

## 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, LQBTQIA+ 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)



Social and economic inequalities, discrimination, racism, migration, media and technology, popular culture, government policies

Neighborhood safety, access to green spaces, healthy food, housing, health care, pollution, natural disasters, climate change

Relationships with peers, teachers, and mentors; faith community; school climate, academic pressure, community support

Relationships with parents, caregivers, and siblings; family mental health; financial stability; domestic violence; trauma

Age, genetics, race, ethnicity, gender, sexual orientation, disability, beliefs, knowledge, attitudes, coping skills



# 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	Outpatient Mental Health Treatment	Outpatient	Crisis Lines	Children's Long-Term Inpatient Treatment
Services		Intensive Outpatient	<b>Mobile Crisis</b>	
	Family		Services	Case Management
Primary Care	Reconciliation	Wraparound Services		
Physician (PCP)	Services (FRS)	(WISe)	Inpatient	Managed Care
			Hospitalization	Organizations
Managed Care		Partial Hospitalization		
Organizations				
		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 (June 2022):
  - 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

http://clipadministration.org/

information about to access CLIP visit:



### Important Considerations



Youth & Family Voice



Age



Insurance Type



**School District** 

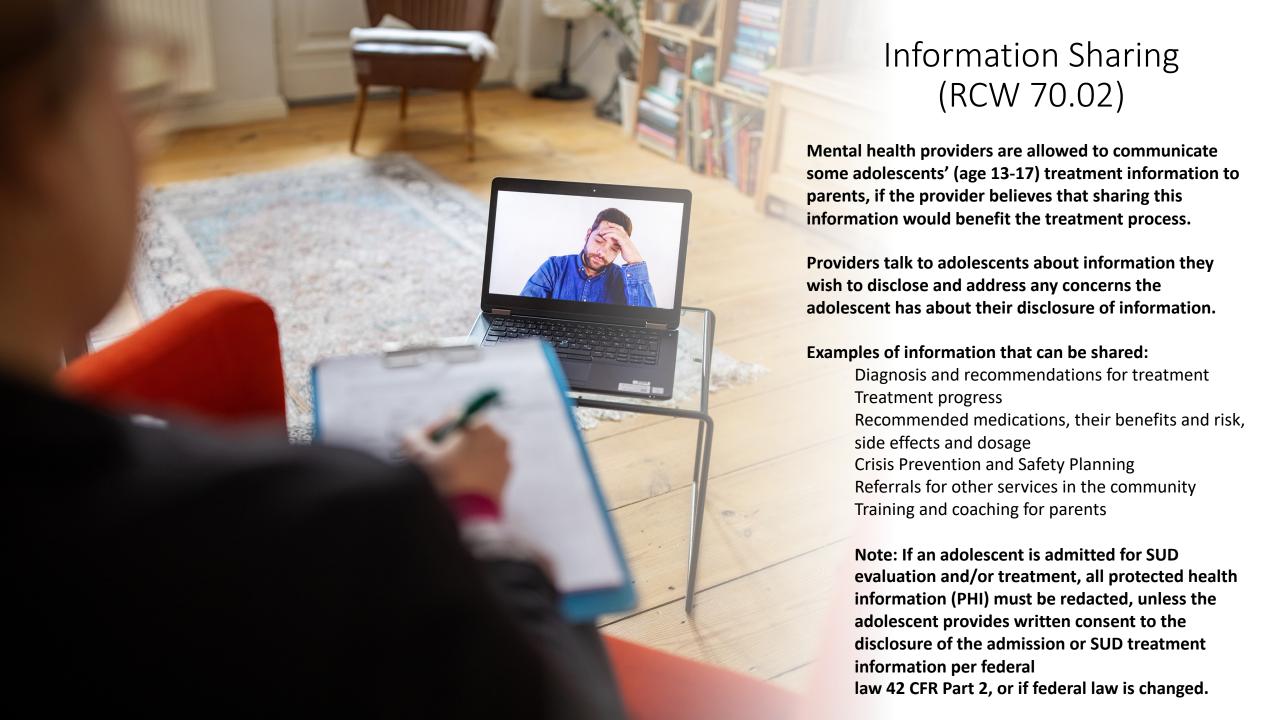


What type of mental health provider do you need?



Accessibility



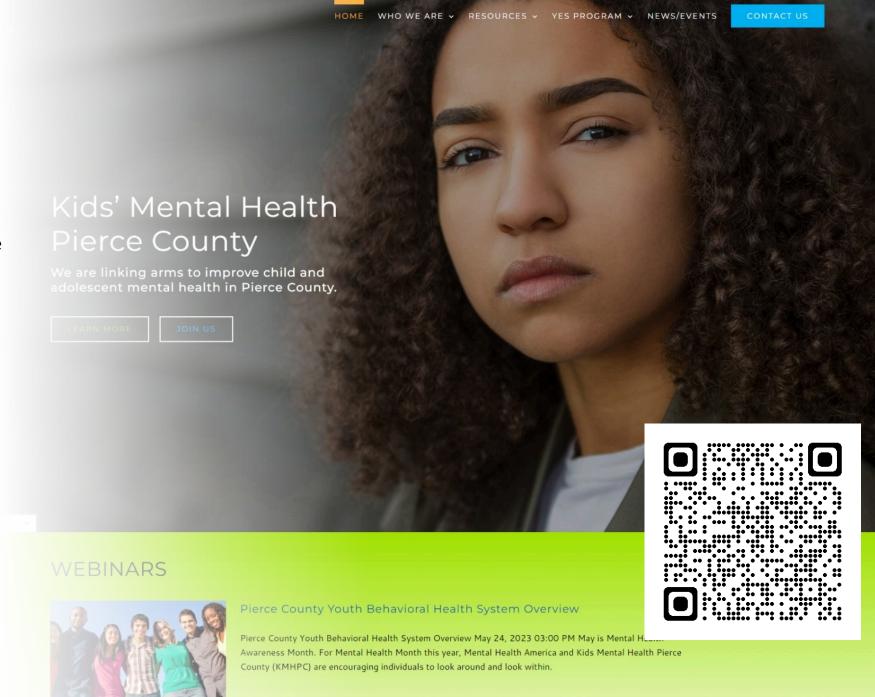


### Regional Resource Hub

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



### 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.





### Youth Behavioral Health Navigator Program

- The Health Care Authority (HCA) is partnering with Kids' Mental Health Pierce County and Department of Developmental Administration (DDA) to stand up 3 regions per year for the next three years.
- Technical assistance and support, collaborative learning teams across the state, and pathways for real time input on regional strengths and needs will be developed as the first teams begin standing up.
- Youth Navigator regions standing up in fiscal year 2023:
  - Greater Columbia
  - Salish
  - Southwest
- Youth Navigator regions standing up in fiscal year 2024:
  - Great Rivers
  - Spokane
  - North Central
  - Thurston/Mason

Kids Mental Health Washington

https://kidsmentalhealthwa.org/







### Contact Information

www.kidsmentalhealthpiercecounty.org

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