2023 PROGRESS REPORT

HARBORVIEW BEHAVIORAL HEALTH INSTITUTE

INTRODUCTION

The Harborview Behavioral Health Institute (BHI) is a program of Harborview Medical Center that is dedicated to advancing innovation, research and clinical practice in community behavioral health. The BHI Pillars of Clinical Services, Training, Policy and Workforce Development and Research and Program Evaluation are focused on innovative practices that improve outcomes and increase access to effective behavioral healthcare. This report aims to share with you highlights from 2022 and the overall direction of the BHI as we move forward.

SUSAN MCLAUGHLIN, PHD

Director, Behavioral Health Institute

ADVANCES IN HEALTHCARE

CLINICAL INNOVATIONS

At the BHI, we work to close the gap between research and practice by bringing innovative practices into a clinical care setting and developing strategies to scale and sustain those practices to reduce disparities and improve outcomes for individuals with complex mental health and substance use treatment needs. Over the past few years, that work has focused on individuals experiencing a first episode of psychosis and testing a new technology for reducing suicidal ideation and attempts.

SPECIALIZED TREATMENT FOR EARLY PSYCHOSIS (STEP) PROGRAM

The Specialized Treatment for Early Psychosis (STEP) Program was first launched through the BHI at Harborview Medical Center (HMC) in 2019. Since then, HMC has served 84 individuals experiencing a first episode psychosis and their families. Initially supported by philanthropic gifts, this innovative program has now officially joined the New Journeys Network in Washington State and is fully funded by state dollars. The funding supports a full multidisciplinary team, including: a Program Director, who also serves as a the Family Education Specialist; an Individual Resiliency Training (IRT) Specialist, who provides CBT-informed care; a Supported Employment and Education Specialist, who provides coaching and support in schools and employment settings, as well as benefits counseling; a Psychiatrist, who provides psychopharmacological treatment and education to the client and their family; and a Peer Specialist with lived experience, who helps guide wellness and recovery-oriented strategies to support care. The

Harborview STEP program is also unique in that it includes a part-time Nurse to address cardiovascular risk and other healthcare concerns that are common side effects of certain medications taken for psychosis.

Since its inception, STEP has worked closely with Department faculty, including those within the Supporting Psychosis Innovation through Research, Implementation, & Training (SPIRIT) Lab (https://uwspiritlab.org/) to pilot and evaluate innovations not yet implemented across the New Journeys Network. For example, they are working with STEP to develop and pilot a nurse manual focused on addressing cardiovascular risk and a health coach role; adapt a motivational enhancement therapy (MET) intervention to address cannabis use with this population; and evaluate a texting intervention within the team. All these enhancements and innovations are made possible by STEPS unique role and position within the UW Community and each enhancement and innovation can be considered for future implementation within the New Journeys Network across Washington state.

Next steps for the STEP program:

- Continue to serve individuals experiencing a first episode psychosis.
- Collaborate with the New Journeys network statewide for continuous improvement and sharing of lessons learned.
- Continue to identify opportunities to innovate and enhance the STEP team-based approach to care and the New Journeys network, including obtaining individual and family feedback on outcomes and experience.

EMERGENCY RESPONSE FOR SUICIDE PREVENTION

The Emergency Response for Suicide Prevention (ERSP) program at BHI was a one-year grant funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) in partnership with the Washington State Health Care Authority and additional community partners. The program was aimed at innovating Washington's behavioral health crisis response to suicide, particularly in response to anticipated increased suicide risk associated with the pandemic. Through the ERSP, the BHI and its partners trained approximately 4,000 behavioral health providers throughout Washington state in suicide prevention. Additionally, ERSP provided direct support to 232 adults experiencing suicidal ideation/attempts between December 2020 and January 2022 at participating emergency departments, inpatient psychiatric facilities and domestic violence sites in King and Stevens counties.

The direct support component of the ERSP program was designed to reduce suicide through an innovative approach combining the use of a digital platform (Jaspr Health™) with the power of suicide prevention focused peer support for adults who were at risk for suicide. Peer Navigators were individuals with lived experience with suicide. Once referred, participants were offered post-discharge services, caring emotional support and assistance connecting to behavioral health and other community services. In addition, Peer Navigators helped participants use an innovative technology tool: Jaspr Health™ Digital Health Solution. Jaspr Health™ is a tablet-based app designed to empower evidence-based suicide care including suicide crisis safety planning, lethal means counseling, psychoeducational skill building, shared stories from people who have lived experience with suicide and provider care planning.

Initial self-report pre and post enrollment surveys showed that participants reported reductions in suicide attempts, psychiatric ED and inpatient events and substance misuse when asked about past 30-day behavior. Participants also reported increases in social connectedness. These finding are preliminary and descriptive, and further evaluation is needed to determine the full impact of early access to suicide prevention supports. Some quotes from participants in the ERSP:

- "Coming out of the psych ward this time with the Jaspr program gave me a lifeline I never had before."
- "You saved my life on multiple occasions, and I wouldn't be where I am without you. Please keep doing what you're doing because you're really helping people."

- "I had a conversation with my social worker some time back that was difficult to handle, and it triggered a lot of anger and I wasn't going to my appointments after that. I thought of one of the [Jaspr] videos we watched together last week and I just had it on the back of my mind, and I was able to stay calm when I met with my social worker this time. I felt happy. I shared this with my social worker and she said that I made her day…"

WORKFORCE, TRAINING AND POLICY INNOVATION CENTER

Within this pillar, the BHI has two goals. The first is to collaborate with community and University partners to grow and strengthen Washington state's behavioral health workforce, train the workforce of the future, and increase equitable access to quality training for all providers in Washington. The second, to work at the state, regional, and local levels to provide data-driven behavioral health policy and program guidance to improve the behavioral health system, share best practices, develop resources, and increase public awareness on the most effective ways to help people recover from mental illness and substance abuse.

The BHI has been advancing these goals in several ways over the past couple of years.

BEHAVIORAL HEALTH APPRENTICESHIP PROGRAM

Thanks to generous funding from the Ballmer Group, the BHI is addressing the behavioral health workforce crisis by collaborating with community partners and implementing an innovative statewide Behavioral Health Apprenticeship program. Throughout Washington state, the demand for behavioral health care (mental health and substance use disorder treatment) exceeds availability of these vital services. The lack of an adequate, qualified, diverse workforce, coupled with the rapidly increasing need for behavioral health services, means people are waiting too long for services, cannot get services delivered by people who understand their life experiences or speak their language, or cannot access services at all.

BHI's key partners in the behavioral health apprenticeship program are the SEIU Healthcare 1199NW Multi-Employer Training Fund (known as the Training Fund) and King County government. These valuable partnerships leveraged public and private funding with contributions from the Ballmer Group, King County and the Washington State Legislature to achieve its goals to:

- Help diversify the behavioral health workforce
- Create additional entry points to the behavioral health field
- Increase the number of people who provide vital behavioral health services
- Establish a continuous cycle of increasing professionalism, including a career ladder
- Enhance staff retention, of both entry-level apprentices and their experienced mentors

Apprentices earn wages while they learn and will receive some college credit for the classroom portion of the program. The behavioral health apprenticeship program has three pathways:

- Behavioral health (BH) technician (a one-year program)
- Substance use disorder professional (SUDP, a two-year program)
- Peer counselor (a one-year program)

Notable accomplishments in 2022 included the following:

- Formal program approval from the Washington State Apprenticeship and Training Council.
- Completed development of the curricula and all related materials.
- Secured approval from Olympic College to offer credits for the apprenticeship courses.
- Instructors hired and course structure established.
- Signed agreements with 11 behavioral health employers across the state
    - The 11 currently active employers operate in the following cities: Renton, Seattle, Spokane, Tacoma, Vancouver (WA) and Yakima. They represent a variety of BH agency types, and two of them focus on services for Spanish-speaking communities.

- Two of the three pathways (SUDP and peer counselor) started in October 2022. The third pathway (BH tech) started in Feburary 2023. So far, 11 Behavioral Health Technician (BHT) apprentices have started the program. The next BHT cohort will begin in September 2023 with 15 slots available. To date, 14 Peer Support apprentices have started with two additional cohorts are scheduled to begin in July and September 2023. Finally, 37 SUDP apprentices have begun the program with the next cohorts scheduled to begin in July and September 2023.

Next steps for the behavioral health apprenticeship project:

- Continued recruitment of employers and apprentices with a focus on rural areas and regions that are not represented.
- Launch five additional cohorts (2-SUDP, 2-BH Tech, and 1-Peer Counselor).
- Secure articulation agreements with 4-year universities to allow for transfer of credits for apprentices who wish to further their education.
- Develop an apprenticeship pathway that transfers into a baccalaureate level degree program (Baccalaureate Level Apprenticeship: BLA).
- Program evaluation.
- Secure additional funding to provide additional employer incentives (increase the number of engaged employers) and to support the use of advanced technology (such as virtual reality) in the educational process.

HEALTHCARE PRACTICES

TELEPSYCHIATRY AND TELEBEHAVIORAL HEALTH SERVICES

Telepsychiatry at UW Medicine was an early model program before the pandemic and helped prepare HMC/UW as a major leader in the dramatic expansion of telehealth that came as a result of the COVID-19 pandemic.

Telepsychiatry programs have led telehealth development at UW Medicine for the past 20 years. As early as 2002, telepsychiatry services offering inpatient and outpatient, provider-to-patient and provider-to-provider models have been delivered to Forks Hospital, Community Health Plan of Washington, Peace Island Medical Center (Friday Harbor), Capital Medical Center (Olympia), Wyoming Medical Center, Columbia County Health District (Dayton), as well as a variety of psychiatry-related ECHO programs and Psychiatry Consultation Lines.

When the COVID-19 pandemic struck, services at the Outpatient Psychiatry Clinic at Roosevelt converted nearly 95% of all appointments to telepsychiatry. Despite various clinical considerations, socio-economic factors and "digital divide" issues, other psychiatry and behavioral health clinics and services at UWMC and Harborview Medical Center were successful in offering a significant level of telepsychiatry care where it had not existed previously.

STATEWIDE TELEBEHAVIORAL HEALTH TRAINING AND TECHNICAL ASSISTANCE FOR COMMUNITY-BASED BEHAVIORAL HEALTH PROVIDERS

When COVID-19 started, there were concerns that the additive effects of this pandemic on an already fragile system could result in a care system collapse without the urgently needed support and training in how to use new technologies and how to implement new workflows to safely deliver virtual behavioral health care. In response, the work of the BHI's Training, Workforce and Policy Innovation Center (BHI-TWP) at Harborview quickly expanded to supporting our communities' behavioral health clinicians and provider organizations to rapidly transition to providing telebehavioral health services in order to adapt and provide care while minimizing the risk of infection of both practitioners and patients.

Since April 2020, the BHI, in partnership with the Health Care Authority and the Northwest Regional Telehealth Resource Center (NRTRC), has developed and offered 7 unique and enduring telebehavioral health training series, employing both webinar and online formats, and addressing core components, as well as more advanced concepts, for delivery of high quality, professional telebehavioral health

services. These series have provided over 20,000 category 1 Continuing Medical Education accredited and National Association of Social Workers accredited continuing education hours of training through December 2022, to almost 3000 unique learners via webinar and approximately 7000 unique online learners, across 45 states. Evaluation has focused on quality, relevance to work, value, usefulness of knowledge and tools gained from trainings, with highly positive ratings. Feedback from learners and annual telebehavioral health survey results continue to inform series planning; ongoing monthly webinars continue to draw 50-150 attendees and the learning management system online series reaches approximately 400 participants each month. For more information, please see Designing and Implementing TeleBehavioral Health Training to Support Rapid and Enduring Transition to Virtual Care in the COVID Era | SpringerLink and TeleBehavioral Health - Harborview Behavioral Health Institute (uw.edu).

Next steps for telebehavioral health:
As telehealth and digital technologies transform healthcare, especially behavioral health care, there is an increasing demand to train new and existing providers on how to integrate Digital Health modalities into routine practice. More specifically, there is an urgent need to help providers obtain and implement a firm foundation in the latest digital health modalities, understand and abide by evolving policies and legislation impacting digital and telebehavioral health, and move beyond the novice level by developing more advanced skills and competencies to assure that ethical, equitable, high quality, professional clinical care is delivered. To date, a consensus on how to best provide this Digital Health training for telebehavioral health does not exist.

Based on our experience in providing trainings, the BHI is partnering with the Northwest Regional Telehealth Resource Center (NRTRC) to host the first TeleBehavioral Health (TeleBH) Summit in May 2023. The Summit format is a 2-day all-virtual conference, and the agenda will be informed by academic review, TeleBH Training evaluations/feedback and results of the annual TeleBH Training survey. It will include keynote presentations, panel discussions and two concurrent session tracks with one focused on perinatal through young adults. The Summit goals include:

- Provide a concise and real-time training curriculum.
- Facilitate a national symposium focused on TeleBH professional training and education, to include national Subject Matter Experts and Thought Leaders to focus on a Telebehavioral health training curriculum for broad adoption and adaptation for this ever-evolving field.
- Provide assess, evaluate and integrate “apps” to expand access and reach for behavioral health practice.

BEST TELEHEALTH PRACTICES FOR LEGISLATURE

In response to Washington State Engrossed Substitute Senate Bill 5092, the BHI partnered with the UW CoLab for Community and Behavioral Health Policy, to provide a report to the Legislature on Best Telehealth Practices for Prenatal to Young Adult Behavioral Health. The report synthesized findings of our stakeholder-engaged scoping and review of best telehealth practices for pediatric behavioral health across the PN - 25 spectrum – prenatal through young adult – with a focus on ascertaining the range and depth of existing evidence regarding (1) the identification of subgroups and/or settings that may be clinically inappropriate for telehealth delivery of behavioral health services, and (2) clinical best practices to optimize safety, effectiveness, access, equity, and the workforce and provider experience with telebehavioral health.

In reviewing existing clinical guidelines, consensus statements, and systematic reviews, we identified strong evidence and/or expert consensus regarding best practices for effectiveness of telebehavioral health among young adults, but only limited, and in some cases no evidence/consensus across most subgroups (across age strata) related to effectiveness, safety, access and equity and related to clinical appropriateness for telehealth delivery of care. Likewise, relatively few of the clinical guidelines, consensus statements, or systematic reviews provided actionable recommendations for best practices around provider experience and workforce development beyond regulatory and IT training. We propose additional work focused on the creation of provider-friendly and actionable recommendations for best

practices in telebehavioral health across these domains and PN-25 populations via a combination of targeted reviews of individual studies, and a survey and follow-up focus group of pediatric telebehavioral health providers both within and outside of Washington State regarding perceived and utilized best practices and facilitators of implementation. The end goal is to translate the collected evidence into actionable, feasible and clear recommendations for best practices within each of the four pillars (access, safety, equity and workforce), both overall across the PN-25 population and specific to age groups where indicated.

HEALTHCARE POLICIES

LAW ENFORCEMENT TRAINING PROJECT

In the legislative session of 2021, the BHI was identified by the legislature as an integral contributor to a new requirement for the Basic Law Enforcement Academy. Engrossed Senate Bill 5476 mandated "Beginning July 1, 2022, all law enforcement personnel required to complete basic law enforcement training under RCW 43.101.200 must receive training on law enforcement interaction with persons with substance use disorders, including persons with substance use disorders and mental health conditions, and referral to treatment and recovery services and the unique referral processes for youth, as part of the basic law enforcement training."

In partnership with UW's ADAI (Addictions, Drug & Alcohol Institute), the BHI developed content for the Criminal Justice Training Commission's (CJTC) Basic Law Enforcement Academy (BLEA) that included topics such as the etiology of SUD (substance use disorder) including the role of trauma; indicators of SUD; principles to recovery; barriers to treatment; conflict resolution; alternatives to lethal force; referral processes for treatment; and community and state resources.

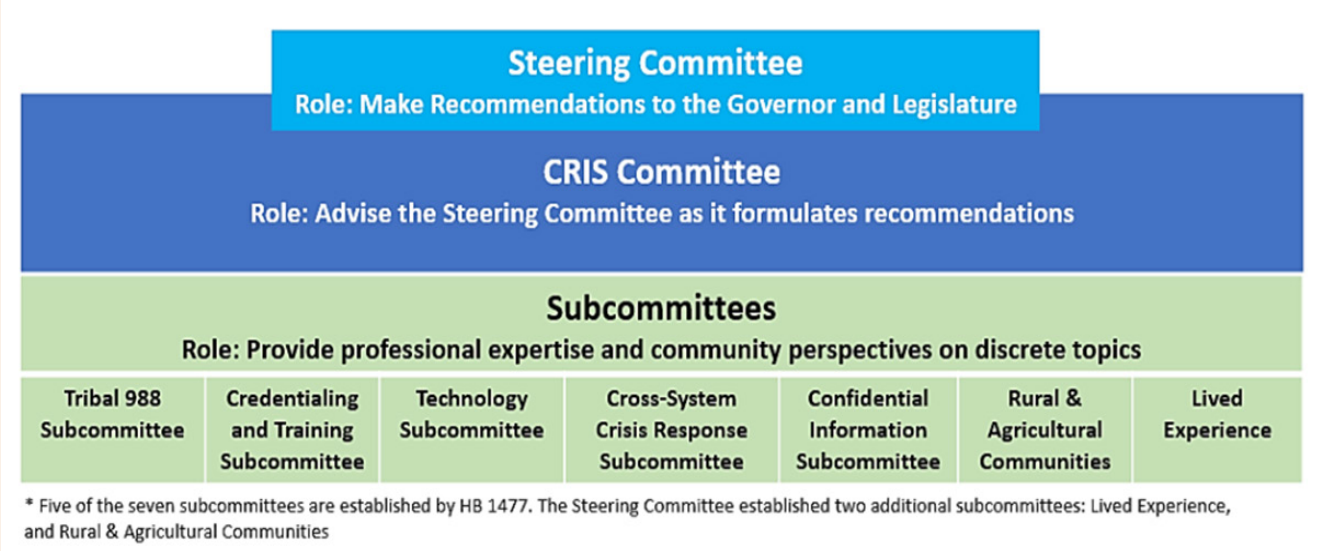
The creation of the content was informed by people with lived experience, and we created multiple videos containing the powerful stories of individuals who have experienced substance use and addiction, and one from the experience of a law enforcement officer. The short video segments were embedded within the didactic content to further reduce stigma and humanize these extraordinarily complex topics. Training content was also informed by many other stakeholders across the state including behavioral health agencies, Behavioral Health Administrative Service Organizations (BH-ASOs), peer services organizations, American Indian Health Commission, court systems, advocacy organizations, emergency services and law enforcement entities (tribal and non-tribal) including - Criminal Justice Training Commission, Washington State Department of Corrections, Washington Association of Sheriffs and Police Chiefs and the Washington State Patrol, the CIT division of CJTC, Spokane Co-Responder Program, King County Sheriff's Department, Grays Harbor Sherriff's Department, Hoquiam Police Department, Burien Police Department, Skagit County Jail, Spokane Police Department, Mason County Sheriff's Office and more. The new training was delivered to the first BLEA cohort in August of 2022 and will be delivered regularly to new incoming cohorts. A full evaluation of the training curriculum is ongoing.

POLICY AND CONVENING: CRISIS RESPONSE IMPROVEMENT STRATEGY

House Bill 1477, enacted July 25, 2021 following the 2021 regular session of the Washington State legislature, created a Crisis Response Improvement Strategy Committee (CRIS), a Steering Committee of the CRIS, and subcommittees to develop recommendations related to the funding and delivery of an integrated behavioral health crisis response and suicide prevention system in Washington. HB 1477 directed the office of financial management to contract with the BHI at Harborview to facilitate and provide staff support to the CRIS Committee and the CRIS Steering Committee. With the generous support of the Ballmer Group, the BHI, in partnership with Health Management Associates (HMA), has been facilitating and supporting the ongoing convening of these committees and the compilation and synthesis of recommendations and progress reports as specified within the legislation to support crisis system redesign in Washington.

The CRIS Committee is comprised of 36 members with broad representation set forth by HB 1477

including: individuals with lived experience and representatives from state agencies, service providers, first responders, Medicaid and commercial health plans, tribal representatives, state legislators, population-specific representatives, advocacy groups and other stakeholders across the crisis response system. In addition, the Steering Committee formed seven Subcommittees to provide professional expertise and community perspectives into the development of crisis system recommendations. See table below.



The Steering Committee – with input from the CRIS Committee and Subcommittees – is charged to deliver to the Governor and Legislature by January 1, 2024, a final report with recommendations on eight system elements including a vision for Washington's crisis response and suicide prevention system, equity, services, quality and oversight, cross system coordination, staffing and workforce, technology, and funding and cost estimates.

To date, the BHI has submitted two progress reports (January 1, 2022 and January 1, 2023) detailing the progress of the committees and subcommittees and initial findings and recommendations. These progress reports can be found here: Crisis Response Improvement Strategy (CRIS) committees | Washington State Health Care Authority. In addition to the work of the CRIS and its committees, it is also notable that the 988 Crisis and Suicide Prevention Line went live in July 2022 and the Native and Strong Lifeline, dedicated to service the specific needs of Native communities, went live in November 2022.

Next steps for the CRIS Committees:
In 2023, the Steering Committee and CRIS will build on the foundational committee work completed in 2022, and focus on the following areas to develop recommendations to guide improvements to Washington's behavioral health crisis response and suicide prevention system:
1) **System goals and metrics:** the committees will identify the goals that will serve to provide direction for changes needed as well as quality improvement and oversight.
2) **Crisis system services:** Based on the system goals, the committee will evaluate gaps and identify services that need to be expanded and new services that need to be added to reach our system goals. In addition, further work is needed in 2023 to update and expand upon the data, including deeper analysis of services available by region and access to services by population.
3) **Funding:** With an understanding of the services that need to be expanded and/or added, the Committee can then develop funding recommendations to support equitable distribution of these services across the state.
4) **System Infrastructure:** To support implementation of Washington's goals, critical system infrastructure including technology and workforce are needed. The committees will finalize any recommendations needed related to this infrastructure.

RACE, EQUITY, AND SOCIAL JUSTICE (RESJ) IN BEHAVIORAL HEALTH

The third annual "Re-imagining Behavioral Health: Race, Equity and Social Justice" conference was held on September 29th and 30th, 2022 and built on the success of the first two conferences. This 2-day virtual conference was designed to confront racism, health inequities and institutional and implicit bias within the behavioral health service delivery system. There were 1617 individuals registered for the conference with 927 attendees. This is an approximate 54% increase over last year's attendance. The conference had attendees from 37 US States, Canada, Croatia and Finland.

Feedback from the conference attendees was very positive (of the 587 evaluation responses, 72% were very satisfied and 17% were somewhat satisfied). Some sample comments from attendees:

- "All I can say is, wow. This was the best conference I ever attended. I was so engaged. I cried. I felt defensive and angry at times, and plan on examining that/working through it. I felt euphoric and SO seen to see other BIPOC/queer clinicians featured as presenters. Thank you, thank you, thank you. I want everyone at my agency to attend this conference next year."
- "This conference was one of the best conferences I have ever attended. Speakers were so authentic, genuine, supportive, and just generally incredible. I am re-invigorated to make change within the hospital I work at."

Through our contract with the Healthcare Authority, the BHI will continue RESJ work, building on each year's conference through a Call-to-Action (CTA) series. This year the BHI held a "Racial Equity Action Plan" series that included 6 weekly sessions designed to help participants build actionable 90-day plans to make changes within their organizations. A second CTA convening brought BIPOC therapists and peers together with stakeholders (agencies, universities, health clinics, etc.) to discuss the current state of BIPOC/Black mental health; providing culturally appropriate services; accessing services for children, youth, and families; crisis services; as well as workforce and licensure issues. The information shared and brainstorming solutions achieved during the second convening, are being used to inform future convenings or collaboratives within the Behavioral Health Institute's CTA activities. A one-half day virtual event was held in February 2023. Next steps for this CTA series include convenings that focus on workforce, addressing the needs of youth and young adults, and engaging and supporting the BIPOC community around mental well-being.

WASHINGTON STATE MENTAL HEALTH SUMMIT

The Washington State Mental Health Summit is an inclusive forum for stakeholders around the state to develop, share, and advance new and promising ideas, opportunities and collaborations that will advance effective education, prevention, and care for those living with mental health and addiction problems. The event is open to any mental health stakeholder interested in participating in the improvement of mental health care in Washington State and beyond. Three previous in-person Washington State Mental Health Summits had taken place prior to the COVID-19 pandemic, but on May 17, 2022, the BHI, in collaboration with Chad's Legacy Project and the UW Department of Psychiatry and Behavioral Sciences, hosted the first hybrid Mental Health Summit. The event was held at the UW HUB Grand Ballroom, with approximately 350 people in attendance, and over 300 additional participants joining virtually from across Washington State and beyond. Six new mental health initiatives were showcased, evaluations were highly positive, and planning is underway for the next Mental Health Summit in November of 2023.

THANK YOU

It is due to the support of generous inidividual donors that we are able to complete the vital work and continue to innovate and advance practices that improve access to effective behavioral health care. There is so much more work ahead of us as we take on complex challenges and we look forward to accelerating better health for our communities — both here and around the world. We are so grateful to count you as a vital member of the UW Medicine family.