

# **Kids Mental Health Pierce County**

Linking arms to improve child and adolescent mental health in Pierce County



### Developing a Coordinated Response

- Prevention is truly the best treatment for mental health challenges
- Behavioral health crises come in many forms, and most do not fit neatly into a categorical service box.
- No single entity or system owns full responsibility for crises, and a single entity or system is not, on its own, sufficiently leveraged to address the multi-factored complexities necessary for a healthy system.
- Current practice engages multiple stakeholders at many levels of leadership and various service lines and results in unclear communication and difficulty establishing a clear clinical/decisionmaking team. This negatively impacts patient/family experience, length of stay and degrades the ability of the clinical staff to establish an effective team process.
- Given the multifactorial determinants of psychiatric boarding in the ED, potential solutions will require a variety of hospital strategies, external community strategies, ideally in collaboration with one another.

"Supporting the mental health of children and youth will require a whole-of-society effort to address longstanding challenges, strengthen the resilience of young people, support their families and communities, and mitigate the pandemic's mental health impacts."

### FACTORS THAT CAN SHAPE THE MENTAL HEALTH OF YOUNG PEOPLE



Environment

Communit

Family

Individual

Social and economic inequalities, discrimination, racism, migration, media and technology, popular culture, government policies

Neighborhood safety, access to green spaces, healthy food, housing, health care, pollution, natural disasters, climate change

Relationships with peers, teachers, and mentors; faith community; school climate, academic pressure, community support

Relationships with parents, caregivers, and siblings; family mental health; financial stability; domestic violence; trauma

Age, genetics, race, ethnicity, gender, sexual orientation, disability, beliefs, knowledge, attitudes, coping skills

# Who Are We?

Kids' Mental Health Pierce County Kids' Mental Health—Pierce County (KMHPC) is a coalition of people and agencies in Pierce County that are joining together to address the growing behavioral health crisis among school age children and youth. KMHPC is dedicated to developing a coordinated, responsive behavioral health system that serves the needs of children, youth and families at the right time, in the best place, with the best outcome for every family. KMHPC coordinates with initiatives focused on young children to create a continuum of behavioral health services starting at birth.



## **Cross-System Collaboration**

Autism and Disability Partners Child Welfare School Districts Youth Services



lealth Equity Partners Health Care Systems Primary Care





Community Mental Health Crisis Services Managed Care Organizations



Law Enforcement Juvenile Justice EMS



### KMHPC Community Multi-Disciplinary Team (MDT)

- The KMHPC MDT is a community-based, family-focused multidisciplinary team of community stakeholders, providers, and advocates who aim to assist providers and families with complex behavioral health presentations, care coordination and case planning.
- The MDT can assist with tasks such as: outpatient service recommendations, care coordination needs, behavioral management strategies, safety planning strategies, transitional planning, discharge planning and family engagement strategies for youth and families who reside in Pierce County.
- There are two MDT Pathways: <u>Crisis Pathway</u> vs <u>Community MDT</u>. The Crisis Pathway is for emergent meeting needs that need to occur within 24-72 hours. This meeting will convene via conference call (WebEx) or in the community when able. The Community MDT will be held as requested for consultation regarding complex cases and behavioral health high utilizers.

## **MDT** Referral

#### Community Multidisciplinary Team (MDT)

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Please review the KMHPC MDT Guide and FAQ for additional information and to answer FAQ.

Child/Youth Int	formation:
Child/Youth Name *	First Name Last Name
Birth Date *	mm-dd-yyyy
Child/Youth Address	
Child/Youth Phone	
Area Code	- Phone Number
Is it okay to leave a voicemail at this number?	⊖ Yes ⊖ No

#### I would like to consult with the Team About:

- Outpatient Service Navigation: I am looking for recommendations regarding outpatient mental health and/or substance use disorder treatment resources.
- Care Coordination Needs: I am looking for assistance with care coordination for a youth enrolled in various services or multiple system involvement (Juvenile Justice, Behavioral Health, Foster Care, etc.)
- Behavior Management Strategies: I am looking for recommendations for behavioral management strategies to support safety within the community
- Transitional Planning: I have a child/client who is transitioning back into the community from placement (inpatient unit, CLIP) who needs additional supports or recommendations for transitioning back into the community
- Discharge Planning: I need assistance with developing a discharge plan from an Emergency Department
- Family Engagement Ideas: I need assistance with engaging a family in services or to address barriers in access to services
- Safety Planning: I am a provider who would like consultation to complete a safety plan

Other

#### **Referent Information:**

Name of Person Making the Referral	First Name	Last Name	
Name of Clinic / Hospital / Organization*			
Phone Number			
	-		
Area Code	Phone N	umber	
Referent Email *			
	example@example	.com	
Reason for Referral:			

## Who Participates?



- The KMHPC MDT is composed of volunteer community stakeholders from local community organizations including but not limited to: Managed Care Organizations (MCO), Beacon Health Options, Comprehensive Life Resources, Greater Lakes Mental Healthcare, Multicare Behavioral Health, Mary Bridge Children's Hospital, Behavior Bridges, Developmental Disabilities Administration (DDA), Catholic Community Services, SEAL K12, Department of Child, Youth and Families (DCYF), School Districts and Pierce County Juvenile Court (PCJC).
- There is an additional network of specialty providers to include: special education advocates, Substance Use Disorder Professionals, behavior analysist, and faithbased organizations that can be requested to attend as needed.
- When an MDT is requested to include the family, the family will be able to identify other supports they would like to attend the meeting.



### What Can I Expect?

- Meetings generally will be scheduled for one hour.
- The referent and/or family will provide history and question for the MDT. Upon history and need identification the team will be able to ask clarifying questions.
- The team will share recommendations related to the request of the team (discharge planning, safety planning, etc.). Additional recommendation may be made by the team if there are appropriate resources in the community that may be available to the family that support the identified needs and support the family's strengths.
- The facilitator/Behavioral Health Navigator will document the team's recommendation and provide it to the referent via email.
- The MDT <u>cannot</u> make referrals on the youth's behalf or ensure acceptance into a service based on the team's recommendation.

## Information Sharing



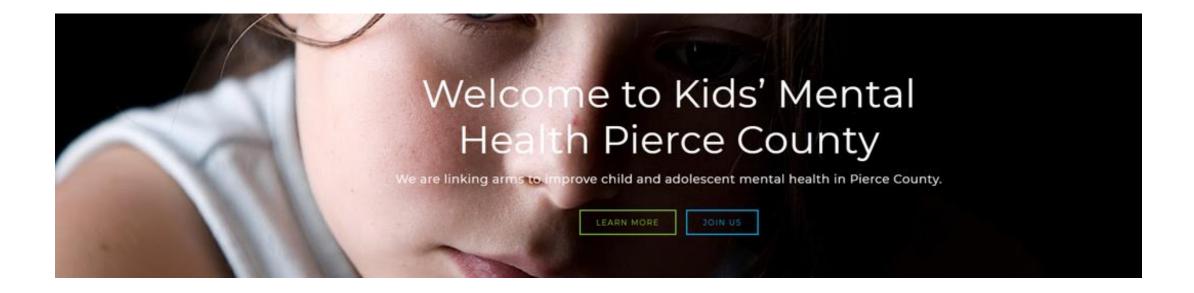
The youth and/or parent completes an approved Release of Information (ROI)

Participants complete a statement of confidentiality

RCW 70.02.230 and 240 Mental Health Services-Minors—Permitted Disclosures: Providers can share mental health treatment information with another medical or mental health treating provider or make a referral to a medical/mental health provider without written authorization by the adolescent. Providers can release information to the minor, the minor's parent and the minor's attorney including those acting as a parent as defined in RCW 71.34.020 for the purpose of family-initiated treatment. *Does not include foster parent(s).* 

Washington state law about what information mental health professionals can share has changed. Mental health providers are now allowed to communicate some adolescents' (age 13-17) treatment information to parents, if the provider believes that sharing this information would benefit the treatment process. This includes sharing information through Family Initiated Treatment (FIT).





### Streamlining and Coordinating Behavioral Health Services & Resources

- KMHPC offers a robust website that serves as Pierce County's clearing house for a comprehensive pediatric behavioral health information and resources to school-based behavioral health navigation.
- KMHPC's online presence also includes a robust newsletter and popular webinars on a variety of complex topics.





# Contact Information

www.kidsmentalhealhtpiercecounty.org



#### Vanessa Adams, LICSW

Program Coordinator, Kids Mental Health Pierce County

Email: vanessa.adams@multicare.org

Phone: 253-325-4303

Ashley Mangum, LICSW Director, Kids Mental Health Pierce County Email: <u>ashley.mangum@multicare.org</u>

