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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)

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

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

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

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

35 (2) The University of Washington may partner with nursing and  
36 social work programs at the University of Washington, Washington  
37 State University, and Eastern Washington University in implementing  
38 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        Subject to the availability of amounts appropriated for this  
4    specific purpose, the department shall work with the department of  
5    psychiatry and behavioral sciences at the University of Washington to  
6    develop and operate a training program in integrated care psychiatry  
7    created in section 2 of this act.

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

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

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

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

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

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