

MENTAL HEALTH CARE FOR ALL

UW Medicine's Mental Health Access Initiative for Washington State

WASHINGTON'S MENTAL HEALTH SYSTEM RANKS 48TH IN THE NATION, in part because of poor access to mental health care. More than half of its counties lack a single practicing mental health specialist, leaving thousands of Washingtonians without access to effective treatments and robbing them of their potential to lead healthy, productive lives. Two to three Washingtonians end their life through suicide *every day*, and virtually every family is affected by mental health or substance-use problems.

UW Medicine is launching an ambitious campaign, called the Mental Health Access Initiative, to improve access to mental health care in every county in Washington over the next 10 years. Central to the initiative is improving the quality of mental health treatment in primary-care clinics, where most Americans with mental health problems seek care. This vision is in line with Governor Inslee's and the Washington State Health Care Authority's plan to fully integrate care for mental health, substance use and physical health by the year 2020.

We would greatly appreciate your partnership in this initiative, and in the pages that follow, we explain the opportunity for investment.

The Future of Psychiatry: Improving Access to Care

Over the past decade, UW Medicine has become a global leader in bringing innovative mental health care to primary-care practices and other healthcare settings where there is little or no access to psychiatrists. Our proven model, called **Collaborative Care**, is receiving national attention on multiple fronts and has been referred to as the future of psychiatry.

Collaborative Care allows psychiatrists to effectively partner with primary-care and other healthcare professionals to reach patients in need, oftentimes through the use of tele-health technology, such as videoconferencing. Studies published in leading medical journals have demonstrated that Collaborative Care achieves the triple aim of healthcare reform: better access to care, better health outcomes and lower healthcare costs.

Through the Department of Psychiatry and Behavioral Sciences' **AIMS Center** (Advancing Integrated Mental Health Solutions), we have trained more than 5,000 clinicians in the Collaborative Care model and have provided resources, training and psychiatric consultation to more than 1,000 clinics around the world.

Increasing Access, Leveraging Specialists

Our vision is not to replace the existing system of mental health specialty care. Rather, we intend to *augment and better leverage* the time of mental health specialists. In this way, we will reach more people in need.

We'll give specialists the tools to partner with and support the primary-care physicians and other healthcare providers who care for Washington state residents with mental health and substance-use disorders. Such support is especially needed in rural or otherwise underserved communities, where there is limited access to mental health specialists.

We want to create a world where there is **no wrong door** for individuals struggling with mental health and substance-use disorders.

Our Highest Priority for Private Philanthropy: The Mental Health Access Initiative

With your support, we can help move Washington from the bottom 10 to the top 10 in access to effective mental health care. We are seeking \$10 million in a mixture of endowed and current-use funds to develop a new **Mental Health Access Initiative**, the first of its kind in the nation. This effort will not only transform mental health access in Washington, but it will also become a model for the rest of the country.

Our request includes funding for:

- Two essential faculty leadership positions (\$2 million for each endowed fund).
- Current-use funding for our four program priorities:
 - Training for the 21st century (\$2.5 million);
 - Readyng clinics for collaborative care (\$2 million);
 - Technologies for patient-centered, integrated care (\$500,000); and
 - Mental health advocacy: eliminating barriers to better policies (\$500,000).
- Current-use funding for facility costs (\$500,000).

These program priorities are explained in more detail, below.

THE PRIORITIES OF THE MENTAL HEALTH ACCESS INITIATIVE

Essential Faculty Leadership Positions (\$4 million)

To support each of our initiative's priorities, we are requesting \$4 million to establish two endowed faculty positions (\$2 million each).

These endowed chairs will allow us to recruit and retain expert faculty who will dedicate themselves to this initiative and set a firm foundation for the long run. Strong leadership from faculty will be critical in forging and sustaining strong interprofessional relationships, which are crucial to long-lasting partnerships. These partnerships — such as those made with advocacy groups and government — are key to accomplishing our vision: effective, integrated behavioral health care for all.

One endowment will be held by a psychiatrist, and the other will be held by a psychologist. While offering different types of expertise, these two disciplines are complementary; we want to model how they can collaborate, from leadership positions to work on the ground.

**Training for the 21st Century:
Interprofessional Integrated Care Training Program (\$2.5 million)**

The initiative will develop in-person and online training programs to teach the skills and core competencies that primary-care and mental health providers need to collaborate effectively.

Training for providers and their staff will include the recognition and initial diagnosis of common behavioral health disorders, such as depression, anxiety and substance abuse. Depending on the populations served, clinics will also be offered training in the care of children and adolescents, high-risk mothers with mental health or addiction problems, and patients with posttraumatic stress disorder or other consequences of severe physical or emotional trauma.

We will also teach the effective and appropriate use of psychotropic medications, the use of brief, evidence-based counseling techniques, and the best ways to consult and collaborate with existing mental health specialists in the care of patients who present diagnostic and treatment challenges.

We estimate the cost of developing these training programs, which includes curriculum development and the production of high-quality training materials for in-person and online training environments, to be approximately \$500,000 over two years. Offering such training programs to a substantial portion (e.g., 50 percent) of Washington's primary-care workforce would require an additional \$2 million over a five-year period.

Leveraging an Investment From the State

We recently received \$8 million in state funds to train new, integrated-care psychiatrists. Our efforts to train consulting mental health specialists, described above, will benefit from and leverage this investment. We hope to supplement this state-funded effort by offering similar training in Collaborative Care to other mental health specialists, such as licensed clinical social workers and psychologists.

Readying Clinics for Collaborative Care (\$2 million)

More than two decades of research and practice experience have taught us that training, while vital, is not enough. To implement effective Collaborative Care programs, practices must:

- Receive substantial coaching and implementation support;
- Implement tools that allow their electronic health record systems to track behavioral health care;
- Create partnerships and communicate with mental health care specialists and social service systems;
- Define and support new roles for team members, such as licensed clinical social workers employed as behavioral health care managers in primary care;
- Establish new clinical workflows, partnerships and communications;
- Track the clinical and recovery-related outcomes of the patients they serve; and
- Seek help with the regulatory and financing challenges related to integrated behavioral health services.

We will train a team of practice change facilitators around the state who can help clinics put Collaborative Care programs and the tools needed to support such programs into place. These programs will be tailored to the specific populations they serve and provide sound business advice to the healthcare administrators who will have to finance and support these programs.

Using regional and statewide learning collaboratives, the Department of Psychiatry and Behavioral Sciences will support clinics and practices interested in implementing evidence-based Collaborative Care for children and adults with common mental disorders.

Technologies for Patient-centered, Integrated Care (\$500,000)

We seek \$500,000 to further develop our existing telepsychiatry program, which allows us to connect Seattle-based mental health professionals with primary-care practices and other clinics across the state.

We have already developed technologies that facilitate patient care in a number of clinics in Washington. For instance, we have developed mobile apps that can facilitate check-ins and patient-provider communication. We've also created a secure, web-based care-management platform. This platform allows a team to track clinical outcomes for populations of patients and to support treatment changes for patients who are not improving as expected.

These two technologies have already proved effective, and we are seeking additional funding to improve these tools and help more organizations benefit from them — by linking them to existing electronic health records and health information systems.

With this funding, we will be able to help newly trained personnel and clinics provide integrated behavioral healthcare to the growing numbers of people who need them. We will also be able to facilitate communication and consultation among mental health specialists and primary-care providers statewide.

Mental Health Advocacy: Eliminating Barriers to Better Policies (\$500,000)

Governments and businesses purchasing healthcare plans are increasingly aware of the high human and healthcare costs associated with untreated or poorly treated mental illness and addictions.

Our research suggests that effectively implemented Collaborative Care programs can not only improve access to care and care outcomes, but it can also lower total healthcare costs. Working with experts in health policy and health economics, UW Medicine faculty and staff will build on such research and work with advocacy groups, regulators, and private and government payers to make the case for the value of better integrated and more effective behavioral health care.

We will also back important policy, regulatory and financing changes needed to support the implementation and — most importantly — the long-term sustainability of effective Collaborative Care programs. Such policy research and advocacy is needed to move beyond the current state of affairs, defined by a lack of parity for mental health care and regulatory and financing rules that prevent the full implementation of our Collaborative Care model.

Facility Costs (\$500,000)

New space and/or renovations will be needed to house the additional faculty and staff needed to support our initiative and to facilitate our collaborative efforts.

Building Strong Networks of Support

Improving mental health care in Washington will require more than the good ideas detailed above. It will also entail important collaborations to build stronger networks for mental health care. These collaborations are well under way.

The Department of Psychiatry and Behavioral Sciences is working with the UW School of Social Work, the UW School of Nursing and the UW School of Public Health to develop the best plan possible for mental health care training across disciplines. Our plan also includes partnerships with the state's safety nets for mental health care, existing community mental health centers, advocacy organizations, regional support structures, and county and state government agencies.

Examples of current collaboration include UW Medicine's work with King County on numerous mental health projects. These projects range from caring for the county's most severely mentally ill patients in the psychiatric intensive care units at Harborview Medical Center, to improving mental health care for high-risk mothers, to serving veterans and their families, to helping uninsured patients served in community health clinics throughout the county.

At the state level, we have partnered with a network of more than 150 community clinics. These clinics have provided evidence-based collaborative care to more than 50,000 patients over the past five years.

In short, we have the connections needed — at the local and state levels — to turn our vision of mental health care for all Washingtonians into a reality. Now we are searching for support for our vision.

Join Us

A \$10 million investment in the Mental Health Access Initiative will fund the most important component of our \$50 million mental health campaign.

Your gift would give the Department of Psychiatry and Behavioral Sciences the resources to support clinics throughout the state, to train a new generation of health and mental health professionals comfortable working in interdisciplinary Collaborative Care teams, and to provide the tools and leadership needed to help improve access to effective mental health care for everyone in Washington over the next 10 years.

We cannot overstate the importance of a gift of this magnitude — or the importance of your passion and advocacy for the cause. Your gift will be both transformational and inspirational, showing the impact that philanthropy can have on improving mental health in our communities. It also will be the start of a comprehensive effort that would address all of our priority areas, including integrated training among many disciplines, research grants to support tomorrow's treatments, and much more.

It would be an honor to have your partnership. If you wish to support the Mental Health Access Initiative, or to learn more about our vision for improving access to effective mental health care, please contact Cassidy Gammill, assistant director for philanthropy, at 206.221.0635 or at cgammill@uw.edu. Thank you for your time and your interest in our work.