

***Kitsap Mental Health Services  
PRSN QRT Biennial Review  
March 23-25, 2009***

**BACKGROUND INFORMATION:**

The QRT brokered with PRSN and Ombuds staff in reviewing the results of Ancillary Provider Survey Summary and 2007 QRT Report. Review of organizational chart provided review of current personnel changes since last review.

**ANCILLARY PROVIDERS-** *March 23-Givens Community Center*

The QRT interviewed representatives from Kitsap County Youth Mental Health Court (Individualized Treatment Court), Bremerton Police Department, Kitsap County Department of Aging & Long Term Care, Division of Child and Family Services, Central Kitsap School District and Kitsap County Jail.

**ON SITE VISIT-** *March 24 & 25 Kitsap Mental Health Services Campus*

Interviewed during visit were staff from Adult Outpatient Services, Child and Family Services, Youth Inpatient Unit, Children's Crisis Team, Crisis Clinic, Pathways, Employment Services and PACT Team.

Meeting with consumers and family members at Oasis during lunch, on campus throughout our site visit and during the Community Forum provided QRT with supplemental information.

**FINDINGS**

The QRT met with several representatives from the Individualized Treatment Court and learned that the program continues to broker with KMHS very effectively in providing creative and quality services to youth and their families. Citing "outstanding communication" and staff that are "passionate about their jobs" testimony was provided that only praised the collaborative efforts of KMHS and supported a "children first dedication". It was identified that a designated children's crisis worker specifically available for the weekends would be helpful.

Meeting with Bremerton Police Department the QRT discovered that Officers often don't know the outcome of their interfacing with KMHS clients following a crisis. Requesting a phone call, fax or email that "closes the loop" would be helpful for officers in maintaining awareness of clients individual needs and so they can be more "proactive not reactive". Not knowing outcomes and dealing with some of the same clients/same situations contributes to many officers perception that "the system is broke". It was shared that KMHS staff frequently provide history to officers and respond to all requests by officers in a timely manner.

Aging and Long Term care staff member shared they enjoy collaborating with KMHS and rely heavily on coordinating access, consultation and referrals provided. Identifying efforts where "KMHS bent over backwards" in application process for Weinberg Grant it was clear that efforts are greatly appreciated to meet the needs of shared clients. Need for continued updating and care coordination identified and example of LTC staff utilizing a depression inventory (PH Q9) for over a year before learning that KMHS has been using the same tool.

A discussion with supervisory staff member of DCFS revealed a strong sense of "teaming, troubleshooting and linking of services with children and families." It was expressed that during challenging budget times it is important to keep the lines of communication open and continue to work together for "productive resolutions for families". It was also suggested that both agencies provide cross training to each other to continue to enhance identification of the different roles.

Central Kitsap School District representative shared that "KMHS is all around supportive" and essential in providing support services to students. Citing "a willingness to think of alternatives" and "good communication" as a testimony KMHS has proved to be a strength to meeting the needs of students. It was identified that having a full time mental health specialist in the schools would be ideal.

Meeting with Kitsap County Jail staff the QRT learned increased hours of KMHS staff present at the Jail (both MHP and Psychiatrist) has had "a very positive impact." Specific to meeting the needs of special needs population, KMHS staff are essential. It was indicated that KMHS "hires the right people" and also does a great job linking people to resources. Housing continues to be a problem (often clients lose residence while incarcerated) and it was identified that KMHS does "well with this" (securing new or maintaining previous housing for incarcerated clients).

The Community Forum was sparsely attended despite wide campaign to recruit participants. Clients that participated shared that “people are here for me”, “I don’t think there is need for improvement...I like it just the way it is” and nothing but praise for the care provided by KMHS. Another client shared her story of recovery and identified that “when I thought there was no where to turn, KMH was there for me....got me on the right track and empowered me.”

Providing an entrance interview with a broad spectrum of KMHS staff availed opportunity for QRT to learn of many personnel changes as well as new innovations in the delivery of community mental health services. Discussion of disaster planning efforts identified consideration of “client first” planning, extensive provisions and coordination with Kitsap County Department of Emergency Management. Numerous evidence based practices continue to be implemented.

The QRT met with Adult Outpatient staff and learned about recent efforts in brokering with medical staff that opens up more available appointments including walk in option when needed. Dialectic Behavior Therapy continues to be an effective and popular treatment modality. Staff shared how they enjoy incredible support from supervisor, but “we are not micromanaged”. Having security on site has been helpful. Establishing multi disciplinary teams has helped coordinate services more efficiently. It was identified that it would be more helpful to actively collaborate with job training sites as employment remains a huge need for clients.

Lunch was enjoyed at the Oasis café and again the QRT enjoyed opportunity to share a meal and conversation with clients resulting in nothing but positive remarks.

Interviewing staff from Child and Family Services revealed a strong effort to utilize evidence based practices including: Trauma Focused Cognitive Behavioral Therapy, Dialectic Behavior Therapy, Parent-Child Interactive Therapy and Multi Dimensional Treatment Foster Care. Support group established for families of children with Autism spectrum disorders. A shared concern was expressed around need for continued advocacy regarding funding of children’ services in support of preventing need for adult services later on in life.

Staff from the Youth Inpatient Unit participated in interview and shared that “it’s a great place to work”, “I love my job”, and “an awesome group of people.” DBT continues to be integrated into treatment effectively. Review of admit data revealed steady increase in total admissions over the last couple of years and a diagnosis of depression was given three times as much as any other mental health diagnosis.

Crisis response teams (both adult and children) were on the interview schedule, yet only supervisor of children’s team was present for meeting. Several effective strategies to support children are being utilized including an integrated intake, ability to follow kid for 5-8 visits if warranted, treatment plan having LRA rights completed at discharge (from inpatient) and efficient follow up (within 3 days) with community hospital(s) when children are admitted there. It was shared that gaining an additional respite room or home would be ideal.

Crisis Clinic shared how a tremendous increase in calls has occurred over that last several years culminating in an increase of 135% (2007-2008). Group of 26 volunteers comprise team that handles all calls and the total number of calls exceeded 12,000 last year and is on track to surpass 20,000 this year. Linked with 2-1-1 the clinic is a first line of defense to a vast array of individuals with broad spectrum of needs/requests.

New assessment tool from National Suicide Prevention Lifeline being utilized effectively.

8 new exciting recovery oriented groups that are currently operating in Pathways treatment program were discussed. Staff shared a genuine excitement around opportunities to help clients “grow and change” as well as appreciation for each other as a being a strong team. Ability to integrate treatment and approach clients holistically is valued. It was identified that ideally treatment for co-occurring disorders would be funded from a single stream.

The QRT were very pleased to learn of recent efforts in Employment Services that have linked consumers to very satisfying vocational opportunities. Several success stories were testimony to the creative and resourceful efforts of KMHS that promote recovery for many consumers.

The QRT is very pleased with the outstanding performance of the PACT team and commends their efforts. Recently scoring 4.54 out of 5.0 by MHD evaluation tool, KMHS PACT team is recognized as a leader in the state in implementing model. Interviewing staff clearly revealed a strong sense of commitment and unity amongst team as well as passion for what they do. Need for continual housing resource development identified as a consistent concern.

### RECOMMENDATIONS

Meet with Bremerton Police Department and further bolster relationships, specifically developing a protocol that addresses aforementioned concern about officers not knowing what outcome of situation following their involvement in crisis situation with clients. Provide education to Department around commitment laws and empower knowledge of what legal parameters KMHS staff must operate within in efforts to decrease perception expressed by patrol officers that “the system is broke.”

Broker with CKSD to explore options around expressed desire to have KMHS on site in a more permanent fashion; this was identified in 2007 QRT site review report.

Collaborate with DCFS in establishing consistent opportunities to have both groups of direct service staff cross trained and provide reciprocating updates on services/programs.

QRT is pleased that recommendations from 2007 review have been followed and resolution is effective.