Inpatient commitments for 14 days take place in community facilities.

Summary of Amended Bill: A behavioral health innovation and integration campus is created within the UW School of Medicine. The campus must include inpatient treatment capacity for up to 150 individuals committed to involuntary long-term care. The teaching facility must focus on inpatient and outpatient care for individuals with behavioral health needs while training a behavioral health provider workforce. The training must be interdisciplinary, encourage professionals to work in teams, use current best practices, encourage innovation, and be culturally appropriate, including training specific to providing care to federally recognized tribes and tribal members.

The UW School of Medicine must provide a plan for developing and siting the teaching facility to the Office of Financial Management and the Legislature by December 1, 2019. The plan may include:

- adding psychiatric residency slots focused on community psychiatry;
- telehealth consultation to community-based hospitals, clinics, nursing homes, and other facilities;
- a fellowship program for family physicians and primary care providers interested in treating patients with behavioral health needs;

- a residency program for advanced psychiatric nurses and advanced registered nurse practitioners interesting in community psychiatry;
- expansion of UW Forefront suicide prevention efforts to serve the state;
- creation of practicum, internship, and residency opportunities for the community behavioral health system;
- incorporation of transitional services such as peer and family bridger, navigator programs, and transitional care programs;
- developing integrated workforce development programs in partnership with training for nurses, nurse practitioners, medical assistants, social workers, and others; and
- other workforce development efforts.

Siting and other land use planning and approval processing should be done within the existing major institution master plan, including the existing community advisory committee.

Appropriation: The bill contains a null and void clause requiring specific funding be provided in the omnibus capital appropriations act or omnibus operating appropriations act.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony on Engrossed Second Substitute House Bill (Behavioral Health Subcommittee to Health & Long Term Care): PRO: We have a major crisis in this state related to behavioral health disorders. So many of us have a close personal connection to someone who has suffered in this way. The intent is to increase the capacity for care, and increase the capacity of our workforce. It will help people around the state through the telehealth component. Bipartisan support for this proposal has been strong, which has led the House to look at accelerating the funding. The original plan was to open around 2025; new capital budget proposals could accelerate this to 2023. This idea came from a task force and the proposal was to train health care workers to make sure they are prepared to address behavioral health. Instead of just direct treatment capacity, this will create cross-training so that needs can be better addressed. This is the opportunity for UW Medicine to step up and help the system. We have the experts in clinical care, teaching, and innovation. This is not Seattle- or King County centric, but a state-centric proposal to make our best experts available 24/7 to primary care, emergency room, and jail or detention facility clinical care providers around the state. We want to make expert consultation a reality. We know how to do this, but we need a cutting-edge state-of-the-art facility to do it. We need support to do the education and outreach pieces. This is a first-in-the-nation concept in terms of the emphasis on workforce development, teaching, and telepsychiatry. The most likely way to keep doctors in rural areas is to train them in rural areas, so please consider locating some of the new residencies in Spokane.

Persons Testifying (Behavioral Health Subcommittee to Health & Long Term Care): PRO: Representative Frank Chopp, Prime Sponsor; Ian Goodhew, UW Medicine Health System; Rashi Gupta, Governor's Policy Office; Kristen Federici, Providence St. Joseph Health.

Persons Signed In To Testify But Not Testifying (Behavioral Health Subcommittee to Health & Long Term Care): No one.

Staff Summary of Public Testimony on Engrossed Second Substitute House Bill (Ways & Means): *The committee recommended a different version of the bill than what was heard.*

PRO: This bill will take care of two of the biggest needs in the behavioral health system today—treatment capacity and workforce. We know that there is a significant workforce shortage in behavioral health. We know that in most areas of the state there is a two to three month wait for a psychiatrist and in some areas it is even longer than that. This bill would allow to teach an integrated curriculum for all levels. This proposal is the most transformative thing you can do in this behavior health crisis. You not only have an antiquated facility at Western State Hospital, you have an antiquated model of care and delivery of care. This will go a long way to not only developing that workforce but giving them the evidence based tools and training that they need to effectively deal with the crisis that we have. This past fall UW Medicine begin working with the state to establish a first-of-its-kind behavioral health integrated teaching facility. We intend to create new cutting edge inpatient beds and care to help replace beds at Western State, but also create an all in one teaching program for every type of behavior healthcare worker in the state. We also plan to establish a 24-7 tele-psychiatry and substance abuse disorder service that will actually serve the entire state. This will not just be a Seattle King County centric effort.

Persons Testifying (Ways & Means): PRO: Rashi Gupta, Governor's Policy Office; Len McComb, Washington State Hospital Association; Ian Goodhew, University of Washington Medicine Health System.

Persons Signed In To Testify But Not Testifying (Ways & Means): No one.