

# 2024 IMPACT REPORT



BEHAVIORAL HEALTH INSTITUTE  
AT  
HARBORVIEW MEDICAL CENTER

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<https://bhinstitute.uw.edu/>

# BEHAVIORAL HEALTH INSTITUTE

## 2024 IMPACT SNAPSHOT

The Behavioral Health Institute (BHI) at Harborview Medical Center is at the forefront of transforming behavioral health in Washington state. Dedicated to advancing behavioral health care, BHI strives to increase access to effective behavioral health care and improve outcomes, with a focus on vulnerable populations. Below are examples of how BHI has served as a vital resource since its inception in 2019.

### **TELEBEHAVIORAL HEALTH:**

Meeting the burgeoning demand for training on using and integrating virtual and digital health modalities for behavioral health care, to increase access, bridge equity gaps, and enhance quality of care for diverse communities across Washington, and to prepare for the next public health emergency.

- **Offering accessible, flexible education:** Free accredited interactive webinars and on-demand online courses enabling the behavioral health workforce to maintain accreditation and ensure access to critical services, with more than 40,000 learner engagements to date.

### **RE-IMAGINING BEHAVIORAL HEALTH: RACE, EQUITY AND SOCIAL JUSTICE CONFERENCE & CALL-TO-ACTION SERIES (RES):**

Addressing systemic racism, inequities, and institutional biases in behavioral health, equipping attendees with actionable strategies to advance equity and social justice in behavioral health.

- **Expanding Impact:** Across its five-year history, this conference has served more than 4,600 attendees from across Washington and nationally, demonstrating a 200% increase from the inaugural conference in 2020.
- **Building meaningful partnerships:** Opportunity to deepen dialogues, amplify diverse voices, foster collaboration, and drive actionable change.

### **BEHAVIORAL HEALTH WORKFORCE DEVELOPMENT THROUGH ON-DEMAND TRAINING:**

Providing free on-demand courses that meet mandated training for several licensure requirements.

- **Providing access to crucial training:** In less than two years, reached nearly 2,000 learners.

### **BEHAVIORAL HEALTH APPRENTICESHIP PROGRAM:**

Collaborating with community partners to develop and launch an apprenticeship program, providing accessible pathways to three behavioral health occupations: behavioral health technician, peer specialist, and substance use disorder professional, with opportunity to earn free college credits.

- **Strengthening the behavioral health (BH) workforce:** 15 apprenticeship cohorts have started, with 201 apprentices being trained with 40 behavioral health employers.

### **RECRUITMENT AND RETENTION TOOLKIT:**

Providing information and resources regarding best practices in organizational readiness, staff recruitment, candidate selection, and employee retention.

- **Providing accessible support for BH agencies:** Toolkit to be disseminated in 2025.

### **ADDRESSING THE DIGITAL DIVIDE VIA DIGITAL NAVIGATION AND INCLUSION PROGRAMS:**

Collaborating with community partners to address the health care “digital divide” – the gap created by unequal access to digital devices, the Internet, and/or digital literacy – through digital inclusion programs.

- **Bridging the divide:** Working with 12 Community Health Clinics to co-facilitate the development of programs that leverage digital tools, skills, and knowledge and creating a Digital Inclusion Toolkit to expand access to healthcare for underserved populations across Washington.

### **BEST PRACTICES FOR TELEMENTAL HEALTH FOR INFANCY THROUGH YOUNG ADULTS:**

Partnering with UW CoLab and national experts, conducted a stakeholder-engaged review process and reported to the State Legislature on [Best Telehealth Practices for Prenatal to Young Adult Behavioral Health](#).

- **Creating new resources:** In response to minimal evidence or expert consensus, created eight actionable guides, accessed by 1000 providers to date: [TeleMental Health Guides for Infancy to Young Adults](#).

### **SUD ORGANIZATIONAL DEVELOPMENT ASSESSMENT (SODA):**

A structured approach to assessing organizational strengths and gaps for substance use disorder (SUD) treatment organizations.

- **Supporting organizational change to improve clinical outcomes:** In order to improve overall SUD clinical care, SODA facilitates improvements in organizational infrastructure; financial management; workforce competitiveness and development; and clinical services and treatment.

### **THE WASHINGTON STATE MENTAL HEALTH SUMMIT:**

A collaborative and inclusive hybrid in-person and virtual forum to advance innovative initiatives that promote effective behavioral health education, prevention, and care.

- **Bringing together statewide behavioral health stakeholders:** Participants from across the state have inspired innovative BH initiatives for implementation across Washington.

### **SPECIALIZED TREATMENT FOR EARLY PSYCHOSIS PROGRAM (STEP):**

Launched in 2019 to address the needs of those experiencing a first episode of psychosis and their families; the program has now officially joined the non-profit [New Journeys Network](#) in Washington state.

- **Meeting unique needs:** A multi-disciplinary team has served more than 130 families.

### **PEER BRIDGER EXPANSION INTO THE EMERGENCY DEPARTMENT:**

Launched in 2022, meeting the needs of vulnerable patients in Harborview Medical Center's Psychiatric Emergency Services.

- **Bridging the gap between crisis care and long-term recovery:** 380 patient engagements focused on patient-centered care, emotional support, crisis intervention, transitional care, and connection with appropriate community resources.

### **EMERGENCY RESPONSE FOR SUICIDE PREVENTION (ERSP):**

Evidence-based suicide care using a tablet-based app and peer support, providing emotional support, safety planning, skill building, and connections to community resources.

- **Preventing suicide in our state:** Trained approximately 4,000 providers and offered support to 232 adults. Program impacts are published in this [report](#).

### **POLICY AND CONVENING: CRISIS RESPONSE IMPROVEMENT STRATEGY:**

To improve our state's BH crisis- response and suicide-prevention systems, and in response to 2021 WA legislation, BHI convened the Crisis Response Improvement Strategy (CRIS) Committee, Steering Committee, and Subcommittees.

- **Facilitating a community-engaged process:** The Steering Committee's [final report](#) includes 22 recommendations.

### **BEHAVIORAL HEALTH INEQUITIES REPORT AND TOOLKIT:**

Conducted a community-engaged process to identify recommendations to advance equity and reduce disparities in our state's BH system.

- **Leading collaborative policy recommendations:** Submitted [Behavioral Health Inequities and Disparities in Washington State from a Behavioral Health Community Perspective](#) to the WA State Legislature, which included six key recommendations.

### **LAW ENFORCEMENT TRAINING PROJECT:**

Collaborated with UW and community partners to develop training for law enforcement officers interacting with persons with behavioral health conditions.

- **Ensuring training effectiveness:** The training program's success is documented in [Policing: A Journal of Policy and Practice](#).

## **THANK YOU**

Our ability to carry out this critical work and drive innovations that enhance policies and practices for accessible, equitable, and effective behavioral health care is made possible by the generosity of our funders and donors and through the support and collaboration with our program partners. We are deeply grateful.

To learn more about the Behavioral Health Institute, please visit our website: <https://bhinstitute.uw.edu/>

# BEHAVIORAL HEALTH INSTITUTE 2024 IMPACT REPORT

## BEHAVIORAL HEALTH INSTITUTE AT HARBORVIEW MEDICAL CENTER

### INTRODUCTION

The Behavioral Health Institute (BHI) at Harborview Medical Center strives to transform behavioral health care across Washington state. By leveraging the expertise of its dedicated staff, faculty, collaborators, and community partners, BHI addresses systemic challenges, pioneers innovation, and develops and disseminates best practices, expanding access to effective care, improving outcomes for individuals and communities, and serving as a cornerstone resource for behavioral health care in the region. Together, we are helping to shape a future where every individual – especially the most vulnerable – receives the care they need to thrive.

This report showcases the scope and impact of BHI's groundbreaking programs and projects through 2024, along with a vision for the transformative strides we aim to achieve in the years ahead.

### ADVANCES IN BEHAVIORAL HEALTHCARE WORKFORCE

The following programs provide free continuing education opportunities for medical and mental health-care professionals, helping them to maintain licensure and continue to deliver essential, equitable, high-quality, evidence-based behavioral health services.

#### TELEBEHAVIORAL HEALTH TRAINING AND TECHNICAL ASSISTANCE

The UW Telepsychiatry programs have led telehealth development at UW Medicine since 2002, offering a variety of direct care, case consultation, and education-focused models across Washington and across state lines. When the COVID-19 pandemic struck, BHI staff employed this telehealth expertise to lead and support the conversion to telepsychiatry of nearly 95% of services at the UW Outpatient Psychiatry Clinic, with significant levels of conversion to telepsychiatry and telebehavioral health care across UW Medical Center and Harborview Medical Center, despite various clinical considerations, socio-economic factors, and "digital divide" issues.

BHI expertise in telebehavioral health implementation and delivery was tapped by the Washington State Health Care Authority (HCA) at the onset of the COVID-19 pandemic, with concerns about the additive effects on an already fragile system and potential care system collapse. The BHI team quickly created and delivered an 18-part training series to support behavioral health clinicians and provider organizations in their rapid transitions to telebehavioral health (TeleBH) services. With continued HCA funding, BHI has continued to develop and deliver TeleBH training via a monthly webinar series and more than 40 online modules addressing core components and more advanced concepts for the delivery of safe, high-quality, professional TeleBH services. The training features nationally renowned subject matter experts and thought leaders who address emerging knowledge in the ever-evolving field of virtual, digital and tele- behavioral health. In May 2023, BHI hosted a two-day virtual TeleBehavioral Health Summit, attracting a national audience. All programs are accredited for American Medical Association Physician's Recognition Award Category 1 Continuing Medical Education credits, and webinars are additionally accredited for National Association of Social Workers (NASW) for Licensed Social Workers, Licensed Marriage & Family Therapists and Licensed Mental Health Counselors.

Over the past four years, these TeleBH training efforts have reached 20,000 learners, have delivered more than 40,000 hours of continuing education credits for healthcare providers, and have a growing audience of more than 1,000 clinicians each month. Highly positive evaluations have focused on quality, relevance to work, value, usefulness of knowledge, and tools gained. Feedback from learner evaluation

and annual surveys continuously inform series planning. For more information, please see [Designing and Implementing TeleBehavioral Health Training to Support Rapid and Enduring Transition to Virtual Care in the COVID Era - PMC](#) and [TeleBehavioral Health - Harborview Behavioral Health Institute](#).

As the increasing engagement and reach of the TeleBH Training programs demonstrate, there is a burgeoning demand to train new and existing providers on how to integrate virtual and digital health modalities, especially as behavioral health care leads in the transformation to telehealth and digital technologies into routine behavioral health care practice. More specifically, there is an urgent and ongoing 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 ensure that ethical, equitable, high-quality, and professional clinical care is delivered for a variety of patient populations, clinical diagnoses, and care-delivery modalities. It is essential that providers continue to build skills and deliver virtual services, not only to prepare for the next public health emergency, but to meet the growing demand for behavioral health services and to bridge equity gaps in access to high quality behavioral health care.

"This is a fantastic opportunity through BHI of quality offered content and highly trained presentations and presenters! I can't believe the consistent quality of programming you provide. I am so grateful for all that you offer and that it is free of charge, an unbelievable advantage when other offerings are \$100-200 per class. Please keep it coming!"

- TeleBH Training participant

### **RE-IMAGINING BEHAVIORAL HEALTH: RACE, EQUITY AND SOCIAL JUSTICE CONFERENCE AND CALL-TO-ACTION SERIES**

The 5th Annual Re-Imagining Behavioral Health: Race, Equity and Social Justice (RESJ) Conference, held virtually in September 2024, marked a significant milestone in the conference's five-year history. With 1,374 attendees (a 206% increase since the first conference in 2020) from 46 U.S. states and several countries, the conference showcased its continued impact. Hosted by the Behavioral Health Institute (BHI), the event addresses systemic racism, health inequities, and institutional biases, equipping attendees with tools and strategies to advance equity and social justice in behavioral health. The conference also offers Continuing Education (CE) credits, further enhancing its value to professionals seeking to deepen their expertise and meet licensing requirements.

Since its inception in 2020, the conference has grown from 450 attendees in its first year to more than 4,600 attendees across its five-year history, demonstrating both the demand for these critical conversations and the strength of the event's planning. One attendee noted that the conference was "so well-organized and smoothly run – perhaps the best conference I've ever attended."

In 2024, the BHI introduced a call-for-presentations process, resulting in 109 submissions from across the country. The conference's inclusion of personal stories in many presentations deeply resonated with participants, with one attendee commenting, "Hearing personal stories from presenters and their vulnerability made the content real and relatable." Another noted, "It was refreshing to hear such honest reflections on systemic issues and meaningful calls to action."

With 89% of participants reporting high satisfaction and nearly 90% planning to apply their learnings in practice, the conference reaffirmed its role as a catalyst for professional growth and systemic change. As one attendee reflected, "The conference was a reminder of the work still to be done and offered actionable takeaways for practice."

To sustain the momentum and build on the Race, Equity, and Social Justice Conference's impact, the BHI holds an annual Call-to-Action series, providing year-round opportunities to deepen the dialogue and drive actionable change in behavioral health equity. The remarkable growth and overwhelmingly positive feedback demonstrate the widespread hunger for these discussions and the RESJ Conference's pivotal role in fostering innovation and inclusion in the field.

## BEHAVIORAL HEALTH WORKFORCE DEVELOPMENT THROUGH ON-DEMAND TRAINING

To expand access to high-quality training and support the development of the behavioral health workforce, BHI launched a free learning management system (LMS) in 2023. Its inaugural course, *Advancing Person-Centered Care in Substance Use Disorder Settings*, is a four-part training providing free, accessible continuing education, reaching more than 800 trainees and professionals in the field to-date.

In 2024, BHI expanded its free online catalog with two new two-hour modules: *Cultural Humility in Behavioral Health Care* and *Empowering Recovery: Ethics and Collaborative Decision-Making in Behavioral Health*. These free trainings meet Washington State licensure requirements for continuing education in health equity (*Cultural Humility*) and law and ethics (*Empowering Recovery*). Within the first two months, almost 1,000 people registered for these courses.

Participants reported significant insights and actionable changes resulting from these trainings. One participant shared, *"This training helped me realize that I need to identify any personal biases I may have when working with those I serve, to set healthy boundaries and better support them in becoming their best and fullest selves."* Another added, *"I now plan to check my biases at the door and engage the recipient right where they are, without judgment or preconceptions about what the outcome of our meeting should look like."* The training also fostered a deeper understanding of systemic factors, as one participant noted, *"I now have a greater awareness that social and environmental factors account for the highest percentage of health outcomes."*

These courses demonstrate BHI's dedication to providing accessible, impactful education that equips behavioral health providers to deliver equitable and effective care. The large number of registrations demonstrates the critical need for this essential and accessible training and continuing education, and provides an important resource for behavioral health clinicians in Washington to maintain their licensure and continue to meet the significant demand for behavioral health care in the state. For more information, please visit [On-Demand Training](#).

## WORKFORCE INNOVATION

### BEHAVIORAL HEALTH APPRENTICESHIP PROGRAM

Thanks to generous funding from the Ballmer Group, one way that BHI is addressing the behavioral health workforce crisis is by collaborating with community partners on a statewide Behavioral Health Apprenticeship program. Throughout Washington state, the demand for behavioral health care (both mental health care and substance use disorder treatment) exceeds service availability. The lack of an adequate, qualified, diverse workforce, coupled with the 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. These partnerships leveraged additional public and private funding to:

- Help diversify the behavioral health workforce
- Create additional entry points to the behavioral health field
- Increase the number of people who provide 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 in this registered apprenticeship program, and they receive college credit for the classroom portion of the program. Apprentices, clinical supervisors, and agency leaders have stated their appreciation of the apprenticeship program:

- From an apprentice: "I think apprenticeship prepares you better than college. The ability to get real time feedback from both mentors and instructors enhances my learning."<sup>1</sup>

<sup>1</sup> Use of quotes related to the Behavioral Health Apprenticeship Program are courtesy the Health Care Apprenticeship Consortium and the SEIU Healthcare 1199NW Multi-Employer Training Fund.

- From a clinical supervisor: “Our strongest clinicians are our apprentices.”
- From an agency leader: “There is remote learning that doesn’t take the employees out of the workplace for long periods of time. This is nice for the employer, and also nice for the employees, because their paychecks and the work they’re doing remains consistent. And they’re able to apply what they’re learning very quickly!”

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 since the program’s inception in 2021 include:

- Engaged 40 employers – located in rural and urban communities throughout the state
- Started 16 apprenticeship cohorts – 8 SUDP, 4 BH tech, and 4 peer counselor
- Enrolled 201 apprentices – 115 SUDP, 53 BH tech, and 33 peer counselor)
- Implementing a program evaluation, managed by an independent contractor, Seattle Jobs Initiative

BHI and its partners are actively working on the following next steps for the behavioral health apprenticeship program:

- Continue recruitment of employers and apprentices
- Secure articulation agreements with four-year universities to allow transfer of the apprentices’ college credits
- Develop an apprenticeship pathway that transfers into a baccalaureate-level degree program

## **RECRUITMENT AND RETENTION TOOLKIT**

Many of Washington’s behavioral health agencies, especially those that are smaller or are located in rural areas, lack information and resources related to up-to-date best practices in staff recruitment and retention. Although there are many structural issues that affect agencies’ ability to hire and retain personnel – such as reimbursement rates, student debt, and barriers created by background checks – many organizations struggle with current norms regarding organizational culture and human resources that would facilitate hiring and retaining skilled workforce members.

With funding and partnership from the Washington State Health Care Authority, BHI is developing a toolkit that will support behavioral health organizations’ efforts to recruit and retain employees. The toolkit will provide practical, user-friendly tools, strategies, and models that organizations can adopt to improve recruitment and retention, with a focus on these four areas:

- Organizational Readiness and Capacity: Assessing current efforts and setting priorities
- Recruitment: Getting the word out and increasing the size of the applicant pool
- Selection: Assessing candidates and making an offer
- Retention: Maintaining engagement and employee satisfaction

Like other states, Washington has experienced a significant behavioral health workforce shortage following the COVID pandemic. The State has made investments to support the stabilization of behavioral health services, and the sector continues to innovate to make the workforce more robust and increase access to care for all. This toolkit is one such innovation. It is being developed with input from behavioral health providers from both rural and urban communities across the state who have been engaged at key points in the toolkit’s development.

The project team has developed a draft Recruitment and Retention Toolkit and is currently (in December 2024) in the process of integrating detailed feedback from the behavioral health providers, with plans to publish and disseminate a final toolkit in the spring of 2025. BHI is seeking additional support to:

- 1) advance and promote the toolkit through facilitated support and technical assistance during a pilot

implementation across varied clinical and geographic settings, 2) evaluate and refine the toolkit, based on the pilot implementation, and 3) build a strong evidence-base to advance the toolkit's utilization.

### **ADDRESSING THE DIGITAL DIVIDE VIA DIGITAL NAVIGATION AND INCLUSION PROGRAMS**

At the onset of the COVID-19 pandemic in early 2020, health care providers rapidly pivoted to telehealth as they scrambled to provide care while protecting the health of patients, staff, and themselves. Telehealth had long been heralded as part of a solution to providing equitable access to health care to rural and underserved populations, but the broad and dramatic expansion of telehealth soon revealed a new inequity, termed the “digital divide,” the gap created by unequal access to digital devices, the Internet, and/or digital literacy. As health care becomes more digitized, through electronic health records, patient portals, and telehealth, digital literacy and access has become a “super social determinant of health” impacting all other social determinants of health, as discussed in [Digital inclusion as a social determinant of health | npj Digital Medicine \(nature.com\)](#).

In response, digital inclusion in healthcare settings is an emerging focus. With the Community Health Network of Washington (CHNW), BHI is collaboratively leading this innovative work through a two-year project with 12 Community Health Clinics across Washington, facilitating the development of digital inclusion and navigation programs at each site. Utilizing evidence-based implementation science and evaluation methodologies, and through a collaborative and iterative process with CHNW and these 12 Community Health Centers, BHI will also develop a Digital Inclusion and Navigation Toolkit to support health centers across the state in addressing digital equity and access in our ever more digital health care landscape. This pioneering work will be adaptable to a variety of settings and will facilitate digital inclusion across Washington state. By addressing the digital divide, this initiative will play a critical role in expanding access to behavioral health care for populations that have been historically underserved by the behavioral health system.

### **BEST PRACTICES FOR TELEMENTAL HEALTH FOR INFANCY THROUGH YOUNG ADULTS**

In accordance with 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 behavioral health across the prenatal-to-25 spectrum, with a focus on ascertaining the range and depth of existing evidence. This process identified strong evidence and/or expert consensus regarding best practices for effectiveness (i.e., regarding safety, access, equity, and clinical appropriateness) of telebehavioral health for young adults, but found little to no evidence/consensus across most age-related subgroups. Moreover, relatively few of the clinical guidelines, consensus statements, or systematic reviews provided actionable recommendations for best practices related to provider experience and workforce development beyond regulatory and technology training.

In response, BHI and CoLab created a provider-friendly and actionable set of [TeleMental Health Guides for Infancy to Young Adults](#) to help clinicians integrate telemental health into their clinical practice. The eight guides include a focus on various developmental stages and mental health needs. To date more than 1000 health care professional have accessed these guides. For more information, please see [TeleMental Health Guides for Infancy to Young Adults - Harborview Behavioral Health Institute \(uw.edu\)](#)

## **BEHAVIORAL HEALTHCARE INNOVATIONS**

### **SUD ORGANIZATIONAL DEVELOPMENT ASSESSMENT**

Many of Washington's SUD (substance use disorder) treatment organizations are not able to optimally capitalize on clinical training opportunities due to their limited organizational readiness to adopt new practices. With funding from the Washington State Health Care Authority (HCA), BHI developed the [SUD Organizational Development Assessment \(SODA\)](#) to help SUD providers identify and act on opportunities to improve clinical outcomes through enhanced organizational functioning.

SODA provides a structured approach to assess strengths and gaps related to organizational infrastructure; financial management; workforce competitiveness and development; and clinical services and treatment curriculum. The project team collaborated with SUD leaders and other subject matter



experts to identify administrative and organizational challenges that can be barriers to enhanced treatment quality, providing a guide to meaningful improvements in clinical care and outcomes.

Since this project's inception in 2021, the team has:

- Created the SODA assessment tool
- Piloted the tool with four SUD providers
- Implemented modifications to the SODA tool based on feedback and experience during the pilot
- Collaborated with pilot SUD providers to determine what type of technical assistance would address the opportunity areas indicated by their SODA scores

The project team is currently (as of December 2024) providing technical assistance and training, based on the quality-improvement opportunities identified during the SODA pilot, followed by a final meeting with each organization to evaluate the tool's effectiveness for their SUD organization.

Based on feedback at a November 2024 statewide conference for SUD providers, there is a high level of interest in using SODA and the associated technical assistance and training. There is also interest from Medicaid Managed Care Organizations (MCOs) in using SODA to provide information and facilitate improvements among their contracted providers. It is noteworthy that some of the pilot project's technical assistance suggestions have been related to gaps in the behavioral health system; therefore, project findings will include information on system (as opposed to organizational) interventions that support high-quality SUD care delivery.

BHI is seeking additional support to: 1) increase dissemination of the assessment tool, 2) strengthen its validation to advance best practices among SUD providers, and 3) create a collaborative learning "Leadership Academy." The latter is based on feedback during the pilot that SUD organizations' non-clinical leadership would benefit from strengthening their understanding of the SUD system – both clinical aspects (e.g., the role of medications for opioid use disorder) and business-related aspects (e.g., use of value-based contracts).

### **THE WASHINGTON STATE MENTAL HEALTH SUMMIT**

The Washington State Mental Health Summit – a collaborative effort between the Behavioral Health Institute (BHI), Chad's Legacy Project, and the UW Department of Psychiatry and Behavioral Sciences – serves as an inclusive forum for stakeholders across the state. The Summit advances innovative ideas that promote effective education, prevention, and care for individuals living with mental health and substance use challenges. Open to all mental health stakeholders, the event inspires action and drives the implementation of new initiatives to improve mental health care in Washington state and beyond.

The 2022 and 2023 Washington State Mental Health Summits were held as hybrid events, welcoming approximately 500 participants to each Summit, both virtually and in person. Each program featured six innovative mental health initiatives, offering attendees an opportunity to engage with and support these efforts through a Call to Action. The next Summit is scheduled for May 2025, continuing its mission to foster impactful collaborations and solutions for advancing mental health care.

### **SPECIALIZED TREATMENT FOR EARLY PSYCHOSIS PROGRAM**

To address the unique needs of those experiencing a first episode of psychosis and their families, BHI and HMC launched the Specialized Treatment for Early Psychosis (STEP) Program in 2019. Since then, HMC has served more than 130 individuals experiencing a first episode of psychosis and their families. Initially supported by philanthropic gifts, this innovative program has now officially joined the non-profit [New Journeys Network](#) in Washington state and is fully funded by State dollars. The funding supports a multidisciplinary team, including:

- A program director, who also serves as 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
- A peer specialist with lived experience, who helps guide wellness and recovery-oriented strategies to support care

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

Since its inception, STEP has worked closely with faculty, including those within the Supporting Psychosis Innovation through Research, Implementation, and Training (SPIRIT) Lab 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 STEP's 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.

### **PEER BRIDGER EXPANSION INTO THE EMERGENCY DEPARTMENT**

To meet the needs of patients in crisis, in 2022, Harborview Medical Center (HMC) launched the Emergency Department (ED) Peer Bridger Program, funded by a generous donation from Hoveida Family Foundation. The program was a pilot test of peer support services in HMC's Psychiatric Emergency Services (PES). BHI provided overall project management, including development of a comprehensive implementation plan and evaluation tools to address the critical needs of patients in crisis. The program emphasized patient-centered care, connected PES patients with community resources, and provided transitional support to promote recovery.

The program supported 253 patients, delivering services such as emotional support, mental health education, crisis intervention, and transitional care. Peer specialists bridged the gap between crisis care and long-term recovery through their 380 patient engagements. Patients also benefited from physical resources, such as prepaid phones, bus passes, warm blankets, and fidget tools, all aimed at reducing stress and promoting a sense of safety during their PES stay. One patient story demonstrates the program's transformative potential: a patient who, with the ongoing support of a peer specialist, achieved stability, secured employment, and maintained a connection to care.

Key to the program's success was its integration with PES social workers, case managers, and outpatient providers, ensuring seamless care coordination and continuity. By collecting data on patient interactions and outcomes, the program built a case for sustainability funding and replication across Washington state. The PES Peer Bridger Program exemplifies how peer-driven support fosters meaningful connections, reduces repeat PES visits, and empowers individuals to transition from crisis to recovery with dignity and hope.

This work is potentially a valuable proof of concept as the State looks to both expand the availability of crisis response services and demonstrate the value of peers in these settings. It underscores the importance of peers in the delivery of behavioral health services, aligning with the state's emphasis on integrating peer support into its policymaking efforts.

### **EMERGENCY RESPONSE FOR SUICIDE PREVENTION**

BHI's Emergency Response for Suicide Prevention (ERSP) program was a one-year initiative funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) in partnership with the Washington State Health Care Authority and community organizations, to address heightened suicide risks during the pandemic. The program trained approximately 4,000 behavioral health providers across Washington state in suicide prevention and offered direct support to 232 adults experiencing suicidal ideation or attempts in King and Stevens counties. ERSP combined the Jaspr Health™ Digital Health Solution, a tablet-based app for evidence-based suicide care, with peer support from individuals with lived experience. Participants received emotional support, safety planning, skill building, and connections to community resources. Preliminary self-reports indicated reductions in suicide attempts, psychiatric events, and substance misuse, alongside increases in social connectedness. Testimonials highlighted the

program's life-saving impact, with one participant stating, "Coming out of the psych ward this time with the Jaspr program gave me a lifeline I never had before." You can read more about the impact of the program in the [Suicide Prevention: Peer Navigator Providing Caring Contact and Post-Discharge Services to Individuals At Risk for Suicide](#) report.

## BEHAVIORAL HEALTHCARE POLICY

### POLICY AND CONVENING: CRISIS RESPONSE IMPROVEMENT STRATEGY

In 2021, The Washington State Legislature passed [House Bill 1477](#), directing the Behavioral Health Institute to convene and facilitate the Crisis Response Improvement Strategy (CRIS) Committee, Steering Committee, and Subcommittees. The work resulting from that legislation was funded by a generous gift from the Ballmer Group.

The legislation included direction to establish 988 Contact Hubs and improve Washington's behavioral health crisis response and suicide prevention system. The Steering Committee was charged with developing recommendations for an improved behavioral health crisis response system, with input and advice from a broad representation of partners and constituencies. Throughout their work, people with lived experience provided a powerful lens for understanding gaps in the system and informing the changes necessary to meet the needs of Washington's communities.

In December 2024, the Steering Committee submitted its [final report](#) to the Governor and the Legislature. Implementation of the recommendations will take time and requires continued work to build trust with Washington's communities and across system partners. Continued investments are needed to carry forward the Committee's 22 recommendations and to reach the Committees' vision of a behavioral health crisis response system that is grounded in equity, culturally responsive, and trauma-informed, and that provides hope and care for people in crisis when and where they need it.

### BEHAVIORAL HEALTH INEQUITIES REPORT AND TOOLKIT

Our state's behavioral health workforce crisis has resulted in limited access to high-quality behavioral health care for many residents, and the effect is exacerbated for members of marginalized communities, resulting in inequities and disparities in care and outcomes. To help address this, in June 2023, the BHI submitted the [Behavioral Health Inequities and Disparities in Washington State from a Behavioral Health Community Perspective](#) report to the Washington State Legislature.

In response to inequities in behavioral health access and disparities in behavioral health outcomes, the Legislature funded the Health Care Authority and the Behavioral Health Institute to evaluate behavioral health inequities and disparities and identify recommendations to advance equity and reduce disparities.

The project team developed recommendations based on feedback and insights from members of the behavioral health community. The six key recommendations aim to guide future actions for advancing behavioral health equity in Washington state:

1. Create a statewide Behavioral Health Equity Center of Excellence or a similar organizing body.
2. Resource the Center of Excellence (or similar organizing body) with the necessary staff support and expertise.
3. Develop a statewide Behavioral Health Equity Strategic Plan with short-, medium-, and long-term goals.
4. Establish shared statewide metrics for measuring progress in reducing behavioral health inequities.
5. Coordinate with existing efforts to leverage and develop work already underway.
6. Create a Behavioral Health Equity Toolkit to provide resources for public and private Washington state entities that want to advance equity in behavioral health.

The BHI project team developed those six key recommendations based on input, feedback, and suggestions generated during the following community-engaged activities:

- Conducted a behavioral health community survey
- Held four community listening sessions
- Convened an 18-member Behavioral Health Inequities Workgroup
- Conducted an environmental scan and report/literature review

With continued funding, BHI will be able to supplement and advance this work, starting with the initial development of a Behavioral Health Equity Toolkit to reduce disparities and train our state's behavioral health workforce in culturally and linguistically relevant practices.

### **LAW ENFORCEMENT TRAINING PROJECT**

In 2022, BHI partnered with the UW Addictions, Drug and Alcohol Institute (ADAI) to develop mandatory law enforcement officer training on interacting with persons with substance use disorder (SUD) and those with co-occurring mental health conditions. This training, mandated by 2021 State legislation, covers SUD basics, the role of trauma, recovery principles, and referral resources, including the unique referral processes for youth. Notably, powerful video testimonials from individuals with lived experience and law enforcement officers are embedded within the training to reduce stigma and enhance understanding. Training content is 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 a wide range of law enforcement entities, both tribal and non-tribal. This collaborative effort aims to improve police interactions with individuals experiencing SUD. The first training cohort completed the program in August 2022, with ongoing evaluation to refine its effectiveness. As described in this publication, [Development and exploratory evaluation of substance use and substance use disorder training for the Washington State Basic Law Enforcement Academy | Policing: A Journal of Policy and Practice | Oxford Academic \(oup.com\)](#), this training is effective in giving law enforcement recruits evidence-based SUD information and the confidence to interact effectively with people with SUD.

## **THANK YOU**

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Our ability to carry out this critical work and drive innovations that enhance policies and practices for accessible, equitable, and effective behavioral health care is made possible by the generosity of our funders and donors and through the support and collaboration with our program partners. BHI funders have included the Washington State Legislature, the Washington State Health Care Authority, Ballmer Group, Community Health Network of Washington, Hoveida Family Foundation, Northwest Regional Telehealth Resource Center, the federal Substance Abuse and Mental Health Services Administration, and other generous underwriters. We are deeply thankful to have you as an essential part of the Harborview Behavioral Health Institute family.