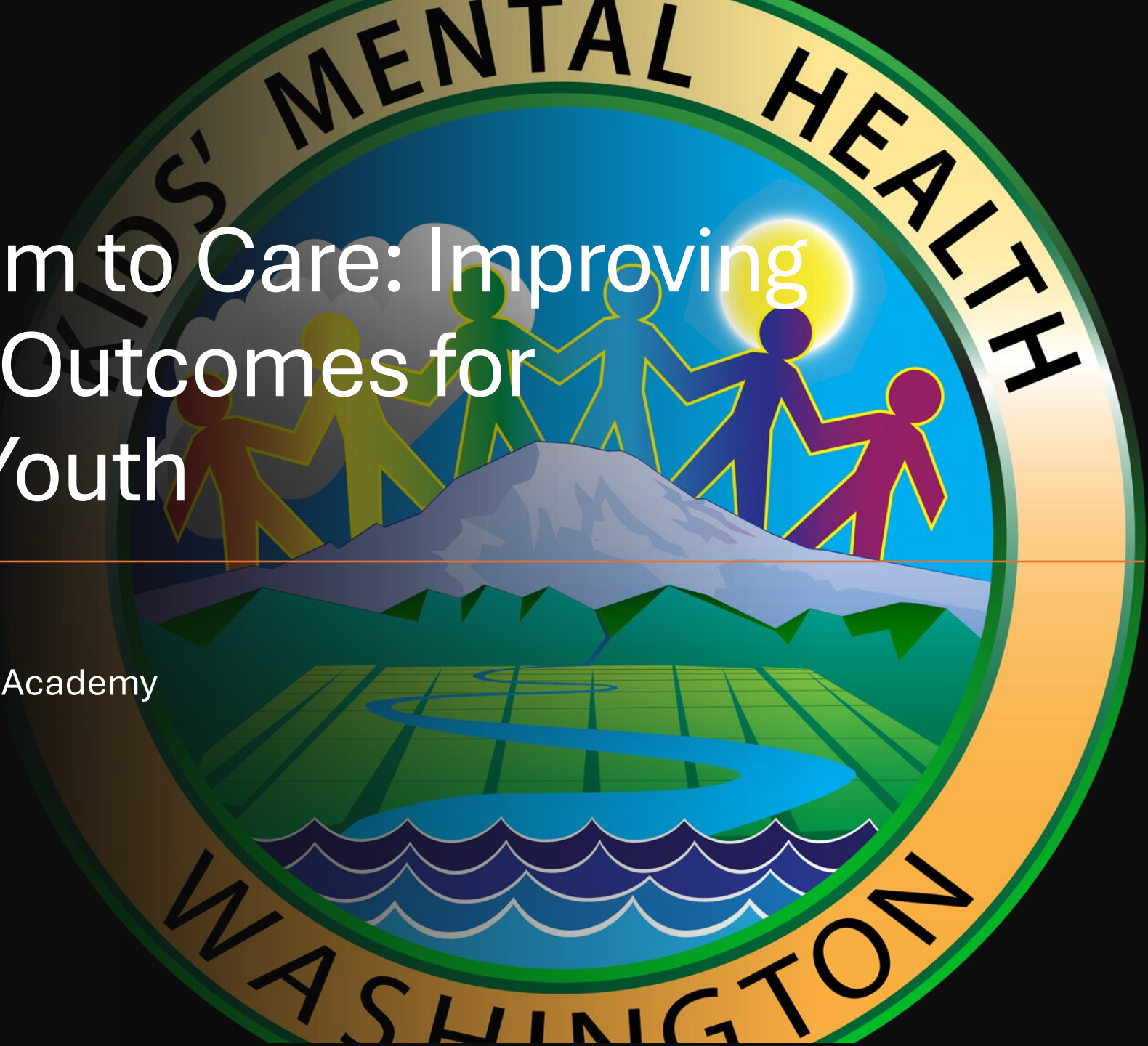


From Courtroom to Care: Improving Mental Health Outcomes for Washington's Youth

Dependency Judicial Training Academy

5-19-2026





By the end of this session, participants will be able to:

01

Describe the current state of children's mental health in Washington, including key challenges, disparities, the care continuum, and emerging trends across systems of care.

02

Explain the role of Kids Mental Health Washington (KMHW) in advancing a coordinated, statewide approach to children's behavioral health.

03

Identify key intersections between systems and youth mental health.

04

Understand how Kids Mental Health Washington aligns with court priorities, including access, quality and care coordination.

A young girl with curly hair is looking upwards and to the right with a thoughtful expression. The background is dark and out of focus, showing what appears to be a window with blinds. An orange horizontal bar is located at the top left of the page.

The State of Children & Youth Behavioral Health in Washington: Judicial System Impacts

- During 2023, **about one in three children**, youth, and young adults with identified needs had an unmet need for mental health treatment.
- In 2023 the rate of youth suicide and attempted suicide was still nearly 500% higher than it was ten years prior ([Youth Suicide Rates | Washington State Department of Children, Youth, and Families](#))
- 20% of WA teens report having seriously considered attempting suicide

Prevalence of mental health needs among justice-involved youth


- 65-70% of youth in the juvenile justice system have at least one diagnosable mental health disorder (office of Justice Programs)
- Over 60% have multiple (co-occurring) disorders, showing high complexity of needs.
- Juvenile justice systems often function as de facto mental health providers
- Many have histories of:
 - Child Abuse & Neglect (CAN)
 - Adverse Child Experiences (ACES)
 - Family instability
 - Exposure to substance use or caregiver mental illness



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.
- Washington ranks 38th in the nation for youth mental health. Washington performs below the national average, reflecting both need and systems gap. (Mental Health America)

Source: Access to behavioral health services for children and youth report (December 1, 2023)




Disparities in identification and treatment of behavioral health needs

- Young children (0–5) had lower rates of identification and higher rates of unmet need.
- Young adults (18–25) had both higher rates of identification and higher rates of unmet need.
- 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).

Barriers to Youth Behavioral Health Access

Access Delays	System Instability	Geographic Inequities	Legal and Policy Complexity	Service Gaps for High-Need Youth
Long waitlists for assessments, therapy, and higher levels of care	Funding changes and shifting program availability Turnover of providers and system partners	Limited access in rural and underserved areas	Age of consent laws and treatment authorization challenges	Limited services for: <ul style="list-style-type: none"> • Youth with aggressive or high-risk behaviors • Youth with ASD/IDD and co-occurring behavioral health needs
Impacts: Delays case progress, extends out-of-home placements, and increases repeat hearings	Impacts: Disrupts continuity of care and relationships courts rely on; plans often have to be revised mid-case	Impact: Fewer placement options; courts may rely on distant providers, telehealth or inappropriate settings.	Impact: Courts become involved in resolving consent disputes or navigating gaps when youth resist or cannot access services	Impact: Placement instability, use of emergency rooms or detention as “holding” options

A photograph of three young women sitting together and talking. The woman on the left has dark curly hair and is wearing glasses and a pink sweater. The woman in the middle has dark hair and is wearing a green top. The woman on the right has long red hair and is wearing a white top. They are all smiling and looking at each other. The background is a plain wall with a white textured object on the left.

Continuum of Care: Where Judicial Decisions Intersect with Behavioral Health Systems

Prevention and Early Identification

Schools and healthcare providers identify early behavioral concerns, aiming to prevent escalation and reduce youth court involvement.

Judicial Role in Treatment Access

Judges balance accountability with treatment access challenges, managing cases where services face delays or workforce shortages.

Crisis Response and Judicial Decisions

Judicial involvement peaks during crises, including emergency treatment approvals and placement decisions for youth safety.

Recovery and Long-Term Support

Judicial oversight supports sustained recovery, case management, and reduces reentry into care through coordinated support.

A photograph of a modern hospital hallway with large windows and contemporary furniture. The hallway is brightly lit, and the ceiling has a curved, modern design. The floor is a light-colored wood or laminate. There are several purple and orange armchairs and ottomans arranged in a seating area on the right side of the hallway. The overall atmosphere is clean and professional.

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.
- Goal: Focus on safety and stabilization so that teens can return to the community for treatment.
- Most hospitalizations are 7-10 days.



Inpatient Hospitalization (Long-Term)

- Residential Treatment can be referred for youth with behavioral health conditions who meet medical necessity for treatment services.
- 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. Youth ages 5-18 with a severe psychiatric disorder are eligible for services. For more information about to access CLIP visit: <http://clipadministration.org/>



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.



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 multi-factored 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.

Kids Mental Health Washington

Kids Mental Health Washington (KMHW) is a statewide system-navigation and care-coordination program designed to help children, youth, and families more easily access and navigate behavioral health services across Washington State.

Its core purpose is to reduce fragmentation, improve access, and coordinate care across systems for school-aged youth with behavioral health needs, regardless of location, insurance, diagnosis, or service involvement.





Who Operates and Funds the Program?

- Kids Mental Health Washington is a partnership led by Washington's Health Care Authority (HCA) in collaboration with Developmental Disabilities Community Services (DDCS, formerly DDA) and Kids Mental Health Pierce County, which provides technical assistance and statewide infrastructure support.
- The program was launched in Pierce County in 2018 and expanded statewide between 2022 and 2025. Today, 10 regional teams cover the entire state, each guided by a local steering committee representing healthcare, schools, child-serving systems, community organizations, and families



How the Program Works

KMHWA acts as a single point of access for families and systems trying to find the right behavioral health supports. Referrals can be initiated by families or professionals through an online portal or by contacting a regional team.

Once a referral is received, KMHWA provides support through three primary functions:

Behavioral Health Navigation: Navigators help families identify, apply for, and connect to appropriate services, including community mental health care, crisis supports, school-based services, developmental disability supports, and higher-level care when needed. This support is available regardless of insurance coverage or system involvement.

Multidisciplinary Team (MDT) Facilitation: When needs are complex, KMHWA convenes and facilitates Multidisciplinary Team meetings that bring together the youth, caregivers, and relevant partners—such as schools, hospitals, community providers, child welfare, juvenile justice, developmental disability services, crisis responders, and managed care organizations. The team collaborates to develop coordinated recommendations and next steps, with follow-up to support implementation

Regional Steering/Action Committees align local partners to coordinate resources, address gaps, and advance shared community initiatives. By fostering shared accountability and leveraging local expertise, Steering and Action Committees strengthen system integration, reduce duplication of effort, and drive sustainable, community-informed initiatives that improve outcomes for children, youth, and families.

Behavioral Health: Administrative Services Organizations (BH-ASO)



Washington State
Health Care Authority

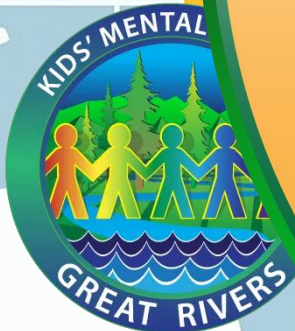
KIDS' MENTAL HEALTH



S Y N C



Thurston-Mason Behavioral Health
Youth Navigator



Franklin County
COMMUNITY SERVICES



Creating a stronger safety net for children and youth
experiencing behavioral health challenges



Kids' Mental Health Washington

Supporting the behavioral health needs of Washington kids, youth and families.

[LEARN MORE](#)

[JOIN US](#)

[IS YOUR CHILD IN CRISIS?](#)

[CONNECT TO OUR LOCAL TEAM](#)

Regional Resource Hubs

- Regional websites serve as a local entry point for children, youth, families, and professionals seeking behavioral health support.
- Each regional site reflects the resources, providers, and systems available in that community, making it easier to find relevant services close to home.
- Through the regional websites, users can learn how to submit a referral, connect with a local behavioral health navigator, access crisis and prevention resources, and identify community-based supports.
- The sites also highlight local partnerships, trainings, and initiatives, helping families and providers get connected, navigate complex systems, and coordinate care more effectively at the regional level.



KMHWA Systems Intersectionality


June 2023- July 2024

- Child Welfare For All: 18%
- Child Welfare MDT: 27%
- Juvenile Justice For All: 13%
- Juvenile Justice MDT: 20%
- DDA Enrolled/ Eligible For All: 16%
- DDA Enrolled/ Eligible MDT: 31%

July 2024-June 2025

- Child Welfare For All: 21%
- Child Welfare MDT: 40%
- Juvenile Justice For All: 13%
- Juvenile Justice MDT: 16%
- DDA Enrolled/ Eligible For All: 14%
- DDA Enrolled/ Eligible MDT: 30%

How the Model Supports Court/ Dependency Systems



1. Single Point of Access for Complex Cases

KMHWA provides system partners and families alike with a single, statewide access point to initiate coordinated navigation for youth with behavioral health needs. This reduces time spent identifying resources and improves confidence that referrals will be followed through.

2. Active Care Coordination & Navigation

Regional behavioral health navigators work directly with families and partner systems to: identify appropriate outpatient, school-based, crisis, and specialty services. Support eligibility and application processes. Reduce delays that often lead to repeat ED utilization and juvenile justice placements.

3. Multidisciplinary Team (MDT) Facilitation

For complex or high-risk youth, KMHWA convenes and facilitates structured MDTs that may include hospitals and emergency departments, schools and school-based health programs, community behavioral health providers, crisis responders, child welfare, juvenile justice, and developmental disability services.

4. Cross-Region Collaboration

If a youth moves or accesses resources across regions, KMHWA teams can internally leverage regional expertise of resources and relationships for coordinated collaboration.

Join a Regional Steering Committee



- Shape local priorities for children's mental health and system improvement
- Influence how resources are coordinated across healthcare, schools, and community partners
- Strengthen referral and discharge pathways for youth and families
- Collaborate with cross-sector leaders to address gaps and reduce duplication
- Stay informed and proactive on emerging needs, initiatives, and solutions in your region

Get Connected

- Visit the Kids Mental Health Washington website to find your regional team
- Submit a referral or request support for a child, youth, or family
- Connect directly with a regional navigator for care coordination and resource support
- Partner in multidisciplinary collaboration with local systems and providers



Contact Us

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