

CMHWG Task List 2019

2019 CMHWG Legislative Priorities	Does it require:	
<p>1. School Based Services: OSPI-Dr. Johnson</p> <p>Recommendations:</p> <ul style="list-style-type: none"> Expand the Children’s Behavioral Health System Navigators to all nine Educational Service Districts. <p><u>Notes:</u></p> <p>This recommendation is included in the OSPI decision and funding package ‘Supports for School Safety and Mental Health’.</p> <p>This recommendation was voted approved by the CMHWG 12.7.18</p>	<p>RCW Change? Y/N</p> <p>Policy Change? Y/N</p> <p>Budget Impact? Y/N</p> <p>Estimated \$ Amount</p>	<p style="text-align: center;">Y</p> <p style="text-align: center;">N</p> <p style="text-align: center;">Y</p> <p>See decision package for full details.</p>

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<p>2. School Based Services: Avanti Bergquist, MD and Laurie Lippold:</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • <i>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.</i> • <i>Support the establishment of a pool of funds, connected to ESD pilots, so that schools can build capacity and increase.</i> • <i>Provide resources to schools to ensure that staff and students receive appropriate mental health first aid, suicide prevention, and anti-bullying training.</i> • <i>Ensure collaboration with ongoing workgroups.</i> <p><u>Notes from 12/07/2018:</u> This recommendation was voted approved by the CMHWG 12.7.18</p>	<p>RCW Change? Y/N</p> <p>Policy Change? Y/N</p> <p>Budget Impact? Y/N</p> <p>Estimated \$ Amount</p>	<p>N</p> <p>N</p> <p>Potential</p> <p>Unsure</p>
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<p>3. PAL: Laurie Lippold</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • <i>Ensure the community referral line can serve both Medicaid and non-Medicaid families by securing a funding source.</i> <p>Notes:</p> <p>This recommendation was voted approved by the CMHWG on 1/11/2019.</p>	<p>RCW Change? Y/N</p> <p>Policy Change? Y/N</p> <p>Budget Impact? Y/N</p> <p>Estimated \$ amount</p>	<p>N</p> <p>Potential</p> <p>Potential</p> <p>Unsure</p>
<p>4. Trauma Informed Care: Laurie Lippold</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • <i>Pilot full model from DCYF recommendations with all components in two communities.</i> <p>Notes:</p> <p>This recommendation was voted approved by the CMHWG on 1/11/2019.</p> <p>Full Pilot Model recommended by Trauma Informed Care advisory group:</p>	<p>RCW Change? Y/N</p> <p>Policy Change? Y/N</p> <p>Budget Impact? Y/N</p>	<p>N</p> <p>N</p> <p>Y</p>

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<p>*Updated with language from Sharon Shadwell</p> <p>(1) Starting in Jan. 2020, plan to implement expulsion tracking system in early learning. (2)Also, piloting Trauma Informed early care and education including: (a) Trauma Informed Care professional development model implementation. (b) Enhanced Trauma informed early learning program (in between universal childcare that is available to all and therapeutic early learning programs such as ECLIPSE). Focus on smaller group sizes, enhanced rates, and access to additional supports such as health consultation. (c) Communities of practice for family home child care providers. (d) Implement Trauma Informed practices in early achievers coaching and data collection. (e) Implementation of expulsion tracking system. No funding identified yet for this work.</p> <p>This recommendation will be reflected in DCYF's Trauma Informed Care report to legislature coming soon.</p>	<p style="text-align: center;">Estimated \$ amount</p>	<p style="text-align: center;">Unsure</p>
<p>5. Workforce development and training: Avanti Bergquist, MD and Laurie Lippold</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • <i>Increase availability of loan repayment options and conditional scholarships for all mental health providers.</i> • <i>Increase residency positions for general psychiatry as well as child and adolescent psychiatry.</i> • <i>Provide funding for pediatric residents and family medicine residents to learn from child and adolescent psychiatry fellows or attending's to improve their understanding of treatment minor to moderate mental health issues as a means to improve access to care.</i> 	<p style="text-align: center;">RCW Change? Y/N</p> <p style="text-align: center;">Policy Change? Y/N</p> <p style="text-align: center;">Budget Impact? Y/N</p>	<p style="text-align: center;">N</p> <p style="text-align: center;">N</p> <p style="text-align: center;">Potential</p>

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<ul style="list-style-type: none"> Expand capacity for preceptorships, dual licensing/credentialing, and other mechanisms (e.g. UW Bothell) <p>Notes: This recommendation was voted approved by the CMHWG on 1/11/2019.</p>	Estimated \$ amount	Depends on the number of residency positions and loan repayment options.
<p>6. Child Care Services: Laurie Lippold</p> <p>Recommendations:</p> <ul style="list-style-type: none"> Support implementation of (Infant Early Childhood Mental Health Consultation) IECMHC in two regions. <p>Notes: *Updated with notes from Janet Fraatz. Federal Preschool Development Birth to Five Grant* supports additional planning work for the development of services, no sources for implementation at this point.</p> <ul style="list-style-type: none"> SAMSHA recommends IECMHC services be provided by licensed or license eligible clinicians, planning around workforce development. Expulsion prevention and promotion of trauma-informed care practices will be integrated into IECMHC. Resources needed for development of protocol for evaluating and tracking services statewide and hiring consultation teams/supervisors to provide MH consultation services in child care settings in two regions in the state. 	RCW Change? Y/N Policy Change? Y/N Budget Impact? Y/N Estimated \$ amount	Likely Y Y Unsure

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<p>This recommendation was voted approved by the CMHWG on 1/11/2019.</p> <ul style="list-style-type: none"> Federal Grant project title in WA is: “Advancing an Integrated, Equitable and Responsive Early Learning System in WA. “ 		
<p>7. Patient Initiated Treatment (from Parent Initiated Treatment (PIT) sub-work group):</p> <p>Recommendation:</p> <ul style="list-style-type: none"> Adopt full PIT Advisory Work group recommendations with the noted adjustment to recommendation language #6 (in notes): <p>This recommendation was voted approved by the CMHWG on 1/11/2019.</p> <p>Notes: Mental health treatment to minors under age 18 can only be provided by a licensed mental health provider (psychologist, psychiatrist, psychiatric nurse practitioner, social worker, marriage and family therapist, mental health counselor, chemical dependency professional, physician, physician assistant, nurse practitioner); or a provider who provides care through a licensed community mental health agency under the direct supervision of a licensed mental health professional as defined by the Washington Administrative Code (WAC); or an associate level mental health or chemical dependency provider who is working under the direct supervision of a licensed mental health or certified chemical dependency provider. (accent reflects adjusted language)</p>	<p style="text-align: center;">RCW Change? Y/N</p> <p style="text-align: center;">Policy Change? Y/N</p> <p style="text-align: center;">Budget Impact? Y/N</p> <p style="text-align: center;">Estimated \$ amount</p>	<p style="text-align: center;">Y</p> <p style="text-align: center;">Y</p> <p style="text-align: center;">Potential</p> <p style="text-align: center;">Unsure</p>

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<p>8. Partial Hospitalization or Day Treatment Program: Kristin Houser and Laurie Lippold</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • <i>Properly resource partial hospitalization.</i> • <i>Day treatment programs for children specifically recommended.</i> <p><u>Notes:</u></p> <p>This recommendation was voted approved by the CMHWG on 12/7/2018.</p>	<p>RCW Change? Y/N</p> <p>Policy Change? Y/N</p> <p>Budget Impact? Y/N</p> <p>Estimated \$ amount</p>	<p>Unsure</p> <p>Unsure</p> <p>Y</p> <p>Not sure</p>
<p>9. Student Behavioral Health Policy Proposals: Representative Noel Frame</p> <p>Recommendations:</p> <p>Support recommendations from the Washington Mass Shootings Workgroup:</p> <ul style="list-style-type: none"> • <i>#16: Increased investment should be made to ensure sufficient and effective K-12 school counselors, psychologists, mental health professionals, family engagement coordinators, school social workers, and other investments in positive school climate, including restorative discipline. These resources should be required to be spent for their intended purpose.</i> 	<p>RCW Change? Y/N</p> <p>Policy Change? Y/N</p> <p>Budget Impact? Y/N</p>	<p>Likely</p> <p>Y</p> <p>Possible</p>

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<ul style="list-style-type: none"> • <i>#17: Accessible and effective mental health services can be an effective means of intervening against a potential perpetrator of mass shootings. Resources should be provided to improve the overall mental health system in Washington.</i> • <i>#24: Suicide and bullying prevention outreach and education efforts should be supported and modernized.</i> <p>Notes: This recommendation was voted approved by the CMHWG on 1/11/2019</p>	<p style="text-align: center;">Estimated \$ amount</p>	<p style="text-align: center;">Unsure</p>
<p>10. Promote/incentivize culturally and linguistically appropriate services: Laurie Lippold</p> <p>Recommendation:</p> <ul style="list-style-type: none"> • <i>Add this to the "Intention" section of the bill to apply to all items and</i> • <i>Look for opportunities to incorporate this work into professional development days</i> <p>Notes: This recommendation was voted approved by the CMHWG on 1/11/2019.</p>	<p style="text-align: center;">RCW Change? Y/N</p> <p style="text-align: center;">Policy Change? Y/N</p> <p style="text-align: center;">Budget Impact? Y/N</p>	<p style="text-align: center;">N</p> <p style="text-align: center;">Potential</p> <p style="text-align: center;">Possible</p>

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	Estimated \$ amount	Unknown
<p>11. Promote culturally and linguistically appropriate hiring: Laurie Lippold</p> <p>Recommendation:</p> <ul style="list-style-type: none"> • <i>Add this to the "Intention" section of the bill to apply to all items</i> <p>Notes:</p> <p>This recommendation was voted approved by the CMHWG on 1/11/2019.</p>	<p>RCW Change? Y/N</p> <p>Policy Change? Y/N</p> <p>Budget Impact? Y/N</p> <p>Estimated \$ Amount</p>	<p>N</p> <p>Potential</p> <p>Potential</p> <p>Unknown</p>

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<p>12. Workforce development and training: Dr. Eric Trupin</p> <p>Recommendations:</p> <ul style="list-style-type: none"> <i>Develop a fee-based certificate program in Children’s Behavioral Health Evidence-Based Practice (EBP) and explore funding sources to ensure the behavioral health workforce are able to access this program focusing mainly on those who serve primarily Medicaid funded children.</i> <p>Notes: This recommendation was approved by the CMHWG on 12/7/2018.</p>	<p>RCW Change? Y/N</p> <p>Policy Change? Y/N</p> <p>Budget Impact? Y/N</p> <p>Estimated \$ Amount</p>	<p style="text-align: center;">Y</p> <p style="text-align: center;">Y</p> <p style="text-align: center;">N</p> <p style="text-align: center;">N/A</p>
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<p>13. Other: Joan Miller Recommendation:</p> <ul style="list-style-type: none"> • <i>Coordinated specialty care: Early intervention for psychosis.</i> <ul style="list-style-type: none"> ○ Analyze and determine the cost of statewide implementation of Coordinated Specialty Care. ○ Fund additional Coordinated Specialty Care teams so that each BHO/ACH regional service area (RSA) of the state has one team. ○ Fund additional Coordinated Specialty Care teams so that capacity is available based on incidence and population across the state. 	<p>RCW Change? Y/N</p> <p>Policy Change? Y/N</p> <p>Budget Impact? Y/N</p> <p>Estimated \$ Amount</p>	
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Interim Discussion Topics	Does it require:	
<p>1. Create Echo Glen Children’s Center Psychologist candidate position: Representative Tana Senn</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • <i>Create Echo Glen Children’s Center Psychologist candidate position.</i> <p>Notes:</p> <p>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> <ul style="list-style-type: none"> ○ Assessment of general mental health including Anxiety, Depression and PTSD. ○ Evidence based exposure treatment. ○ Co-facilitating DBT and Trauma related skills groups. 	<p>RCW Change? Y/N</p> <p>Policy Change? Y/N</p> <p>Budget Impact? Y/N</p> <p>Estimated \$ amount</p>	

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<ul style="list-style-type: none"> • 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/deployment – Provide continuous training and consultation to direct care staff. 		
<p>2. Prenatal to Five Relational Health Advisory Group: Jamie Elzea</p> <p>Recommendation:</p> <ul style="list-style-type: none"> • <i>Establishment of a Prenatal to Five Relational Health Advisory Group</i> Composed of public, community-based non-profits, and private leaders in the fields of prenatal and infant/early childhood mental health, the purpose of this Advisory group would be to: <ol style="list-style-type: none"> 1. Support development of a diverse prenatal to five mental health workforce statewide through: <ol style="list-style-type: none"> a. Capacity building plan: Training, recruitment, professional development, sustainability, public awareness, and reduced turnover strategies b. Financing structure: Medicaid and private insurance billing/reimbursement, wages 2. Address strategies to connect historically disconnected systems of parent and caregiver adult mental health and early childhood mental health systems for better accessibility and continuity of care for families, as well as cross training for providers 3. Build from the Washington Infant and Early Childhood Mental Health Landscape Analysis project (in progress) 	<p style="text-align: center;">RCW Change? Y/N</p> <p style="text-align: center;">Policy Change? Y/N</p> <p style="text-align: center;">Budget Impact? Y/N</p> <p style="text-align: center;">Estimated \$ Amount</p>	

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<p style="text-align: center;">4. Integrate perinatal/IECMH services into maternal child health systems, behavioral health, public health, and early childhood systems of care.</p> <p>Notes: 1.11.19 meeting discussed and voted to move to Interim meeting topics for potential sub workgroup after discussion.</p>		
<p>3. Residential Treatment Facilities: Annette Klinefelter</p> <p>Recommendations:</p> <ul style="list-style-type: none"> <i>It is recommended that WAC 246-337-110 be specific to seclusion, chemical restraints and restraint chairs or tables, and that physical holds necessary to prevent harm to self be held to the same criteria as schools.</i> <p>Notes: WAC 246-337-110</p> <p>In regards to use of restraint and seclusion in an RTF. Restraint and seclusion is not defined specifically in the RCW, but is interpreted by the Department of Health to be any physical hold for more than 30 seconds. The requirements, as laid out in this administrative code appear to be related to a chemical restraint (administering a sedative medication against one's will), and a physical restraint such as a restraint table or chair, and are excessive for a physical hold to prevent a child from injuring themselves or others. The requirements, in fact, make it impossible to do brief holds over 30 seconds but less than 60, which on occasion is necessary to prevent harm.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> Define abuse to limit reporting to acts of abuse that do not include physical altercations between children that do not result in injury resulting in an inpatient hospital stay. Abuse reporting requirements should mirror requirements of schools. <p>Notes:</p>	<p style="text-align: center;">RCW Change? Y/N</p> <p style="text-align: center;">Policy Change? Y/N</p> <p style="text-align: center;">Budget Impact? Y/N</p> <p style="text-align: center;">Estimated \$ amount</p>	<p>Y</p>

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<p>WAC 246-337-065 (5) Safety and Security- Reporting to the department and other relevant agencies</p> <p>Serious or undesirable outcomes, including:</p> <ul style="list-style-type: none"> • Allegations of abuse • Death • Suicide • Injuries resulting in an inpatient hospital stay; and • Disruption of services through internal or emergency or disaster. <p>Notes from 1/11/2019: Laurie Lippold recommends that dept family care be involved. Move to Interim meeting topics</p>		
<p>4. Medicaid Reimbursement: Annette Klinefelter</p> <p>Recommendation:</p> <ul style="list-style-type: none"> • <i>RTF Medicaid rate should increase by 15% to reflect requirements for providing co-occurring services requiring on site medical and psychiatric care.</i> <p>Notes from 1/11/2019: BRS study increased rate; psychotherapy rates up to Medicare level. Move to Interim meeting topics</p>	<p style="text-align: center;">RCW Change? Y/N</p> <p style="text-align: center;">Policy Change? Y/N</p> <p style="text-align: center;">Budget Impact? Y/N</p> <p style="text-align: center;">Estimated \$ Amount</p>	<p style="text-align: center;">Y</p> <p style="text-align: center;">?</p>

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<p>5. RTF Relationship with Law Enforcement: Annette Klinefelter</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • <i>RTF-Relationship with Law Enforcement.</i> • <i>Policy Recommendation: Law enforcement jurisdictions with RTF facilities collaboratively develop memoranda of understandings and identify potential law enforcement budget impacts for RTF's open or opening in jurisdictions.</i> <p>Notes: MOU's between RTF's and law enforcement are based on national best practice standards for reducing trauma within behavioral health settings. Maine is an example of exemplary practice.</p> <p><u>Notes from 1/11/2019:</u> Move to Interim meeting topics</p> <p>6. School based services:</p> <ul style="list-style-type: none"> • <i>For future consideration: Could PAL have school support feature for staff to use?</i> 	<p style="text-align: center;">RCW Change? Y/N</p> <p style="text-align: center;">Policy Change? Y/N</p> <p style="text-align: center;">Budget Impact? Y/N</p> <p style="text-align: center;">Estimated \$ Amount</p>	<p>Y</p>
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