PIERCE COUNTY SCHOOL-BASED MENTAL HEALTH SUMMIT

KIDS' MENTAL HEALTH PIERCE COUNTY & MARY BRIDGE CHILDREN'S HOSPITAL
WITH SUPPORT FROM GENENTECH AND PIERCE COUNTY HEALTH DEPARTMENT

HOSTED AT PACIFIC LUTHERAN UNIVERSITY

OCTOBER 24, 2023

TACOMA, WASHINGTON

IMPACT REPORT

Kids' Mental Health Pierce County

TABLE OF CONTENTS

PROGRAM OVERVIEW

"Achieving an equitable behavioral health system in Pierce County means that all youth and families are able to access the right services, at the right time, as close to home as possible."

– Ashley Mangum, Director of Kids' Mental Health Pierce County

The Pierce County School-Based Mental Health Summit explored opportunities for improved equity along the behavioral health continuum for youth and families in the wake of the American Academy of Pediatrics (AAP), the American Academy of Child and Adolescent Psychiatry (AACAP), and the Children's Hospital Association (CHA) joint declaration of a National State Emergency in Children's Mental Health.

With the growing prevalence and complexity of mental health needs of youth and families, coordinated education and systems response plays a vital role in supporting the health and wellbeing of the community. Summit speakers presented on the behavioral health service continuum in Pierce County focused on prevention through crisis and recovery and how the continuum does and does not meet the varying needs of youth. Presentations explored equitable behavioral health support for neurodiverse youth and youth who identify with minority populations that are historically underserved for mental health care such as communities of color, rural communities, youth with intellectual/developmental considerations, and LGBTQIA+ youth. Sessions focused on how public stigma and lack of trauma-informed approaches can further traumatize youth in mental health crisis. Presenters explored how the county crisis system exists to support youth and families with tailored mental health support regardless of certain barriers such as insurance coverage. Presenters exposed how lack of best practice standards and preventative crisis planning within organizations that serve youth can lead to a lack of proper prevention of crisis events and/or recovery following a crisis.

This program highlighted best practice standards for supporting youth in crisis, exploring strategies to provide culturally competent and trauma-informed intervention. Speakers shared innovative approaches to support neurodiverse youth and prevent crisis such as Universal Design for Learning (UDL), a framework based on cognitive neuroscience that centers universal learning environments designed to accommodate all individuals with learning differences. Additionally, speakers shared how mental health crisis services should be tailored to the developmental needs of youth and should be community-centered, utilizing the Mobile Response and Stabilization Services (MRSS) model as an upstream intervention to prevent unnecessary emergency department utilization/hospitalization while also reducing common barriers in access to mental health care such as insurance and location.

PRESENTATIONS

LAURA O'ROURKE, MS: SUPPORTING NEURODIVERSE YOUTH TO SURVIVE AND THRIVE DURING MIDDLE, HIGH SCHOOL & BEYOND

Laura O'Rourke, MS (she/her), is the founder and Executive Director of Behavior Bridges. She holds a Master of Science degree in Special Education from the University of Wisconsin-Madison and has been a Board-Certified Behavior Analyst since 2006. She is also a Washington State Licensed Behavior Analyst and Licensed Mental Health Counselor. Laura has worked in the field of Applied Behavior Analysis (ABA) since 2002. She has extensive experience developing and implementing behavior support services in home, school, community, work, and center-based settings. She has provided services in early intervention, general education, special education, adult residential and employment setting.

PRESENTATION OVERVIEW: This presentation described the behavioral health needs of neurodiverse youth in middle and high school. Strategies discussed included preventative mental/behavioral health, useful supports, and empowering neurodiverse youth in self-advocacy and increased independence toward transitioning to adulthood.

TOVAH DENARO, MS, ED.D.: VERBAL DE-ESCALATION TECHNIQUES FOR THE CRISIS CONTINUUM

Tovah Denaro, MS, Ed.D. (she/her), is the founder and lead consultant of Innovative Behavioral Consulting (IBC). She began this work in 2011 through her own experience in the classroom as a Special Education teacher for youth impacted with emotional and behavioral disabilities. Through her years in the classroom, she began to strategically focus on supporting youth, ages 3 to 18, who are historically minoritized; specifically, LGBTQIA+ youth, BIPOC, youth in Special Education, and youth who are or have been incarcerated. She founded IBC to ensure that any adult who supports youth has the skill and understanding to build intergenerational relationships and recognize the power that an adult/youth connection has on keeping youth engaged in school. Her work focuses on spreading trauma sensitive and culturally responsive mental health practices to school districts and community-based organizations across the states of Washington and California, emphasizing verbal de-escalation, social emotional learning, equity, and wellness systems for all. She is currently a doctoral candidate through the University of Southern California in K-12 Urban Education.

PRESENTATION OVERVIEW: In this session, participants learned how escalation and crisis is the product of a youth's stress that is kept alive by the actions and reactions of others. Youth who are impacted by trauma and mental health challenges have a higher likelihood of experiencing this state of distress regularly. This session familiarized participants with the dynamics of the Escalation Cycle and Crisis Continuum, and how it negatively impacts both adult and youth behavior. Participants were introduced to strategies for using knowledge of this cycle and continuum to support more productive responses to problematic behavior. This session aligns with neurodevelopment theories of supporting youth during times of significant distress.

DARLENE DAVIES, MA: OVERVIEW OF THE CRISIS SYSTEM

Darlene Davies, MA (she/her), is Clinical Programs Director at Carelon Behavioral Health. Darlene has worked in community mental health in Pierce County for over 22 years in various roles providing support and services to the most vulnerable individuals in our community.

PRESENTATION OVERVIEW: This resource highlight provided an overview of crisis behavioral health services available to residents in Pierce County through a variety of partnerships with community providers. Carelon Behavioral Health has been the Behavioral Health Administrative Services Organization (BH-ASO) for Pierce County since 2019. As the BH-ASO, Carelon is responsible for behavioral health crisis services for all individuals, regardless of their insurance status or income level. Carelon is also responsible for additional non-crisis services for low-income individuals who lack insurance coverage. Carelon Behavioral Health aims to develop active working groups comprised of stakeholders across the behavioral health, criminal justice, and social services fields to advance the crisis system of care.

NOLITA REYNOLDS, MA: PIERCE COUNTY MOBILE CRISIS AND STABILIZATION

Nolita Reynolds, MA (she/her), is a Clinical Site Director with Catholic Community Services Family Behavioral Health Services. She has over 20 years in the mental health field. Her experience includes working with children and families, as well as multiple systems serving the poor and most vulnerable populations. Currently, Nolita oversees one of the largest sites in the family behavioral health system that provides high-intensity, in-home services. Nolita has a passion for working with those in need of emergent stabilization and developing new leaders. She has had extensive experience working in crisis services, family search and engagement, as well as long term intensive community-based work. She has participated in technical assistance projects in several states training on youth crisis stabilization and family search and engagement.

PRESENTATION OVERVIEW: Provided an overview of CCS role in youth mobile crisis and crisis stabilization services, highlighting the individualized and tailored care to families. Discussed outreach work with school districts (and other community providers) as well as plans to increase agency role in school services.

SALLY MCDANIEL, LMHC, LMFT, CMHS, SUDP & BILL EUBANKS, LMHC, CMHS: PREVENTION AND RECOVERY AFTER A CRISIS

Sally McDaniel, LMHC, LMFT, CMHS, SUDP (she/her), is a licensed Mental Health Counselor, Licensed Marriage & Family Therapist, Child Mental Health Specialist, and a Licensed Substance Use Disorder Professional. She has been working in community mental health for over 12 years at Greater Lakes Mental Healthcare/MultiCare and prior to that she was an elementary school teacher for close to 20 years. She is also a supervisor and consultant for Trauma Focused Cognitive Behavioral Therapy (TFCBT & CBT+).

Bill Eubanks, LMHC, CMHS (he/him), is a licensed Mental Health Counselor and Child Mental Health Specialist. He has been working in community mental health for over 29 years at Greater Lakes Mental Healthcare/MultiCare. He is also a supervisor and consultant for Trauma Focused Cognitive Behavioral Therapy (TFCBT & CBT+) and UW's CoLab on Evidence Based Practices. Bill partners with 9-10 school districts in Pierce County to place counselors inside the schools to provide therapy to those students who would not be able to receive services otherwise and provides education and consultation to school staff. Bill also trains and supervises master's level interns from various online universities, as well as those locally.

PRESENTATION OVERVIEW: Discussed best practice standards for preventing crises, managing active crises, and promoting organizational recovery following crisis events.

QUANTITATIVE OUTCOMES

EVENT AND ATTENDEE INFORMATION

- 1 day event
- 226 registrants
- 229 attendees
    - Counselors, psychologists, hospital/school administrators, social workers, doctors, teachers, paraeducators, policy experts, local and state health officials
- Over 56 organizations represented including:
    - US-based health care professionals from hospital systems and Federally Qualified Health Centers, non-profit community organizations, payors, health advocacy groups, faith-based organizations, school districts, higher education organizations, local and state government agencies, behavioral health administrators
- Community partners held resource tables available for attendees, university students, and broader community members.
    - Organizations represented at resource tables included:
        - City of Tacoma Fire Department, City of Tacoma Cares/HOPE, Coordinated Care, Molina Healthcare, For the Culture Counseling Services, Healing Glo Counseling LLC, Seneca Family of Agencies, Consejo Counseling and Referral Service, NAMI Pierce County, Office of Behavioral Health Advocacy, Tacoma-Pierce County Health Department, Team Wrk, Innovative Change Makers, Black Boy Heal, GameTime, Carelon Behavioral Health, Catholic Community Services, Veteran's Administration Puget Sound, Youth Engagement Services Pierce County, Behavior Bridges, Kids and Family Counseling, Metropolitan Development Council, Therapy Fund Foundation

- Resource tables offered education on community resources, referral information, and access to online mental health resource hubs.
- University students engaged with resource tables and expressed interest in internship/volunteering opportunities with various community mental health agencies.

ATTENDEE SURVEY RESPONSES

- 45 attendees (54%) provided feedback at the end of the summit through Mentimeter survey software and rated multiple measures on a scale from 1 (strongly disagree) to 5 (strongly agree) providing the following scores:
  - "Presentations today were useful" – rated 4.6 out of 5
  - "The summit structure allowed me to participate well" – 4.3 out of 5
  - "I have identified new actions I will take" – 4.6 out of 5
  - "I have made or strengthened relationships" – 4.4 out of 5

ATTENDEE ENGAGEMENT CARD RESPONSES*

- 83 attendees (37%) completed post-event engagement cards.
- 100% of attendees would like to stay informed on KMHPC activities and events.
- 29% of attendees would like to become involved in the KMHPC implementation team for improving system access, wellness, and care coordination.
- 19% of attendees would like to become involved in the KMHPC implementation team for improving local and statewide service capacity.
- 41% of attendees would like to join the Youth Crisis Collaborative in Pierce County.
- 37% of attendees would like to be the point of contact in schools for ongoing support and collaboration.
- 42% of attendees would like to attend future district training on youth mental health.

*Percentages are derived from sample of persons who completed the post-event engagement card

QUALITATIVE OUTCOMES

ATTENDEE SURVEY RESPONSES

ATTENDEE RESPONSE TO "WHAT IS THE BIGGEST OBSTACLE YOU FACE IN SUPPORTING YOUTH MENTAL HEALTH?"

- Access and funding: "funding", "limited services", "school district funding", "too few social workers", "lack of mental health therapists", "not enough staff", "insurance barriers",

"insurance, geographic location, transportation, contract barriers, policies", "not enough youth mental health beds", "lack of adequate levels of care", "inequity"

- Workforce capacity and training: "understanding the depth of mental health", "not knowing how to help them", "properly trained providers", "not having time in the day to provide mental health services", "education to remove stigma", "getting providers in school buildings", "lack of collective efficacy", "confusion on where to start for families", "ratio of psychologists; not having skill sets utilized", "not enough therapists of color", "culturally appropriate providers", "BIPOC providers"
- Fragmented systems of care: "too many silos", "lack of system coordination", "need preventative resources, so many available resources are only available after a crisis", "lack of communication between organizations and institutions", "stakeholders not wanting to partner", "taking kids to the ER", "lack of alignment", "miscommunication."
- Engagement in services: "family beliefs", "time and convenience for families", "lack of parental involvement", "kid buy in", "being able to contact families in person, over the phone, email", "lack of supportive parents", "no parent involvement", "support from parents", "empowering parents."

ATTENDEE RESPONSE TO "WHAT IS THE BEST OPPORTUNITY YOU SEE TO IMPROVE SCHOOL-BASED MENTAL HEALTH SUPPORTS?"

- Increased collaboration between schools and community mental health organizations/hospitals
- Increasing access to timely mental health care across all levels of care (outpatient, inpatient, PHP/IOP)
- Board members, administrators, executives across agencies must recognize the need for increased mental health support and leading initiatives.
- Training and education for school staff on mental health and how to engage with students in crisis.
- Embedding mental health providers and services within schools
- Increasing incentives to work in the mental health field to strengthen workforce and improve retention.
- Elevating youth and family voice
- Universal suicide screening
- Early intervention
- Shifting the way we think about mental health, reducing stigma.
- Mandatory mental health education and support in K-12 environments
- Parenting workshops
- More gatherings such as this summit to improve system collaboration, remove silos.
- Utilizing certified peer support specialists
- Trained adolescent substance use disorder professionals in schools
- Increase number of school counselors and social workers in schools

IMPACT

SHORT-TERM IMPACT

- The program brought together professionals with a vested interest in youth mental health across the southern Puget Sound region fostering collaboration and information sharing.
- Presentations provided education to attendees on the mental health service continuum in Pierce County and how to equitably support the diverse population of youth and families that our community serves.
- Attendees gained accessible tools for organizational and practice improvement that can be applied immediately.
- Resource tables provided real-time information, education, and resources to summit attendees, university students, and community members passing through on available community services and programs.
- The program was featured in the news on KOMO TV to highlight the importance of youth mental health awareness and community collaboration in coordinating a systems response to address the current pediatric mental health crisis.

LONG-TERM IMPACT

- KMHPC, in partnership with community agencies, is posited to hold another school-based mental health summit in one year and annually thereafter due to the level of interest and attendance from individuals across the community as well as expressed desire from attendees for the summit to become an annual event.
- 34 attendees from the summit will be participating in the Youth Regional Crisis Collaborative, a new initiative aimed at addressing and reducing health disparities amongst youth in mental health crisis.
- The program contributed to overall community awareness of how to equitably engage with and support youth experiencing mental health challenges.
- Many university students engaged with resource tables to inquire about volunteering and internships, creating opportunities for strengthening the future mental health workforce in Pierce County.

NEXT STEPS

- Follow up with summit attendees who indicated interest in joining KMHPC efforts to strengthen and maintain new partnerships.
- Continue education and outreach efforts with various community partners in our work to improve pediatric health equity through existing KMHPC implementation teams, Youth Crisis Collaborative, and community webinars.
- Plan the next school-based mental health summit for fall 2024 and annually thereafter to support the educational and collaborative needs of the school-based mental health continuum.
- Improve local and statewide mental health service capacity in Pierce County and Washington state.
- Improve access, wellness, and care coordination across mental health system in Pierce County.
- Begin implementation of Youth Crisis Collaborative in Pierce County.

Pictured on the left: Vanessa Adams, KMHPC Program Coordinator (left), Ashley Mangum, KMHPC Director (center), Genentech team

Pictured on the right: KMHPC team; Back row (left to right) – Garrison Kurtz, Corasia Smith, Claire Helligso, Ashley Mangum, Vanessa Adams, Tracie Barnett; Front row (left to right) – Gina Cabiddu, Maddy Greeley, Chelsea Arbogast, Linh Do