

Children's Mental Health Work Group
Friday, December 7, 2018
1:00 pm – 3:00 pm

Washington State Capital Campus
John L. O'Brien Building – House Hearing Room A
Dial-In: 1-888-407-5039
Host Pin: 69480218#
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Committee Members			
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Agenda Items	Time	Lead
1. Welcome and Introductions	1:00 – 1:10 (10 mins)	Representative Noel Frame, Co-Chair MaryAnne Lindeblad, Co-Chair
2. Discussion on Committee member's proposed 2019 legislative recommendations	1:10 – 2:10 (1 hour)	Various
3. Parent Initiated Treatment recommendations	2:10 – 2:25 (15 mins)	Workgroup Project Leads

4. Update on the reimbursement rate decision process to date for SB5779	2:25 – 2:35 (10 mins)	Mary Fliss, Health Care Authority
3. Next steps a. Proposed future meeting dates o Final Pre-Session meeting o May 2019 b. Informal reports from each sub-group	2:35 – 2:45 (10 mins)	MaryAnne Lindeblad, Co-Chair
Public Comment	2:45 – 3:00 (15 mins)	All
Adjourn	3:00	All

Future Meeting dates

	Date	Time	Location	Notes
1.				
2.				
3.				
4.				
5.				

Action Items & Decisions

	Action Item	Assigned To	Date Assigned	Date Due	Status
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Future Agenda Items					
	Agenda Item	Assigned To	Date Assigned	Meeting Date	Status
1.					
2.					
3.					
4.					
5.					

Proposed 2019 Children’s Mental Health Workgroup Legislative Recommendations

Compilation of responses received as of 12/06/2018

Topics: Please add suggested change	Does it require:			
	RCW change Y / N	Policy Change Y/N	Budget Impact? Y/N	Estimated dollar amount if Budget required
PAL (Laurie Lippold): It is unclear to me what needs to happen to ensure that the community referral line can serve both Medicaid and Non-Medicaid families. It would be great if the HCA and OIC come to the meeting with recommendations on how to proceed.	Unsure	Unsure	Unsure	
Trauma Informed Care (Laurie Lippold): See report from Trauma Informed Care group				
School Based Services (OSPI-Dr. Johnson): OSPI suggests expanding the Children’s Behavioral Health System Navigators to all nine Educational Service Districts. This recommendation is included in the OSPI decision package ‘Supports for School Safety and Mental Health’	Y	N	Y	See Decision Package for full details.
School Based Services (Avanti Bergquist, MD): Develop a workgroup to collaborate between OSPI and mental health groups/providers as a means to begin to improve school based services and Social Emotional Learning curriculum development and implementation. OSPI (and the national education system as a whole) does not adequately coordinate with mental health providers when developing or implementing SEL curriculum. That really limits the ability of both sides of the equation to improve skills and services.	N	Y	Y	Minimal
School Based Services (Laurie Lippold): Support the expansion of the ESD pilot to all 9 Support the establishment of a pool of fund so that schools can build capacity and increase access to MH services for all students, regardless of their insurance plan. This recommendation is linked to the expansion of the ESD pilot	I don’t think so Not sure Likely	I don’t think so Likely Likely	Yes Yes Yes	? In process of determining ?

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Provide resources to schools to ensure that staff and students receive appropriate mental health first aid, suicide prevention, anti-bullying, and trauma informed care training	Not sure	Yes	Yes	In process of determining
Create a certificate program for DBT				
Workforce development and training (Avanti Bergquist, MD): Increase availability of loan repayment options for all mental health providers. Increase residency positions for general psychiatry as well as child and adolescent psychiatry. Provide funding for pediatric residents and family medicine residents to learn from child and adolescent psychiatry fellows or attendings to improve their understanding of treatment minor to moderate mental health issues as a means to improve access to care (we know that the majority of children with mental health issues are treated by their primary care provider).	N	Y	Y	depends on the number of residency positions and loan repayment options
Workforce development and training (Laurie Lippold): Support the expansion of the ESD pilot (see School Based Services Comments) Support the establishment of a pool of funds so that schools can increase access to MH services to all students (see above) Address a variety of personnel training and supports (MH first aid, trauma informed care, etc) (see above) Expand capacity for increasing the MH workforce through loan repayment, additional psych residencies, preceptorships, dual licensing/credentialing, and other mechanisms	Likely	Yes (some)	Yes (most)	
Medicaid Reimbursement (Avant Bergquist, MD): Increase rates to match Medicare rates, which will improve access to care as more providers would be able to afford to provide care to patients with Medicaid. Ensure that Medicaid pays for/covers all levels of care, not just outpatient and inpatient, for all mental health issues, not just suicidality or substance use.	N	Y	Y	Depends
Medicaid Reimbursement (Laurie Lippold): Increase the rate to at least the Medicare rate for BH services	No	Maybe	Yes	Not sure at this time
Child Care Services (Laurie Lippold): See recommendations from DCYF related to the development of a statewide plan for child care mental health services	Likely	Yes	Yes	Not sure
Health Equity:				
Infant Mental Health:				

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<p>Parent Initiated Treatment (Avanti Bergquist, MD): Ensure that PIT applies to all levels of children’s mental health care (residential, partial hospitalization, intensive outpatient, outpatient), not just inpatient care.</p>	Y	Y	N	
<p>Parent Initiated Treatment (Laurie Lippold): See recommendations from the PIT Advisory Committee. We might want to create a separate chart solely for those?</p>				
<p>Other (Avanti Bergquist, MD): Re-evaluate laws related to minors receiving electroconvulsive therapy (ECT). I have just learned of the law being a barrier to a patient at Seattle Children’s Hospital receiving this care, and thus he was in a dangerous state of catatonia for quite some time before he was able to receive ECT (a strongly evidence based treatment for catatonia and some other conditions). Now that he has received several session of ECT, he is 80% improved and able to be discharged from the hospital to receive outpatient ECT.</p>	Y	Y	N	
<p>Other (Laurie Lippold): Partial Hospitalization</p>	Don’t think so	Don’t think so	Yes	Not sure
<p>Other - Echo Glen Children’s Center Psychologist Candidate (Representative Senn): The ideal candidate will have a PhD or PsyD from an APA accredited clinical or counseling psychology program and fully licensed to practice as a Psychologist in the State of Washington. He/she will directly report to the Echo Glen lead Psychologist, be able to work collaboratively with providers from varied disciplinary and educational backgrounds; be conversant in evidence-based mental health interventions; be skilled in their ability to conceptualize cases from a trauma-informed lens; and have demonstrated ability to work effectively with multi-problem children/adolescents and families.</p> <p>The candidate will have expertise in one or more of the following areas: Assessment and treatment with youth affected by disorders commonly associated with exposure to Complex Trauma, ADHD, assessment and treatment planning for youth affected by Autism Spectrum Disorders, and Substance Abuse Disorders in Adolescence</p> <p>Candidates are trained to competency in:</p> <ul style="list-style-type: none"> • Dialectical Behavior Therapy • Adolescent Development including brain development • Screening and assessment of mental health • Neuropsychological Assessment • Trauma informed assessment and evidenced based interventions used in Juvenile Justice residential settings (including but not limited to TF-CBT, ITCT, SPARCS, Think Trauma and TARGET) • Knowledge and support related to secondary traumatic stress among direct care staff. <p>Responsibilities include:</p>				

Proposed 2019 Children’s Mental Health Workgroup Legislative Recommendations

<ul style="list-style-type: none"> • Provision of direct service to youth have experienced complex trauma including but not limited to: <ul style="list-style-type: none"> o Assessment of general mental health including Anxiety, Depression and PTSD o Evidenced based exposure treatment o Co-facilitating DBT and Trauma related skills groups • Therapy/Milieu Program - Collaborate with unit clinical leaders and direct care staff to implement the Integrated Treatment Model that primarily consists of Dialectical Behavioral Therapy and continuously assess fidelity of overall program (patient schedules, reinforcement systems, therapeutic groups and evidence based principles associated with CBT and/or DBT). • Clinical Staff competency/development – Provide continuous training and consultation to direct care staff. 				
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