

Washington State Medical Home Leadership Network

“Putting Medical Homes Into Practice”

Wednesday, May 30, 2007

3:30 Panel Discussion: Improving Children’s Mental Health through the Medical Home

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Child Psychiatry Coalition of Cowlitz County Our Children’s Mental Health Collaborative

CHILD AND FAMILY CARE CHARTER

Children’s Community Resources’ mission is to serve the unmet health care needs of children in Cowlitz and neighboring communities by facilitating their medical treatment, health education and care; and by identifying and accessing resources to meet their needs. One of the programs of Children’s Community Resources is coalition building. We build coalitions to plan, implement and fund programs to serve our children’s unmet health needs. CCR has successfully built coalitions of community agencies and clinics in the areas of immunizations, health insurance, asthma, obesity, autism and children’s mental health.

Children’s Community Resources convened the Child Psychiatry Coalition in February 2005 to develop a collaborative children’s mental health organization to plan child and family care programs in order to serve unmet community, family and children’s medical and mental health needs. The values ascribed to by the collaborative in their planning are that services provided to families and children will be accessible, family centered, continuous, comprehensive, coordinated, compassionate and culturally appropriate. To provide collaborative and non-duplicated service is a foundational principle of the coalition.

The member clinics and organizations of the Child Psychiatry Coalition are: Child and Adolescent Clinic, Pediatric Clinic, Peace Health, Kaiser Permanente and Family Health Center, Progress Center, Women, Infants and Children (WIC), First Steps, Cowlitz Health Department, Kelso School District, Longview School District, Broadway School, Parent to Parent, Parent’s Place, Child Protective Services, Foster Children’s Services, Juvenile Court, HOPE Drug Court, Child Care Resource and Referral, Head Start, Youth and Family LINK, Lower Columbia Mental Health Center (LCHMC), Child’s Place, Drug Abuse Prevention Center (DAPC), Northwest Psychological Resources, and Regional Support Network (RSN).

To Guide Our Collaborative Organization and the Children’s Mental Health System, the Child Psychiatry Coalition membership developed and agreed to the following:

CHILD AND FAMILY CARE CHARTER

VISION

HEALTHY CHILDREN READY TO LEARN

Our community will ensure and enhance a stable, collaborative continuum of primary, mental health and substance abuse care that fosters each child and family’s ability to reach their full potential.

KEY TO SUCCESS

INVESTMENT

Community investment in a collaborative children’s mental health system providing prevention, early identification and intervention, diagnosis and treatment of children’s mental health problems produces healthy children ready to learn and yields a proven financial return on the initial investment.

MISSION

To assure a medical home for all children, to create and support a system with adequate and stable funding to provide quality, cost-effective mental health and substance abuse services, and to retain quality child psychiatric services for our community and our children.

Adopted March 9, 2007

VALUES

We will provide services with the following Medical Home values:

- Accessible to all families and children in the community whether insured, Medicaid, or uninsured.
- Family centered, seeking to empower and engage families in the process of early identification, intervention, and completion of their child's mental health care.
- Continuous, from birth through twenty years of age, but with an emphasis on:
 - Screening all mothers for depression.
 - Screening all children for social, emotional, and cognitive developmental delays, pre-birth to 6 years.
 - Early identification of mental health needs and stabilization of treatment prior to adolescence.
- Coordinated, utilizing standardized reporting tools, reports will be stored in the data bank in the child's medical home, then updated information will be exchanged among all who serve the same child and family. Coordinated care led by the Medical Home will be provided to every child and their family through their service team.
- Comprehensive, with services available 24/7
- Compassionate
- Culturally and linguistically appropriate

PRINCIPLES

- We will collaborate as a children's mental health team to create and deliver services and supports for children and families. Collaboration means alignment of staff, resources and services.
- Physicians will lead children's mental health care.
- Pediatricians lead primary children's health care.
- Behavioral health care diagnosis and treatment plans will be developed in collaboration with expert child specialists such as child psychiatrists, child psychologists, infant mental health specialists and pediatricians in a real time co-management model. Representatives from these professions will provide consultation to the community in response to children's mental health problems and crisis.
- Behavioral health care management teams (family and child case management) will be comprised of representatives from any clinic, school, agency – public and private and organizations that are providing services to the child. In this team model, every member provides a unique, respected and important input contributing to an effective course of care.

COLLABORATIVE OPERATIONAL GOALS

To enact the following principles and values, we will collaborate to achieve these goals:

- Provide a medical home for every Cowlitz County child.
- Develop a shared commitment to a service model of co-management and a team approach to care, identifying and resolving existing barriers.
- Create a sufficient local array and amount of services and supports to meet the needs of the community. The services will be family-centered, engaging the family in the planning and implementation of programs. The organizations will share skills and knowledge and avoid duplication of services.
- Use prevention and early intervention services and supports as a priority.
- Build the service model in partnership with ethnic support groups, the faith-based community, and service organizations. Seek community financial support, public and private.

CHILDREN'S COMMUNITY RESOURCES
CHILD PSYCHIATRY COALITION
COLLABORATIVE CHILDREN'S MENTAL HEALTH SYSTEM
COWLITZ WAHKIAKUM COUNTIES WASHINGTON
CHILD AND FAMILY CARE CHARTER

POLICIES

1. Every child in Cowlitz County is connected to a medical home. This system of care will be the basis for delivery of children's mental health services.

Standard of Care:

- A. The intake process for each organization will include the following questions to obtain current information:
 1. "Who is your doctor?"
 2. "What clinic do you attend?"
 3. "When were you last seen?"
 4. "What is your source of payment? Private? Public? Insurance?"
 - B. If the client lacks a physician or source of payment, the organization will ensure that both a doctor and a source of payment are identified. If there is no source of payment identified, the organization will assist the client in attaining a source of payment.
 - C. The intake process for each organization will include a current release of information, which will be updated as often as required to maintain communication.
 - D. The intake process for each organization will include obtaining the medical record of the child's last Well Child examination and a referral for care if that examination is not current for age.
2. Children's mental health services in Cowlitz County will have a community child psychiatry-based service model.

Standard of Care:

- A. Community agencies, public or private, will have access to expert consultation regarding population-based children's mental health policies.
 - B. All children who are referred for moderate and severe mental health problems for child psychiatry evaluation will be tracked to ensure engagement and completion of care.
 - C. Children with moderate and severe mental health problems will be diagnosed and treated in a co-management model led by pediatricians, child psychiatrists, psychologists, and mental health specialists. Care will be managed by team conferences.
3. Our children's mental health service delivery system members will implement standard data collecting, screening, tracking and referral protocols.

Standard of Care:

- A. All member organizations will compile a yearly report to document numbers and types of services provided.
- B. All member organizations will screen all clients to identify high-risk families with limited nurturing abilities. The high-risk families will be referred to their medical home for assignment to an appropriate tier level of intervention co-managed by the physician and community organizations.

- C. All member organizations will track their clients on entrance to care and discharge from care, and provide care plan updates. A summary of the clients' reports will be provided to the medical home for co-management by the physician and the community organizations. An appropriate tier level of tracking will be based upon client acuity.
 - D. Any member organization can refer to another organization and must inform the medical home using a standardized referral form and release of information
4. **Our children's mental health service delivery system members will implement standard information sharing agreement, provide team care in a collaborative co-management model and develop and implement an electronic community children's mental health record.**

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Standard of Care:

- A. The member organization will participate in an accurate information and effective knowledge transfer system. Initially, this will be by paper and/or fax.
 - B. The member organizations, by policy, will collaborate, fund and implement an electronic children's community health record to integrate health information for all organizations and families throughout our community.
 - C. The member organizations will provide current records to the medical home regarding admission to care, progress of care and discharge of care.
5. **Our children's mental health service delivery system members will implement evidence-based practice programs for prevention, early intervention, diagnosis and treatment.**

Standard of Care:

- A. The member organizations, by policy, will review screening, diagnostic and treatment protocols and outcome instruments to ensure they demonstrate best practice, quality and are current.
 - B. The member organizations will seek funding in order to implement more costly evidence-based practice programs.
 - C. The member organizations will seek training to implement evidence-based practice programs, which may require a higher level of skill and knowledge.
6. **Development of a Collaborative Organization for our Children's Mental Health System.**

Standard of Care:

- A. The Child Psychiatry Coalition, sponsored by Children's Community Resources, will develop a Child and Family Care Charter that is agreed to and accepted as the fundamental set of policies for all member organizations.
- B. The Child and Family Care Charter will state the vision, mission, principles, values, and operational goals that will guide our children's mental health system.
- C. The Child and Family Care Charter will state the policies agreed upon to carry out our Strategic Initiatives; each policy will include standards of Care guidelines.
- D. The Child Psychiatry Coalition will develop agreed upon procedures to carry out the Child and Family Care Charter policies and provide training to each clinic and organization regarding feasible and effective implementation of the procedures.

Signature document "As a partner in providing care for Cowlitz-Wahkiakum children and families, my agency subscribes to the standards and processes of care recognized in the Child and Family Care Charter. We, the undersigned, will work collaboratively to achieve the identified Charter objectives."

Adopted March 9, 2007