

## **Themes and Policies Issue Guide for May 13, 2008 Prevention Policy Summit**

The following information serves as a guide to participants at the May 13, 2008 Prevention Policy Summit. Participants are encouraged to begin with a careful review of the report "[Mental Health – A Public Health Approach](#)". In the report, fourteen themes emerged that were subsequently tested and reviewed by organizations representing service groups, consumers of care and families, educators and community leaders. Additionally, five community-level focus groups further refined the focus of the work. The original fourteen themes were reduced, based on feedback, to the nine themes below. One of the fourteen themes, cultural competence, was viewed as an embedded, overarching principle for all policy and practice, and was included in the list of "common understandings" also contained in the report. Three of the fourteen themes, risk/protective factor assessment, mental health consultation and trauma informed models, were better understood as strategies or policies and are included in the policy statements. Two of the fourteen themes, both fiscal statements, were collapsed, for clearer decision-making into one theme.

1. Institutionalize communication and coordination towards common outcomes
2. Market mental wellness and reduce stigma
3. Increase funding flexibility and leverage existing funding sources
4. Screen at multiple points of entry
5. Provide care based on need
6. Engage people where they are
7. Ensure age-appropriate services are available
8. Support transitions across the lifespan
9. Increase and improve provider training

In the following pages, each theme heads a number of policy/practice recommendations identified in the multiple conversations and formal feedback received since the report was released in January, 2008. The response was overwhelming. For purposes of the Prevention Policy Summit, policy ideas or strategies were analyzed and organized into policy statements with multiple examples or descriptions. The policy statements are not the priority positions of the Transformation Project; rather they are the summary of issues presented for the summit. The lettered policy statements will be what participants will examine and prioritize on May 13.

## Policies by Theme

### Theme #1 - Institutionalize communication and coordination towards common outcomes

- A. Create a state level cabinet agency for advising on Prevention. Establish requirements for defining outcomes, a research agenda, and supporting coordination/collaboration.
  - 1. Define common outcomes in measurable terms and collect data from all providers.
  - 2. Require those seeking public funding for programs to address how they propose to achieve the common outcomes as part of the application process/evaluation plan.
  - 3. Institute multi-system provider meetings (mental health, medical, other professional practice fields).
  - 4. Entity should not do funding, but focus on epidemiology, data, research and accountability.
- B. Commission a multi-agency Task Group for developing clear Outcomes and identifying measurable indicators. Require all prevention funding contracts to address interventions that target Outcomes.
- C. Create a baseline set of logic models for all the programs and groups so that the programs know where they have things in common, and with whom.
- D. Commission research project on risk and protective factors in mental health.
  - 1. Statewide website for information and materials – clearinghouse of information and way to connect.
  - 2. Prepare annual trend report on key community indicators across multiple service systems.
- E. Enhance an existing structure for prevention to serve as an advisory effort to advance a public health approach for mental health. Consider such organizations as the State Board of Health, Family Policy Council, WA Children’s Trust and the Division of Alcohol and Substance Abuse (Prevention Office).
- F. Develop a Trauma-Informed Care Model and require implementation in all services systems providing mental health care and/or education.\*
- G. Set policy goal of reduction of child poverty.
- H. Advance efforts to improve coordination between providers while assuring protection of patient privacy.
  - 1. Examine barriers to service delivery and access.
  - 2. Advance “medical home”-“health home” strategies.
  - 3. Adopt policies for “coordinated school-health”
  - 4. Statewide website for information and materials – clearinghouse of information and way to connect.
  - 5. Prepare annual trend report on key community indicators across multiple service systems.

\*Indicates policy/strategy found in more than one theme

## Theme #2 - Market Mental Wellness and Reduce Stigma

- A. Create and support campaigns to market mental wellness.
  - 1. Create and support age-tailored and culturally-tailored campaigns on the importance of mental wellness for everyone, not just those with mental illness.
  - 2. Include a well articulated vision on the return on investment in mental wellness and mental illness prevention.
  - 3. Educate the public about early childhood development and the mental health needs of children birth to five. This includes education on the importance of parent mental health to child mental health.
  - 4. Educate the public on mental wellness in older adulthood.
  
- B. Reduce stigma through social marketing.
  - 1. Develop a campaign to reduce stigma for older adults on mental illness and suicide and on interacting with other older adults who experience mental illness.
  - 2. Create and support campaigns that provide messages to the public on recovery from mental illness.
  
- C. Educate the public on preparing for and coping with life transitions.
  - 1. Provide information on typical emotional responses to age-specific transitions, such as the transition to adulthood and the transition to retirement. Provide information on how to prepare for these changes and build social connections to support smooth transitions.
  - 2. Provide information on typical emotional responses to life transitions, such as loss of a job, birth of a child, death of a family member, marriage, or divorce. Provide information on ways to cope with these changes and when to seek help.
  
- D. Encourage help-seeking behavior.
  - 1. Educate women and their partners on seeking help with postpartum mood disorders.
  - 2. Encourage older adults to seek help with emotional stress and educate providers and families on interventions to help older adults who experience emotional stress.
  - 3. Educate parents on when and how to seek help for themselves and their children.

**\*Social Marketing** is designed to influence the behavior of members of the target audience for their own benefit and the benefit of society as a whole. The most well-known examples are the advertising campaigns aimed at tobacco-use prevention and cessation. Social marketing can be used to change the attitudes and behaviors of a nation, a local community, or a particular subpopulation.

### Theme #3 - Increase funding flexibility and leverage existing funding sources

- A. Policy should change financial structures and approaches to bring additional federal resources for more preventive care.
  - 1. Train providers and primary care providers on billing procedures under the federal EPSDT program, permitting children and families access to care not directed by Medicaid/state waiver rules and access to care standards.\*
  - 2. Explore expansion of Medicare services for seniors to cover screening, diagnosis and treatment as medically necessary services.
  - 3. IDEA and CAPTA: Two options each state is allowed to do. Under Part C the state can choose to extend the family model of services up to age 6.
  - 4. Advocate extending EPSDT and funding to Medicaid-eligible adults.
- B. State incentive funds should be authorized to enhance, by 10%, local or agency initiatives to blend or braid program funds in order to advance evidence or promising practices using multiple sources of funding, including private funding.
  - 1. Pursue private-public partnerships that will provide quality care at reasonable prices.
  - 2. Pursue collaborative funding efforts among types of providers.
  - 3. Funding flexibility with chemical dependency services.
  - 4. Allow purchasing services in a preventative comprehensive manner as opposed to the current system of providing short-term services when people are in crisis.
- C. Create Executive/Legislative task force to consider state plan waiver removing distinctions between Medicaid services for mental health and physical health.
- D. Consider additional recipients and expand prevention/early intervention funds identified in the Children's Mental Health System law (HB 1088).
  - 1. Provide additional funding to serve non-Medicaid clients.
- E. Prepare financing strategy for preventive services in anticipation of aging populations.
  - 1. Diverse funding (Medicaid/senior services citizens ACT/Older Americans Act) for different types of outreach/in-home services.
  - 2. Older adult parity within other mental health groups.
  - 3. Create a funding stream through the Senior Citizens Services Act (SCSA) to utilize evidence based prevention and early intervention programs such as PEARLS and GRAT.
- F. Blend or braid treatment funding for persons with co-occurring disorders and eliminate duplicative or conflicting regulations with in the DASA and MHD service systems.
- G. Enhance mental health parity for all ages and all services, including preventive care and care for parents of children with social and emotional disorders.
- H. Conduct cost-benefit analysis of existing prevention efforts.

\*Indicates policy/strategy found in more than one theme

## Theme #4 - Screen at multiple points of entry

- A. Screen for mental health issues across medical settings.
  - 1. Implement universal Postpartum Depression Screening by doctors who treat mothers of young children up to 1 year. Recommended by AMA, but implemented by few doctors in Washington.
  - 2. Incorporate mental health in well child screens and integrate across all physical health care systems
  - 3. Screen whole family for infant mental health 0-5.
  - 4. Help children's doctors and other health providers support parents and connect families with effective programs.
  - 5. Medical clinics that have a MH/CD person on-site.
  - 6. Accessible transition-age youth health clinics with MH assessment skills to reduce stigma of going to a "mental health clinic".
  - 7. Include the larger medical community – medical providers on a larger scale, not just Medicaid providers.
  
- B. Screen for mental health issues within educational centers across the lifespan.
  - 1. Head start & early head start. (all children)
  - 2. Elementary Schools
  - 3. High Schools
  - 4. Colleges and universities. (offering mix of therapy and med management)
  
- C. Screen for both Substance Abuse and Mental Illness in traditional mental health settings.
  - 1. Blend CD/MH services together for elders.
  
- D. Mental health screening in lifespan-appropriate activity centers.
  - 1. Project Connect (volunteer peer counseling providing in-home support and assessment) (Clallam Cty)
  - 2. Gatekeeper Program (outreach program in Spokane County)
  - 3. COPES Assessment
  - 4. Senior Information and Referral
  - 5. Welcome Baby/Well Baby
  - 6. Criminal Justice Centers
  - 7. Immigration Centers
  - 8. Faith-Based Centers
  - 9. GRAT (Geriatric Regional Assessment Team)

## Theme #5 - Provide care based on need

- A. Create Executive/Legislative task force to consider state plan waiver removing distinctions between Medicaid services for mental health and physical health.\*
  - 1. Move away from DSM criteria for access.
  - 2. Alter or eliminate Access to Care Standards
  
- B. Train providers and primary care providers on billing procedures under the federal Early Periodic Screening, Diagnostic and Treatment (EPSDT) program, permitting children and families access to care not directed by Medicaid/state waiver rules and access to care standards.\*
  
- C. Explore and fund multiple promising/evidence-based practices that can be provided without Diagnostic Standards Manual (DSM) diagnosis requirements and prior to crisis.
  - 1. Warm-lines
  - 2. Intense individual therapy.
  - 3. Flexibility in state regulation of alternative care models.
  - 4. Individual therapy for transition-aged youth.
  - 5. Center for Career Alternatives
  - 6. Functional Family Therapy
  - 7. Aggression Replacement Therapy
  - 8. Medication management with a structured interaction (TA Youth)
  - 9. Project Connect (volunteer peer counseling providing in-home support and assessment) (Clallam County)
  - 10. Gatekeeper Program (outreach program in Spokane County)
  - 11. Implement PEARLS statewide. (treatment for depression in the home)
  - 12. IMPACT (links primary care doctor and MHP)
  - 13. The Incredible Years prevention program
  
- D. Implement therapeutic child care funding available through Medicaid.
  
- E. Identify service structures supporting the mental health needs of all special populations.
  - 1. Support services for Fetal Alcohol Spectrum Disorder
  - 2. Support services for children with autism.
  - 3. Integrate present systems of care that identify and support children exposed to domestic or community violence with the child care community.
  
- F. Consider amendments to age of consent laws that bring consistency to systems providing services.
  
- G. Establish a lower access to care criteria so that people can access support services without needing to be "ill".
  - 1. Move away from DSM criteria for access; expand from "delays in progress" to also include at-risk kids or kids with less severe problems.
  - 2. Qualify kids who don't have a learning disability.
  - 3. The day a child turns 3, they lose all early intervention providers so have to start all new relationships. Now law allows you to go to age 6.
  - 4. Changes to access to care standards to support dyadic and family treatment.

\*Indicates policy/strategy found in more than one theme

Theme #6 - Ensure age-appropriate services are available

A. Promote the implementation and state-wide dissemination of evidenced-based practices.

1. Program of Assertive Community Treatment (PACT)
2. Supported Employment
3. Family Psychoeducation
4. Integrated Dual Disorder Treatment
5. Dialectical Behavioral Therapy
6. Functional Family Therapy
7. Aggression Replacement Therapy
8. MultiSystemic Therapy
9. Geriatric Regional Assessment Team (GRAT)
10. Children's EBP's
11. Steps toward effective, enjoyable parenting (STEEP)
12. Parents as Teachers
13. Nurse-Family Partnership
14. Parent-Child Home program.
15. Healthy Families America.

B. Ensure all age-appropriate services are culturally-competent, population-based, and trauma-informed rather than income-based.

1. Develop a Trauma-Informed Model and require implementation in all services systems providing mental health care and/or education.\*

C. Expand emphasis on alternative treatments possibly in non-traditional mental health treatment settings and build consistently across the state.

1. Peer counseling
2. Project Connect (older adult peer counseling in the home)
3. Need infrastructure for training parents to be mentors and to help their kids and other kids.
4. Center for Career Alternatives
5. Supported Employment/Vocational Services
6. Pioneer Human Services – focuses on work projects as “normalizing” pathway to life.
7. Places for young people to volunteer.
8. Clubhouses
9. Drop-in centers for youth (Lambert House)
10. Adult day centers
11. Senior centers
12. Head Start
13. Childcare centers
14. Establish Co-Occurring Treatment Programs

D. Expand holistic care for children and families.

1. Care for the whole child – at young age, not possible to separate education from health.
2. Increase focus on family mental health – can't separate children from family.
3. Integrate family support services into early childhood settings.

4. Promoting First Relationships.
  5. Group-based parent training.
- E. Create funding and support for coordinated school/health programs, including behavioral health.\*
- F. Create funding and support for integrated mental health services within schools.\*
1. School-Based Health Centers
  2. School treatment programs

\*Indicates policy/strategy found in more than one theme

## Theme #7 - Engage people where they are

A. Engage people with supports and services as they participate in life activities of the community.

1. Child Care Centers
2. Senior Centers
3. Schools
4. Universities
5. Community Centers
6. Recreational Programs
7. Libraries
8. Churches

B. Serve people where they live.

1. Home Visitation Programs significantly reduce risk of child maltreatment.
2. Young children must be met in the context of their family environment, not just childcare.
3. Gatekeeper Program (outreach program in Spokane County)
4. Implement PEARLS statewide. (treatment for depression in the home)

C. Medical clinics will have Mental Health/Chemical Dependency professionals available either on-site or as consultation.

1. IMPACT (links primary care doctor and MHP)
2. Every visit to a physician's office should include a simple screening for depression.
3. Colleges and universities with therapists and med management.
4. Telepsychiatry consultation to medical settings.

D. Create funding and support for coordinated school/health programs, including behavioral health. \*

1. Use principals for family support.
2. Teen health centers in schools (school age)
3. Kelso program in Seattle, Renton school district (school age)
4. Readiness to Learn (school age)

E. Create funding and support for integrated mental health care in schools.\*

1. Expand school-based mental health centers to K-12
2. More integrated rehab services.

F. Ensure provision of outreach that targets needs and is not stigmatizing.

1. Circle of Success
2. Welcome Baby Programs

G. Develop social/emotional learning standards for K12 education.

\*Indicates policy/strategy found in more than one theme

## Theme #8 - Support transitions across the lifespan

### A. Support Age-related Transitions

1. Provide adequate support for those entering retirement to remain physically active and socially engaged. This can be done through elder-friendly communities and community-based programs.
2. Young children need to develop adequate social and emotional skills to successfully transition into school. There are programs that provide such services to at-risk children, such as Part C of the IDEA and Head Start programs.
3. Youth and young adults need services designed to help them transition into adult systems and adult responsibilities. One example program is the Options Program in Washington, which used the Partnerships for Youth Transitions grant from SAHMSA.
4. Institutionalize continuity between age-related systems, such as child mental health services and adult mental health services, to minimize disruptions.

### B. Support Stressful Transitions to Minimize Negative Impact

1. New parents need to be provided with support and education on early childhood development through a variety sources. Nurse home visiting programs and programs that do universal outreach through maternity wards have had success in providing support and education. New parents who struggle with mental illness are especially in need of support.
2. Older adults need adequate support as they transition through loss of loved ones, through physical illness, and into institutions. Support groups in senior centers are one way to provide this support to prevent crises during transitions.
3. Support programs for family members who become caregivers for older adults can prevent depression in caregivers and premature institutionalization for older adults.

### C. Support Transitions Related to Crises

1. Ensure that resources are readily available to prevent crises from escalating. Examples of prevention strategies are warm lines and respite or hospital diversion beds. Peer support is an effective tool to deescalate a growing crises.
2. Provide adequate services for individuals to successfully transition into stable, less stressful situations; for example, out of hospitals, jails, and homelessness. Programs that can be used to support these transitions are hospital-to-home support programs, transitional housing that accepts individuals with high-level needs, and supported employment programs.
3. Provide adequate support to family members affected by crises; for example, provide therapeutic programs for children and their incarcerated parents.

## Theme #9 - Increase and improve provider training

- A. Trauma-Informed training for all providers, all point of service centers.
  - 1. Domestic violence (child/family/partner)
  - 2. Foster Care trauma
  - 3. Systemic trauma (state hospital/prisons, etc.)
  - 4. Poverty
  - 5. Impact of trauma on childhood development.
  
- B. Train providers on developmentally appropriate assessment of children and older adults.
  - 1. Ensure provision of social-emotional, behavioral assessment before medications prescribed to children.
  - 2. Ensure provision of age appropriate assessments focusing on relationships among family members & identify targets of intervention.
  - 3. Provide consultation to infant mental health providers. (0-5)
  - 4. Nature of adolescent developmental process
  - 5. Older adults and aging
  
- C. Develop consultations and/or cross trainings among all providers (medical, schools, social services).
  - 1. Telepsychiatry.
  - 2. Mental Health Consultants (across the lifespan) for primary care settings.
  - 3. Cross training between geriatric mental health specialists and aging resource specialists including early detection training for generalist aging services staff.
  - 4. Domestic violence system and mental health/substance use providers.
  - 5. Cross systems professional development – on social and emotional learning for 0-5 year olds.
  - 6. Train additional mental health providers in early childhood systems and working with young children.
  - 7. Use model in which private agency provides training & consultation to community agencies to create a shared language and understanding of infant/child mental health.
  - 8. Offer family services to childcare settings.
  
- D. Prepare caregivers/childcare providers for understanding the unique needs of children/older adults affected by mental illness and for appropriately intervening with mental illness related behaviors.
  - 1. Adjust caregiver curricula to include mental health/mental illness education.
  - 2. Gentle Care Model (teaches about how to work with dementia)
  - 3. Collaborate with existing efforts to expand resources and support for informal caregivers (family members, neighbors).
  - 4. Fund ongoing relationship-based consultation and training for child-care providers, and public health nurses working with child care providers.
  - 5. Statewide mental health consultation to child care and child welfare program.
  - 6. Include family, friends, and neighbors in educating child care providers.

7. Childcare more than a place for a kid to go during the day – social emotional needs met as well.
- E. Create funding and support for coordinated school/health programs, including behavioral health.\*
- F. Focus policies on current education system for future professionals.
1. Encourage development of combined aging and mental health graduate school studies.
  2. Educate medical students about mental illness in older adults.
  3. Retain geriatric mental health expertise.
  4. More geriatric mental health specialists. (Loan forgiveness, financial incentives to attract re: American Geriatrics Society)
  5. Program at UW that teaches people how to change their behavior instead of expecting an older person to change theirs.
  6. Train additional mental health providers, who are culturally competent and representative of diverse communities, in early childhood systems and working with young children.
  7. Work with CCRNR, WAEYC, STARS program, & AARP to work mental health into early childhood accreditation programs.
  8. Childcare providers across the classes need to be engaged, influence the system, not just individual trainings.
  9. Educating the educators – schools that are sensitive to trauma.

\*Indicates policy/strategy found in more than one theme