





# AGENDA

- **Welcome, Intros, Agenda review**
- **Updates and Presentations on Youth Crisis Response System**
  - *Washington Health Care Authority overview of system gaps and current work to expand youth crisis response services + OTHER EXPERTS*
- **Discussion: Sharing Lived Experience Perspectives on Youth Crisis Response System**
- **Open Discussion: Continue mtg topic + anything else**
- **Next meeting:**

**MON MAY 8<sup>TH</sup> 1.00 PM - 3.00 PM**

# Zoom Technology Moment: Committee Members



# Washington Speaks

## ARE YOU INTERESTED IN?

- ❖ Sharing your story with the CRIS or CRIS Steering Committee?
- ❖ Receiving support and feedback from others with lived experience in preparing to share your story?
- ❖ Supporting others in preparing to share their story?

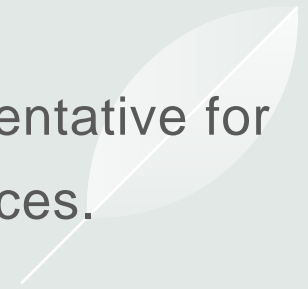
To join our CRIS Lived Experience group training let us know in chat or e-mail [npinson@healthmanagement.com](mailto:npinson@healthmanagement.com)





# Panelists

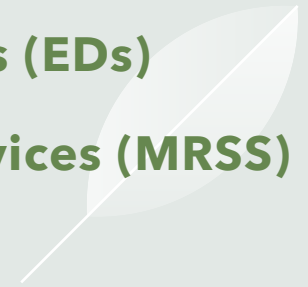
- **Sherry Wylie:** Youth Mental Health - Health Care Authority (HCA)
- **Kashi Arora:** Mental & Behavioral Health/Community Health & Benefit - Seattle Children's Hospital
- **Cole Devlin:** Prior regional representative of youth in mental health services
- **Jasmine Martinez:** Children's Long-term Inpatient Program (CLIP) Family Liaison
- **Michelle Karnath:** Statewide representative for parents of children in mental health services.
- **Others:** Puck, Marie, Bipasha,





# YOUTH BEHAVIORAL HEALTH

- **Youth perspective**
- **Parent/Caregiver perspective**
- **Sibling/Other family members' perspective**
- **Special population perspective:** LGBTQIA+ Immigrant, Persons of Color (POC), Others
- **Balance between youth led & family-initiated services**
- **School system**
- **Foster system**
- **PCPs, Hospitals - Emergency Departments (EDs)**
- **Youth Mobile Response/Stabilization Services (MRSS)**
- **Intensive Stabilization Services (ISS)**
- **Wraparound with Intensive Services (WISe)**
- **Children's Crisis Response System (CCORS)**





988  
SUICIDE  
& CRISIS  
LIFELINE

There is hope

Talk with us. If you or someone you know needs support now, call or text 988 or chat 988lifeline.org

PEP22-06-03-004

The poster features a teal box with the number 988 and the text 'SUICIDE & CRISIS LIFELINE'. To the right, the phrase 'There is hope' is written in pink above a pink heart held by two hands. Below this, the text 'Talk with us.' is followed by icons of speech bubbles and a QR code. The bottom right corner contains the code 'PEP22-06-03-004'.

# Youth Mobile Response & Stabilization Services (MRSS)

Implementing Best Practices for Youth and Families

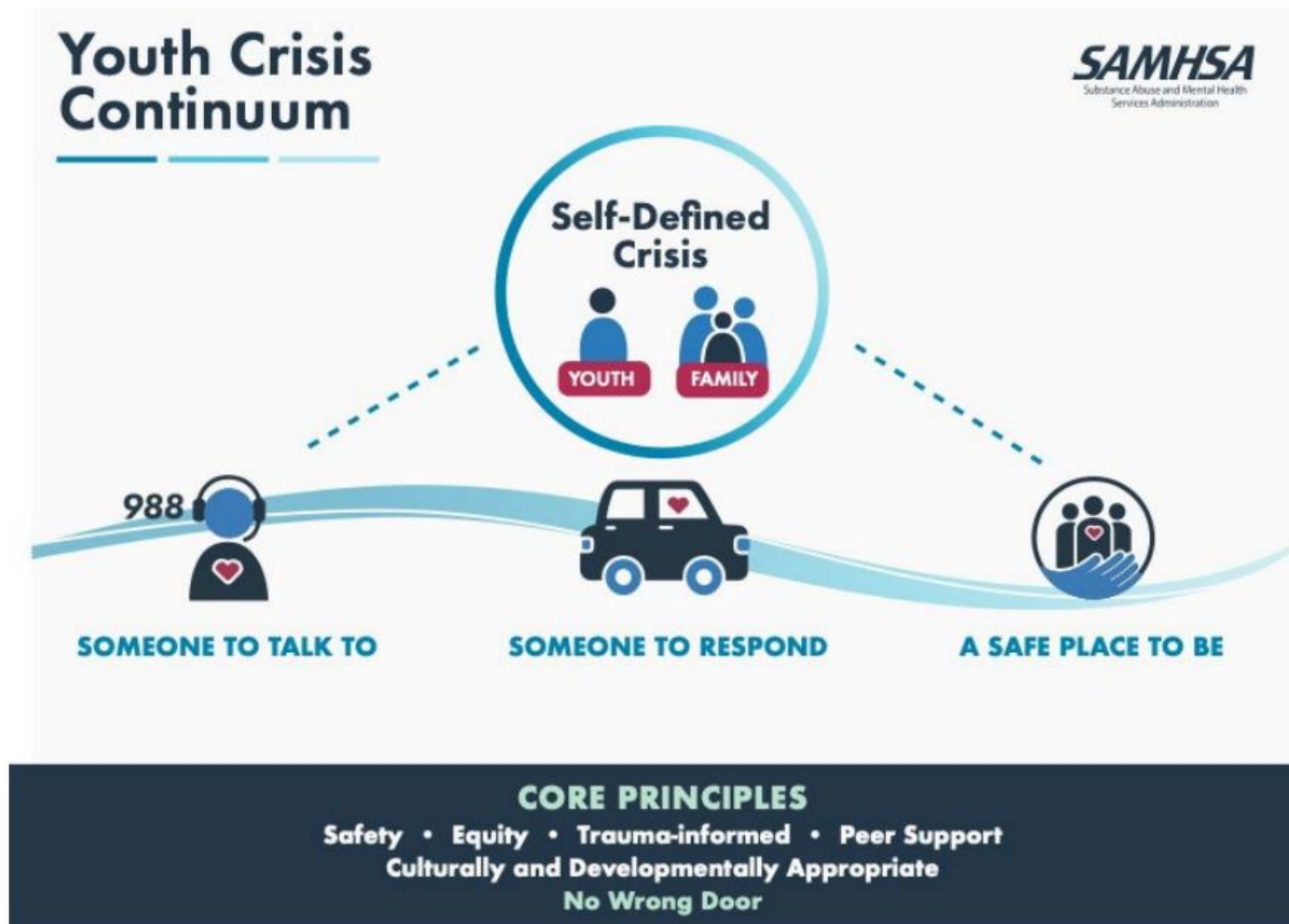
# How Do Families Access Crisis Services?

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- ▶ Schools/providers/PCP's/parents identify needs early - youth to the Emergency Room
- ▶ 911 activation - Law Enforcement/EMS/Fire response - youth to Emergency Room or risk Juvenile Justice or child welfare involvement
- ▶ Once in the Emergency Room - Families wait for medical clearance, often 10-18 hours
- ▶ A few will go to adolescent inpatient, then get discharged
- ▶ Often discharged home without supports in place
- ▶ In a few regions, people call the regional or provider crisis line – get in person response



# Mobile Response and Stabilization Services



# MRSS and SAMHSA Crisis Best Practices

## Youth Mobile Response and Stabilization Svc.

- ▶ Single point of access, not 911
- ▶ Crisis defined by parent/youth
- ▶ Comprehensive youth assessment
- ▶ Respond without Law Enforcement
- ▶ Teams trained in developmentally appropriate interventions
- ▶ Designed to interrupt care pathway
- ▶ Stabilization in-home - 8 weeks
- ▶ Warm handoffs to natural and clinical supports is core component

## SAMHSA Crisis care best practice toolkit

- ▶ Single point of access, not 911
- ▶ Crisis defined by caller
- ▶ Risk assessment for danger to self & others
- ▶ Respond without law enforcement
- ▶ Crisis responders trained in safety
- ▶ Designed to address the needs of adults
- ▶ Teams may provide transportation
- ▶ Facility based stabilization
- ▶ Referrals

# Goals of Mobile Response and Stabilization

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Support and Maintain	Outreach and Engagement	Promote	Reduce	Assist
Support and maintain youth in current living environment	Engage youth and families by providing access to care	Promote safe behavior in home, school and community	Reduce use of ED's, Inpatient units and detention centers	Assist families in linking with community and clinical services

# Youth Mobile Response & Stabilization

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- ▶ Initial Response (up to 3 days of crisis intervention) \*all payors
  - Family or youth define the crisis, in person response, at home, school, community
  - Developmentally appropriate engagement, crisis de-escalation, assessment
  - Keep youth in homes, safety planning, securing the home, increase supervision
- ▶ Stabilization in-home (*up to 8 weeks of intensive, in-home services*)
  - Intervention and stabilization phases are distinct but must be connected
  - In home, schools, community. In person 24/7 access to treatment team
  - Link families with natural and community supports, arts, activities, parent groups
  - Care coordination and warm handoffs to existing systems of care and clinical supports when clinically appropriate

# Youth and Family System of Care Partners



Primary  
care



Schools



LE



ED's



Inpatient  
Units,  
Providers,  
BH



Juvenile  
Justice or  
DCYF

Where

are

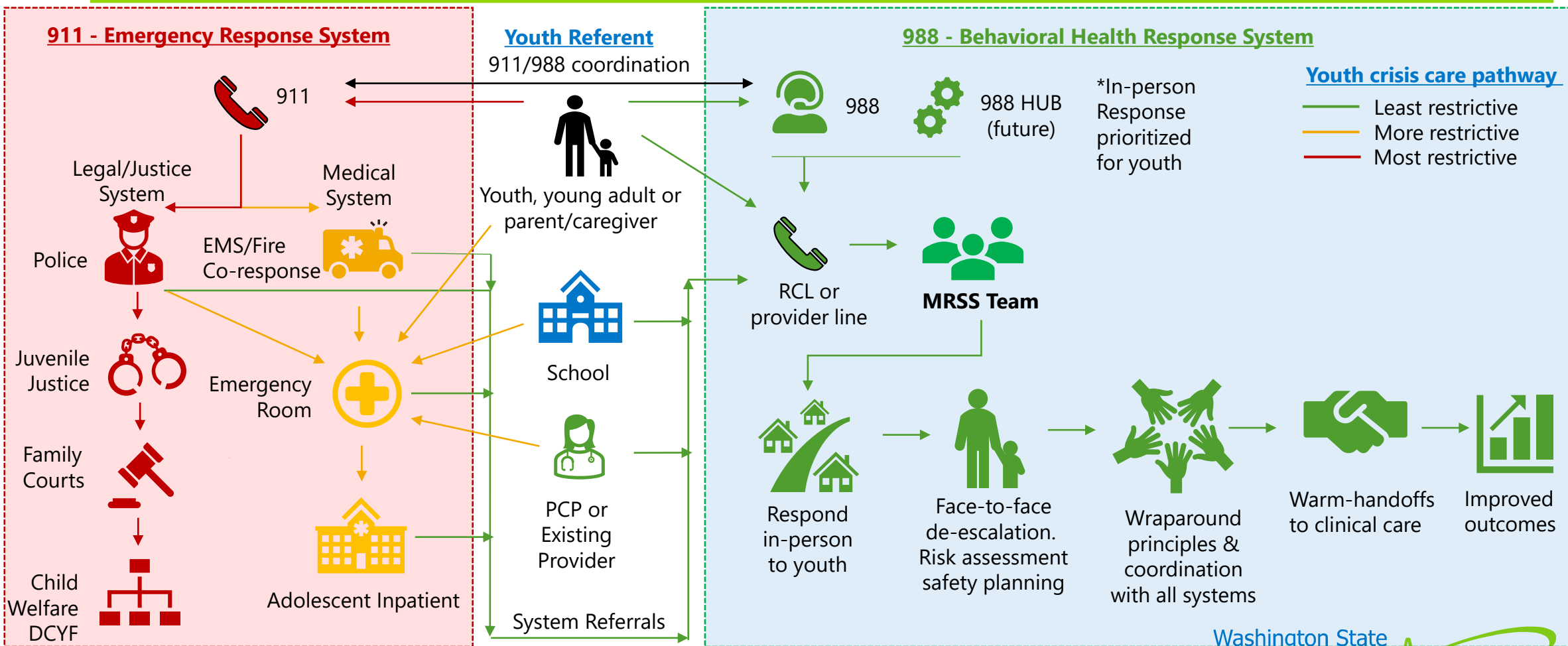
youth

crisis

interruption

points?

# MRSS is Designed to Interrupt Care Pathways



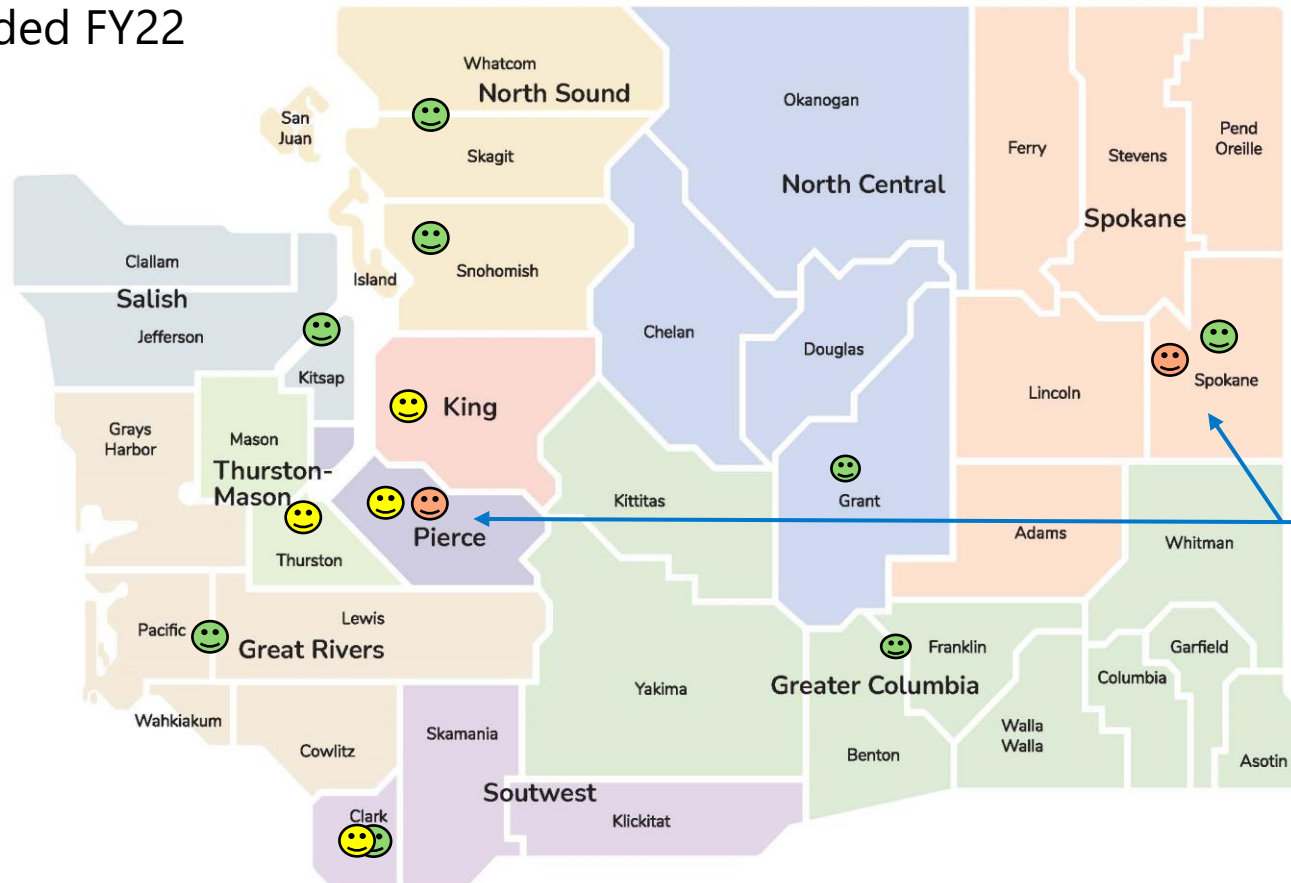
# Youth Crisis Continuum: Key Limitations

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- ▶ ED's remain the primary access point for youth and caregivers
- ▶ There are a handful of adolescent inpatient units in the state
- ▶ There are a limited number of Children's Long Term Inpatient Beds (CLIP facilities) with long waitlists
- ▶ WISe services face increasing demand and don't replace youth mobile response teams – separate program and both 24/7/365
- ▶ 23-hour crisis relief centers offer an additional access point for families and youth, adolescents for voluntary, walk-in behavioral health services. Reduces Emergency Dept. use for BH needs
- ▶ Number of youth teams and MRSS service delivery in WA

# Current Youth Teams and Expansion Teams

- ☺ Existing youth teams before 988 went live
- 😊 Proviso teams added FY22
- 😊 SOC Grant



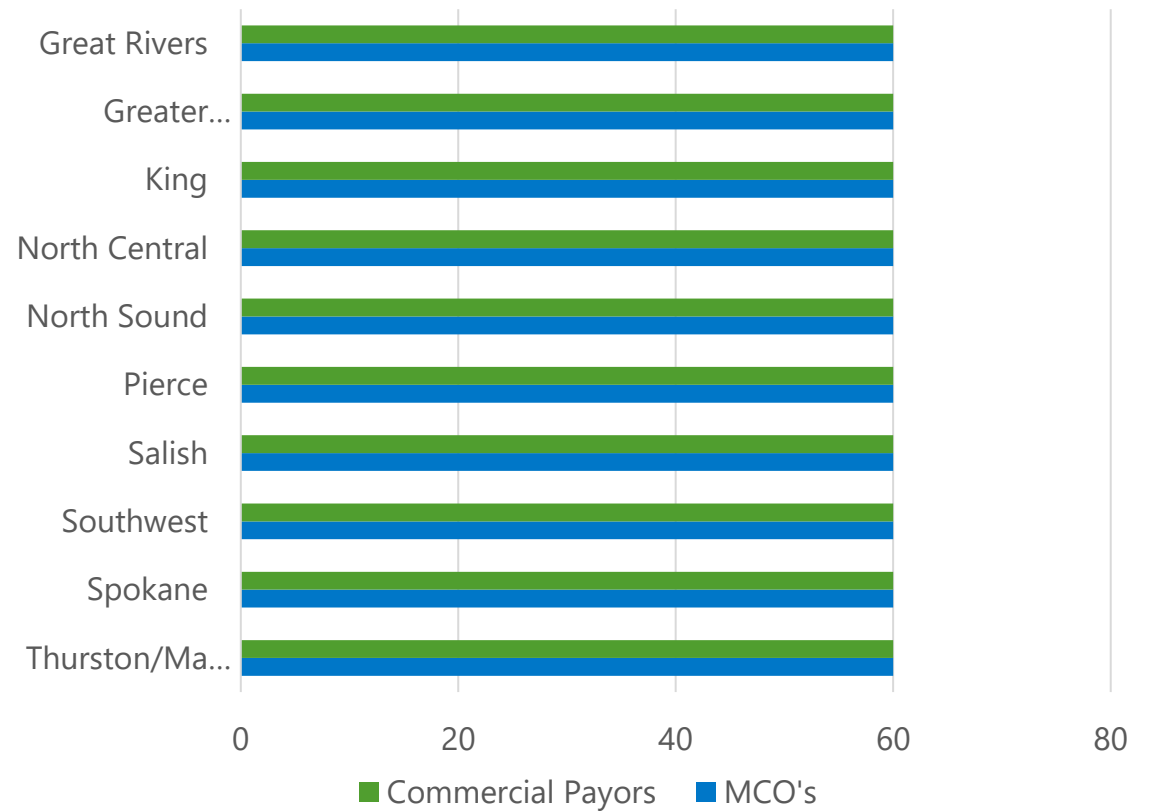
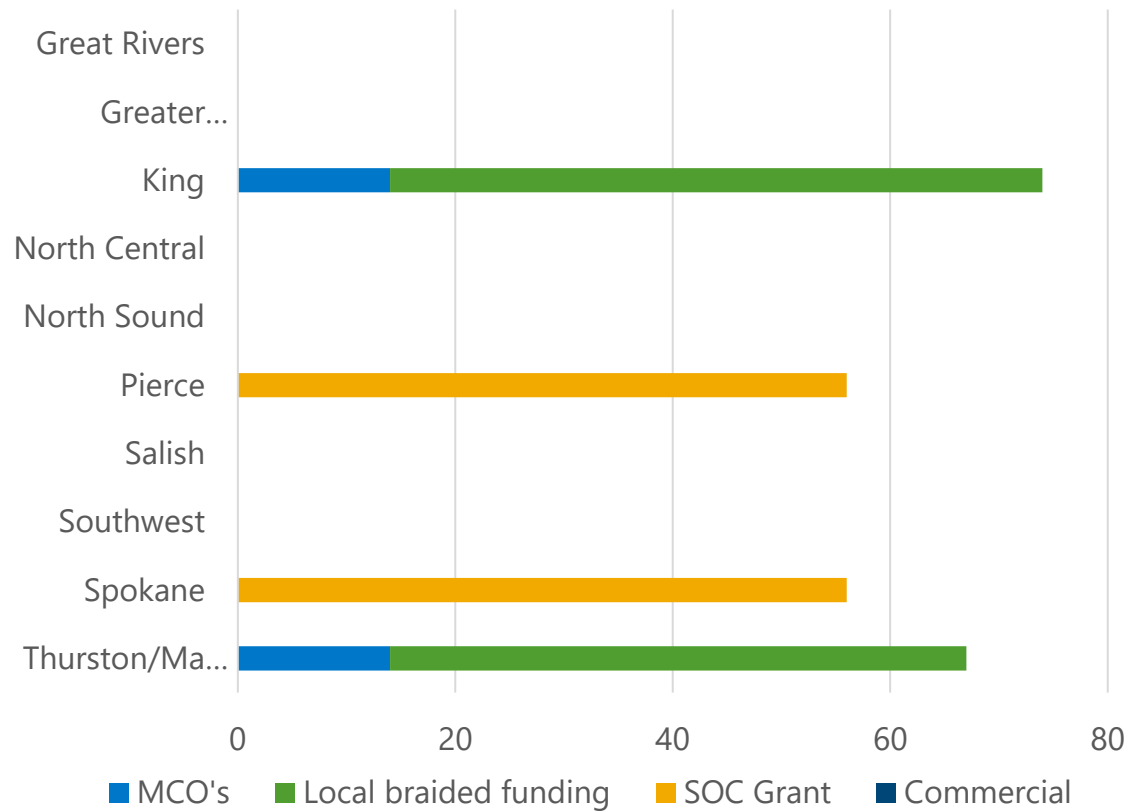
SAMHSA  
System of Care Grant  
To implement MRSS



# Youth Mobile Crisis Team Service Delivery

2023 - Current in-home stabilization in Days

2024 – Future in-home Stabilization in Days





# Questions?

Matt Gower - Crisis Systems Team Lead [matthew.gower2@hca.wa.gov](mailto:matthew.gower2@hca.wa.gov)

Sherry Wylie – Youth MCT Program Administrator [sherry.wylie@hca.wa.gov](mailto:sherry.wylie@hca.wa.gov)

Luke Waggoner – Adult MCT Program Administrator [luke.waggoner@hca.wa.gov](mailto:luke.waggoner@hca.wa.gov)

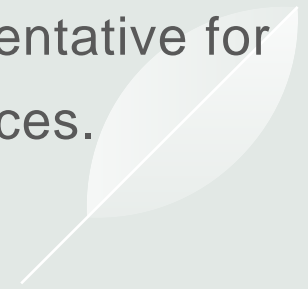
Wyatt Dernbach – Stabilization and Triage Administrator [wyatt.dernbach@hca.wa.gov](mailto:wyatt.dernbach@hca.wa.gov)





# EXPERTS

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# MISCELLANEOUS

- **HOPE FOR TROUBLED MINDS: Letters between those with brain illnesses and our loved ones:** An anthology of letters expressing love for care, and gratitude for life, despite what can be debilitating brain illness.

[https://docs.google.com/forms/d/e/1FAIpQLSc7kwnnLexNM0KkmtU7xRnsdbUq7sXwdcEUyg6dXP\\_A0k-Gzg/viewform?](https://docs.google.com/forms/d/e/1FAIpQLSc7kwnnLexNM0KkmtU7xRnsdbUq7sXwdcEUyg6dXP_A0k-Gzg/viewform?)

- **KING COUNTY PROP 1:** Discussion on the tax levy to fund 5 new mental and behavioral health crisis centers by Seattle Times on April 13<sup>th</sup> Thu at 7 PM online.
- **NOTHING ABOUT US WITHOUT US - LIVED EXPERIENCE (HB-1154):** Did not pass on from its last committee, i.e., it is considered dead for this year.



# WHAT WE COVERED

- **To share your lived experience story at the CRIS mtg, let us know in chat or e-mail [npinson@healthmanagement.com](mailto:npinson@healthmanagement.com)**
- **Updates and Presentations** Washington Health Care Authority presentation overview of system gaps and current work to expand youth crisis response services + OTHER EXPERTS
- **Discussion:** Your Lived Experience Perspectives on Youth Crisis Response System
- **Adjourn Formal Meeting --> Open Discussion**
- **Next meeting:**

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