
SUBSTITUTE SENATE BILL 5947

State of Washington

64th Legislature

2015 Regular Session

By Senate Health Care (originally sponsored by Senators Becker, Frockt, Bailey, Parlette, Rivers, Baumgartner, Dammeier, Sheldon, Braun, Angel, Warnick, King, and Fain)

READ FIRST TIME 02/20/15.

1 AN ACT Relating to creating a training program in integrated care
2 psychiatry; adding a new section to chapter 28B.20 RCW; adding a new
3 section to chapter 43.70 RCW; adding a new section to chapter 41.05
4 RCW; and creating a new section.

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

6 NEW SECTION. **Sec. 1.** (1) Behavioral health disorders such as
7 depression, anxiety, and substance use disorders are major drivers of
8 disability and health care costs, but only three in ten adults living
9 with a mental health or substance use disorder in the state of
10 Washington receive evidence-based care from a mental health
11 specialist such as a psychiatrist or a psychologist. Most counties do
12 not have a single practicing psychiatrist. There is strong evidence
13 that effective integration of behavioral health services into primary
14 care can help achieve the triple aim of health care reform, improved
15 access to care, better outcomes, and lower health care costs. In such
16 evidence-based integrated care programs, primary care providers are
17 supported by trained consulting psychiatrists and other mental health
18 care providers. This effectively leverages the existing psychiatry
19 workforce to improve the reach and the effectiveness of behavioral
20 health services at a population level.

1 (2) It is the intent of the training program in integrated care
2 psychiatry in this act to train approximately fifteen to twenty
3 psychiatrists each year, substantially expanding the workforce of
4 psychiatric consultants in Washington and improving access to
5 evidence-based mental health care for patients seen in school-based
6 health centers, primary care clinics, and correctional and other
7 health care settings. When fully implemented, this workforce of
8 psychiatric consultants will be able to support primary care
9 providers throughout the state.

10 NEW SECTION. **Sec. 2.** A new section is added to chapter 28B.20
11 RCW to read as follows:

12 (1) The Washington state department of health and the department
13 of psychiatry and behavioral sciences at the University of Washington
14 shall develop and operate a training program in integrated care
15 psychiatry. The training program must:

16 (a) Offer a specialized track in integrated behavioral health
17 care to five University of Washington psychiatry residents in their
18 third and fourth years of their four-year residency training each
19 year, to include a minimum of twelve months of training in settings
20 where integrated behavioral health services are provided under the
21 supervision of experienced psychiatric consultants;

22 (b) Establish a one-year clinical fellowship program, for
23 psychiatrists who seek additional specialty training in integrated
24 care, with a focus on effective consultation to primary care
25 providers or on improving the medical care of patients with severe
26 and persistent mental illness, offered annually to five psychiatrists
27 who have already completed child or adult psychiatry residencies; and

28 (c) Annually offer continuing medical education courses and
29 supervision in evidence-based integrated care to up to ten trained,
30 board eligible or board certified psychiatrists who are interested in
31 providing evidence-based integrated care in the state of Washington,
32 with enrollment preference given to psychiatrists practicing in
33 shortage areas in Washington.

34 (2) The University of Washington may partner with nursing and
35 social work programs at the University of Washington, Washington
36 State University, and Eastern Washington University in implementing
37 the training program in this section.

1 NEW SECTION. **Sec. 3.** A new section is added to chapter 43.70
2 RCW to read as follows:

3 The department shall work with the department of psychiatry and
4 behavioral sciences at the University of Washington to develop and
5 operate a training program in integrated care psychiatry created in
6 section 2 of this act.

7 NEW SECTION. **Sec. 4.** A new section is added to chapter 41.05
8 RCW to read as follows:

9 (1) Subject to the availability of amounts appropriated for this
10 specific purpose, the authority shall expand the partnership access
11 line service by selecting a predominantly rural region of the state,
12 where approximately one fifth of the state's total medicaid
13 population lives, and offering this region an additional level of
14 service.

15 (2) Partnership access line plus service must initially be
16 targeted to serve twelve to eighteen year olds with medicaid coverage
17 and either a depressive or anxiety disorder, who are receiving
18 treatment from their primary care providers. Young patients unable to
19 obtain timely behavioral health care services through a locally
20 available specialist should be provided with individual patient care
21 tracking, care support, and may receive a brief evidence-based
22 telebehavioral cognitive behavioral therapy treatment of eight
23 sessions or fewer, designed to increase the effectiveness of health
24 home-delivered services.

25 (3) The authority must monitor the partnership access line plus
26 service outcomes.

27 (4) The authority must evaluate the viability of a statewide
28 partnership access line plus service program.

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