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## [Behavioral Health Toolkit for Navigating Crisis, School-Based Services, Medical Services, Family Support Networks, and More](#)

When a child struggles to maintain emotional well-being, the whole family is impacted. Parents can feel confused about where to go for help. This toolkit provides an overview of information about crisis response, school-based services, medical systems, family support networks and places to advocate for systemwide improvements. For individualized, non-emergency support, please click [Get Help](#) and someone from PAVE will contact you.

[Family Voices of Washington](#), PAVE’s Family-to-Family Health Information Center, is another place for information and resources.

### What is Behavioral Health?

Behavioral health is a broad term describing services for people with conditions based in the brain that impact their behavior. People with depression, anxiety, bipolar disorder, schizophrenia, substance use disorder (SUD), or another condition may require different levels of behavioral health help. Some developmental conditions, such as autism, may impact a person’s behavioral health. A person with more than one condition may have a “dual diagnosis.” The [Child Mind Institute](#) is a place for information about childhood symptoms, diagnoses, and options for treatment and support.

### Plan ahead for a crisis

If you or someone you care for experiences a behavioral health condition, it’s helpful to develop a [crisis plan](#). Make sure important phone numbers are easy to find quickly.



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If calling 911 is your best option, clearly state that there is a behavioral health medical crisis and request officers with Crisis Intervention Training (CIT).

**TIP:** Here's how to quickly ask for behavioral health help when calling 911: "We need CIT-trained officers to respond to a behavioral health medical emergency."

After stating that, do your best to quickly summarize the emergency and what type of help is needed. State clearly that you are calling for medical help and that you are not calling to report a crime.

### Call 800-273-8255 for Suicide Prevention Lifeline: After July 16, 2022, call 988

By July 16, 2022, a new option is to call 988 for behavioral health crises. The national 988 network expands the [Suicide Prevention Lifeline](#): 800-273-8255.

In 2021, Washington passed a law ([HB 1477](#)) to rebuild the crisis response system as part of the 988 rollout. The state's [Crisis Response Improvement Strategy](#) (CRIS) has multiple committees to encourage broad participation in the work.

Until 988 is fully operational, crisis telephone numbers are different for each county. The Health Care Authority (HCA) maintains a list on a website page titled [Mental Health Crisis Lines](#). Access to Youth Mobile Crisis services depends on the area in which you live. It's best to find out what's available before you need emergency help so you know what you can ask for.

More resources for crisis and other help are listed at the end of this article.

### How to seek help at school

Often a child's behavioral health needs show up in school. Students might access services through the special education system or in other ways.

When behavior gets in the way of a student's education, schools are responsible to figure out what the child is trying to communicate and teach the child what to do instead. The process of figuring out why a child may be acting out is called a Functional Behavioral Assessment (FBA). Information from the FBA is used to develop a Behavior Intervention Plan (BIP). PAVE provides a video called [Behavior and School: How to Participate in the FBA/BIP Process](#). Any student whose behavior impedes learning can be assessed, not just students with special education programs already in place.

Here's more important vocabulary: MTSS stands for Multi-Tiered Systems of Support. [MTSS](#) is based on a public health approach to ensure that schools make student well-being a priority. An MTSS framework can include teaching and social-emotional supports at multiple levels, called tiers. In a school that implements the MTSS framework, adults who teach and support students are organized to respond to the academic and social-emotional needs of all students.



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**TIP:** Ask your school about MTSS and how “tiers” (different levels) of support are organized and available to help your student. You can also ask about your school’s Social Emotional Learning (SEL) curriculum and how SEL education is provided to your student.

PAVE provides a collection of articles about Social Emotional Learning (SEL):

[State Standards Guide Social Emotional Learning for all Ages and Abilities](#)

[Social Emotional Learning, Part 1: The Importance of Compassionate Schools](#)

[Social Emotional Learning, Part 2: Trauma-Informed Instruction](#)

[Social Emotional Learning, Part 3: Tools for Regulation and Resiliency](#)

### **Behavioral Health might be addressed through special education**

Emotional Disturbance is a federal category of disability under the Individuals with Disabilities Education Act (IDEA): Washington State refers to this category as Emotional Behavioral Disability (EBD). Autism, Other Health Impairment (OHI), and Traumatic Brain Injury (TBI) are also categories for [special education eligibility](#) (described in WAC 392-172A-01035). Any category may overlap with behavioral health.

PAVE provides a [Sample Letter to Request Evaluation](#) to support families in taking the first step in determining whether a student may be eligible for special education services. A [Sample Letter to Request a Functional Behavioral Assessment](#) is another tool for families.

A student who meets criteria in any category is served through an [Individualized Education Program](#) (IEP). A student who is determined to have a disability that impacts learning but who does not demonstrate a need for Specially Designed Instruction (SDI) may have accommodations and supports with a [Section 504 Plan](#).

Note that counseling may be provided as a [Related Service](#) for students receiving special education services (described in WAC 392-172A-01155). School districts can receive reimbursement for [school-based health services](#) for students who are covered by Medicaid and on an IEP.

PAVE provides [Toolkit Basics](#) to help families understand student rights and how to navigate school-based systems. Another article provides more specific information related to behavioral health: [Mental Health Education and Support at School can be Critical](#).

PAVE provides a video: [How to Navigate School for Youth with Mental Health Concerns](#), recorded in collaboration with NAMI Washington, the statewide affiliate for the National Alliance on Mental Illness. [NAMI Washington](#) provides training and information and helps connect people with affiliates for training and support throughout the state.



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## How to seek medical services for children and youth in Washington State

Seattle Children's Hospital has a behavioral health [referral helpline](#). Families can call 833-303-5437, Monday-Friday, 8-5, to connect with a referral specialist. The service is free for families statewide and provides information regardless of the child's insurance coverage.

Wraparound with Intensive Services (WISe) is the most intensive outpatient program available for children and youth eligible for Apple Health. Here's a link to PAVE's article: [WISe Provides Team-Based Services for Washington Youth with Severe Behavioral Health Disorders](#).

For children on Apple Health who need residential services, the state's option is the Children's Long-Term Inpatient Program (CLIP). PAVE provides an article with more information: [Children's Long-Term Inpatient Program \(CLIP\) Provides Residential Psychiatric Treatment](#).

If a person ages 15-40 is newly experiencing psychosis, Washington offers a wraparound-style program called [New Journeys](#). This website link includes access to a referral form.

Families who want to better understand how to communicate with a loved one experiencing psychosis can seek resources from the [University of Washington Spirit Lab](#), which operates a Psychosis REACH program to train families in using Cognitive Behavioral Therapy (CBT) to work with their loved one with a mental illness condition that includes delusions and hallucinations.

## Family Initiated Treatment

In Washington State, the age for medical consent is 13. Sometimes getting a young person 13-17 into behavioral health treatment includes barriers related to the youth's inability to see their illness or understand their need for care. Family Initiated Treatment (FIT) is an option in some circumstance. PAVE's article provides more information about FIT and the law that authorizes it: [Adolescent Health Care Act Provides Options for Families Seeking Mental Health and Substance Use Help for Young People Resistant to Treatment](#).

Federal parity laws require insurers to provide coverage for behavioral health services that are equitable to coverage for physical health conditions. The National Health Law Program ([NHLP](#)) provides information and advocacy related to behavioral healthcare access and offers handouts to help families know what to expect from their insurance coverage and what to do if they suspect a parity law violation:

[Handout about parity for people with private insurance](#)

[Handout about parity for people with public insurance \(Medicaid\)](#)

Families with private health insurance who believe their provider has violated parity laws related to behavioral health services can file complaints with the [Office of the Insurance Commissioner](#) or call the Consumer Hotline: 800-562-6900.

Article: [Behavioral Health Toolkit for Navigating Crisis, School-Based Services, Medical Services, Family Support Networks, and More](#)



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## Family Support

PAVE's [article about WISE](#) includes a section for History, Advocacy, and Family Support. In addition to PAVE, here are some family-serving agencies:

[Family, Youth, and System Partner Round Table](#) (FYSPRT). Regional groups are a hub for family networking and emotional support. Some have distinct groups for young people.

[Washington State Community Connectors](#) (WSCC). WSCC sponsors an annual family training weekend, manages an SUD Family Navigator training, and offers ways for families to share their experiences and support one another. With passage of [HB 1800](#) in 2022, WSCC is working with the Health Care Authority to build a statewide website (Parent Portal) to help families navigate behavioral health services.

[COPE \(Center of Parent Excellence\)](#) offers support group meetings and direct help from lead parent support specialists as part of a statewide program called A Common Voice.

[Healthy Minds Healthy Futures](#) is an informal network on Facebook. Advocates in the group initiated work to build the Parent Portal that WSCC (see above) is now working on with the Health Care Authority and other invested stakeholders.

## System work is underway

In 2022, the state passed [HB 1890](#) to create a strategic plan for addressing the behavioral health needs of children, youth transitioning to adulthood, and their caregivers. That work is managed by the Children and Youth Behavioral Health Work Group ([CYBHWG](#)), created in 2016 by the Legislature ([HB 2439](#)). The CYBHWG welcomes family engagement in its activities and meetings. CYBHWG supports several advisory groups, including one for Student Behavioral Health and Suicide Prevention. [Meeting schedules](#) and reports are posted on the Health Care Authority (HCA) website. Public comment is included at every public meeting.

## The needs are now

When a child or youth is struggling with a behavioral health condition, the available options don't always meet the needs. Washington State's 2021 [Healthy Youth Survey](#) shows that seven out of ten students in tenth grade report feeling nervous, anxious, on edge, or cannot stop worrying. Eight percent report they tried suicide within the past year. According to the Centers for Disease Control and Prevention ([CDC](#)), only about half of young people who need behavioral health services get them.

Data from the state's Healthy Youth Survey show that students with disabilities struggle more than most. Also over-represented among students who say their mental health is a struggle are girls, students from lower income households, and students whose gender or sexuality is non-binary. Non-binary refers to more than two things; it's a term often used when discussing people who identify as Lesbian, Gay, Bisexual, Transgender, Queer, or questioning (LGBTQ+). LGBTQ+ youth can seek crisis help and more from [The Trevor Project](#).



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“Reports of our children suffering with mental health issues are a worrisome public health concern,” said Umair A. Shah, MD, MPH, Washington’s Secretary of Health. “Mental health is a part of our children’s overall health and well-being. It is imperative that we all continue to work together to fully support the whole child by providing information and access to behavioral health resources to youth and the trusted adults in their lives.”

### **Resources for crisis help and more**

[Suicide Prevention Lifeline](#): 800-273-8255/After July 16, 2022, call 988

Washington [Mental Health Crisis Lines](#) listed by county

For tips on how to talk, monitor, and bond with teens: [StartTalkingNow.org](#)

For LGBTQ+ youth: [The Trevor Project](#)

Help for teens by teens: [Teen Link](#)

[Crisis Text Line](#): confidential text access from anywhere in the U.S. to a trained crisis counselor. Text HOME to 741741 (24/7/365)

Resources on the [Department of Health’s website](#)

[NAMI Washington](#)

Seattle Children’s Hospital [Referral Helpline](#). Families statewide can call 833-303-5437, Monday-Friday, 8-5