

Material for your reference (per Jim Roberts, NPAIHB)

Subject: Tribal Centric Mental Health Agenda - Sept. 18, 2012

Good evening

We have some modifications to tomorrow's agenda and subsequent PowerPoint. David Reed has been subpoenaed to court and will not be able to join us. We have added an RSN contract and Children's Mental Health Discussion in place of David's presentation time. In advance I apologize for the late notice, but as we know with court subpoena's we cannot ignore them. I had to confirm with presenters if they could cover these items which were suggested by Roger Gantz, AIHC.

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Tribal Centric Mental Health workgroup
Tuesday, September 18, 2012
1:00 pm – 4:00 pm
Video Conference locations listed below
Teleconference number
(360) 902-7506 (numeric id) 9700#
THIS AGENDA IS CARRIED OVER FROM

Meeting Objective - Tribal and State representatives to work on the development of a Tribal Centric Mental Health delivery system

- 1:00 Invocation
- 1:10 Introduction of Jane Beyer, ADSA Assistant Secretary
- 1:15 Near-Term Tasks
Marilyn Scott and Roger Gantz
Handout 1
- 1:45 New System Design Ideas
Marilyn Scott and Roger Gantz
Handout 2
- 2:30 Children's Mental Health Redesign & Implications for Tribal Redesign
Chris Imhoff, DBHR Director
- 3:15 RSN Reform & Implications for Tribal Redesign
Jane Beyer, ADSA Assistant Secretary
- 3:55 Next Steps
Marilyn Scott and Roger Gantz

Agenda items for October 2, 2012

Adjourn

These meetings are scheduled on the first and third Tuesday afternoons from 1pm-4pm. The video conference locations for this meeting include: Everett, Olympia, Omak, Seattle, Spokane, Yakima, Cowlitz, Jamestown, and Samish.

There is a meeting in Seattle that day, so if you do want to participate in this meeting from Seattle or any video conference locations please contact Colleen Cawston at (360) 902-7816 or colleen.f.cawston@dshs.wa.gov

Tribal Consultation

Children's Mental Health Plan

September 10, 2012

Department of Social & Health Services
Aging and Disability Services Administration
Division of Behavioral Health and Recovery



Background for Today's Consultation

- ADSA IPAC Subcommittee updated on Children's Mental Health Redesign, T.R. Implementation, and System of Care
- Request for Consultation sent on July 17 and materials followed
- Immediately following slides provided overview to ADSA IPAC Subcommittee on August 14
- Feedback from the ADSA IPAC Subcommittee summarized on Slides 12 & 13



Children's Mental Health Redesign - Historical Context

2SHB1088 in 2007 – set expectations for elements of a reformed children's mental health system

- **Continuum of services**
- **Access to services**, including **co-occurring** services
- **High quality, increase use of research-based practices**
- Treatment in the **context of his or her family** and community
- **Sufficient supply of qualified / culturally competent providers**
- **Integrated/flexible services** for multi-system, high-risk children and youth

Tribal Forums held as part of the 1088 Implementation



2008 Tribal Forums Hosted by Puyallup Tribal Authority and Spokane Native Project

- Complexity of service delivery and regulatory requirements -
Need to help systems “**become more human**” through increased cooperation, accommodation, coordination and shift of emphasis to natural supports and traditional healing practices
- Need for **consistent** implementation of **Tribal coordination policies by RSNs**
- Need to improve **access to providers experienced in serving Native Americans and Alaska Natives**; and coordination with Tribal provider agencies
- Need **greater access to mental health services** funding



Tribal Forum Issues, cont'd.

- Improved **cultural competence** over all - disconnect re: Native American “Mental Health Specialists”, understanding of and appreciation of impact of generational trauma
- Importance of **traditional medicine practices** and need for state and managed care plans to support and incorporate approaches and perspectives - greater flexibility to engage and fund
- Need to **expand access to specific services** e.g. treatment for **co-occurring mental health and substance abuse** , access to prescribers and medication, more geographically accessible inpatient care, and a more consistent and responsive crisis response system.



Why redesign the children's mental health system?

- Partner interests (Tribes, DSHS administrations, schools, families, legislators, legal advocates)
- Ongoing charge to implement 2SHB 1088 including performance-based outcome indicators
- Adoption of **System of Care** principles and practices
 - SAMHSA Planning grant has afforded structure and planning
 - Partners identify system needs
 - Application submitted for implementation grant



Overarching Goal: *Enable children with emotional disorders to live, work, learn and fully participate in their homes and communities.*

- Infuse **SOC values** in all systems for children, youth and families
- Ensure services for children, youth and families are seamless
- Develop and strengthen a workforce that operationalizes SOC values



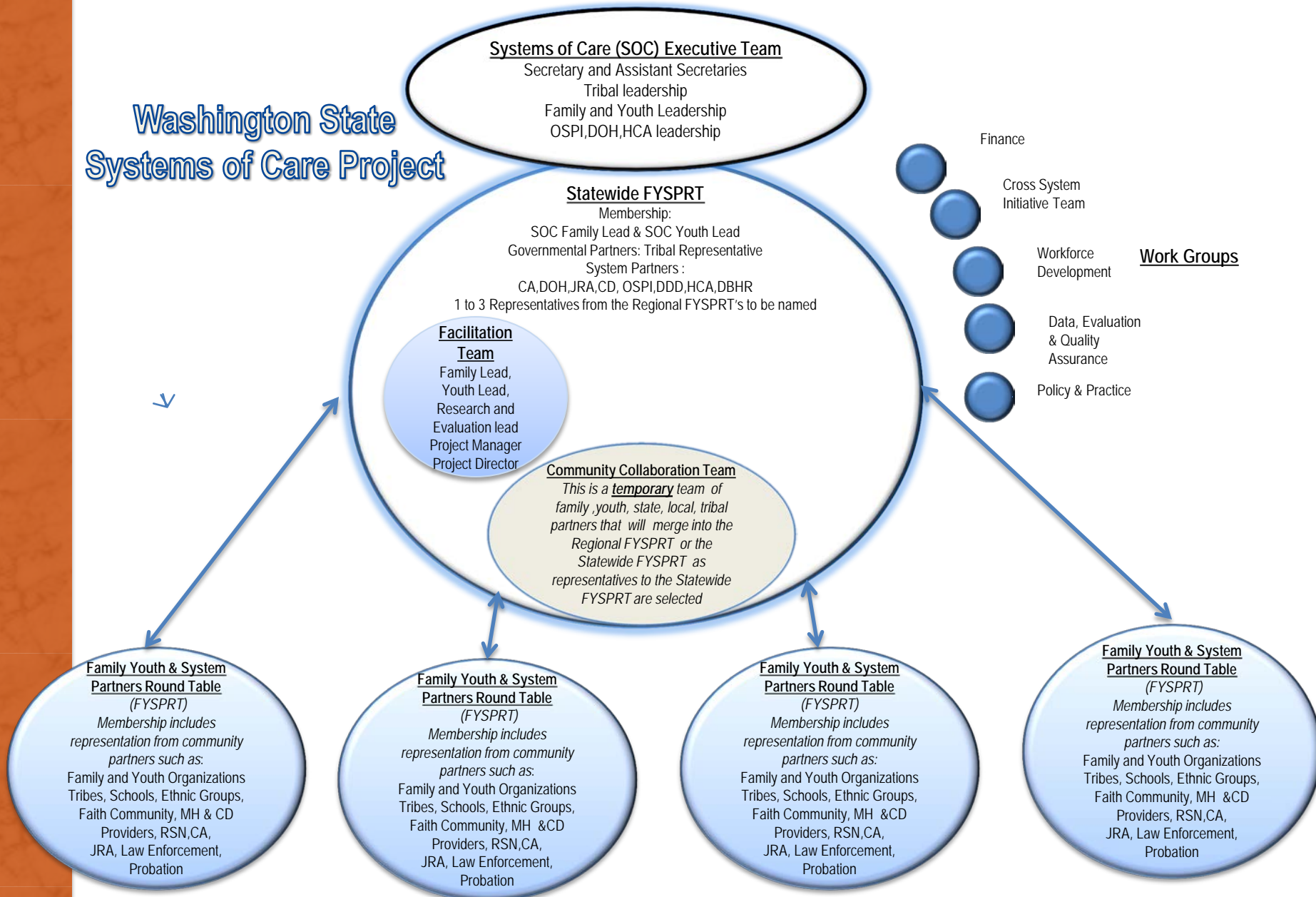
System of Care – Washington’s commitment

System of Care as the framework for the mental health service delivery system for children, youth and families.

“...a comprehensive spectrum of mental health and other necessary services that is guided by a core set of **values and guiding principles**. Core values specify that SOCs are **community based**, **child centered** and **family focused**. Services are **culturally and linguistically competent**, **individualized**, **family driven**, **youth guided**, **coordinated** and **provided in the least restrictive setting**”.



Washington State Systems of Care Project



Area - South West
Washington

Area - North West
Sound Mental Health
Family Network Resource Group

Area - Northeast
Passages Spokane

Area - South East
NAMI Yakima

Draft Children's Mental Health Redesign Plan

Key Elements

- Develop System of Care as the foundation for mental health service delivery for children, youth and their families
- Promote prevention and early intervention, and a “rebalancing of resources across levels of care
- Cross-system collaboration among child serving agencies
- Emphasizes cultural competence and accountability
- Support implementation of value base and evidence-based practices through contract and workforce development
- *Include the T.R. vs. Dreyfus Interim Agreement requirements due by June 30, 2013*



TR v. Dreyfus Interim Agreement Commitments

- Systematizing assessment and communication: The Child, Adolescent Needs and Strength Tool (CANS)
- October 2012 RSN Contract language revisions with emphasis on child/family teams
- Cross-System (DSHS, OSPI, DOH) Agreements
- Financing strategies
- Communication Plan for outreach and education
- Workforce development plan to embed principles, core practice model, child and family teams
- Planning for Intensive services available statewide
- Quality management based and data-informed



August 14 ADSA IPAC Roundtable Feedback

- SOC Training Institutes supported; Tribes would like to provide input to training development and have resources for supporting this work
- Include Department of Early Learning on the Statewide Family, Youth and System Partner Roundtable
- SOC values should include “culturally , linguistically, and ***traditionally***” competent services
- Invite Tribal Representatives to Regional Family, Youth and System Partner Roundtables and provide support for travel, child care, etc.



ADSA IPAC Roundtable Feedback (Cont.)

- Utilize tribal media, newspapers, communication with the heads of Tribal Departments as well as the communication and consultation protocol.
- Tribal-centric Integrated Health Homes could be a possible model for a person-centered health home and care coordination
- Could we merge Health Care Reform, Tribal-centric Mental Health work, and Children's Mental Health Redesign/SOC?
- Utilize the recommendations outlined in the 1088 Report which has a specific section on Issues Identified by Tribes and RAIOS



Tribal Consultation Recommendations

- Improving mechanisms for releases of information and information exchange is important to enhance care coordination and care integration activities. There are challenges between IHS rules and federal/state privacy laws.
- Consider the Child Protective Teams model for children involved in multiple systems as a well to build Child and Family Teams since this model worked well with Tribes in the past.
- For Child Adolescent Needs and Strengths (CANS) implementation, partner with Tribes to consider the need for a different CANS version or module for Tribal youth and identify interest in implementing the tool with Tribal Mental Health programs.



Discussion & Feedback

