



Advocacy:

Continuing to Grow Access to Effective Mental Healthcare through Collaborative Care

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Speaker Disclosures

- None

Learning Objectives

- Review major takeaways around advocating for change from PCLC from last four years
- Name strategies to help grow and sustain integrated care
- Identify first steps for advocacy for mental health care access and integrated care

PCLC Presentations: Advocating for Change

- **March 11, 2025:** [Washington State Workforce Development: The Behavioral Health Support Specialist \(BHSS\) Clinical Training Program](#); Speaker: [Bill O'Connell, EdD, LMHC, NCC](#) and Savannah Tidwell, BS
- **January 14, 2025:** [Updates on Financing an Integrated Care Program](#); Speaker: [Sara Barker, MPH](#)
- **August 13, 2024:** [Metrics Matter](#); Speaker: [Diane Powers MA, MBA](#) & Shanda Wells
- **April 9, 2024:** [On The \(Gravel\) Road To Recovery: Rural Strategies To Address Substance Use Disorder](#); Speaker: [Caleb Holtzer, MD](#)
- **November 14, 2023:** [Waitlist Management](#); Speaker: [Shannon Kinnan, MD](#)
- **July 11, 2023:** [Integrating Perinatal Mental Health Treatments into Prenatal Care](#); Speaker: [Amritha Bhat, MD, MPH](#)
- **September 13, 2022:** [Implementing Collaborative Care for Co-Occurring Disorders](#); Speaker: Elizabeth J. Austin, MPH
- **June 28, 2022:** [Sustainment and Financing of Integrated Care: A Quality Improvement Study Evaluating Implementation of Collaborative Care Code Billing](#); Speaker: [Denise Chang, MD](#) & Debra Morrison
- **October 26, 2021:** [Implementing Integrated Care: How do I implement integrated care in a pediatric practice?](#)
- Speaker: [Erin Dillon-Naftolin, MD](#) & Jennifer Purses, DO
- **April 27, 2021:** [Implementing Integrated Care: How do I help my organization build and sustain a successful program?](#); Speaker: Debra Morrison

PCLC Lessons

- Advocacy and sustainment
 - Reach out and get to know your local context
 - Partnerships! Build partnerships in your area and identify partners at your organization
 - Lean on pain points (clear vision about the problem you're trying to solve)
 - Understanding financing can help identify opportunities
 - Strong team leadership to liaison with wider organizational leaders/system

PCLC General Takeaways

- Share and learn from others
 - Not everything is in the research literature
- Find your community
 - Learning collaboratives, conferences, listservs, etc.
 - Making time and space is hard but community can be restorative

ADVOCATING FOR BEHAVIORAL HEALTHCARE

Why is Advocacy Important?

NEARLY 50 M
OR 19.86% OF AMERICAN
ADULTS EXPERIENCED A
MENTAL ILLNESS IN 2019.

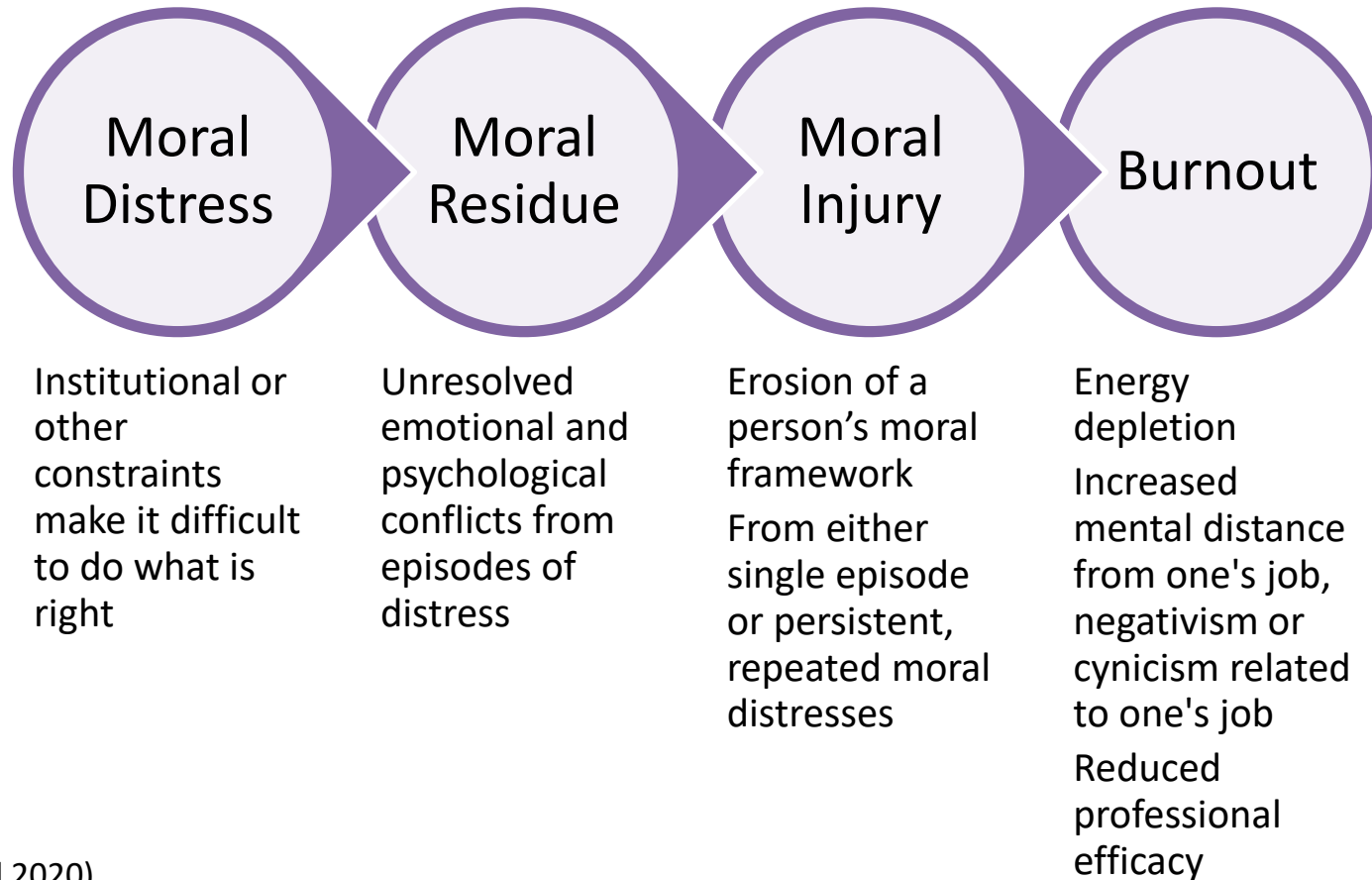
**MORE THAN
HALF**
OF ADULTS WITH A
MENTAL ILLNESS DO NOT
RECEIVE TREATMENT,
TOTALING OVER 27
MILLION U.S. ADULTS.

24.7%
OF ADULTS WITH A MENTAL
ILLNESS REPORT AN UNMET
NEED FOR TREATMENT. THIS
NUMBER HAS NOT DECLINED
SINCE 2011.

- Mental health and substance use disorders are common
- 30.9 % of global burden of disease attributed to psychiatric illness (WHO)

<https://mhanational.org/sites/default/files/2022%20State%20of%20Mental%20Health%20in%20America.pdf>

ADVOCACY MAY BE ANTIDOTE TO Moral Distress



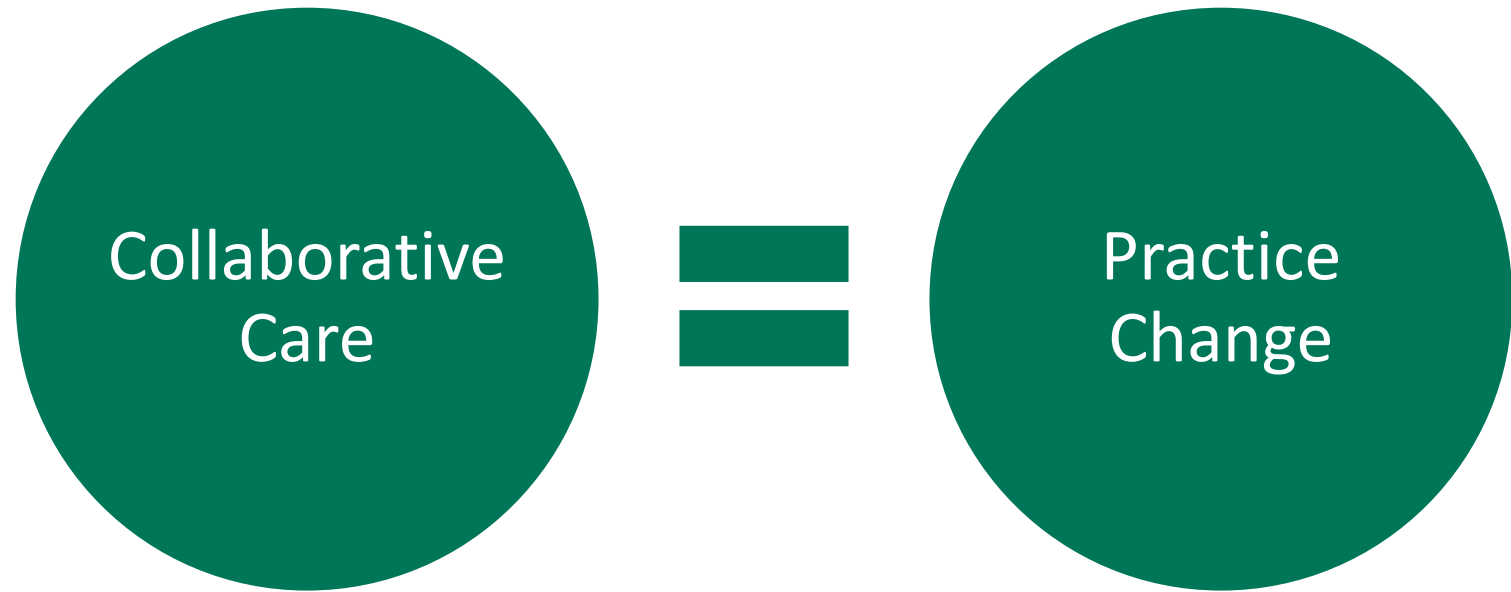
(Dean W et al 2020)

Advocacy in Your Organization

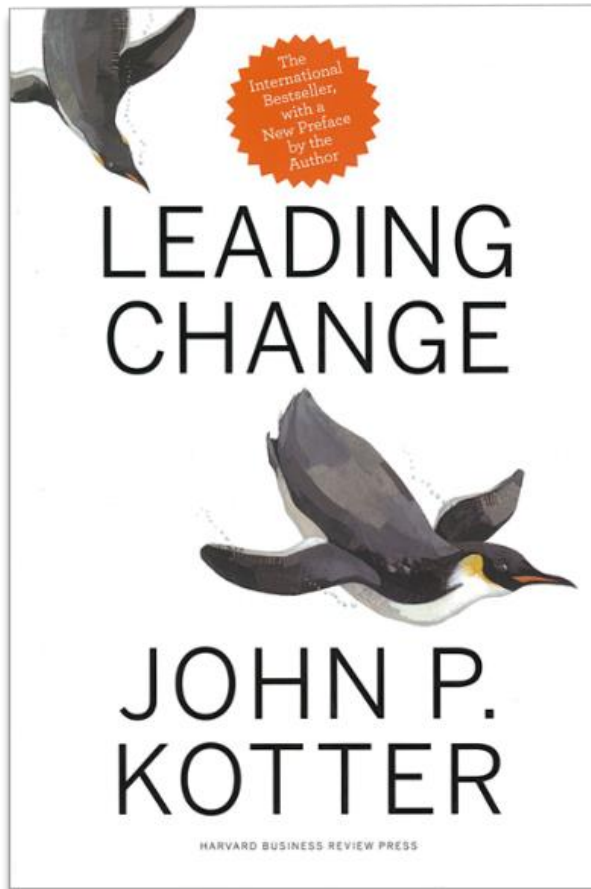
“spontaneous activities of workplace members to significant to expanded achievement and furthering the well-being of themselves, their co-members and the collaborative workplace community” (Seiling, 2001a)

- Patient care needs
- Allocation of resources
- New workflows

Practice change is hard!



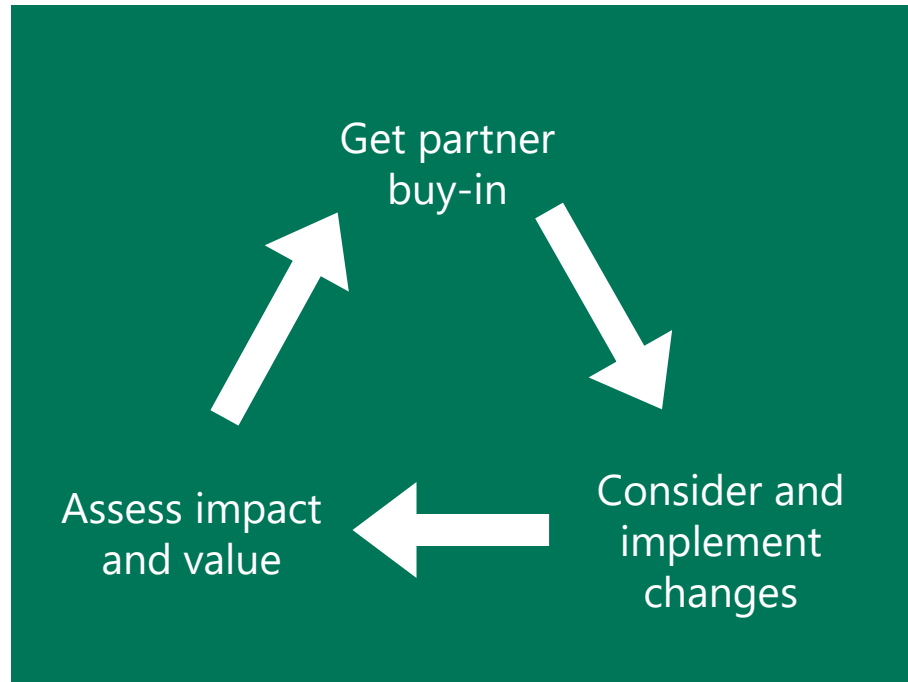
Nease et al, 2010.
Gallagher et al, 2010.



Model for Change Management

- Step 1: Create Urgency.
- Step 2: Form a Powerful Coalition.
- Step 3: Create a Vision for Change.
- Step 4: Communicate the Vision.
- Step 5: Remove Obstacles.
- Step 6: Create Short-Term Wins.
- Step 7: Build on the Change.
- Step 8: Anchor the Changes.

Change Management



- May need to repeat the process each time you make a change to your CoCM program or address new priorities.
- Bringing in additional partners at different points in your implementation journey is important to ensure engagement and buy-in.

AIMS Center Phases of Implementation



Integrated Care Training Program

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[Implementation Guide](#) | [University of Washington AIMS Center \(uw.edu\)](#)

Advocacy in Action

- **Use QI skills to advocate for change**
- **Consider utilizing change management strategies**
- **Build relationships**

Gaining Influence

- Establish credibility
- Be passionate about specific facet being advocated for
- Tell an emotionally valent story
- Back up the story with facts and figures
- Make a straightforward ask
- Offer a way to measure the results
- Offer a pilot project

Quantitative Stories

Patient ▾	Caseload ▾	Program ▾	Tools ▾	Logout	Hello, Jurgen (unutzer)
CASELOAD STATISTICS L1					(Switch to Clinic-stat)
© University of Washington					

CO	# OF P.	CLINICAL ASSESSMENT			FOLLOW UP				50% IMPROVED AFTER > 10 WKS	
		#	MEAN PHQ	MEAN GAD	# OF P.	MEAN #	MEAN # CLINIC	MEAN # PHONE	PHQ	GAD
Care Manager 1	70	68 (97%)	15.1 (n=61)	12.8 (n=52)	62 (91%)	6.7	5.5 (82%)	1.2 (18%)	19 (49%) (n=39)	16 (41%) (n=39)
Care Manager 2	86	86 (100%)	15.9 (n=86)	14.2 (n=84)	79 (92%)	12.4	6.4 (52%)	6.0 (48%)	34 (68%) (n=50)	28 (56%) (n=50)
All	156	154 (99%)	15.6 (n=147)	13.6 (n=136)	141 (92%)	9.9	6.0 (61%)	3.9 (39%)	53 (60%) (n=89)	44 (49%) (n=89)

C/C = Continued Care Plz

Qualitative Stories

Create Your Own Dolly Story

Providing integrated behavioral health services is about more than just the bottom line—it is also about improving the experience of care and improving the overall health of the population you serve. Use these tips to illustrate how using integrated care can impact your patients' experience.

1. Think of a patient with complex needs. Select someone your team has worked with who had behavioral health needs and other comorbidities, costlier care, and complex needs.
2. Put yourself in their shoes. How do you get to your appointments? Do you have a place to live? How do you get food? How do you fill/refill prescriptions? What are all the things that go wrong?
3. Map out all of these considerations in writing. Working with your team, create the full picture of how your "Dolly" gets the support she needs. How would "Dolly" experience integrated behavioral health services if she sought care in your practice?
4. Try to create the ideal pathway for support. In many cases, your Dolly map will look quite busy. How could you simplify and streamline this picture? Where can integrated behavioral and primary care make a difference?
5. Document the business case. How would streamlining your care also help your practice? Are there potential cost savings from an integrated approach? Or billable items you aren't currently accounting for?
6. Share your case with your team so that the practice, especially leadership, understands the potential value of an integrated care model. Turn your "Dolly" into a case study for communicating to your stakeholders—making the case for personal, quality improvement, and financial benefits.

<https://www.safetynetmedicalhome.org/sites/default/files/Making-Case-Change-Overcoming-Resistance.pdf>

Reflections

- *What advice do you have for sustaining or advocating?*
- *What is one step you are taking already to sustain your program or advocating for change?*

Feedback Request

Quotes
appreciated 😊

Psychiatric Consultant Learning
Collaborative Feedback Request



- <https://forms.office.com/r/MWqDPYJLtr>

Additional Free Resources for Washington State Healthcare Providers

*No cost

EDUCATIONAL SERIES:

- [AIMS Center office hours](#)
- [UW Traumatic Brain Injury](#) – Behavioral Health ECHO
- UW Psychiatry & Addictions Case Conference ECHO [UW PACC](#)
- UW TelePain series [About TelePain \(washington.edu\)](#)
- TeleBehavioral Health 101-201-301-401 [Telehealth Training & Support - Harborview Behavioral Health Institute \(uw.edu\)](#) | bhinstitute@uw.edu

PROVIDER CONSULTATION LINES

- UW Pain & Opioid Provider Consultation Hotline [Consultation \(washington.edu\)](#) – 844-520-PAIN 7246)
- [Psychiatry Consultation Line](#) - (877) 927-7924
- [Partnership Access Line \(PAL\)](#) (pediatric psychiatry) - (866) 599-7257
- [PAL for Moms](#) (perinatal psychiatry) - (877) 725-4666

Questions and Discussion

- Ask questions in the chat or unmute yourself