

Expanding Occupational Therapy in Behavioral Health: Innovations Across Community-Based Settings

PRESENTING AUTHORS:

JENNIFER PITONYAK, PHD, OTR/L, FAOTA, SCFES, CIMI
KAYLYNN GARRISON, DROT, MOT, OTR/L

CONTRIBUTING AUTHOR:

STACY SIMONEAUX, OTR/L, MBA-HA



Jennifer Pitonyak PhD, OTR/L, FAOTA, SCFES, CIMI

Occupational Therapist | Professor & Director of Curriculum at PNWU

- Education:
 - BA in Psychology from Allegheny College (PA)
 - MS in Occupational Therapy from Washington University in St. Louis
 - PhD in Health Policy from University of the Sciences in Philadelphia
- Work Experience:
 - 28 years of experience as an occupational therapist in:
 - Pediatrics
 - Mental health and behavioral health
 - Community and public health
 - 20+ years in higher education
 - Currently at Pacific Northwest University in Yakima, WA
 - Research focuses on family life course health development and education research
 - Policy influences on occupation & health
 - Recent grant funding for behavioral health workforce development project
- Passions:
 - Equity, respect, accessibility, compassion, well-being
 - Process of becoming actively anti-racist
 - Cultural humility
 - Trauma-informed approaches & environments
 - Inclusive pedagogy
 - Mindfulness meditation teacher



Kaylynn Garrison, DrOT, MOT, OTR/L

Occupational Therapist | Assistant Professor | Occupational Therapy Consultant

- Education:
 - Bachelor of Art in Psychology from Eastern Washington in 2013
 - Master of Occupational Therapy degree from Eastern Washington University in 2015
 - Doctor of Occupational Therapy from the University of Kansas in 2022
- Work Experience:
 - 20 + years of experience working in the medical field including:
 - Long-term
 - Inpatient-hospital
 - Behavioral Health (BH) Care
 - 10 + years in clinical practice as an occupational therapist
 - 8 years as a faculty member in the Department of Occupational Therapy at Eastern Washington University (EWU)
 - 2 years providing consultative services for developing OT service lines in community BH.
 - 6 years working as a mental health counselor on the psychiatric stabilization unit at Sacred Heart Medical Center.
- Passions:
 - For the care and wellbeing of those with mental health and substance use disorders
 - For fostering the growth and development of students
 - Community outreach and partnerships
 - Advocacy at both the state and local community level
 - Member on the previous Mayor of Spokane's (Nadine Woodward) Mental Health Task Force
 - Active Member of the Washingtons State Occupational Therapy Associations – Legislative committee.



Presentation Objectives

01

Discuss the impact of workforce shortages in behavioral health and legislative and funding mechanisms that support the promotion of clinical skills by expanding occupational therapy services in community behavioral health.

02

Articulate the role of occupational therapy in enhancing access and outcomes for individuals receiving behavioral health interventions.

03

Describe strategies for integrating occupational therapy into community behavioral health services.


What is occupation, and how does it influence mental health?


Think: Pause for a moment and think through the things you did this morning in order to make it to the conference.

- What did you do?
- What meaning does that doing hold for you?
- How does that doing create and support your identity and well-being?

Pair: Compare your reflections with one or more persons sitting next to you.

Share: Who included oral hygiene in their morning routine? What does that look like for you?

- What objects do you use? How do you sequence it with other morning tasks?
 - If you weren't able to perform oral hygiene how might that impact your mental health?
- 



What is
Occupational
Therapy (OT)?

The Profession of Occupational Therapy

OT services center around the ability of one to participate meaningfully in occupations (education, play, leisure, work, social participation, activities of daily living [ADLs], instrumental ADLs, sleep and rest) within a variety of environments, such as school, home, community, work, residential, and health care settings

The actual “doing” of occupations is believed to be transformative, promoting adaptation, creating personal and social identities, connecting people to their communities, and enabling ongoing personal growth and development.



Occupational Therapy



“It is a rehabilitation profession that focuses on the things you want and need to do in your daily life. Occupational therapy intervention uses everyday life activities (occupations) to promote health, well-being, and your ability to participate in the important activities in your life. This includes any meaningful activity that a person wants to accomplish, including taking care of yourself and your family, working, volunteering, going to school, among many others.” (AOTA, 2024)

From a Mental/Behavioral Health Perspective

“Through an inclusive approach that promotes overall physical and mental health well-being, occupational therapy’s presence in mental and behavioral health conversations, preventions, and standards of care can benefit all practice settings.” (AOTA, 2022)

Occupational Therapy Addressing Mental & Behavioral Health in Non-Psychiatric Settings

Our Values

Occupational therapy values meeting our clients' needs by supporting participation in occupations that matter to them on a daily basis.

Our Approach

Through an inclusive approach that promotes overall physical and mental health well-being, occupational therapy's presence in mental and behavioral health conversations, preventions, and standards of care can benefit all practice settings.

Our Services

This infographic provides some examples of the ways occupational therapy can address mental and behavioral health in non-psychiatric settings. While this is not an exhaustive list of occupational therapy's role in traditional mental and behavioral health settings, we recognize that there are other spokes in the wheel that should be considered for the health and well-being of our clients.

**Be a part of the solution and answer the question:
What can Occupational Therapy do?**





OT in Behavioral Health

What is OTs Role in Community BH Care



OTs can provide:

- Evaluations
- Treatment
- Discharge Planning



The Benefit in including OT services in Community Based Practices is:

- Use of narrative-based assessments to gain understanding of values & beliefs impacting participation.
- Assessment and treatment can take place within the context a of a patient's natural environment.
- Creates opportunity for the development of transferable skills across a variety of contexts.
- Similar to other BH professions the OT process is inclusive of both recovery-based and trauma informed care principles.
- Offers an additional lens to support the interprofessional approach to care.



Legislation in Relation to OT in BH

National Legislation



In 2010 the Affordable Care Act (ACA)

- Opened up opportunities for OT to be integrated in BH.

In 2015 the Occupational Therapy in Mental Health Act

- Aimed to include OT in the National Health Service Corps (NHSC) to increase access to care in professional shortage areas

In the current 2025-2026 legislative session the Occupational Therapy Mental Health Parity Act (S. 1592) was proposed

- To improve access to OT services under Medicare and Medicaid for mental health and substance use disorders.

(AOTA 2026a&b; HR 1761; Yeager, 2025)





Washington State Legislative Actions



As of 2022 Occupational Therapy Practitioners are included in the Behavioral Health Professions list put out by Washington state's Department of Health.

In 2023 Senate Bill 5228 was passed

- Allow BHASOs and MCOs to provide occupational therapy (OT) to people with behavioral health conditions who are on Medicaid or eligible for BHASO services
- Require the Health Care Authority (HCA) to expand Medicaid coverage
- Ensure licensed/certified behavioral health agencies are reimbursed by MCOs for medically necessary OT services (see statute revisions for RCW 17.24.385)

In late 2025 billing codes curated for Certified Community Behavioral Health Clinic (CCBH) in WA state include OT services




(SB 5228, 2023; Washington State Legislature, 2023)

WA State SB 5228

With the passage of Washington Senate Bill 5228, **occupational therapy is now on the list of services** that managed care organizations and behavioral health administrative service organizations (BHASOs) may provide to people with behavioral health disorders who are enrolled in Medicaid, or who qualify for BHASO services, within funds appropriated by the legislature.





Behavioral Health Needs in Washington State

Behavioral Health in WA State

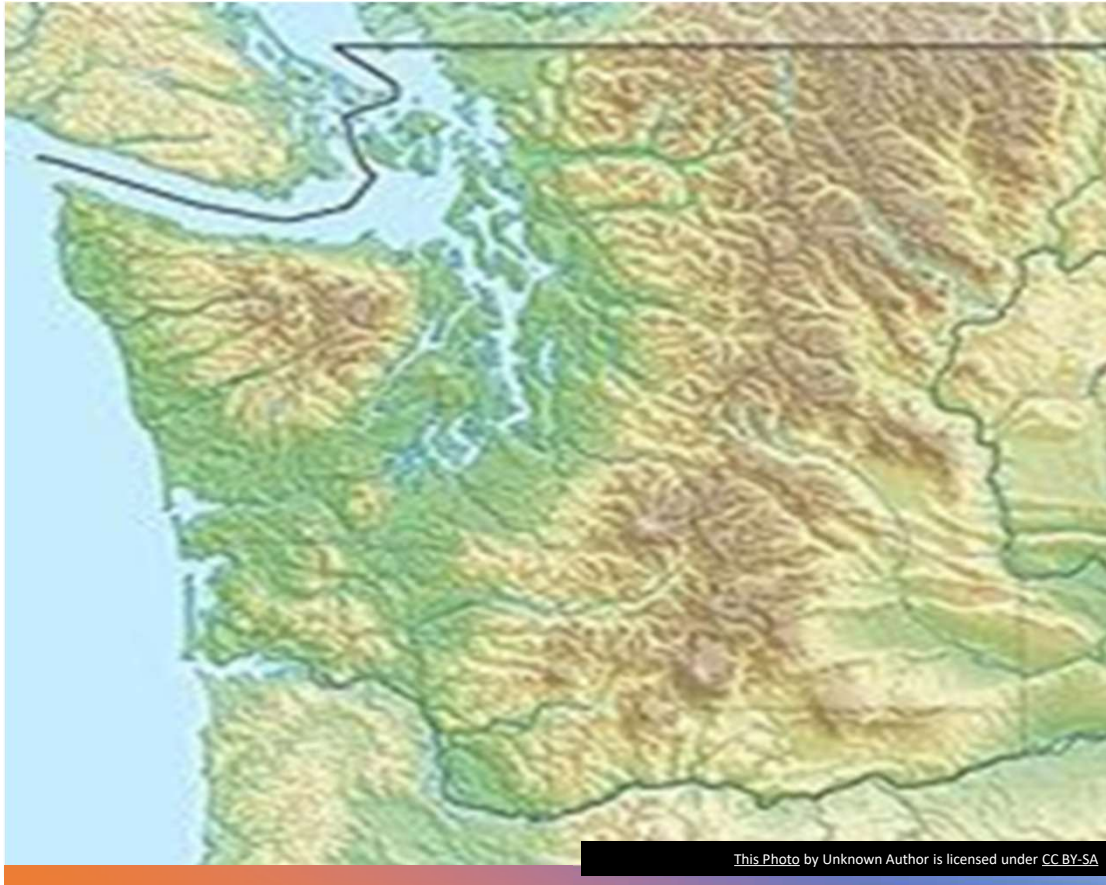
Needs

- 19% of youth in rural areas and 15% of youth in urban areas in WA state have been diagnosed with a developmental, behavioral, or mental health condition.
- Prevalence of ADHD, conduct problems, depression, anxiety, & death by suicide is higher among youth in rural areas.

Barriers

- Limited resources
- Inequitable resource distribution
- Workforce implications
- Stigma
- Perception of mental health services
- Anonymity concerns





Access to Behavioral Health Care

Health equity for rural community behavioral health involves addressing social determinants such as:

- Access/proximity to services
- Insurance status
- Housing stability
- Employment
- Child care
- Culturally responsive services

Substance Abuse and Mental Health Services Administration
(SAMHSA), 2023

Workforce Shortage

Statistics

Persistent Vacancies:

About half of WA state counties lack a single Psychiatrist

Mental health counselors & substance use disorder professionals positions have exceptionally long vacancies, a trend reported consistently since 2016.

<https://give.uwmedicine.org/stories/a-quarter-of-wa-residents-dont-have-access-to-mental-health-services/>

Needs

Mental Health Counselors

Social Workers

Peer Specialists

Behavioral Health Support Specialists (BHSS)

(O'Connell et al., 2024)

Workforce Development: Enhancing Interprofessional Care

Occupational therapy (OT) enhances interprofessional teams in BH

- Bridge between other services
- Enhance client outcomes

OT services can prevent burnout

- Employee wellness routines
- Trauma-informed environments
- Neurodiversity affirming practices
- Gender affirming practices

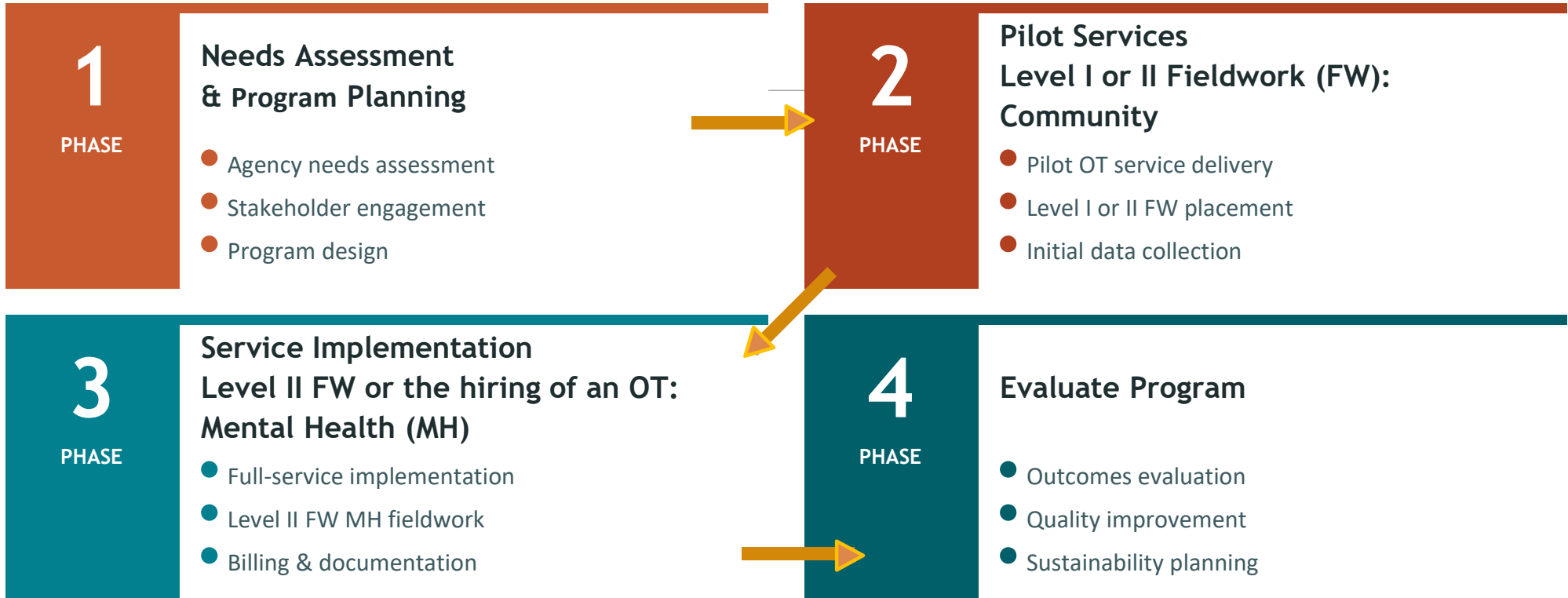
Training future providers





Implementation Process

IMPLEMENTATION PROCESS: PROJECT PHASES



INTEGRATION IN COMMUNITY CARE: THREE WASHINGTON MODELS

OUTPATIENT-IRT

- OT embedded in mental health treatment teams

- Functional skills groups: ADLs, executive function, social participation

- OT goals aligned with psychiatric and SUD recovery plans

- Interprofessional consultation on crisis and non-adherence cases

RESIDENTIAL SUD

- OT embedded in SUD residential programming

- Occupational routines to support sobriety and daily structure

- Vocational readiness and life skills co-facilitated with SUD counselors

- Discharge planning with functional and housing goals

OUTPATIENT - WISe

- OT-led home assessments and environmental modifications

- Family and caregiver training and engagement

- Community integration: transportation, employment, leisure

- Crisis prevention through occupational routine and structure

Residential Treatment

Occupational Therapy Goals

- Establish self and co-regulation
- Remediate cognitive, sensory, motor, and other personal factors
- Participate in daily treatment routines
- Develop skills, habits, and routines for occupational performance in the community:
 - Self-care and care of others
 - Home management
 - Work
 - Community social participation

Occupational Therapy Interventions

- **Modify environment**
- **Sensory strategies**
- **Task analysis and adaptation**
- **Modify routines**
- **Training with adaptive equipment**
- **Non-pharmacological pain management**

Case example

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~30 years old

Mother of child < 8 years old

Opioid Use Disorder, Severe

Stimulant Use Disorder, Severe

Unspecified Mood Disorder

Partnered

GED & work experience

Generational poverty & SUD

Family members with severe MI

OT Treatment Goals:

Engage in meaningful activities with child, to foster relational attachment and confidence in parent role

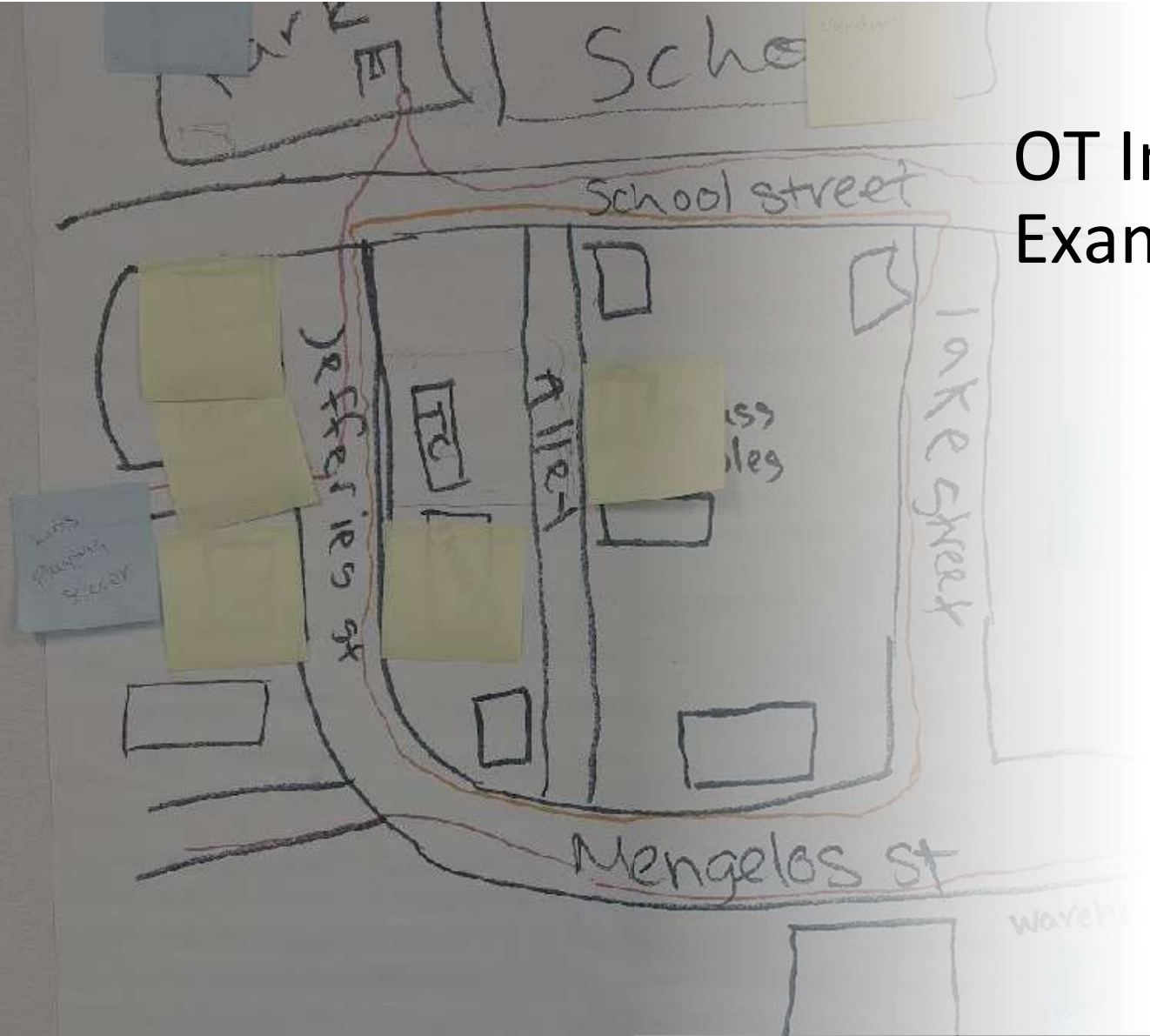
Explore new health promotion activities to establish clean/sober living routines

Plan steps/actions for return to education/employment

Plan for transition by mapping out daily parenting routines (e.g., drive child to school)

Locate and schedule at least one consistent weekly clean/sober social activity in home community

OT Intervention Example



Slide 26

- 2 I am not sure what this slide is
Kaylynn Garrison, 6/9/2026
- 3 **Beautify- Jenny**
Kaylynn Garrison, 6/9/2026

Wraparound with Intensive Services (WISe)

Occupational Therapy Goals

- Emotional Regulation and Coping
- Community Participation
- Daily Routine Development
- Social Skill and Relationship Building
- Life Skill Development



Occupational Therapy Interventions

- School or vocational participation
- Time management and organization
- Sensory regulation
- Safety awareness in the community
- Family routines and co-regulation strategies
- Transportation and community mobility
- Health management and wellness habits





Case Example - Team Approach



Diagnoses:

- Schizoaffective Disorder - Bipolar Type
- Substance Use Disorder - Methamphetamine

Initial Treatment Plan:

- Discharge from acute inpatient to transitional facility
- Wrap around services include:
 - Outpatient mental health
 - Peer recovery group
 - Medication Management
- LRA in place
- Limited Financial Resources

Deficits:

- Significant Cognitive Impairment
- Limitations with Self-Care
- Limited experience with Independent Living
- Lack of insight regarding MH and SUD

Strengths:

- Eligible for VA Disability Benefits
- Previous Work Experience
- Motivated to Obtaining Driver's License
- Focused on Sustaining Recovery

Intensive Residential Treatment (IRT)

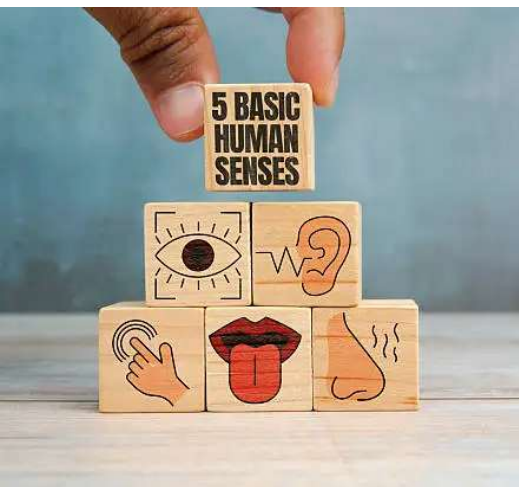
Occupational Therapy Goals

- Independent Living Skills
- Emotional Regulation and Symptom Management
- Community Re-Integration
- Health Management Skills
- Executive Functioning and Routine Development



Occupational Therapy Interventions

- Develop and practice daily living skills
- Teach and reinforce emotional regulation and coping strategies
- Facilitate routine development and executive functioning skills
- Promote community participation and social engagement
- Support health management and recovery-oriented living



How would OT function on the team?

• Upon Intake:

- Assess functional impairments related to:
 - Neurological Deficits
 - Cognitive Deficits
 - Sensory Challenges
 - Physical Deficits

• During Treatment:

- Address functional deficits through a psychiatric rehabilitation lens to improve/enhance:
 - Cognition/Neurological/Physical/Sensory challenges that impact:
 - Financial/Home Management skills
 - Medication/Symptom Management skills
 - Employment Skills

• At Discharge:

- Assist with Discharge Planning
- Provide Education and Training to client/caregivers/next facility:
 - Compensatory Strategies
 - Environmental Modifications
 - Safety Awareness



**THANK
YOU!**

Presenter Contact Information

- Jenny Pitonyak, PhD, OTR/L, FAOTA, SCFES, CIMI
 - Email: jpitonyak@pnwu.edu
- Kaylynn Garrison, DrOT, MOT, OTR/L
 - Email: kgarrison23@ewu.edu
 - Email: kgarrison28@gmail.com

- 4 Beautify - Jenny
Kaylynn Garrison, 6/9/2026

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**Have
questions?**