



THURSDAY, OCT 5

THE CAMBIA GROVE



UNIVERSITY *of* WASHINGTON
PSYCHIATRY & BEHAVIORAL SCIENCES

UW Medicine

AGENDA OVERVIEW

9:00-9:10	Welcome: Todd & Laura Crooks Co-Founders of Chad's Legacy Project
9:10-9:40	Introductions: Jürgen Unützer Chair, UW Psychiatry and Behavioral Sciences
9:40-10:20	Presentations First episode psychosis Peers and families as resources
10:20-10:40	Break
10:40-11:45	Presentations Mental health and education Workforce development Mental health and technology
11:45-12:45	Lunch



AGENDA OVERVIEW

12:45-1:45	Breakout sessions: Improving the ideas (Each topic area in a room/space)
1:45-2:00	Break
2:00-3:00	Keynote speakers Ana Mari Cauce, UW President Dow Constantine, King County Executive
3:00-4:15	Stakeholder commitments and next steps
4:15-4:30	Closing: Jürgen Unützer

SAVE THE DATE

Mental Health Summit, Part 2

May 8, 2018

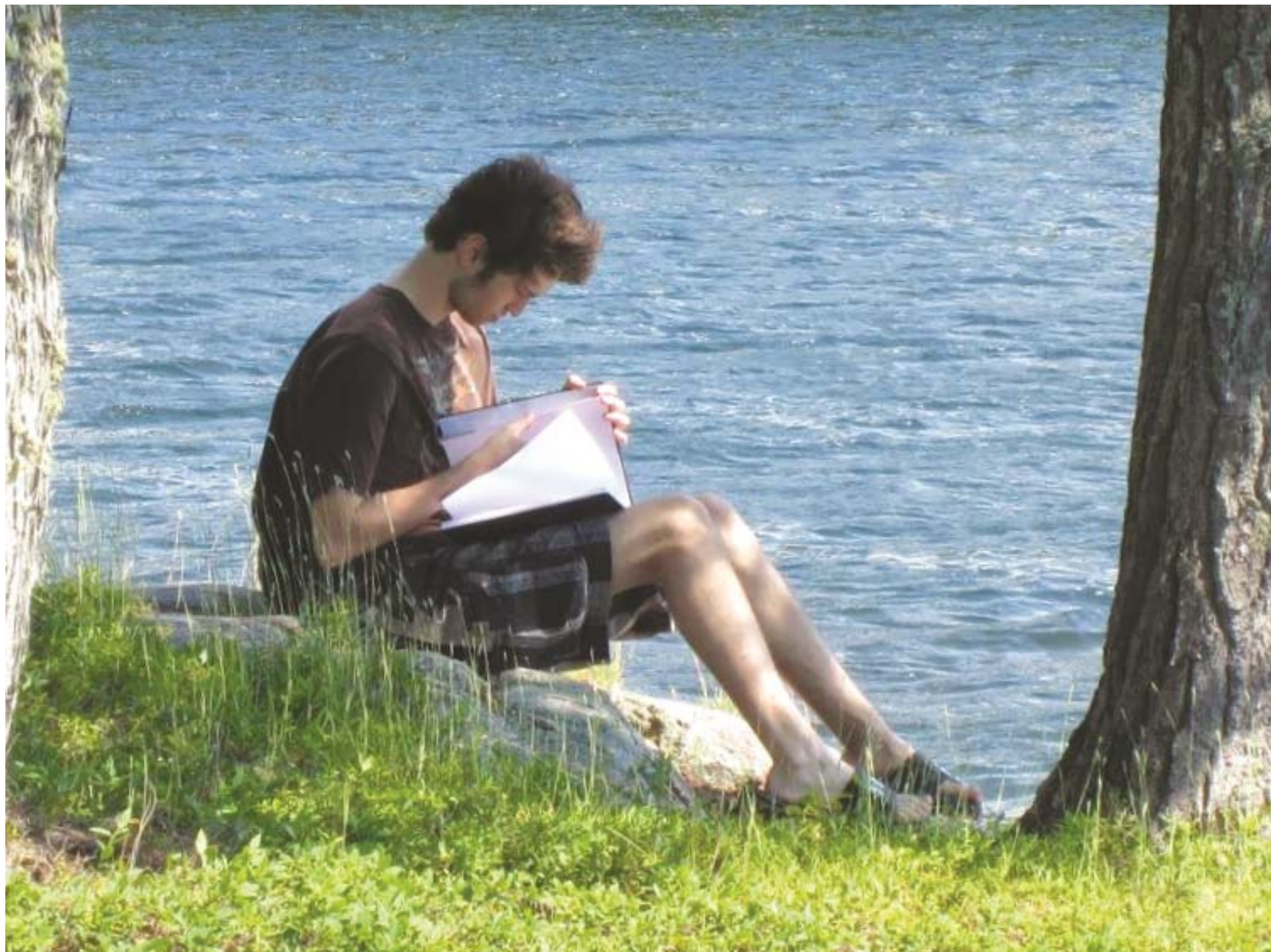
Husky Union Building (HUB)

University of Washington

wamhsummit.org







YESTERDAY

Inadequate Access to Care

Debilitating Stigma

Desperation

Hopelessness

FEAR

Under-Developed Workforce

Crisis-Focused Reimbursement

Siloed Excellence

Under-Utilized Technology

TODAY



WASHINGTON
MENTAL
HEALTH
SUMMIT

TOMORROW

- Clear Pathways to Care
- Robust Education and Resources
- Reimbursement for Early Screening and Care
- Networked Innovation
- Confidence
- Hope



CHAD'S

LEGACY PROJECT



First Episode Psychosis: Developing Sustainable Pathways

Carolyn Brenner, MD

Frank Katz

Maria Monroe-DeVita, PhD



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FIRST EPISODE PSYCHOSIS



Our Goal is to develop sustainable pathways to care and effective treatment for all Washington youth and young adults with first episode psychosis.



THE PROBLEM

Each year 100,000
young adults
experience a First
Episode of Psychosis.

That's 274 young
people every day.



Sources available upon request

OVERVIEW OF PROBLEM

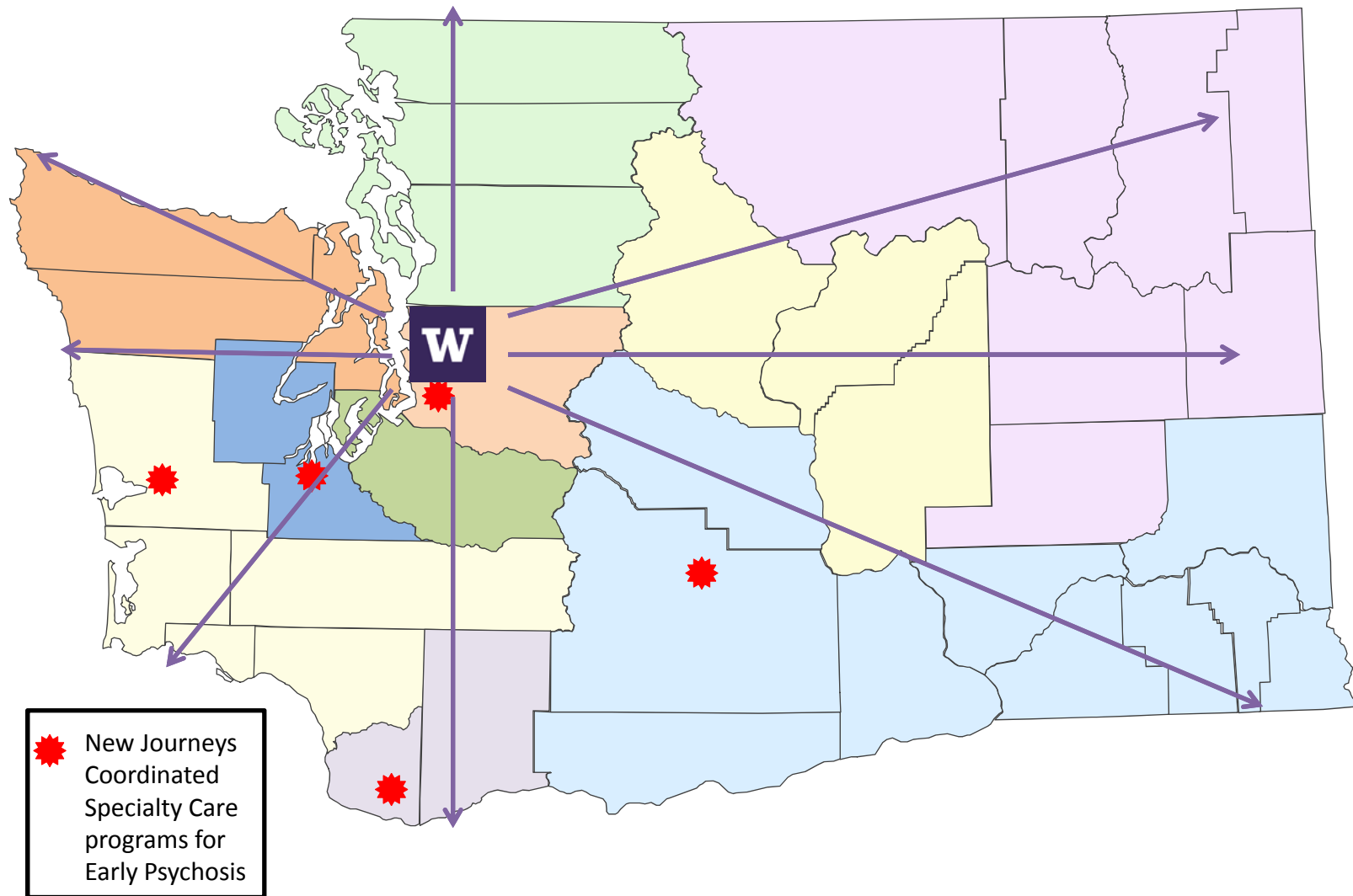
Psychosis is the 3rd most disabling condition in the world.

People who experience psychosis have a shortened life expectancy of 28.5 years.

1 in 10 individuals with psychosis will take their own lives.



THERE'S HOPE!



PROPOSED SOLUTIONS



SOLUTION #1: Early psychosis consultation line

SOLUTION #2: A digital community for on-demand access to information, social media, and resources



SOLUTION #1

Early Psychosis Consultation Line

- Connect providers and families across the state with on-demand expert consultation.
- Provide *point-of-care* support.
- Develop online decision support algorithm, educational materials and connect to local community resources.

TAKING ACTION

We need you to partner with us!



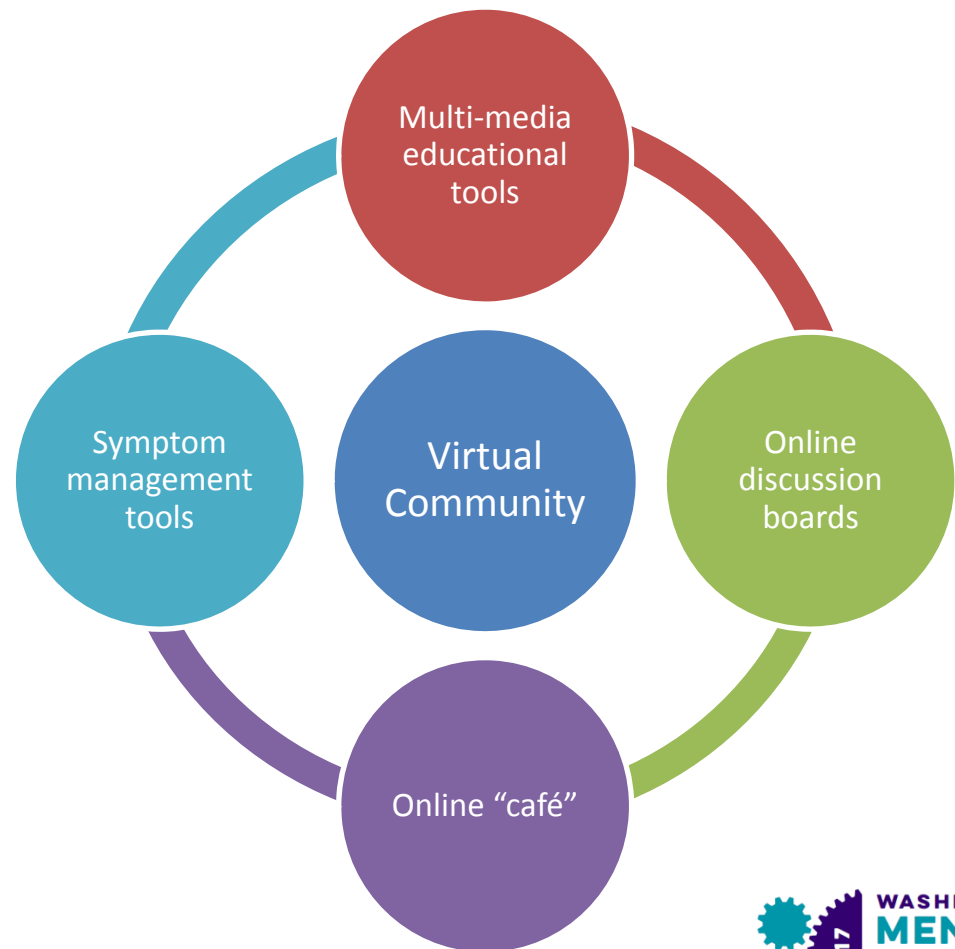
Fund the initial investment



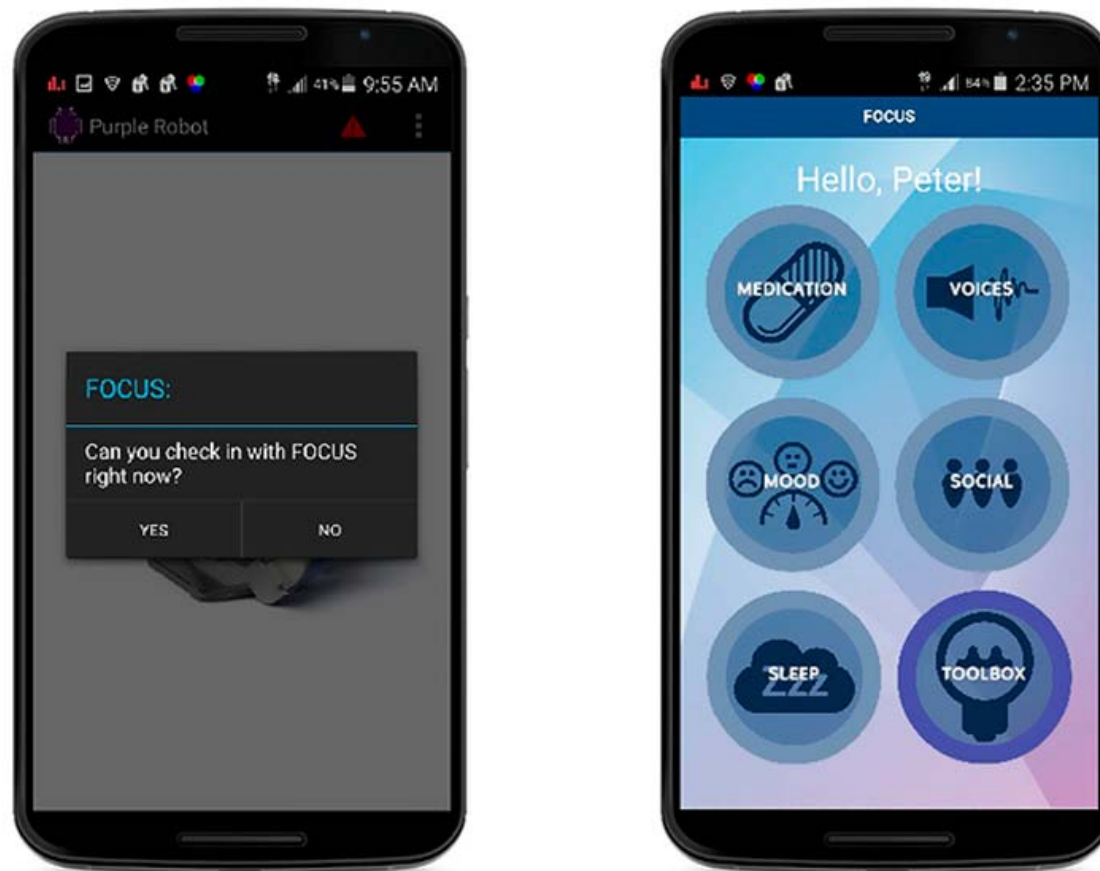
Create innovative reimbursement model

SOLUTION #2

A **digital community**
with on-demand
access to:



SOLUTION #2



SOLUTION #2

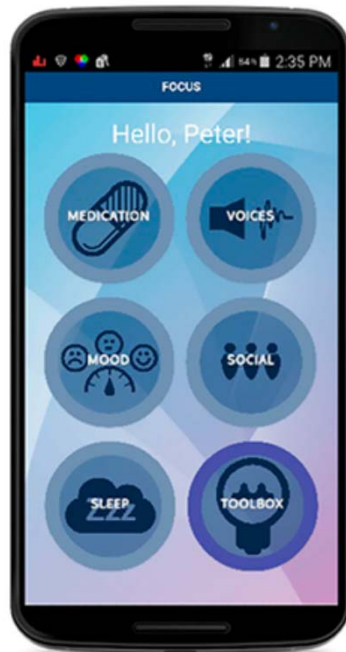


TAKING ACTION

We need you to partner with us!



VISION



*With your help we can
make a difference in the
lives of hundreds of
thousands of people*





Leveraging Lived Experience to Expand the Mental Health Workforce

Lydia Chwastiak, MD

Laura Crooks



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OVERVIEW OF PROBLEM

Individuals who are facing Behavioral Health conditions and their families report experiencing:

Lack of Connectedness

Loss of hope: Life Worth Living

Lack of Information, access to
resources

Social Isolation

There are evidence-based services that address these issues.

PROPOSED SOLUTIONS



SCALING PEER BRIDGER MODEL

- Peer Bridgers
 - state Certified Peer Specialists with lived experience of mental health or substance use challenges.
 - provide information and resources, create a trusting relationship, and help people stay motivated for recovery.
- 2-year demonstration program in two King County psychiatric hospitals reduced hospital use and increased engagement in outpatient mental health services
- Limitations
 - Do not address needs of family members
 - Very limited availability

TAKING ACTION

- New payment models
 - Program available to all who need (regardless of insurance)
- Creation of peer bridger staff positions within mental health provider organizations
- Extend services for ER and crisis service settings
- Develop the model for a youth and family mentor program
- Develop training and supervision standards for best practice program implementation

CLUBHOUSES

- What is a Clubhouse?
 - Psychiatric rehabilitation
 - Provides social connectedness and a work-ordered day
- Does it improve outcomes?
 - Improved quality of life
 - Decreased hospitalizations and incarcerations
 - Job placement rate 3x higher
- Cost-effective
 - 1 year in clubhouse = 4 days of inpatient hospitalization
 - Lowers Medicaid costs for members by threefold



“Clubhouse saved my life.”

TAKING ACTION

- **Vision:** To provide access to accredited Clubhouses to every person with mental illness in every community in Washington.
- **How can I help?**
 - Give: diversity of funding essential
 - Provide buildings and space
 - Provide employment opportunities
 - Volunteer
 - Advocate



VISION

- People with lived experience of mental illness (including family members) will be **valued** as a uniquely qualified workforce to improve the lives of WA residents with serious mental illness
- Peer-based interventions that **reduce hospitalizations** and **improve social outcomes** will be available to all WA state residents who could benefit

*“Action without vision
is only passing time,
vision without action
is merely day dreaming,
but vision with action
can change the world.”*

- Nelson Mandela



*Ten minute break
10:20-10:40*





Advancing Mental Health in Schools

Todd Crooks

Aaron Lyon, PhD

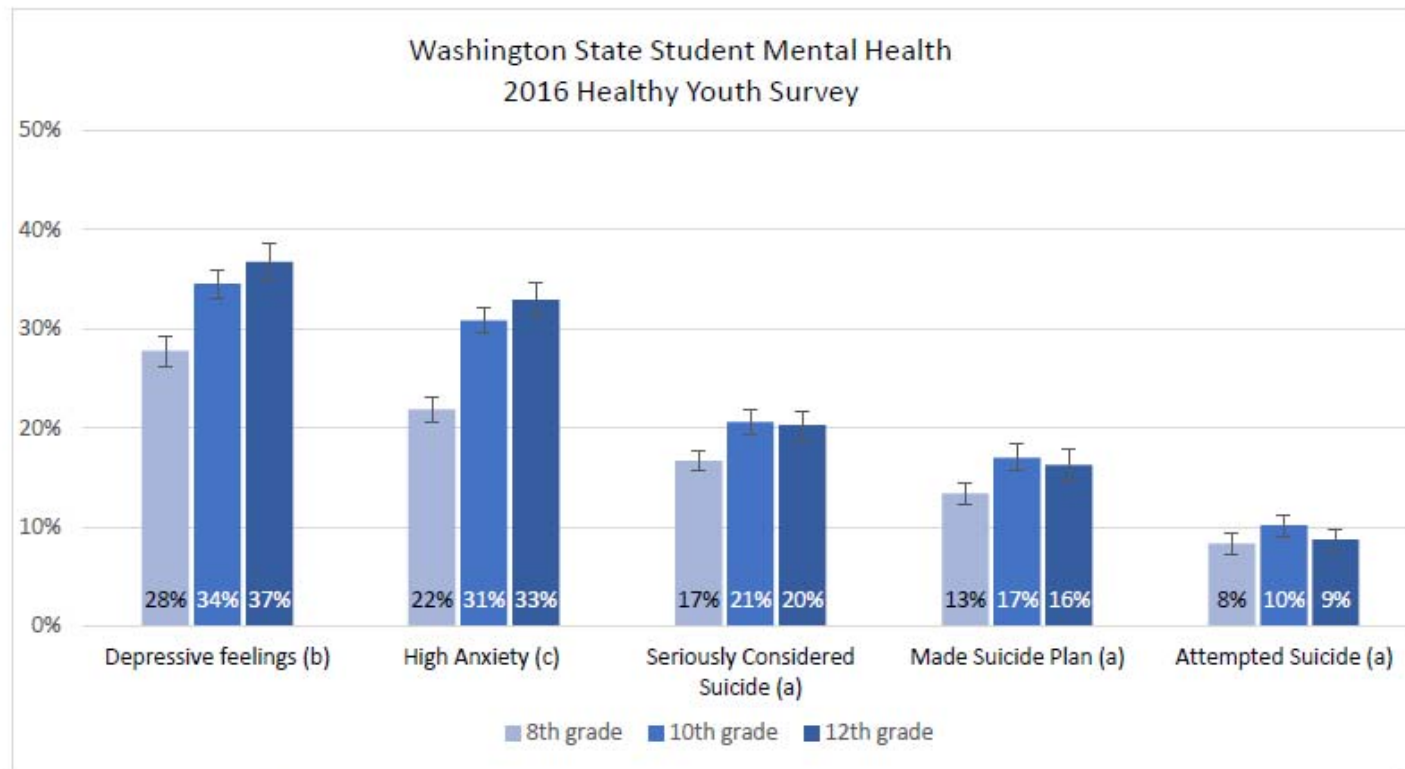
Kelcey Schmitz



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OVERVIEW OF PROBLEM



Technical Note: (a) - during the past 12 months, (b) - for at least two weeks in a row during the past 12 months, (c) - over the last two weeks (GAD-2 scale).

OVERVIEW OF PROBLEM

- Stigma contributes to a well-documented **eight to ten-year** delay from onset to delivered services, with many never receiving care.
- While some students may receive mental health education, systemic inequities exist in terms of availability, quality, and depth of content.

OVERVIEW OF PROBLEM

- Strong interest exists in providing mental health supports for students, but to effectively build capacity remains a struggle.
- Leadership is critical but sometimes under-supported for any organizational practice change.

PROPOSED SOLUTIONS

1. Enact a Statewide Mental Health Literacy Mandate for Youth
2. Create and Implement Mental Health School Leadership Structured Supports and Training

SOLUTION #1:

Mental Health Literacy for Youth

Targeted education for youth. Generationally reduce the impacts from stigma of Mental Illness enabling **peer support and delivery of services.**

Therefore, a legislative mandate for Mental Health literacy standards shall be the priority to address delayed care in youth, enlighten peer support, and positively impact student outcomes and Healthy Youth Survey data.

SOLUTION #1: TAKING ACTION

- Examine existing legislation programs/practices/policies that target stigma.
- Identify funding needs and sources.
- Create a lobbying team to develop/draft Mental Health Literacy Standards legislation and steward the legislative process.
- Ensure local/ESD technical assistance and access to best practice information related to mental health literacy in schools.

SOLUTION #2: Mental Health Champion in School Leadership

School leadership must have access to ongoing training, mentoring, and other resources to engage in better messaging around mental health.

Develop and strategically position new leadership tools to ensure each school is embedded with a Mental Health Champion within top building leadership.

SOLUTION #2: TAKING ACTION

- Engage school principals/leaders along with preservice education training programs for best practice development.
- Determine objectives, scope, sequence, and evaluation related to school mental health leadership.
- Establish a compelling communications strategy.
- Assess considerations related to time and financial resources that affect their school community and community at large for mental health support.
- Execute a variety of delivery mechanisms of ongoing professional development for school principals/leaders.

VISION

Washington State shall be a model for the nation as an example in how to reduce stigma by educating all youth in Mental Health.

In addition, supported and strengthened school leadership will ensure a positive school climate where all students feel safe and supported, eliminating mental health barriers to learning.



Workforce Development: *Enhancing access to care by expanding the behavioral workforce*

Craig Cole

Anna Ratzliff, MD, PhD



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OVERVIEW OF PROBLEM

“The mental health provider ISN’T in”

Can’t get in to see a mental health professional

- Washington lacks capacity to meet needs (bottom half of states) (Parity or Disparity: The State of Mental Health in America 2017)
- Wait to get in – could be up to a year
- Example: 1 psychiatrist per 10,000 in Western WA/
1 per 20,000 in Eastern WA
- Shortage of other types of behavioral health care professionals (WA Behavioral Health Workforce Assessment)
- Wait time to fill positions high



PROPOSED SOLUTIONS

- **Proposed Solution 1.** Expand the range of health care personnel who can deliver effective behavioral health care.
- **Proposed Solution 2.** Enhance ability of the corporate/employer world to identify and address mental health issues in the workplace.

KEY WORKFORCE STRATEGIES

- **Expand**
- **Innovate**
- **Train**

SOLUTION #1

Expand the range of health care personnel who can deliver effective behavioral health care.

- Develop educational, licensure, and certification programs for medical paraprofessionals (allied health staff) in behavioral health.
- Develop a new bachelor's degree pathway to expand mental health workforce: Evidence-Based Care Provider.

TAKING ACTION

Develop educational, licensure, and certification programs for medical paraprofessionals (allied health staff) in behavioral health.

- **Action:** Pursue partnerships of AHEC center(s), state community and technical colleges, the State Board of Community and Technical Colleges and Allied Health Centers of Excellence to develop curriculum and certification. Review current scope of licensure and consider revisions as needed.
- **Needs:** Leadership of AHEC(s) and the Allied Health Centers of Excellence; with support from other health care providers and state community and technical colleges.

SOLUTION #2

Enhance ability of the corporate/employer world to identify and address mental health issues in the workplace.

“Take help to where the people are.”

Mental Health in the Workplace



PSE has an 8 minute video on YouTube



The Signs



Jenny Haykin, M.A., CRC

Integrated Leaves & Accommodations

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TAKING ACTION

Collaborate with corporate and human resource partners to address mental health in the workplace.

Action: Identify and collaborate with corporate “champions” to carry this issue to their peers

Need: Financial and academic support -

- for examination and validation of workplace product offerings
- to identify and disseminate employer “best practices”
- for professional training and certification of employer interventional personnel

VISION

Many new doors would be opened in society for people to receive effective help in treating mental illness.



How technology can scale-up training and enhance the mental health workforce

Dave Atkins, PhD

Patricia Areán, PhD

Kelly Tierney



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DEPTH project: Spoken language technologies for evidence-based counseling



BRiTE Center

Acknowledgments and Disclosure



AIMS Center

Disclosure:

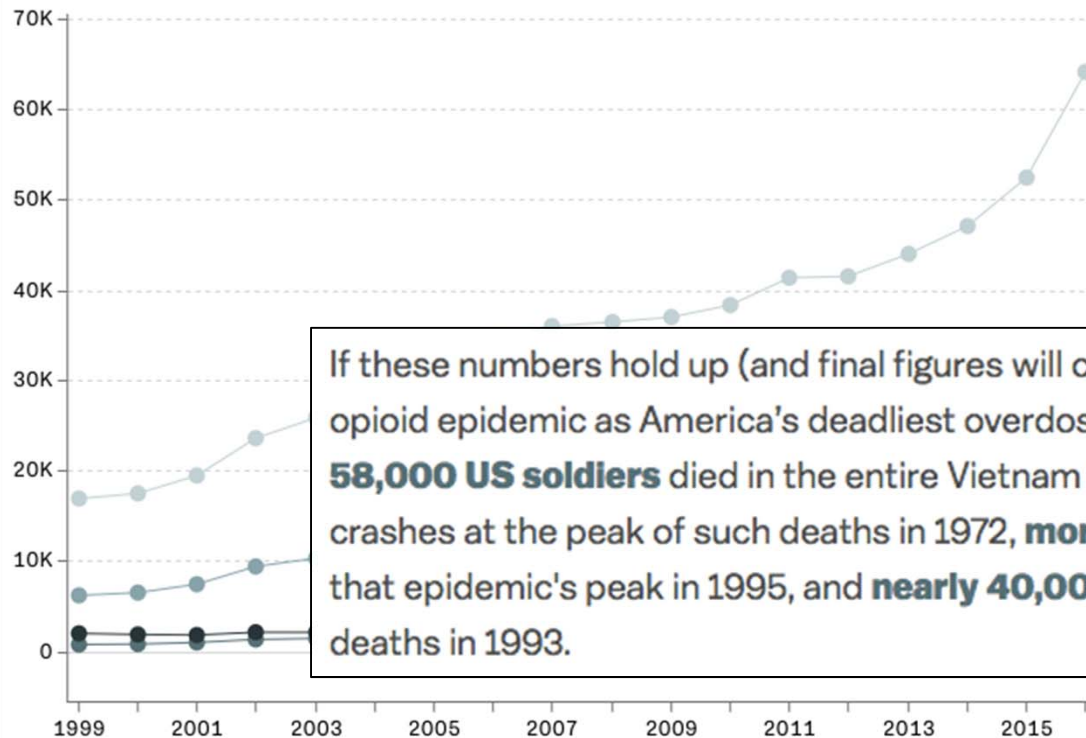
I am a co-founder of a technology company – *Lyssn.io* – focused on tools to support training, supervision, and quality assurance of evidence-based counseling.

Mental illness and addiction cause intense suffering, disability, and death

Drug overdose deaths in America

*The numbers for 2016 are preliminary estimates

**Some deaths on this chart may overlap if they involve multiple drugs



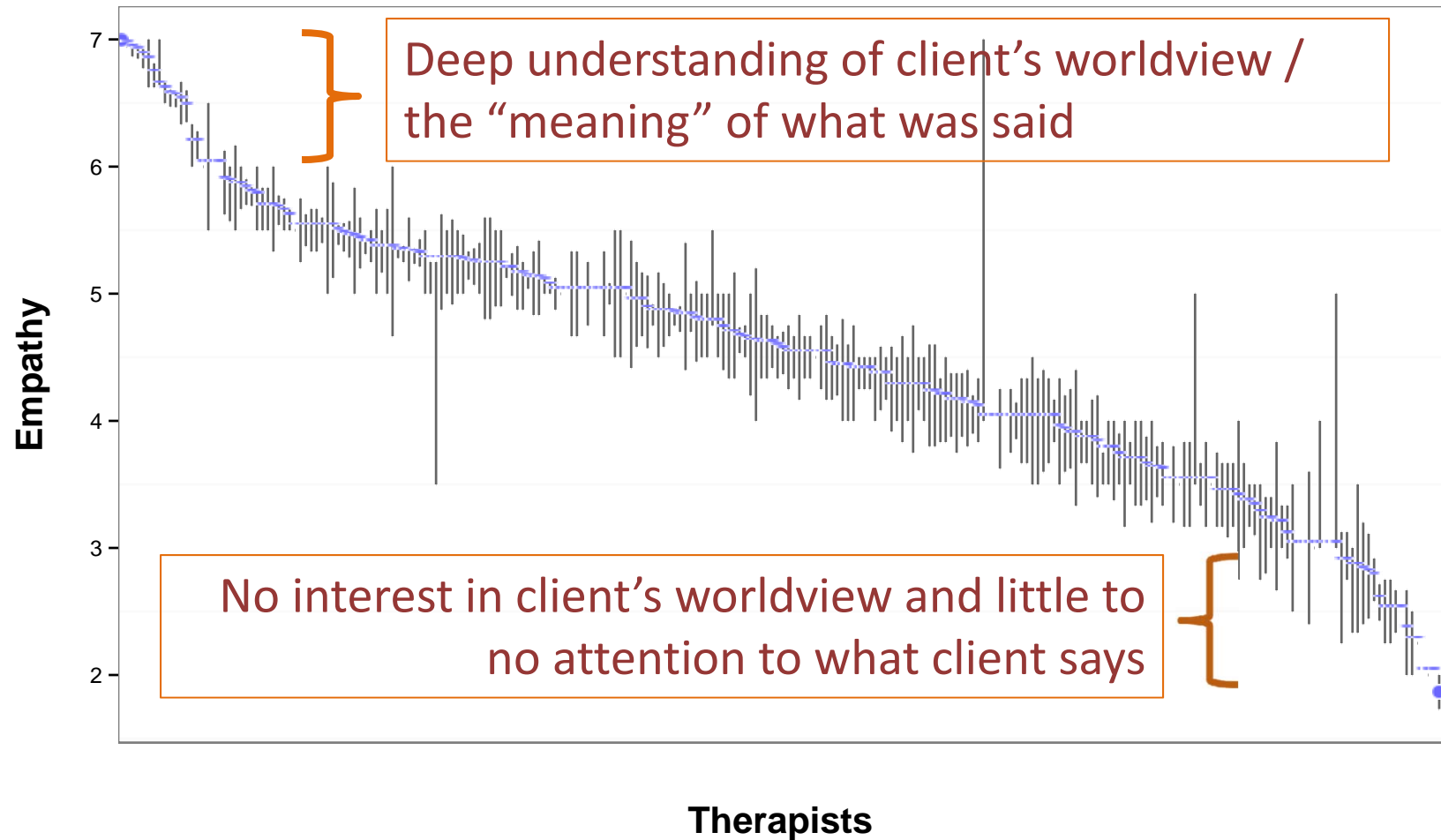
If these numbers hold up (and final figures will come out later this year), it solidifies the opioid epidemic as America's deadliest overdose crisis ever. In comparison, **more than 58,000 US soldiers** died in the entire Vietnam War, **nearly 55,000 Americans** died of car crashes at the peak of such deaths in 1972, **more than 43,000** died due to HIV/AIDS during that epidemic's peak in 1995, and **nearly 40,000** died of guns during the peak of firearm deaths in 1993.

Vox.com

■ All drugs ■ Opioid painkillers (minus synthetic opioids)
■ Non-methadone synthetic opioids (particularly fentanyl) ■ Heroin

Evidence-based counseling can help, but quality (and outcomes) in the community is variable

Baer et al., 2009



Variable quality counseling has implications for providers, clinics, payors, and patients

Training counselors is really hard

Counseling is fundamentally different from other skill-based professions:



“The acquisition of skills requires a regular environment, an adequate ***opportunity to practice, and rapid and unequivocal feedback about the correctness of thoughts and actions.***”

-Daniel Kahneman, *Thinking, Fast and Slow*

Vision: Technology can provide the
“rapid and unequivocal feedback” to
effectively train counselors in
evidence-based practices

1. Training counselor’s clinical decisions:
Intelligent tutoring systems
2. Developing effective counseling skills:
Spoken language artificial intelligence (AI)

Evidence-based counseling involves knowing *what* to do and *how* to do it

Introducing Kevin



Kevin has recently been referred to you by the local traffic court following a DUI citation he received six weeks ago. Court documents indicate he was at fault for an automobile accident near his home that night, and that the other involved driver sustained back and neck injuries as a result of the crash. He is required to complete an approved substance-abuse treatment program as a condition of retaining his driver's license.

Kevin has had steady, full-time employment working for a local contractor. He lives alone, likes to drink at home after work, and routinely spends his free time on weekends at bars with friends he has known for years. Though a consistently heavy drinker since his adolescence, this is his first substance-related legal difficulty and first direct experience with a substance-abuse treatment setting.

CASPI, UW ADAI



Intelligent tutoring systems

‘Kevin’ has a drinking relapse with a DUI, should we:

1. Confront?
2. Provide risk information?
3. Express empathy?

Spoken language AI

“So... you started drinking again?”

“Wow, I can see how hard it is for you to tell me. Is it okay if we talk more about it?”

The “what” – Intelligent tutoring systems can train clinical decision-making

An intelligent tutoring system (ITS) is a computer system that guides trainees through simulated cases (think: Kevin) and decisional dilemmas and provides immediate and customized instruction and feedback to the trainee.

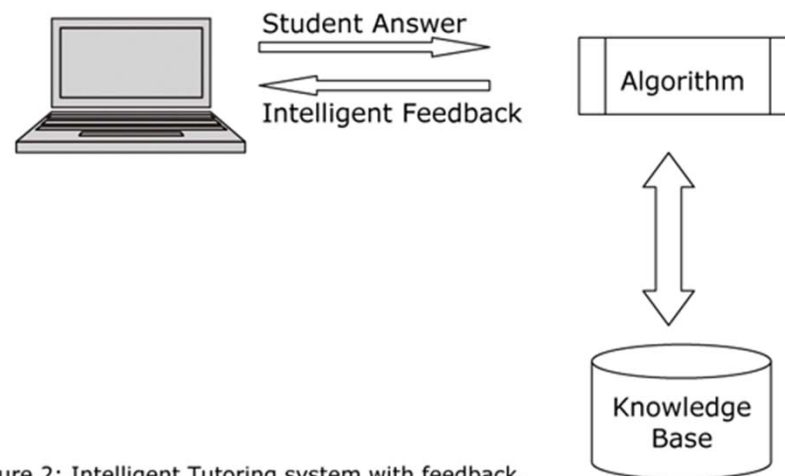
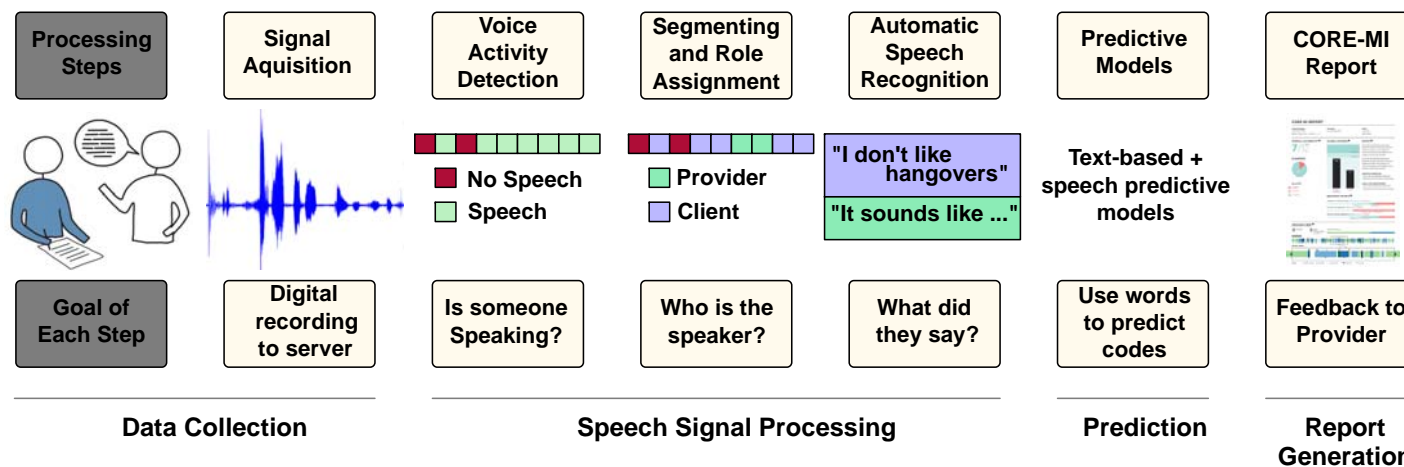


Figure 2: Intelligent Tutoring system with feedback.

The “how” – Spoken language technologies can provide performance-based feedback on counseling skills

Spoken language technologies
(like Alexa ➡)

But applied to counseling
(like... that ↓)



These innovative technologies can support and enhance evidence-based counseling

Advantages for counselor training:

1. *Many* practice opportunities
2. Immediate feedback (not during weekly supervision)
3. Done any where, any time
4. Ultimately: Better, faster training

But also potential advantages for...

1. **Patients:** More confidence in treatment (and better outcomes)
2. **Clinics:** Better informed hiring decisions and quality assurance
3. **Payors:** Value-based care – incentivize high-quality care

We have many of the building blocks, but we need partners to make this happen

What is already in place

1. Technical expertise (CS / speech engineering) and core technology
2. Clinical expertise *and* clinical content
3. Design expertise

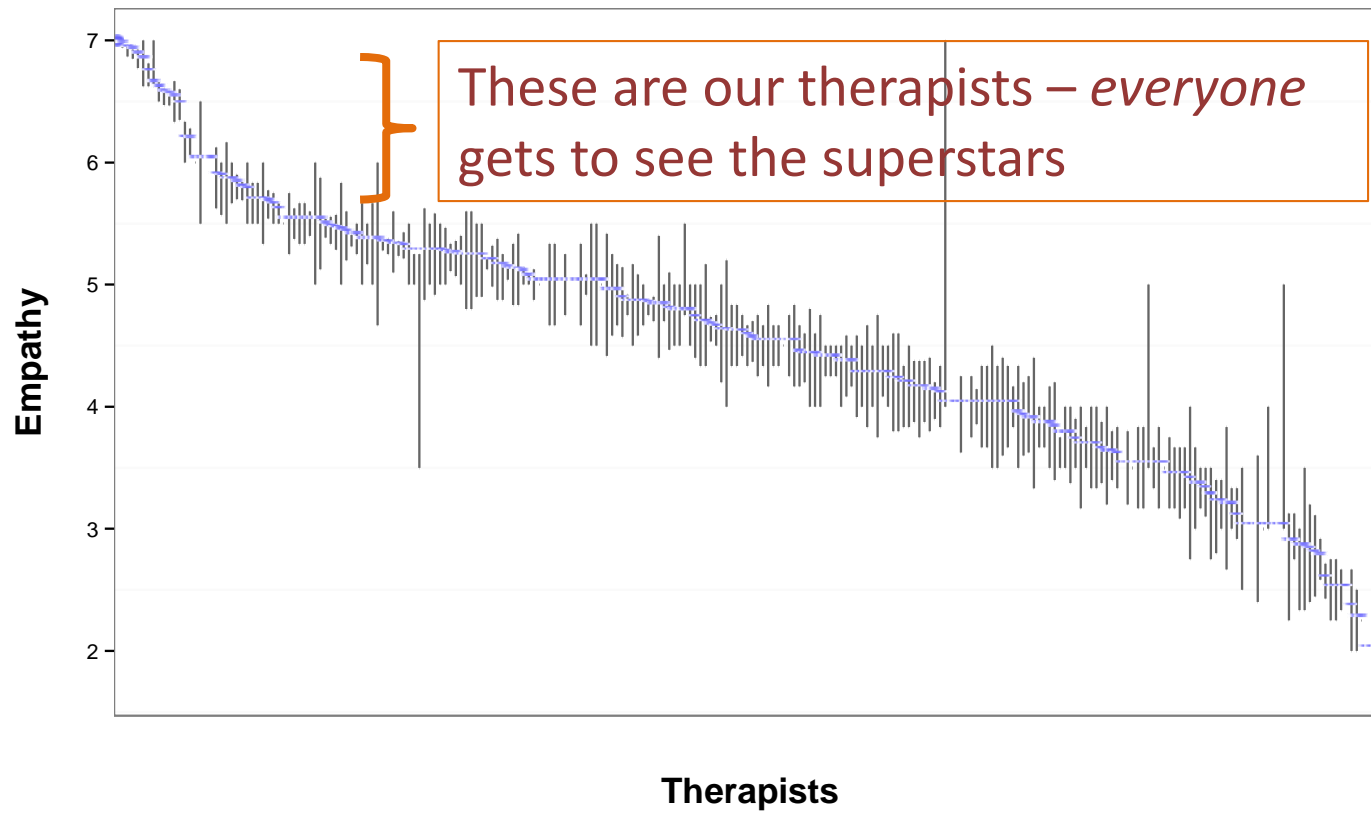
Summary: We have an engine...but need to build a car

What we need

1. Partners
 1. Engaged in training clinicians
 2. Delivery of services
 3. Paying for services
2. Support



Mental health care is a human right, and everyone should have access to the best. Technology can be part of the solution.





Mental health care is a human right, and everyone
should have access to the best.

Technology can be part of the solution.



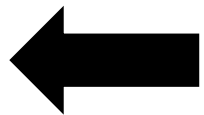
LUNCH: 11:45-12:45

BREAKOUT SESSIONS: 12:45-1:45



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LEFT

First Episode Psychosis

Room 255, Sasquatch

Peers/Families as Resources

Room 259, Yeti

RIGHT



Workforce Development

Main Room, left of divider

Mental Health and Technology

Main Room, right of divider

Mental Health in Education

Room 240, Big Foot
(other side of the doors)

KEYNOTE SPEAKERS

Ana Mari Cauce

President, University of Washington

Dow Constantine

King County Executive



NEXT STEPS

- First episode psychosis
- Peers and families as resources
- Mental health and education
- Workforce development
- Mental health and technology

SAVE THE DATE

Mental Health Summit, Part 2

May 8, 2018

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