CERTIFICATION OF ENROLLMENT

ENGROSSED SECOND SUBSTITUTE HOUSE BILL 1593

66th Legislature 2019 Regular Session

Passed by the House April 24, 2019 Yeas 94 Nays 0	CERTIFICATE
	I, Bernard Dean, Chief Clerk of the House of Representatives of the State of Washington, do hereby certify that the attached is
Speaker of the House of Representatives	ENGROSSED SECOND SUBSTITUTE HOUSE
	BILL 1593 as passed by the House of Representatives and the Senate on
Passed by the Senate April 17, 2019 Yeas 48 Nays 0	the dates hereon set forth.
	Chief Clerk
President of the Senate	
Approved	FILED
	Secretary of State
Governor of the State of Washington	State of Washington

ENGROSSED SECOND SUBSTITUTE HOUSE BILL 1593

AS AMENDED BY THE SENATE

Passed Legislature - 2019 Regular Session

State of Washington

66th Legislature

2019 Regular Session

By House 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)

READ FIRST TIME 03/01/19.

- 1 AN ACT Relating to establishing a behavioral health innovation
- 2 and integration campus within the University of Washington school of
- 3 medicine; adding new sections to chapter 28B.20 RCW; and creating new
- 4 sections.
- 5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 6 <u>NEW SECTION.</u> **Sec. 1.** A new section is added to chapter 28B.20 7 RCW to read as follows:
- 8 The legislature finds that there is a need for services for
- 9 individuals with behavioral health needs, and there is a shortage of
- 10 behavioral health workers in Washington state. The legislature
- 11 further finds that there is a need for a trained workforce that is
- 12 experienced in fully integrated care and able to address a full range
- 13 of needs, including primary care, mental health, substance use
- 14 disorder, and suicide prevention, in all health care specialties. The
- 15 legislature further finds that there is a need to support rural and
- 16 otherwise underserved communities around the state with timely
- 17 telepsychiatry specialty consultation.
- The legislature further finds that the University of Washington
- 19 school of medicine department of psychiatry and behavioral sciences
- 20 is a nationally competitive program and has the expertise to
- 21 establish innovative clinical inpatient and outpatient care for

individuals with behavioral health needs while at the same time training the next generation of behavioral health providers, including primary care professionals, in inpatient and outpatient The legislature further finds that the University of Washington school of medicine department of psychiatry and behavioral sciences, along with the University of Washington schools of nursing, social work, pharmacy, public health, the department of psychology, and other relevant disciplines, are especially well-situated to take on the task of developing this transformational service-oriented programming.

Therefore, the legislature intends to partner with the University of Washington to develop plans for the creation of the University of Washington behavioral health innovation and integration campus to increase access to behavioral health services in the state. Planning for the campus should also include capacity to provide inpatient care for up to one hundred fifty individuals who receive extended inpatient psychiatric care at western state hospital under the state's involuntary treatment act, chapter 71.05 RCW.

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

- (1) A behavioral health innovation and integration campus is created within the University of Washington school of medicine. 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 training must use current best practices, including best practices in suicide prevention, must encourage innovation of future best practices in order to provide behavioral health care across the entire spectrum of health care providers, and must be culturally appropriate, including training specifically appropriate for providing care to federally recognized tribes and tribal members.
- (2) 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.

p. 2

- NEW SECTION. Sec. 3. (1) The University of Washington school of medicine shall consult with collective bargaining representatives of the University of Washington health system workforce and report to the office of financial management and the appropriate committees of the legislature by December 1, 2019, with plans on development and siting of a teaching facility to provide inpatient care for up to one hundred fifty individuals to receive care under chapter 71.05 RCW.
 - (2) The plan may also include:

- (a) Adding psychiatry residency training slots focused on community psychiatry services to bring more psychiatrists to the state of Washington and train them to work with rural and otherwise underserved communities and populations;
- (b) Expanding telepsychiatry consultation programs and initiating telepsychiatry consultations to community-based hospitals, clinics, housing programs, nursing homes, and other facilities;
- (c) Initiating a fellowship program for family physicians or other primary care providers interested in treating patients with behavioral health needs;
- (d) Initiating a residency program for advanced practice psychiatric nurses and advanced registered nurse practitioners interested in community psychiatry;
- (e) Creating practicum, internship, and residency opportunities in the community behavioral health system;
- (f) Developing integrated workforce development programs for new or existing behavioral health providers, in partnership with training programs for health professionals, such as primary care physicians, nurses, nurse practitioners, physician assistants, medical assistants, social workers, mental health providers, chemical dependency providers, peers, and other health care workers, that prepare behavioral health providers to work in teams using evidence-based integrated care that addresses the physical, psychological, and social needs of individuals and families;
- (g) Expanding the University of Washington forefront suicide prevention's efforts as a center of excellence to serve the state in providing technical assistance for suicide prevention and community-based programs; and
- (h) Incorporating transitional services for mental health and substance use disorder needs, such as peer and family bridger and navigator programs, and transitional care programs, from acute care

- to nursing homes, enhanced services facilities, supportive housing, recovery residences, and other community-based settings.
- 3 <u>NEW SECTION.</u> **Sec. 4.** A new section is added to chapter 28B.20 4 RCW to read as follows:
- For purposes of siting and other land use planning and approval process, work should be done within the existing major institution master plan including the existing community advisory committee addressing land use and building permit approval for the behavioral health teaching facility under sections 2 and 3 of this act.
- NEW SECTION. Sec. 5. If specific funding for the purposes of this act, referencing this act by bill or chapter number, is not provided by June 30, 2019, in the omnibus capital appropriations act or omnibus operating appropriations act, this act is null and void.

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