

# The Inside Scoop on Children's Mercy's Behavioral Health Specialty and Sub-Specialty Clinics and Case Review

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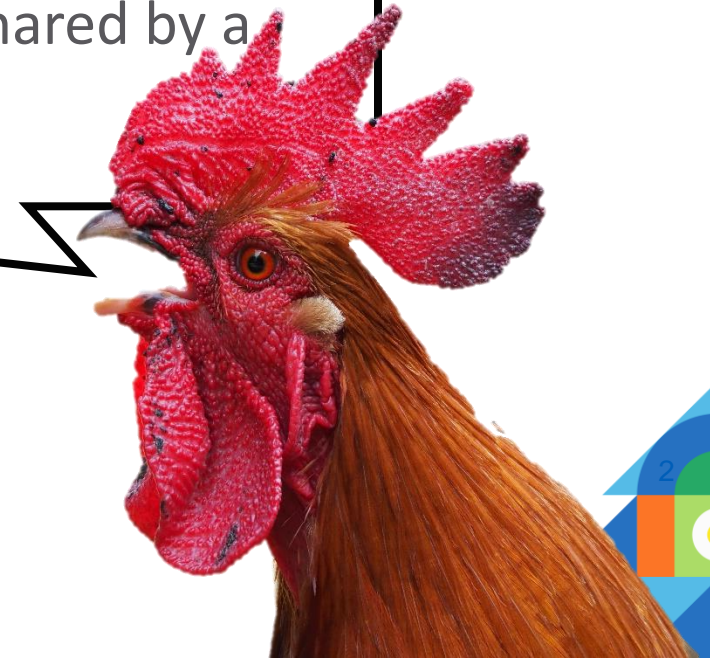
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# OBJECTIVES

- Participants will learn about Children's Mercy's behavioral health services, specialty and subspecialty clinics
- Participants will learn about accessing behavioral health care at Children's Mercy
- Participants will learn about who Children's Mercy serves (and why)
- Participants will participate in a behavioral health case review shared by a Children's Mercy Behavioral Health Clinician



# Developmental and Behavioral Health Division Staff and Data



- Psychiatrists, Developmental Pediatricians, Psychologists, BCBA's, APRNs, SWs, RNs and support staff
- 48,000 D&B, EDC & ADHD ambulatory patient visits 1.23-1.24
- Service locations: Main campus (DAY) Broadway, College Blvd (ADHD & EDC), Northland (Tourette), Telehealth
- Embedded into Specialty Clinics – Burn, GPS, Endo, FH, Hem/Onc, Nephrology, Sleep, GI, Cardiology, Pain, etc.
- Multi-Disciplinary BH Inpatient Team
- Missouri Autism Center of Excellence
- Tourette Center of Excellence



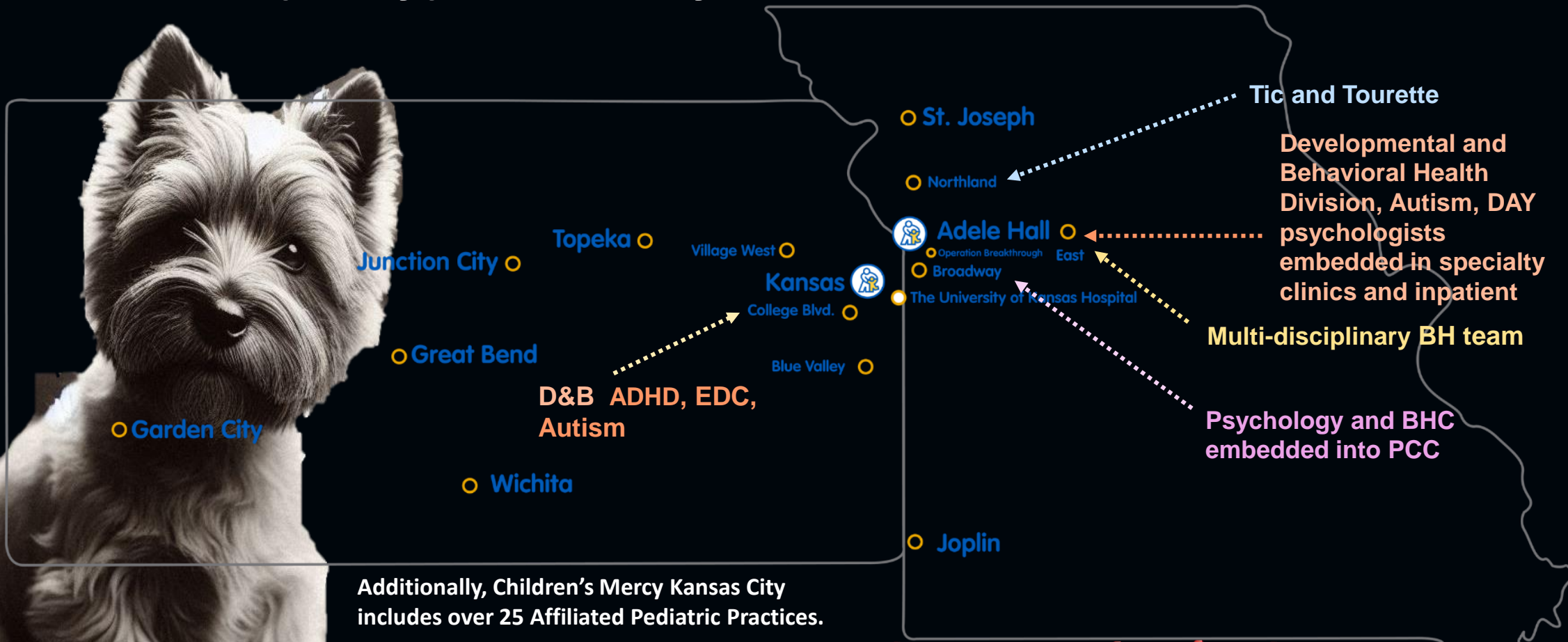
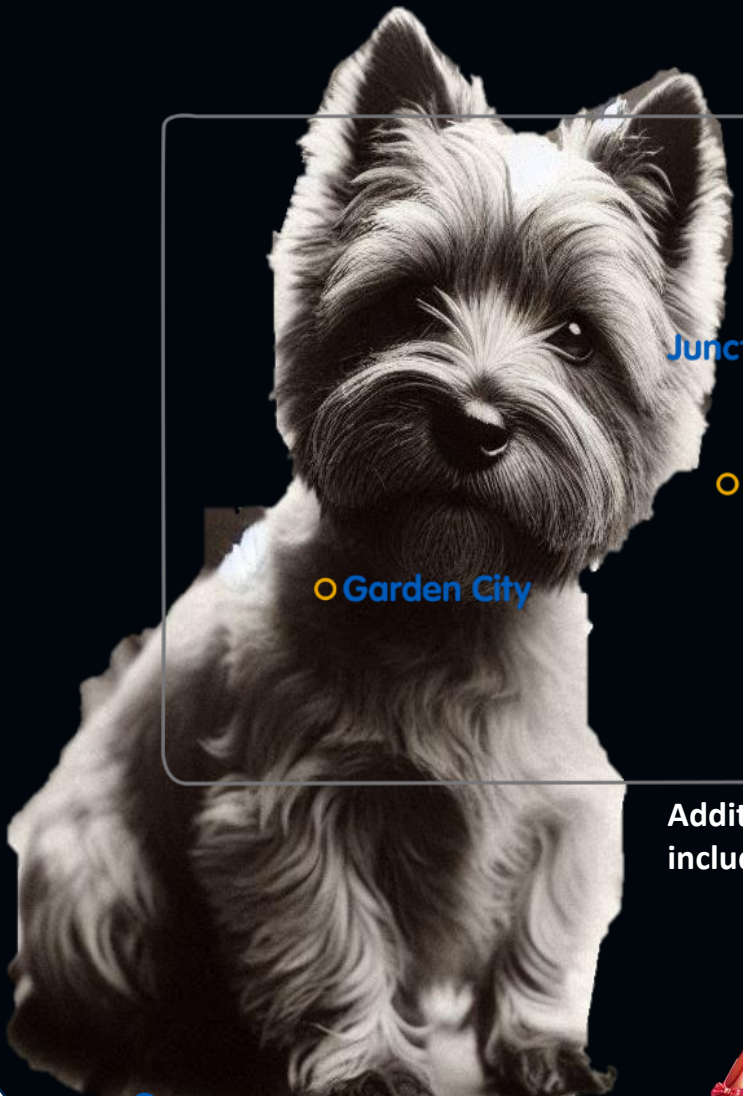
# What D&B does



- **Evaluation and Assessment**
- **SI Screening and Assessment**
- **Psychology Services**
- **Medication Management Clinics**
- **Inpatient Behavioral Health Team**
- **Specialty Centers**
- **Parent Coaching Programs**
- **Growing to meet community needs**
- **Services initiated through intake**
- **Parent-referral**



# We're not (only) in KS anymore



Additionally, Children's Mercy Kansas City includes over 25 Affiliated Pediatric Practices.





# *Additional CMH BH Services & Supports*

SW: AMHS, FT : PCIT, CPP, TFCBT, FT

Acute Mental Health Screening team (AMHS)

All therapies are parent referral : 816.760.8881 or <https://childrensmercy.my.salesforce-sites.com/dandb/>

Additional info: <https://www.childrensmercy.org/your-visit/family-support-and-resources/social-work/child-and-family-mental-health-services/>

SW: CARE Workshops: FREE for parents of children 2-12yo (parent only) goal improving parent-child interactions

Registration is required, call 816.855.1720 or by email [Careworkshops@cmh.edu](mailto:Careworkshops@cmh.edu)

August 5th and 19th (5:00 to 6:30 pm) Virtual

September 5th and 19th (1:00 to 2:30 pm) Virtual

October 2nd and 16th (5:00 to 6:30 pm) Virtual

Additional info: <https://www.childrensmercy.org/your-visit/family-support-and-resources/social-work/care-workshops/>



# Suicide Prevention at CMH

Screening

Assessment

\*Safety Planning and Means Storage

\*Connection to appropriate level of care

Caring Contact follow up call

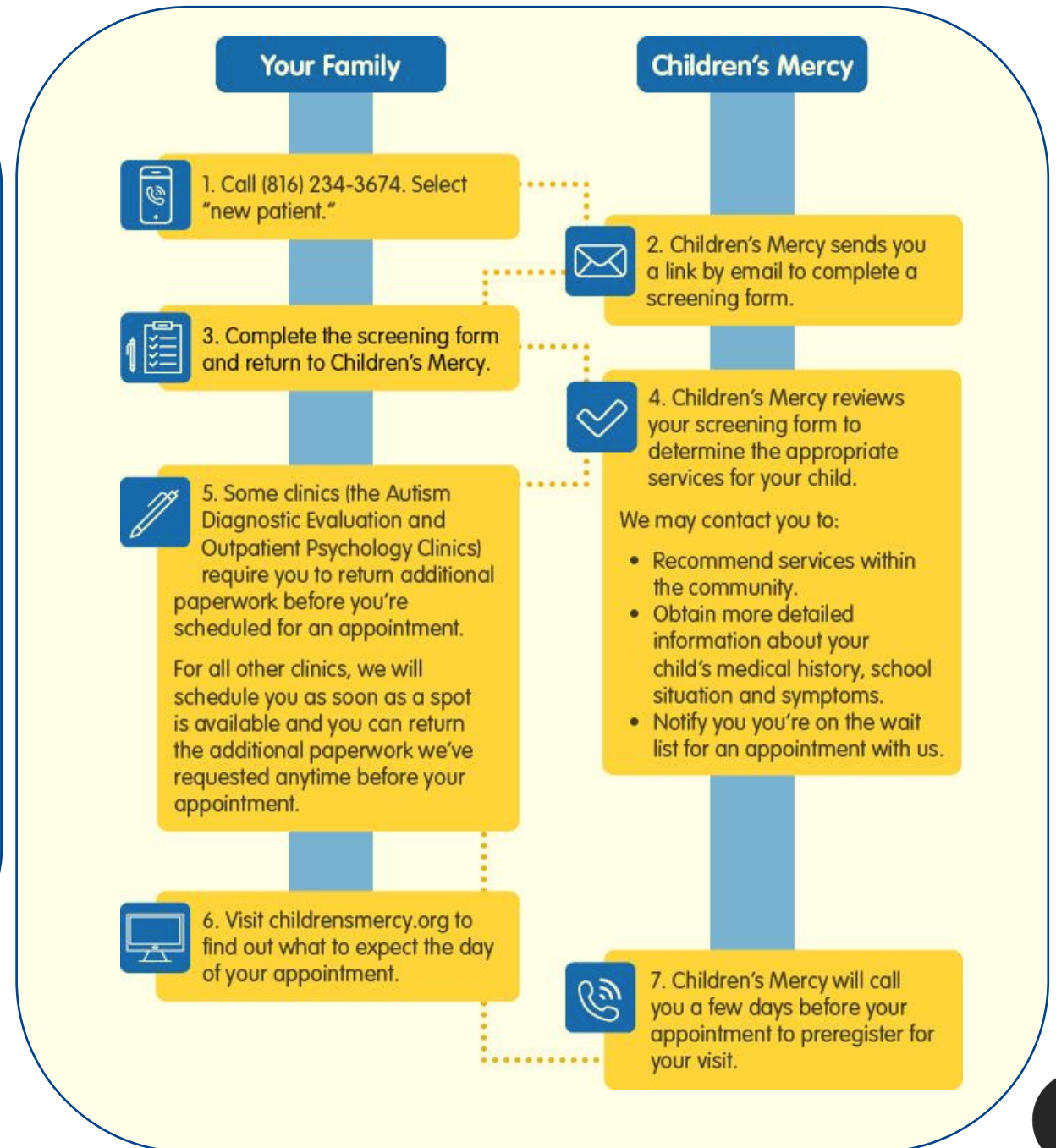
## Why we ask:

- Evidence-based
- Outcomes
- Education and support
- If we don't ask.....



# Getting started: Parent-referral intake process

<https://www.childrensmercy.org/departments-and-clinics/developmental-and-behavioral-health/>





# Where do referrals go?

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## Psychiatry

Complex Med Needs

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## Developmental Peds

Developmental Eval and Med Management

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## Autism

Eval and Consultation

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## General Psychology and Psychology testing

Eval, Consultation and Embedded Therapy



# Developmental and Behavioral Sciences Inclusionary and Exclusionary Criteria for Services

# Confidentiality

The information included in this document are general guidelines used by the Developmental and Behavioral Health department at Children's Mercy. Each referral is evaluated individually and, in some situations, exceptions can be made. The criteria, is reassessed frequently. For the most updated information, reach out to [DevBehIntake@cmh.edu](mailto:DevBehIntake@cmh.edu).

The content of this document is confidential and intended for the recipient specified. It is strictly forbidden to share any part of this document with any third party, without a written consent of Children's Mercy. If you received this information by mistake, please send a message to [DevBehIntake@cmh.edu](mailto:DevBehIntake@cmh.edu) so that we can ensure such a mistake does not occur in the future.

# General Exclusionary Criteria (applies to all services)

- Anyone needing emergent mental health care due to mental health crisis
- Patients who need extensive case management and therefore are best served at a Community Mental Health Center. Generally, Schizophrenia and Bipolar Spectrum patients, those with frequent legal issues, law enforcement issues, or when the primary concern is substance abuse
- Juvenile justice/criminal involvement for violent offenses; serious conduct disorder behaviors such as fire setting
- Patients with homicidal ideation
- Patients who need extensive case management or wraparound services who would best be served by the Community Mental Health Center or Certified Community Behavioral Health Clinic
- Schizophrenia/Psychosis/Bipolar Disorder diagnosis
- Patients whose primary concern is substance abuse
- Patients who want a forensic evaluation, custody evaluations or an evaluation for malpractice lawsuits.
- Patients who live outside of the KC Metro unless they are asking for the Tourette Clinic or are already a CMH patient
- Patients who are currently housed at a residential or other facility and seeing the psychiatrist in that facility
- Patients seeking a doctor to prescribe a specific medication protocol as requested by an outside doctor
- Patients over age 17 unless the patient is involved in CM Specialty Services

# Psychiatry Referrals

## Who we accept (inclusionary)

Ages 4 to 17 years old presenting with:

Diagnoses of any type in DSM 5 and:

- Patients who see another CMH clinic actively and would benefit from coordinated care
- Primary Care Physician referrals
- Patient referred to us by an outside clinician who we have previously shared patients with (like outside therapists that we rely on to see our patients, they are told no at times, and we need to be open to these to keep running)

## Who we don't accept (exclusionary)

- Patients who currently have a psychiatrist in the community. We can do second opinions but, on a case,-by-case basis. If patients have private insurance and can see a community psychiatrist and are not an active CMH patient, they should likely check for other community psychiatrists
- Patients who live outside of the KC Metro unless they are asking for the Tourette Clinic or are already a CMH patient
- Patients who are currently housed at a residential or other facility and seeing the psychiatrist in that facility
- Patients who are looking for psychological testing or ASD evaluations that would be best served by psychology or Dev Peds

# Psychiatry Referrals: Tips to share with the family

Our psychiatry team is not able to provide therapy routinely, so most of our patients will benefit from having the combination of seeing a psychiatrist and also a therapist or psychologist. We do not have enough therapists/psychologists at CMH to accommodate all patients seen by psychiatrists at CMH, so if the family already has a therapist they should keep that person and we are happy to coordinate with that person. If they do not have one yet it would be smart to consider this, given it is a very likely recommendation at the first psychiatry visit. Many people come to our visit thinking we will replace their therapist, or thinking we have access to a ton of therapy options and we don't)

Paperwork provided to families to be completed prior to the visit helps provide valuable information to complete the visit. The paperwork will need to be scored, so having it returned days before the first visit ensures we have complete information at the first visit to create a plan of care. If the paperwork is not completed days prior to the visit then this will delay our ability to make recommendations.

# GOLDBLOCKS CLINIC

For youth that have experienced adverse reactions or failed multiple previously tried meds

Pharmacogenetic testing (cheek swab) for ages 3-21 (non-urgent care)

Determines metabolism of many medications which can guide dosing of medications

Medicaid coverage, commercial coverage varies

Parent-referral at [Childrensmercy.org](https://www.childrensmercy.org)  
choose refer a patient, follow prompts  
records required, provider notes, med list etc.

Genomic and Ontogeny Linked  
Dose Individualization and  
cLinical Optimization for KidS  
**PRECISION MEDICINE**



# Depression and Anxiety (DAY Clinic)

## Who we accept (inclusionary)

Ages 12-17 years old presenting with:

- Known and suspected depression
- Known and suspected anxiety (especially generalized, phobia, or social)
- Patient/family can be interested in either medication or therapy, or both, or be unsure of which they need/want
- Patient does not have to have PCP referral, but we recommend all patients have a PCP identified

## Who we don't accept (exclusionary)

- Patient is unwilling to participate in treatment
- Intellectual disability
- Nonverbal
- Selective Mutism (SM)
- Obsessive-Compulsive Disorder (OCD)
- Mania or known/suspected bipolar disorder
- Psychotic symptoms (hallucinations, seeing/hearing things others do not)
- Active eating disorders (We can accept referrals from EDC. If eating disorder was treated in community within the last year, need documentation from treating provider that eating disorder is not active prior to accepting)
- ADHD that is either evidently untreated or is the primary behavioral concern (comorbid ADHD okay if treated and not the primary concern)
- Juvenile justice/criminal involvement for violent offenses
- Physically aggressive
- Personality disorders
- Significant substance use
- Suicide attempt or potentially lethal self-harm behavior within the last 6 months



# Autism Psychology Testing Patients

## Who we accept (inclusionary)

- Autism Evaluations for MO residents, ages 1-17 years
- Autism Evaluations for local KS residents, **with CMH history/affiliation**
- Parent behavior training or coaching for children with ASD or developmental disability and mild to moderate (not severe aggression or self-injury) disruptive behaviors (e.g., tantrums, hitting), individual or group (RUBI program), ages 2-10
- Toileting consultation for children ASD/developmental delays (Bo Youngblood)
- **All ASD testing requests need a PCP/School or other medical health professional validation to accompany request.**
- IEP/504 plan demonstrating ASD symptoms/behaviors can be used in lieu of medical documentation.

## Who we don't accept (exclusionary)

- Autism second opinion/reevaluation
- KS residents who live 2+ hours away from CMH and have no CMH affiliation. (refer closer to home)
- KS residents with KS Medicaid and no CMH affiliation (refer to KU CCHD)
- Residents outside KC Metro catchment area with no CMH affiliation (refer closer to home) and in a different service provider catchment area.
- Those seeking Autism ABA therapy

# RUBI (Research Units in Behavioral Intervention) Clinic

- Evidence-based parent coaching program, developed by a team of experts in development and behavior for parents of children with ASD and other DD
- Comprehensive curriculum including:
  - How to prevent and respond to problem behaviors.
  - How to promote appropriate behaviors and teach skills.
  - How to help your child succeed during daily routines.

	Individual format	Group format
Age range	2-10 years	2-7 years
Number of sessions (approximate)	11	11
Length of sessions (approximate)	45-60 minutes	75 minutes
Languages available	English and Spanish	English and Spanish

- **Available via telemedicine.**
- Call **(816) 683-9048**  
For phone screening and eligibility determination process
- **Parent should contact insurance provider for information about coverage**

# ADHD Screening Clinic

## Who we accept (inclusionary)

Ages 4 yrs 9 months to 13 yrs 11 months old presenting with:

- Suspected ADHD (parent, teacher or PCP have suspicions), or based on information provided to the intake team that may indicate ADHD.
- May also have common (mild to moderate) behavior concerns, school problems, and/or anxiety, but ADHD should be primary concern (See screening intake questions for more information.)

## Who we do not accept (exclusionary)

- Meets criteria for complex ADHD (e.g., co-occurring concern for developmental, learning, and /or mood/psychiatric condition)
- Previous ADHD diagnosis by psychologist or mental health professional
- Significant behavioral concerns such as antisocial and severe violent behavior
- Custody and forensic evaluation/legal issues
- Intellectual disability, Autism (see DBP)
- Known or suspected learning disability (Dyslexia, etc.)

**ADHD Specialty Clinic-** currently a provider referral only clinic (clinics are listed on teams page.) The complex ADHD clinic is short term where the patient's ADHD is stabilized with medication and/or therapy and then returns to their referring PCP for ongoing care.

### **Who we accept (inclusionary)**

- Presence of co-existing conditions and symptoms
- Moderate to severe ADHD related functional impairment (high family stress, school failure, peer rejection)
- Failed response to two attempted ADHD medications
- Initial evaluation of ADHD did not support the diagnosis

### **Who we do not accept (exclusionary)**

- History of psychiatric hospitalizations
- Current or past usage of anti-psychotics or mood stabilizers
- Current suicidal ideation or self-harming behaviors
- Co-occurring autism, global developmental delay or intellectual disability or the need to evaluate for these conditions

# ADHD BPT (Behavioral Parent Training) Groups

<https://www.childrensmercy.org/departments-and-clinics/developmental-and-behavioral-health/adhd-services/understanding-and-managing-adhd/>

- School-age children with ADHD dx (6-12)
- Preschool children with ADHD dx or highly suspected ADHD (3.5- 5)
- 8 weekly 90-minute sessions, M-F daytime, 10 families per group (5-7 per week, exp)
- Parent/legal guardian only participation
- Parents learn skills, practice skills between sessions, and share their experiences with the group facilitator and participants-Supportive members
- Parent self-referral, open to all families, check w/ins for coverage (self-pay available)
- Topics include:

Understanding ADHD and treatments that work, Principles to guide the effective management of ADHD, Using positive attention to promote desired behaviors, Promoting child compliance to instructions and rules, Helping children regulate their emotions , Working with teachers to address problems in the classroom, The appropriate role of punishment in managing ADHD-related behaviors, Managing child behavior in public places, Maintaining positive change over time, Behavioral sleep strategies (pre-school group only), Homework (school-age group only)

**How may this program help your child and your family?**  
The goal of our program is to help children with ADHD to succeed by training their parents. We will teach parents skills they can use in the "real world" to help their child be more successful at home, at school, and in public.

**Being the parent of a child with ADHD can be hard and confusing.**

**Parents will learn about:**

- ADHD and its impact on their child's day-to-day behavior
- Specific ways to deal with the most common problems of children with ADHD
- How to improve parent-child interactions and stress
- How to be an advocate for your child (for example, how to get help in school)

**Who is this program for?**

This program may be right for you if you are the parent of a 3.5 to 5-year-old child who:

- has a diagnosis of ADHD or
- has ADHD symptoms such as inattention, hyperactivity, or impulsivity
- takes ADHD medicine or not

**What will happen with the program?**

- There will be eight group sessions
- Each session is 90-minutes (1-and-a-half hours)
- Each session is held on the same day and time each week
- Up to 10 families may be in a group (more than 1 parent may come to the sessions)
- Groups meet virtually (via internet)

**Will my child come to the sessions?**

No, your child will not come to the sessions.

**What topics are covered in the parent group?**

1. Understanding ADHD and its impact on a child's day-to-day life
2. Keys to help your child manage ADHD
3. How to use positive attention to help with desired behaviors
4. Increase your child's ability to follow instructions and rules
5. Help your child deal with their emotions
6. Working with your child's teacher
7. How to use punishment to manage ADHD behaviors
8. How to help your child behave in public
9. Keep positive changes going

**Will my insurance pay for this program?**

Most health plans that cover multi-family group therapy services will pay. Families are responsible for any deductible or co-payment. When contacting your insurance company we bill under CPT code 90849.



For more information and to enroll in the program, scan this QR code or visit our site.

**How may this program help your child and your family?**  
The goal of our program is to help children with ADHD to succeed by training their parents. We will teach parents skills they can use in the "real world" to help their child be more successful at home, at school, and in public.

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- Specific ways to deal with the most common problems of children with ADHD
- How to improve parent-child interactions and stress
- How to be an advocate for your child (for example, how to get help in school)

**Who is this program for?**

This program may be right for you if you are the parent of a 6 to 12-year-old child who:

- has a diagnosis of ADHD
- takes ADHD medicine or not

**What will happen with the program?**

- There will be eight group sessions
- Each session is 90-minutes (1-and-a-half hours)
- Each session is held on the same day and time each week
- Up to 10 families may be in a group (more than 1 parent may come to the sessions)
- Groups meet virtually (via internet)

**Will my child come to the sessions?**

No, your child will not come to the sessions.

**What topics are covered in the parent group?**

1. Understanding ADHD and its impact on a child's day-to-day life
2. Keys to help your child manage ADHD
3. How to use positive attention to help with desired behaviors
4. Increase your child's ability to follow instructions and rules
5. Help your child deal with their emotions
6. Working with your child's teacher
7. How to use punishment to manage ADHD behaviors
8. How to help your child behave in public
9. Keep positive changes going

**Will my insurance pay for this program?**

Most health plans that cover multi-family group therapy services will pay. Families are responsible for any deductible or co-payment. When contacting your insurance company we bill under CPT code 90849.



For more information and to enroll in the program, scan this QR code or visit our site.

# Developmental Pediatrics

## Who we accept (inclusionary)

- Ages 4.5 years and younger with multiple developmental delays (with or without a diagnosis)
- Age 7 or younger with a diagnoses of autism spectrum disorder, intellectual disability, medically complex as diagnosed with a chronic disease (e.g., cystic fibrosis, kidney transplant, cardiac disorders, epilepsy, etc.) with ADHD, anxiety, or behavioral concerns, wanting medication management

## Who we do not accept (exclusionary)

- History of psychiatric hospitalizations
- Patients on mood stabilizers or antipsychotics (multiple failed antipsychotics).
- Pt.s who need ADHD or behavioral evaluations

# General Psychology

## Who we accept (inclusionary)

- Evaluations with complex or comorbid concerns including ADHD/Mood (e.g., anxiety and depression)/LD or learning concerns, ages 5-18 years. If no significant mood concerns, refer to the ADHD Screening Clinic
- Limited Therapy cases, usually patients with medical or developmental complexity who are involved with CM. (We do not advertise this service to the public).

## Who we do not accept (exclusionary)

- Educational/cognitive/IQ/Learning Disabilities only evaluation (no mention of ADHD or any other concern); refer these usually to school or community
- Independent Educational Evaluations (IEE) per contracts with school district
- Educational/cognitive/IQ evaluation for purposes of ID diagnosis (to obtain medical waiver and obtain services); refer them to community
- Dyslexia only evaluation (no mention of ADHD or any other concern); refer to Hearing and Speech Clinic
- General (e.g., ADHD, LD, etc) second opinion/reevaluation
- General therapy cases without medical or developmental complexity; refer to community
- Conduct or antisocial disorders (e.g, fire setters)
- Homicidal or Suicidal
- ADHD clinic direct referrals (from subset of community PCP's and in Primary Care Center; refer to ADHD clinic)
- Eating disorder evaluation and management (refer to EDC)
- Patients who have had psychoeducational testing within the past year
- If the concern is for ADHD only, refer to ADHD Screening Clinic

# ADHD Continuity Clinic – currently a provider referral only clinic. Referring clinic must have a contract to refer.

## Who we accept (inclusionary)

- Presence of co-existing conditions and symptoms
- Moderate to severe ADHD related functional impairment (high family stress, school failure, peer rejection)
- Failed response to two attempted ADHD medications
- Initial evaluation of ADHD did not support the diagnosis

## Who we do not accept (exclusionary)

- History of psychiatric hospitalizations
- Current or past usage of anti-psychotics or mood stabilizers
- Current suicidal ideation or self-harming behaviors
- Co-occurring autism, global developmental delay, intellectual disability, or the need to evaluate for these conditions



# Eating Disorders Center (EDC)

## Who we accept (inclusionary)

### Outpatient Treatment

10-17y/o with suspected diagnoses of Anorexia Nervosa, Bulimia Nervosa, and Avoidant Restrictive Food Intake Disorder

- 5 specialists within our clinic at 5520 College Blvd, Overland Park, KS
  - Medical: Adolescent Medicine Doctors and Nurse Practitioners
  - Individual/Family Based Therapy: Psychologist Or Licensed Clinical Social Worker
  - Nutrition (as needed)
  - Family Therapy (as needed)
  - Psychiatry (as needed)
- Weekly sessions with 2-5 providers for 1 hour each
- Typical length of treatment: 12-18 months

\*We are a family-based program so we heavily emphasize treatment with the caregivers!\*

### Inpatient Medical Stabilization

- Offered at our downtown Adele Hall location for those up to 22y/o
- 7-14 day hospitalization

## Who we don't accept (exclusionary)

- Binge eating disorder
- Intellectual disability
- Nonverbal
- Disordered eating secondary to trauma, depression, and/or personality disorders
- 17y/o (or any age) where a family-based program wouldn't work
- Those needing more supportive treatment like RES/PHP/IOP
- Provide other resources to families residing 2+ hours away (we are able to provide medical stabilization for patients outside of the Kansas City area)

# Eating Disorders Center (EDC)

## Referral process

We prefer referrals to come from the PCP so they are aware of what is going on and in agreement with referral rather than other workup/specialists. A patient does need to be seen by their PCP within 30 days of the referral so we can triage medical stability.

- Families need to complete the online intake form at: [www.childrensmercy.org/eating-disorders-center](http://www.childrensmercy.org/eating-disorders-center)
  - Once we receive the referral, PCP records, and intake we have team members who review the data weekly to triage them on our waitlist.
    - We are typically scheduling out about 6-8 weeks for a consultation.
      - This is a multidisciplinary appointment with psychology, SW, nutrition, and medical evaluation. This evaluation will help to determine if the EDC is the right place for that patient/family.
- **Questions??**
  - Call our clinic nurses at 913-696-5070 OR
  - Contact Social Worker Emily Reilly @ 913-696-5797 OR [ereilly@cmh.edu](mailto:ereilly@cmh.edu)



# Illuminate

The Future!

- 5 year plan, currently year 2
- 4 strategies/14 projects

Currently Underway  
 Early Intervention  
 BHCs  
 Center School District





Increasing Specialty Services  
 EDC Expansion  
 DAY  
 Autism Clinic Expansion  
 ADHD



Expansion Research/Innovation  
 PRISM Study  
 Multiple

Expanding Hospital Care  
 IP psychiatric care  
 JV Camber  
 48 pediatric beds  
 Complete 10.24  
 Beginning 12.24

## The Illuminate Plan

4 STRATEGIES || 14 PROJECTS OVER 5 YEARS || 80,000+ KIDS || \$150M NEW INVESTMENT

	Phase I	Phase II	Phase III
 <b>FACILITATE EARLY INTERVENTION</b> Nominal Capital \$5M Start-up	Mental Health Integration - Primary Care	Mental Health Integration - CM Primary	Mental Health Integration - Specialty Clinics School-based Programs Behavioral Therapy Services
 <b>INCREASE SPECIALTY SERVICES</b> \$10M Capital \$5M Start-up	Eating Disorders Expansion Depression & Anxiety Rapid Diagnosis	Eating Disorders 2 <sup>nd</sup> Location ADHD Autism Care Coordination	Eating Disorders Intensive Outpatient Autism Crisis Intervention Care Coordination
 <b>INVEST IN RESEARCH &amp; INNOVATION</b> Nominal Capital \$5M Phase I Research Funding	Research & Innovation	Research & Innovation	Research & Innovation
 <b>EXPAND INPATIENT HOSPITAL CARE</b> \$90M Capital \$10M Start-up	Inpatient Psychiatric Campus Med-Psych Unit Acute Mental Health Crisis Center	Partial Hospitalization Program (PHP)	



# Now it's Time for the Case Review





Questions





Everyone you meet is  
fighting a battle you  
know nothing about.

Be kind.

Always.

**Thank you!**



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