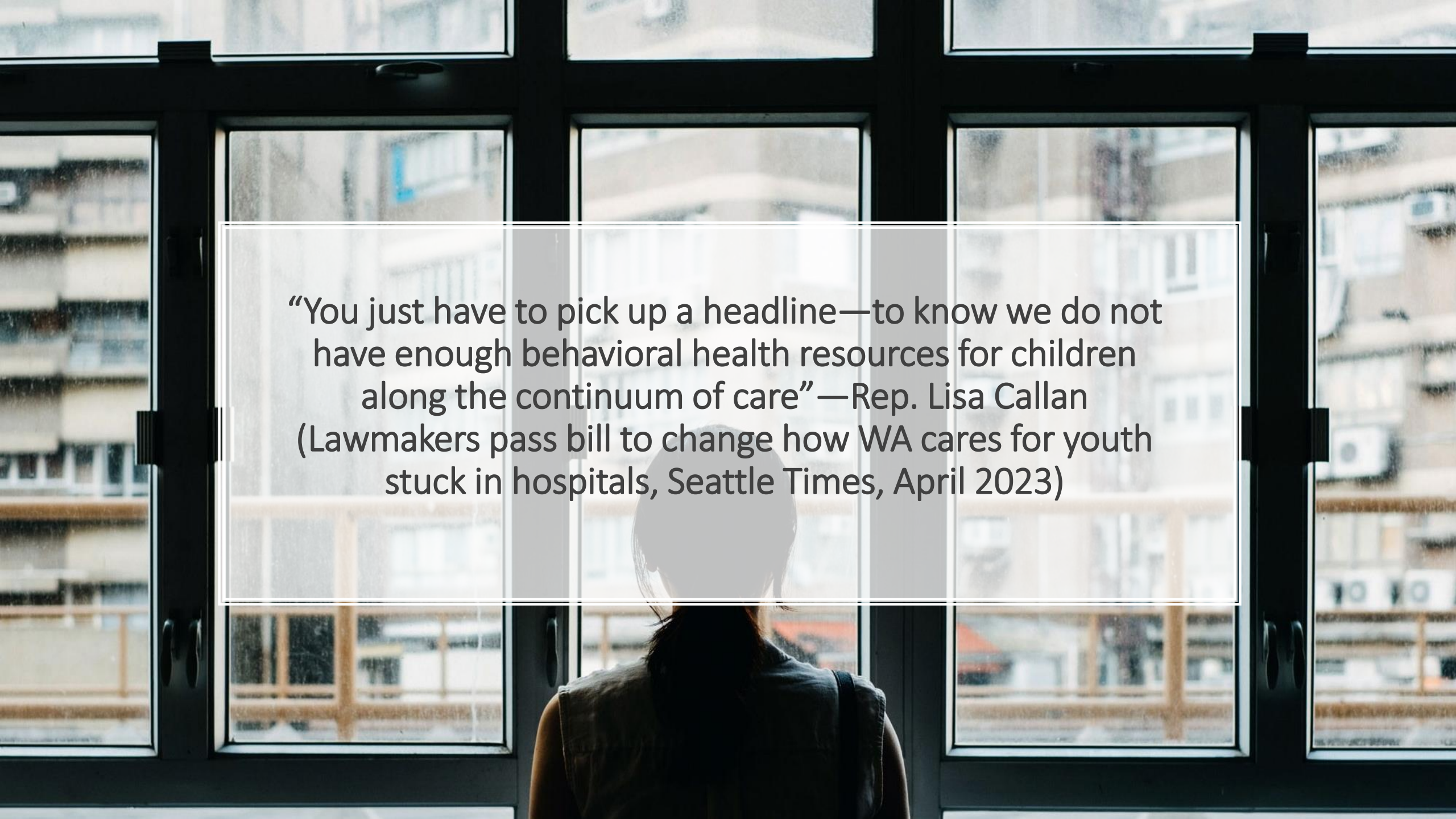


Pierce County Youth Behavioral Health System Overview

Kids' Mental Health Pierce County

A person with dark hair, seen from behind, is looking out a large window. The window is divided into several panes by dark frames. Outside the window, a cityscape is visible, including buildings and a balcony with a wooden railing. The scene is brightly lit, suggesting daytime.

“You just have to pick up a headline—to know we do not have enough behavioral health resources for children along the continuum of care” —Rep. Lisa Callan (Lawmakers pass bill to change how WA cares for youth stuck in hospitals, Seattle Times, April 2023)

The state of children & youth behavioral health (2021)

- A review of national behavioral health data by the Center for Disease Control and Prevention (CDC) suggested that as many as **1 in 5 children and youth may experience a mental health disorder every year** (Bitsko et al., 2022)
- Nearly **70 percent of youth** in the **juvenile justice system** have a diagnosable behavioral health disorder (Vincent et al., 2008).
- Children and youth of color, LGBTQIA+ children and youth, children living in rural areas, and children and youth with intellectual and/or developmental disabilities may be at **increased risk of mental health concerns due to systemic racism, sexism, homophobia, and other types of oppression and marginalization** (see the U.S. Surgeon General's 2021 Advisory on the Youth Mental Health Crisis)



Access to behavioral health services for children and youth

- On March 26, 2021, Governor Jay Inslee issued an emergency proclamation regarding the Child and Youth Mental Health Crisis in Washington state, and in 2022, Mental Health America ranked Washington 40th in the nation for youth mental health.
- Approximately 1 in 3 children and youth enrolled in Apple Health who needed mental health services did not receive them.
- In 2021, fewer than 1 percent of youth (11-18 years) enrolled in Apple Health received SUD services.
- Even after a visit to the emergency department for mental health needs, 35 percent of these children and youth did not receive follow up care within seven days and 23 percent did not receive care within 30 days.
- Source: [Access to behavioral health services for children and youth report \(December 1, 2022\)](#)

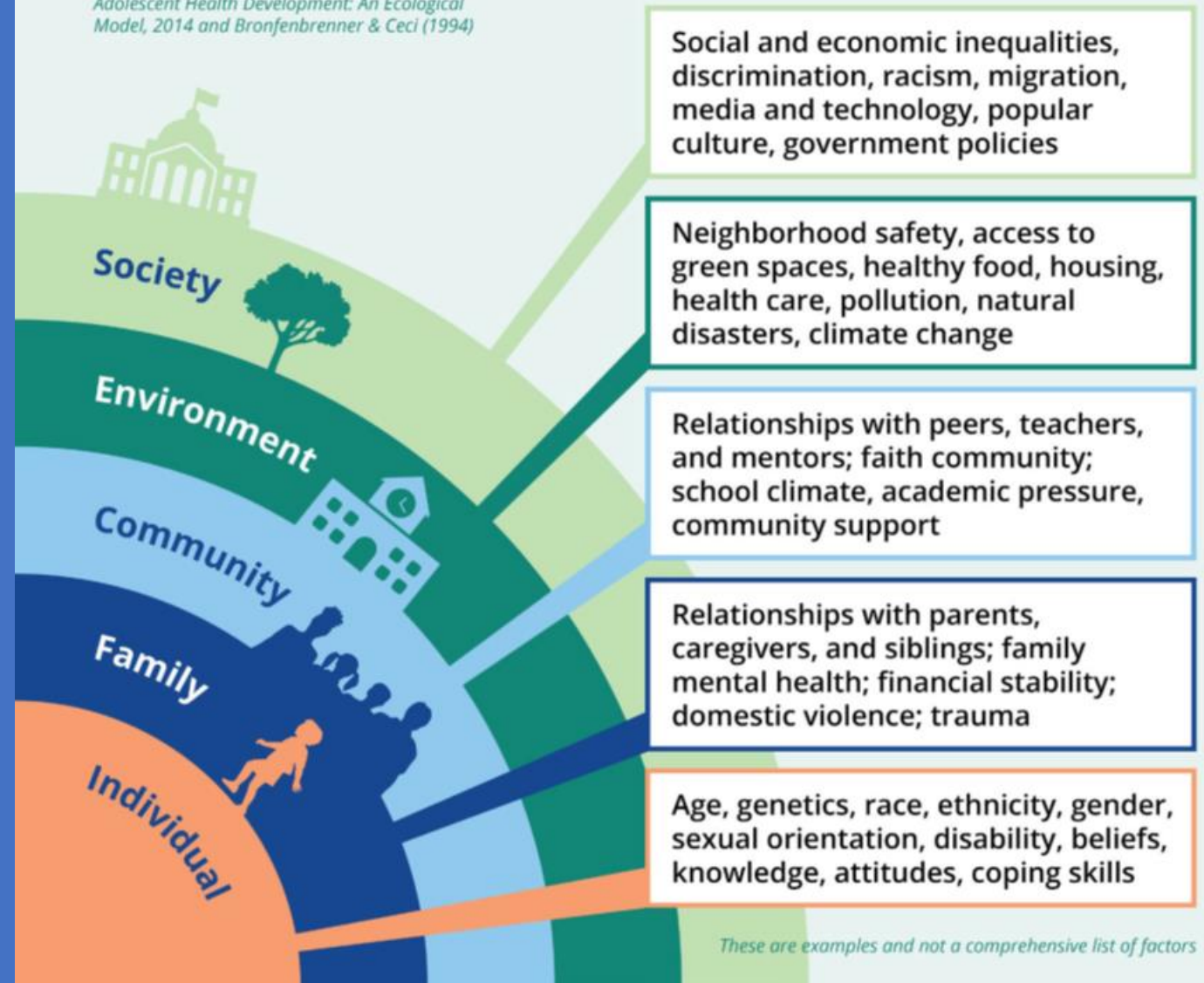


“Supporting the mental health of children and youth will require a whole-of-society effort to address longstanding challenges, strengthen the resilience of young people, support their families and communities, and mitigate the pandemic's mental health impacts.”

FACTORS THAT CAN SHAPE THE MENTAL HEALTH OF YOUNG PEOPLE



Source: Adapted from WHO's Determinants of Adolescent Health Development: An Ecological Model, 2014 and Bronfenbrenner & Ceci (1994)





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 multifactorial 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/decision-making team. This negatively impacts patient/family experience, length of stay and degrades the ability of the clinical staff to establish an effective team process.

| Prevention | Early Intervention | Acute Intervention | Crisis Treatment | Recovery & Reintegration |
|-------------------------------------|--------------------------------------|----------------------------|---------------------------|--|
| School Based Mental Health Services | Outpatient Mental Health Treatment | Outpatient | Crisis Lines | Children's Long-Term Inpatient Treatment |
| Primary Care Physician (PCP) | Family Reconciliation Services (FRS) | Intensive Outpatient | Mobile Crisis Services | Case Management |
| Managed Care Organizations | | Wraparound Services (WISe) | Inpatient Hospitalization | Managed Care Organizations |
| | | Partial Hospitalization | | |
| | | Emergency Department | | |

Behavioral Health Care Continuum



Youth Crisis Services

Carelon Definition of Crisis: A behavioral health crisis is any situation in which a person's behavior puts them at risk of hurting themselves or others and/or prevents them from being able to care for themselves or function effectively in the community; AND/OR a crisis is a disruption or breakdown in a person's/family's normal or usual pattern of functioning. A crisis cannot be resolved by a person's customary problem-solving resources/skills therefore requiring intervention at another level.

Children and youth in crisis are served by a team of Child and Adolescent Mental Health Specialists through Catholic Community Services, Family Behavioral Health (FBH) 24 hours a day, 7 days a week. FBH offers a full array of services to assist families in resolving crises in their children. Services may range from a one-time crisis contact to referrals to community mental health providers or a more intensive service areas such WISE, FAST or other community providers.

To access Youth Crisis Services call:
Toll Free: **1-800-576-7764**





Behavioral Health Services in an Emergency Department

Check-In, Triage & Medical Clearance

Mental Health Evaluation

- Review behavioral health options for adolescents' form with parents/caregiver
- Review available medical and behavioral health history
- Obtain Psychosocial history both from the parent(s) and youth
- Contact collaterals as identified (counselors, teachers, etc)
- Complete Child and Adolescent Trauma Screen (CATS)
- Complete a comprehensive Mental Health Evaluation

Discharge Planning

- Safety Planning
- Referral to Outpatient Behavioral Health Treatment
- Referral to Behavioral Health Navigator
- Referral to Youth-Mobile Crisis
- Referral to Acute Inpatient Behavioral Health Unit
- Care Coordination with Treatment Team and Payor

Inpatient Hospitalization (Acute Stabilization)

- Psychiatric hospitalization can be recommended when there is medical necessity and there are no least restrictive options that can reduce the risk.
- Psychiatric hospitalization is acute care for psychiatric emergencies
- Goal: Focus on safety and stabilization so that teens can return to the community for treatment
- Most hospitalizations are 7-10 days
- Current Adolescent Treatment Facilities:
 - Tacoma General Adolescent Behavioral Health Unit (Tacoma) **27**
 - Smokey Point Behavioral Hospital (Marysville) **56**
 - South Sound (Olympia) **13**
 - Inland Northwest (Spokane) **25**
 - Scared Heart (Spokane) **24**
 - Two Rivers (Yakima) **16**
 - Kitsap Youth Inpatient Unit (Kitsap) **10**
 - Seattle Children's Hospital (Seattle) **41**
 - Not accepting referrals outside SCH ED



Inpatient Hospitalization (Long-Term)

- Residential Treatment can be referred for youth with behavioral health conditions who meet medical necessity for treatment services.
- **Not** generally referred from an Emergency Department or medical hospital setting.
- Encourage parents/caregivers to contact their insurance provider to determine what resources are available to their child/youth.
- **Children's Long-Term Inpatient Program (CLIP)**
 - CLIP is the most intensive inpatient psychiatric treatment available to WA State residents, ages 5-18 years of age. There are five programs and a total of 84 beds across Washington State. Youth ages 5-18 with a severe psychiatric disorder are eligible for services. For more information about to access CLIP visit: <http://clipadministration.org/>





Important Considerations



Youth & Family Voice



Age



Insurance Type



School District



What type of mental health provider do you need?



Accessibility



Important Minor Mental Health Laws

Adolescent-Initiated Treatment

- An adolescent, 13 to 17 years old, may request an evaluation for outpatient or inpatient mental health or substance use disorder treatment without parental consent.
- For a minor under the age of 13, either parental consent or consent from an approved guardian is required.

Family Initiated Treatment (FIT)

- Parents may consent on behalf of adolescents who meet medical necessity. Consent of the adolescent is not required. Providers will have individual process and requirements for evaluation and admission to services.
- Adolescents can access both outpatient and inpatient treatment under Family Initiated Treatment

Involuntary Treatment (RCW 71.34.700-798)

- If an adolescent 13 years or older presents a likelihood of serious harm to themselves or others, who is gravely disabled and may need immediate mental health or substance use inpatient treatment and refuses to consent to a voluntary admission, the adolescent may be held for up to 12 hours to enable a DCR to evaluate the adolescent for possible involuntary commitment.

Information Sharing (RCW 70.02)

Mental health providers are 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.

Providers talk to adolescents about information they wish to disclose and address any concerns the adolescent has about their disclosure of information.

Examples of information that can be shared:

- Diagnosis and recommendations for treatment
- Treatment progress
- Recommended medications, their benefits and risk, side effects and dosage
- Crisis Prevention and Safety Planning
- Referrals for other services in the community
- Training and coaching for parents

Note: If an adolescent is admitted for SUD evaluation and/or treatment, all protected health information (PHI) must be redacted, unless the adolescent provides written consent to the disclosure of the admission or SUD treatment information per federal law 42 CFR Part 2, or if federal law is changed.

Regional Resource Hub

Kids' Mental Health Pierce County (KMHPC) serves as Pierce County's hub for comprehensive pediatric behavioral health information.

Available Resources:

- Crisis Services
- Intellectual and Developmental Disabilities Resources
- Parent Support
- Inpatient and Outpatient Mental Health Services for Youth and Families
- Substance Use Disorder
- Black, Indigenous & People of Color Mental Health Resources
- Find A Provider
- Community Multi-Disciplinary Team (MDT)
- Insurance

Kids' Mental Health Pierce County

We are linking arms to improve child and adolescent mental health in Pierce County.

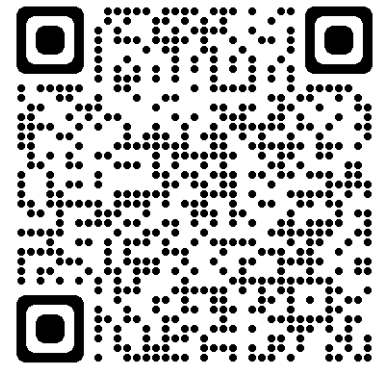
[LEARN MORE](#)[JOIN US](#)

WEBINARS

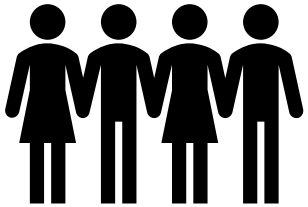


Pierce County Youth Behavioral Health System Overview

Pierce County Youth Behavioral Health System Overview May 24, 2023 03:00 PM May is Mental Health Awareness Month. For Mental Health Month this year, Mental Health America and Kids Mental Health Pierce County (KMHPC) are encouraging individuals to look around and look within.

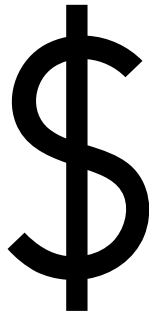


Community Multi-Disciplinary Team Meeting



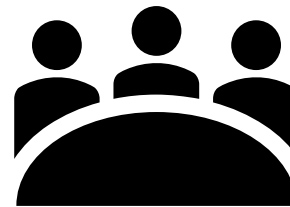
Natural Supports

Family
Peer/Parent Support
Mentors



Payor

Insurance Provider
AS-BHO
HealthCare Authority



System Partners

Juvenile Justice
Child Welfare
School
Developmental Disabilities
Administration (DDA)



Providers

Behavioral Health Providers
Specialist
Substance Use Providers
Consultants

Youth Behavioral Health Navigator Program

Standing up community wide teams that convene to support the children youth and families in their regions.

Building an access portal for individuals concerned about a child or youth to reach out and request support.

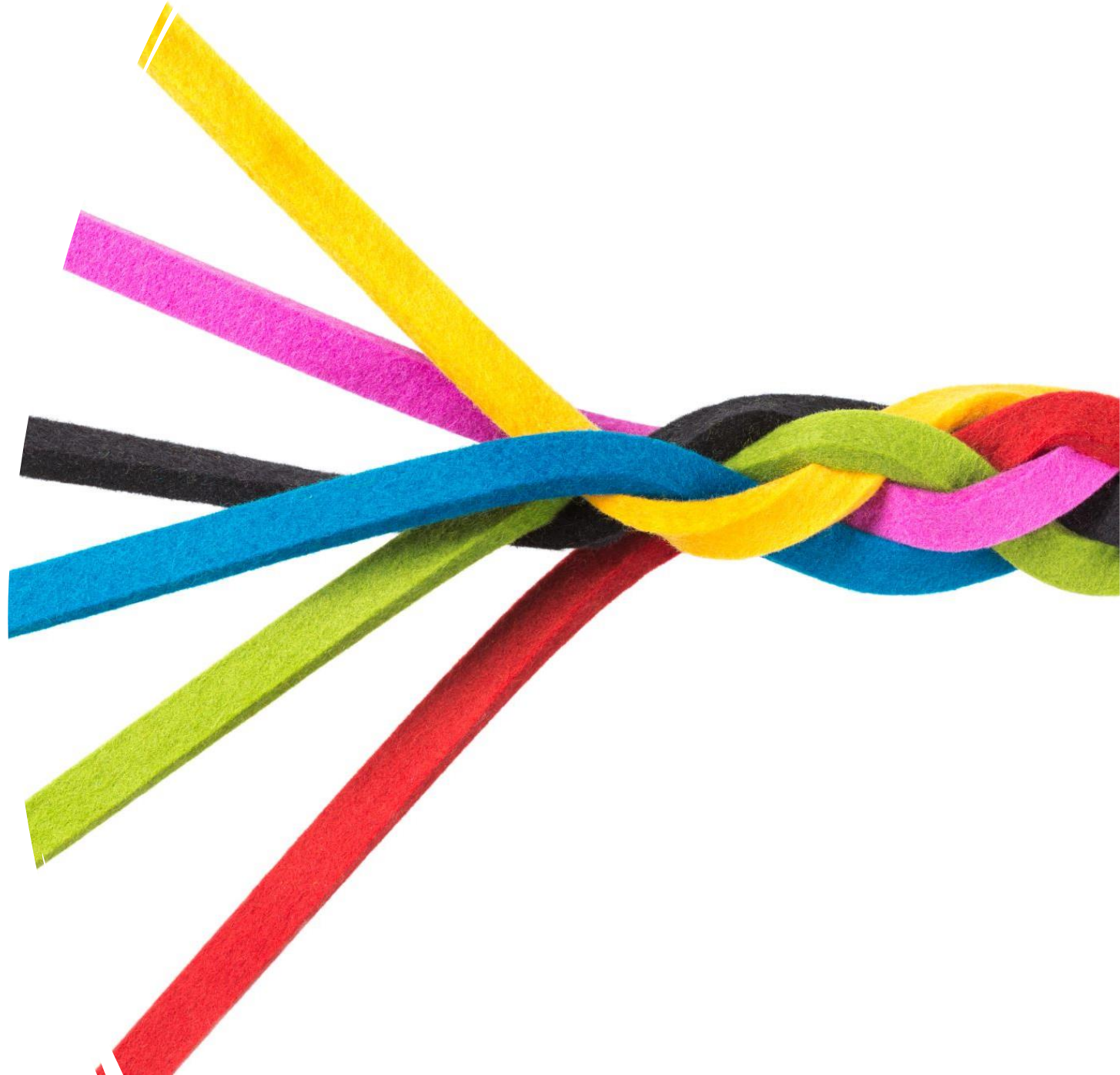
Convene multi system disciplinary team, pulling partners from the regional teams who have potential assets that can support the child and family in accessing what they are seeking, and/or to develop a plan of stability while the resource options get worked out.

Requests for support for young people needing intensive services will be prioritized by the Navigation teams.



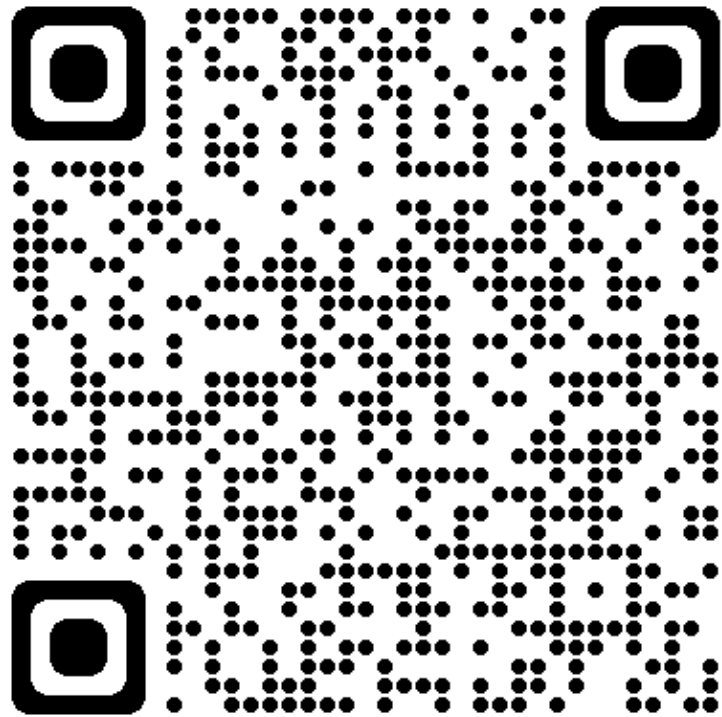
Model Components

- A referral process for anyone to submit a request for a youth in need of support.
- Steering/Action Committees to coordinate local resources and collaborate on community initiatives.
- Multi-disciplinary team meetings (MDTs). Youth-centered wrap-around collaboration with local resource partners to develop an action plan tailored to the needs of the youth.
- A website with up-to-date local and community-based resources for youth and their families.
- KMHWA Teams: Behavioral Health Navigation, Care Coordination, and community consults.



Kids Mental Health Washington

<https://kidsmentalhealthwa.org/>



KMHWA Rollout



Year 1 SFY 2022

- [Pierce](#)
- [Salish](#)
- [Greater Columbia](#)
- [Southwest](#)



Year 2 SYF 2023

- North Central
- Spokane
- Great Rivers
- Thurston-Mason*



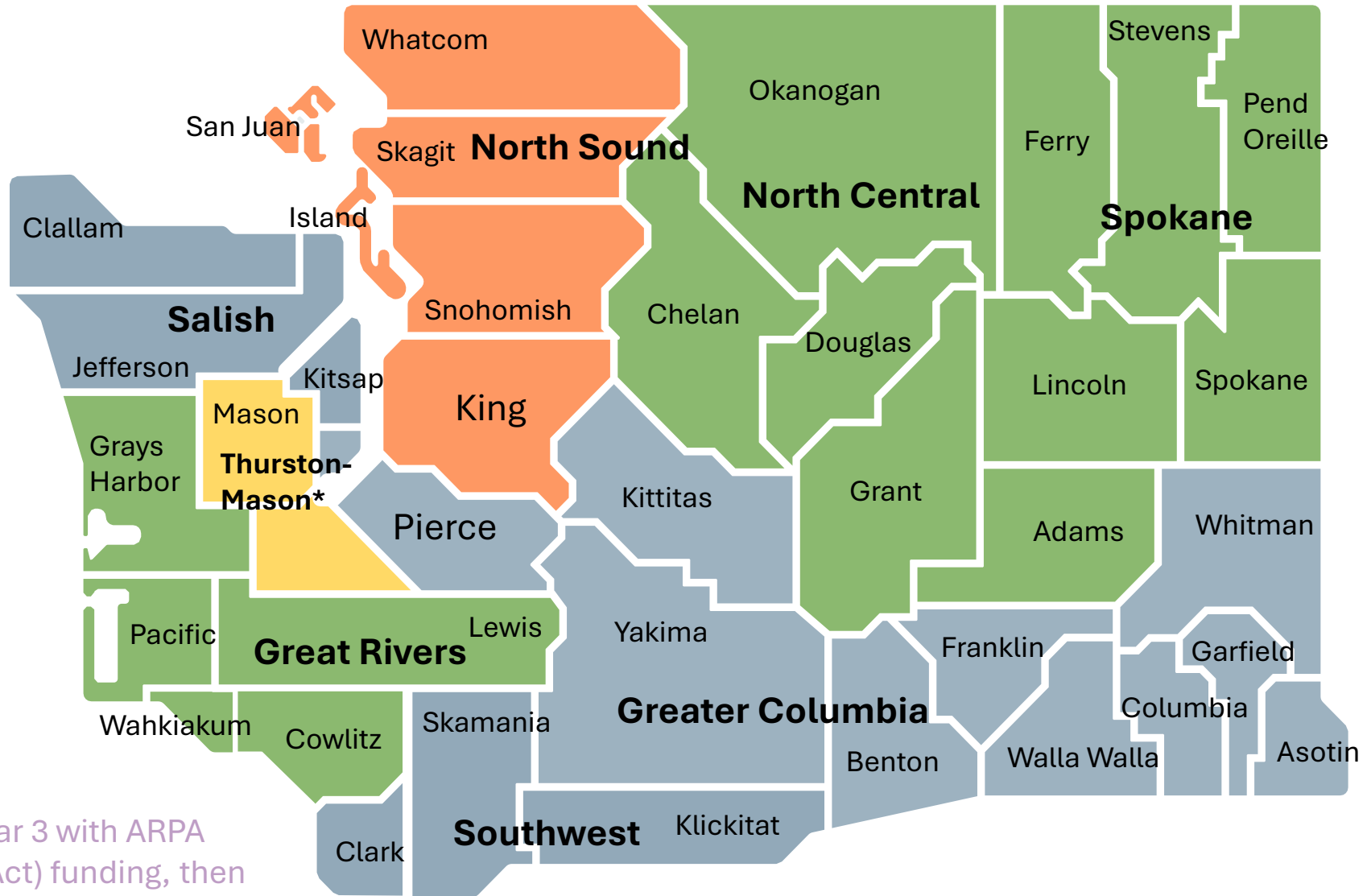
Year 3 SFY 2024

- North Sound
- King



Thurston-Mason

- Start year 2 instead of year 3 with ARPA (American Rescue Plan Act) funding, then will move to state funding



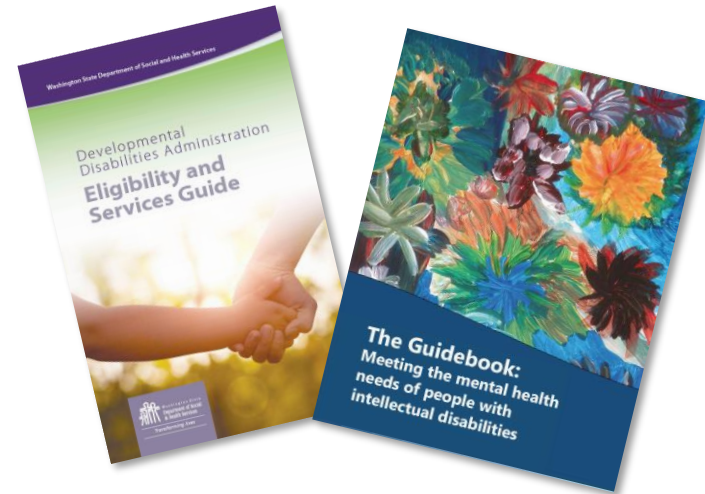
Developmental Disabilities Administration

DDA regional and central office staff are actively engaged in KMHWA.

- Partnering to support youth with developmental disabilities and their families in navigating service systems.
- Improving cross-system communication for more efficient collaboration.
- Addressing barriers to behavioral health services by sharing resources.

DDA services:

- [Informing Families | Navigating the future.](#)
- [DDA Eligibility and Services Guide.](#)



Supporting dual diagnosis:

- [The Guidebook: Meeting the mental health needs of people with intellectual disabilities \(wa.gov\).](#)
- [NADD](#) – Trainings, publications, research.
- ECHO Autism and ECHO IDD [Washington INCLUDE.](#)

Data

Qualitative and quantitative.



```
graph TD; A[Qualitative and quantitative.] --> B[Developed by and used by regions.]; B --> C[Includes age, insurance, date of contact, system involvement, area they live in, how many partners are engaged, disposition.]; C --> D[Behavioral Health Navigation examples];
```

Developed by and used by regions.

Includes age, insurance, date of contact, system involvement, area they live in, how many partners are engaged, disposition.

Behavioral Health Navigation examples

Behavioral Health Navigation

WISe- Including
transitional planning
from WISe to
outpatient services

DDA- waiver status,
connection to resources,
case management, OT/
ABA services, sensory
evaluations, autism
services

Outpatient Services-
including culturally and
linguistically responsive
providers

Including animal
therapy, yoga,
naturopath referrals

Outpatient medication
management

Telehealth Therapy

Advocacy/ Peer
Support Partners

School Special
Assistance Plans- IEP,
504, school advocates,
etc.

Insurance case
management

Crisis teams and
hotlines

School clubs/ Mentoring
services/ Boys and Girls
Club/ Homeschool
programs/Church youth
Programs

LGBTQIA+ support
groups

Psychosis training for
families

Functional medicine for
assessing gut health

Pharmacogenetic
testing

Housing authority for
basic needs

Transitional planning
for release from
juvenile detention
center

Attended IEP meetings

Assisted with Apple
Health applications

Presented to ECHO IDD
for additional
recommendations post-
MDT for IDD/DD youth

By The Numbers

| | |
|---|--|
| # of MDT referrals | 580* |
| # of MDTs held | 190* |
| Average Number of MDT attendees per meeting | 12.95* |
| Range of MDT attendees per meeting | 4 to 33 |
| Average age for MDT referrals | 12.94 |
| Age range for MDT referrals | 1 to 21* |
| Age range for MDTs held | 4 to 19 |
| Average Age for MDTs held | 12.86 |
| Insurance Type | Medicaid 64%, Commercial 20%, Dual insured 1%, Tricare 1%, Tribal 1%, Other 13%, . |
| Insurance Type for MDT | Medicaid 72%, Commercial 22%, Dual insured 1%, Tribal 1%Other 4%, |
| Top Referral Reasons | Outpatient Service Navigation, Care Coordination, Behavior Management Strategies* |
| Top Referral Reasons for MDT | Outpatient Service Navigation, Care Coordination, Behavior Management Strategies* |
| Top Referent Type All | School, Parent, System Partner* |
| Top Referent Type MDT | School, Parent, System Partner |
| To note: NOT holding an MDT is also a win | |



Impact and What's Next

- **Statewide Outcomes:**

- Influenced use of behavioral health tax dollars.
- Increased evidence-based preventative programming in schools.
- Increased paid engagement amongst youth in regional steering committees.
- Facilitating telehealth hubs to increase capacity of behavioral health service access for rural areas.
- County-wide crisis response protocols to reduce youth admission to emergency departments.
- Next steps: Full implementation and data.

A group of people, mostly wearing face masks, are gathered in a room for a community event. Several tables are set up with informational materials. One table in the foreground has a blue cloth with the 'Kids' Mental Health Pierce County' logo and website. Another table has a green cloth with the text 'Integrated care'. People are standing around the tables, looking at materials and talking to each other. The room has a patterned carpet and a doorway in the background.

Questions

Contact Information

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