

## Project descriptions – Innovation Grants on Partnerships

In November 2023, the UW Medicine Garvey Institute for Brain Health Solutions announced funding for 12 new partnerships that are developing and testing innovative ways to extend the impact of mental health professionals in Washington.

### Development of an mHealth support specialist for early psychosis caregivers in Washington State

Early intervention can significantly improve the trajectory of a young adult at risk for psychosis. Family caregivers play a critical role in facilitating treatment engagement and recovery, but too often they lack the support they need. Specialty psychosis services providing psychoeducation for family members are expanding but still difficult to access.

To address these gaps, a mobile health (mHealth) app was developed to provide psychoeducation, communication coaching, and self-care support to caregivers to youth at risk for psychosis. This project will develop and pilot an emerging clinical role – the mHealth support specialist (mHSS) – equipped specifically to support caregivers to youth with early psychosis with the use of the mobile app. Developing the mHealth support specialist model would make Washington a national leader in scalable digital interventions for caregivers. This study takes a critical step toward realizing that vision.



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### Evaluation and dissemination of the TRANSforming Families: Embracing Change with Teens Therapy Group

Transgender and gender diverse (TGD) adolescents experience much higher rates of anxiety, depression, suicidal ideation and suicide attempts compared to their cisgender peers. Recent research suggests that caregiver support and acceptance are associated with a 30-40% reduction in these mental health concerns.

The goal of this project is to evaluate *TRANSforming Families: Embracing Change with Teens*, a virtual, multi-family program that was developed by mental health providers in the Seattle Children's Gender Clinic (SCGC), to understand its impact on caregiver support and acceptance and adolescent mental health. This partnership between SCGC mental health providers and researchers will represent one of the first formal evaluations of a group intervention program for caregivers of TGD adolescents, the results of which can inform future implementation and evaluation of this program in pediatric gender clinics across the United States.



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## **Training psychiatry residents in complex communication skills for working with clients and their supports**

Individuals with serious persistent mental illness (SPMI) and their families and communities face significant challenges during psychiatric hospitalization. Persons with SPMI and their supporters express a need for enhanced communication from their behavioral healthcare teams during these pivotal periods of time where symptoms are new or intense. Yet, a substantial number of mental health providers have limited training in communicating complex topics such as diagnosis and prognosis. This can lead to providers avoiding essential conversations; individuals with SPMI can be unheard or excluded from participating in treatment planning.

This educational initiative seeks to craft an innovative curriculum for psychiatry residents focused on person-centered communication skills. Drawing from proven communication training frameworks within palliative care, the training will equip residents with strategies such as utilizing person-centered language, conducting family meetings and delivering information.



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## **Establishing a direct clinical – law enforcement partnership to address dementia crisis intervention across WA**

Although medical care and law enforcement may intersect in an emergency situation, cross-communication and mutual education opportunities prior to the critical tipping point are currently sorely lacking. This project's innovative partnership seeks to address these gaps by determining the specific steps dementia clinicians and law enforcement in WA state can take together to improve community health.

This project will initiate a direct collaboration between clinicians and law enforcement for dementia crisis intervention, in order to establish appropriate safety measures to be enacted in WA communities. UW dementia specialists will partner with law enforcement across Washington state to jointly identify the resources necessary for effective dementia crisis response.



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## **Partnering with community pharmacies to enhance access to long-acting injectable antipsychotics in WA**

Medication nonadherence is common among patients with serious mental illness, including schizophrenia. The use of long-acting injectable antipsychotics (LAIAs) for schizophrenia is an evidence-based practice that improves medication adherence, decreases symptomatic recurrence and reduces hospitalizations. However, patients and clinicians often face several challenges in access and coordination resulting in the underutilization of LAIAs in care.

Administering LAIAs at community pharmacies could potentially increase accessibility, reduce barriers for treatment and improve patient outcomes. This project aims to assess the fit or compatibility of LAIA administration in community pharmacies. If LAIA administration at community pharmacies is found to be a good fit, the next steps will be to develop strategies to support implementation.



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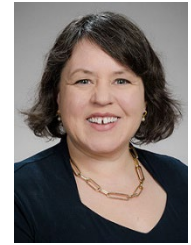
## Family and Caregiver Academy asynchronous training pilot

We know from decades of research that caregiver involvement, including family and non-family members, in a patient's mental health treatment can make a tremendous difference in the trajectory of their loved one's life by supporting recovery, reducing relapse and decreasing mental health crises. But despite their importance, many caregivers often lack access to education, resources or skills to step into this critical role despite a desire to help. This initiative will develop a pilot Family and Caregiver Academy that aims to decrease barriers to caregiver involvement and improve caregiver support.

The team will develop online training that will include an orientation to having a loved one who is psychiatrically hospitalized and will teach caregivers practical communication skills while their loved one is being treated at UW Medicine. The project will also build a public-facing website to host training materials and curated mental health information and resources.



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## Implementing contingency management in a supportive housing context to promote resident well-being

Mental health and substance use disorders carry complex needs that are often poorly served by our health systems resulting in immense societal costs. Supportive housing offers safe living environments where residents access services such as harm reduction supplies and referral to recovery-oriented activities like peer support groups and workplace re-entry programs.

One therapy that has proven useful among persons with mental health and substance use disorders is contingency management, in which one earns rewards for demonstrating desired behaviors like attending a support group, taking a prescribed medication or completing workplace re-entry paperwork. This project will offer technical assistance and implement contingency management in a Downtown Emergency Services Center-governed supportive housing facilities to increase resident utilization of beneficial services.



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## Coach up the coaches: extending the reach of mental health professionals in sport settings

More than half of school-aged youth in the US play at least one organized sport and are similarly at-risk for mental health disorders compared to their non-athlete peers. While coaches are not licensed mental healthcare providers, there is a robust evidence-base about laypeople (e.g., parents, teachers) effectively delivering brief interventions to help reduce psychological distress and increase the adoption of health behaviors. However, such brief interventions have not as-yet been adapted for the sport setting or delivered by coaches.

This project will train a cohort of coaches to deliver (very) brief interventions in a sport setting. It is the starting point for a potentially transformative opportunity to extend the reach of mental healthcare professionals into the large and often underserved population of youth sport participants.



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## **Pilot of an inpatient Family Bridger Model to support families with loved ones who experience psychosis**

Despite treatment advances, psychotic disorders remain among the costliest and most disabling conditions worldwide. One of the best ways to help those experiencing psychosis is to involve their families in treatment. However, behavioral health providers experience multiple barriers to engaging families in treatment, resulting in poor accessibility to family interventions for psychosis and worse outcomes for families and their loved ones alike.

Family peer specialists are family members with lived experience who have received specialized training to assist other families with a loved one with mental illness. One promising model is a Family Bridger program that deploys family peer specialists to support families who have a loved one with psychosis by providing emotional support, education, advocacy, resource brokerage and skill-building while their loved one was engaged in an early psychosis outpatient program. This project will adapt and evaluate the Family Bridger program for an inpatient setting.



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## **Assessing need and acceptability of a family intervention for individuals with Opioid Use Disorder**

Family members and friends often are key supports in people seeking and staying engaged in substance use treatment and services. At the same time, family members and friends feel like they lack the skills or support to help their loved one effectively. This may be especially true for opioid use disorder, where the strongest evidence for treatment is for medication for opioid use disorder, but families and friends don't know how to help their loved ones access and stay on these life-saving medications.

This study will talk with people who are getting medications to treat opioid use disorder and ask about the involvement of their family members and friends in their lives and recovery. The project team will reach out to these key supports to ask how they would want to do a group-based program to help them develop skills and knowledge to support their loved one's care.



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## **Adopting a lifespan approach for ADHD management**

ADHD is common, heritable and impairing. As recognition of the negative functional impacts associated with ADHD in adulthood has grown and stigma around the diagnosis has diminished, demand for ADHD care across the lifespan has increased.

This project will begin foundational work to inform the development of a family-focused lifespan clinic at UW serving adults and children with ADHD. For such a program to be effective, equitable, and sustainable, the project will identify the needs of individuals living with ADHD as well as the professionals caring for them. Results will guide program development and illuminate future research opportunities.



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## **Partnering with the Quinault Indian Nation to develop a community-based contingency management intervention**

Indigenous knowledge remains strong in American Indian/Alaska Native (AI/AN) communities despite colonization, postcolonial efforts to assimilate and eradicate AI/AN people, present-day inequities and structural racism. Despite strength and resilience, AI/AN populations have high rates of unintentional overdose and death by suicide. There is an urgent need for evidence-based, culturally responsive approaches to increase protective factors against substance use and mental illness in AI/AN communities.

This study is a partnership between University of Washington researchers and the Quinault Indian Nation's behavioral health providers and community. The project will design a culturally adapted community-based contingency management intervention to increase positive reinforcement for adolescents and young adults at risk for substance use and mental illness. This intervention will focus on community identified target behaviors rather than abstinence.



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