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**SECOND SUBSTITUTE SENATE BILL 5947**

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**State of Washington 64th Legislature 2015 Regular Session**

**By** Senate Ways & Means (originally sponsored by Senators Becker, Frockt, Bailey, Parlette, Rivers, Baumgartner, Dammeier, Sheldon, Braun, Angel, Warnick, King, and Fain)

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

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

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

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

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

(1) Subject to the availability of amounts appropriated for this specific purpose, the Washington state department of health and the department of psychiatry and behavioral sciences at the University of Washington shall develop and operate a training program in integrated care psychiatry. The training program must:

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

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

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

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

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

Subject to the availability of amounts appropriated for this specific purpose, the department shall work with the department of psychiatry and behavioral sciences at the University of Washington to develop and operate a training program in integrated care psychiatry created in section 2 of this act.

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

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

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

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

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

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