

SENATE BILL REPORT

SB 5516

As Reported by Senate Committee On:
Behavioral Health Subcommittee to Health & Long Term Care, February 21, 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: Senators Cleveland, Becker, Palumbo, Frockt, Dhingra, Darneille, Braun, Randall, Rivers, O'Ban, Keiser, Conway, Van De Wege, Wagoner, Das, Pedersen, Takko, Hunt, Zeiger, Carlyle, Lias and Hasegawa; by request of Office of the Governor.

Brief History:

Committee Activity: Behavioral Health Subcommittee to Health & Long Term Care: 2/15/19, 2/21/19 [DPS-WM].

Brief Summary of First Substitute Bill

- 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 Legislature by December 1, 2019.
- Preempts local land use regulations if the behavioral health teaching hospital is sited in Seattle.

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

Majority Report: That Substitute Senate Bill No. 5516 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

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

Staff: Kevin Black (786-7747)

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.

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 Bill (First Substitute): 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 hospital 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, and encourage innovation.

The UW School of Medicine must provide a plan for development and siting of the teaching hospital 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 design must take into account local community needs and resources. Local land use regulations must not preclude the siting of the behavioral health teaching hospital in the city of Seattle.

EFFECT OF CHANGES MADE BY BEHAVIORAL HEALTH SUBCOMMITTEE TO HEALTH & LONG TERM CARE COMMITTEE (First Substitute):

- increases planning requirements to include expansion of UW Forefront suicide prevention efforts; creation of practicum, internship, and residency opportunities for the community behavioral health system; and incorporation of transitional services such as peer and family bridger, navigator programs, and transitional care programs.
- prohibits local land use regulations from precluding the siting of the behavioral health teaching hospital in the city of Seattle.
- requires consultation with collective bargaining representatives.

Appropriation: None.

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 Original Bill: *The committee recommended a different version of the bill than what was heard.* PRO: We understand that as a nation we are grappling with the challenge of meeting the need for behavioral health services. This bill is an exciting, transformational part of the solution. This hospital would be the first of its kind in the nation and would further our state as a leader in innovation that changes lives for the better. The goals are to grow capacity, train health care professionals, and more fully develop telehealth services throughout our state. This bill addresses the two biggest needs in the behavioral health system today: treatment capacity and workforce. Since the Governor announced the move of civil beds into the community we have been looking at options. By locating beds at UW we can both plan for capacity and create training opportunities for residents. All people who come into the health profession should be trained in behavioral health. It takes two to three months to get access to a psychiatrist and it is even worse in rural areas. We need a range of health care professionals. UW's role in the state mental health system is unique. We asked, how do we partner with the state in a new and different way? How do we train the next generation differently? Western State Hospital no longer offers a safe training environment. We are creating a telepsychiatry hub for 24/7 consultation. This is a major investment, so there is a planning process. This is the most transformative thing you can do. We are in the position of needing systemic change. We need to change the model at inpatient institutions to not replicate Western State Hospital. This facility will use new techniques and the most up-to-date evidence-based practices. By training in a new, collaborative fashion, we hope to create a system people want to work in and stay in Washington State. There is only one psychiatrist practicing in the whole Olympic Peninsula. This bill is really darned important. This bill produces, trains, and expands a workforce. We need all kinds of providers, trained with evidence-based care models. The best predictor of where a physician stays to practice medicine is where she does her residency. This will bring psychiatrists to eastern Washington and rural communities. Please place some of the new residencies in Spokane.

Persons Testifying: PRO: Senator Annette Cleveland, Prime Sponsor; Rashi Gupta, Governor's Policy Office; Ian Goodhew, University of Washington/UW Medicine Health System; Len McComb, Washington State Hospital Association; Katie Kolan, Washington State Medical Association; Kristen Federici, Providence St. Joseph Health.

Persons Signed In To Testify But Not Testifying: No one.