

# Improving child and youth behavioral health through a system of care

## Overview

For several years, the Division of Behavioral Health and Recovery (DBHR) has been engaged in a systematic review and redesign of its children's behavioral health system with the goal of improving outcomes and reducing costs. We are doing this through the lens of system of care (SOC) values: family driven and youth guided; culturally and linguistically competent and community based.

A number of initiatives are aligned and driving improvements including:

### 1. Legislative direction

- [SSH 1088](#) passed in 2007 and codified as [71.36 RCW](#), development of Children's Behavioral Health Measures of Statewide Performance.
- [ESSHB 2536](#) passed in 2012 and codified as [43.20C.020 RCW](#), regarding the increased use of evidence/researched-based and promising practices.


### 2. SOC implementation goals.

- Infuse SOC values in all child-serving systems.
- Expand and sustain leadership roles for families, youth, and system partners.
- Establish an appropriate array of services and resources statewide, including home and community based services.
- Develop and strengthen a workforce that will operationalize SOC values.
- Build a data management system for decision making and tracking outcomes.
- Develop sustainable financing and align funding to ensure services are seamless for children, youth, and families.

### 3. Administration of Children and Families (ACF) Creating Connections Grant - awarded in October 2012 and completed in September 2018.

- Enhance safety, permanency, and wellbeing of children and youth in foster care by facilitating effective linkages to appropriate research-based mental health services.

4. Children's Long-term Inpatient Program Improvement Team (CLIP-IT) started 2011 - Washington engagement in the National Building Bridges Initiative.
  - Improving how residential treatment is used as part of our continuum of care.
  - Implementing Washington Children's Behavioral Health Principles (based on SOC values) in service delivery.
  - Reducing length of stay in out-of-home treatment, when possible.
  - Ensuring fully integrated residential and community based resources.
5. Implementation of Wraparound with Intensive Services (WISe) in 2014 designed to provide comprehensive behavioral health services and supports to Medicaid-eligible individuals, up to 21 years of age, who have complex behavioral needs. WISe is provided in home and community settings and designed to support children and youth who are in need of intensive behavioral health services.
6. Children's Behavioral Health Governance Structure, including youth, families, child-serving agencies and other stakeholders and partners from local to state levels, who work together to brainstorm and implement solutions for needs and challenges and also celebrate strengths and successes.
7. Increasing the number of transition aged youth that get help early when facing the onset of psychosis.
8. State Youth Treatment Implementation Grant awarded in 2015 and ending March 2019, designed to enhance treatment and recovery services for youth ages 12 to 18 who have a



substance use disorder diagnosis or a co-occurring substance use disorder and mental health diagnosis.

9. Systems of Care Expansion Grant awarded in September 2018 designed to provide day treatment and therapeutic foster care services as well as expanding youth and family networks and providing social marketing for mental health promotion.
10. Healthy Transitions Grant awarded in September 2018 is designed to improve emotional and behavioral health functioning for transition age youth and young adults, age 16-25, to increase self-efficacy and maximize their potential to lead full and productive lives. The goal is to support targeted, effective services statewide through infrastructure development.

Through the above initiatives and other efforts, system improvements are being designed to be effective and consistent with the following SOC values, coordinated, family driven, youth guided, community-based, and culturally responsive. The result for youth and families will be a reduction in avoidable hospitalizations, institutionalization, and criminal detention while increasing success at home, in school, and in the community.

### **Eligibility requirements**

Washington's public behavioral health system serves children and youth with Medicaid who experience behavioral (including mental health and substance use) symptoms, and their families. Additional services are available for those with no insurance or private coverage if they are in crisis or as local systems have funded added services and supports. Regional Behavioral Health Organizations and Managed Care Organizations and their contracted Community Behavioral Health Agencies address moderate to intensive and acute behavioral health needs.

### **2017-19 budget**

- Medicaid (Title XIX)
- Substance Abuse and Mental Health Services Administration (SAMHSA) Federal block grant funds and System of Care Expansion funds
- State funds
- State Youth Treatment Implementation Grant federal funds

### **Primary partners**

DBHR is partnering with the Washington State Department of Children, Youth and Families, Rehabilitation Administration, Developmental Disabilities Administration and other state and local child-serving agencies, higher education, families, youth, providers, and regional administrators to reach our common goals of improving access and service delivery essential to children, youth, and families. Tribal consultation, planning, and communication are ongoing.

### **Oversight**

- Centers for Medicare & Medicaid Services
- Governing bodies outlined in the T.R. et al v. Strange and Birch Settlement Agreement
- Behavioral Health Certification and Licensing for Community Mental Health Agencies through the Department of Health

### **For more information**

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