

CCS Mental Health Services

Catholic Community Services

Family Behavioral Health

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Family Behavioral Health Core Services

CRISIS TEAM

Referrals: Community, Hospitals,
Families, Schools
Any/No insurance; 24/7
Average: 48 hours - 1 week
90 - 100 referrals/month
Up to age 18

WISe

Families & Community can self-refer
Peers! (Parent & Youth Partners)
Must have Medicaid
Average: 14 months
20 - 30 referrals/month
Up to age 21

Stabilization – FAST & Non-Medicaid

Families & Community can self-refer
LOS: Up to 90 days (Medicaid)
8 weeks (Commercial)
10 - 20 referrals/month
Up to age 21

Referrals for YOUTH MOBILE CRISIS

- Name & Age (DOB)
- Address
- Caregiver contact information
- Immediate situation / presenting problem(s)
- Any history or background available
- Current Mental Health/SUD provider involvement
- Ask for Caregiver to be present (not required)



Pierce County Crisis Line – 800.576.7764

When to Call?

1. Safety planning, brief mental health assessments.
2. Questions or need ideas for complex situations involving youth mental health.
3. High-risk and/or dangerous behaviors – especially issues of self-harm.

ALSO, YOUTH CRISIS can assist

- If you think the child/youth needs inpatient hospitalization to “fix” the problem
- Without immediate intervention, the next step for the youth is likely to be the hospital, jail, or serious self-harm, etc.
- When family and/or community members are feeling “hopeless”

FAMILY BEHAVIORAL HEALTH Crisis Services

- Work with the whole family to keep youth SAFELY at home and in the community
- Strengths-based, solution-focused, Collaborative
- Use of Youth & Parent Peer supports
- 2 Clinical Supervisors, Care Coordinators, Clinical Manager
- Co-location with Mary Bridge Children's Hospital
- Enhanced Partnerships with School Districts
- Tailored response for Police and Fire

Youth CRISIS SERVICES

- Population served: youth under 18 years
- Referred via the Pierce County Crisis line (Crisis Connections)
- Clinicians provide a face to face assessment to the community, school, ER's, or family home within 90 minutes (our goal is < 60 minutes)
- Clinicians partner with the family and ER staff to develop strategies to SAFELY bring crisis resolution.
 - Written Safety Plan –
 - Referral for additional services
 - MAY include: family/community supports, lock boxes, door alarms, CCS staff in the home, other specific assistance, Psychiatric consultation (as needed!)
- Interventions can run from a few hours to around 72 hours.
 - Crisis team members has daily contact with the family through the duration of the crisis intervention.
 - A face to face reassessment is conducted before service closure to ensure crisis is stabilized and family is ready to exit services.

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Crisis Stabilization

- Population served: youth through 21 years; **Up to 90 days** (Medicaid)
- ****NEW 2023**** Non-Medicaid Stabilization for families with private insurance
 - **Up to 8 weeks** (Private insurance)
- Referrals: Hospitals, Community members, Families can self-refer
- The functioning of the child or family are severely impacted by:
 - Family conflict
 - Severe emotional/behavioral problems
 - Child safety/protection issues
- Team: Clinician, Youth/Parent Peers and paraprofessionals as needed
- Brief, intensive in home crisis stabilization services
- At-risk of hospitalization or out of home placement
- Services are solution-focused, designed to bring rapid stabilization

WISe Services

- Population served: youth up to 21 years
- Referrals: Community members, Families can self-refer
- Team: Youth and Parent Peers, Clinical Care Coordinators, Clinician
- Intensive in home support utilizing a wraparound approach
- Alternative to long-term residential or out of home placement
- Services are mission-driven, collaborative, youth and family voice
- Child and Family team drives decision-making and ensures responsibility is shared by the entire team.

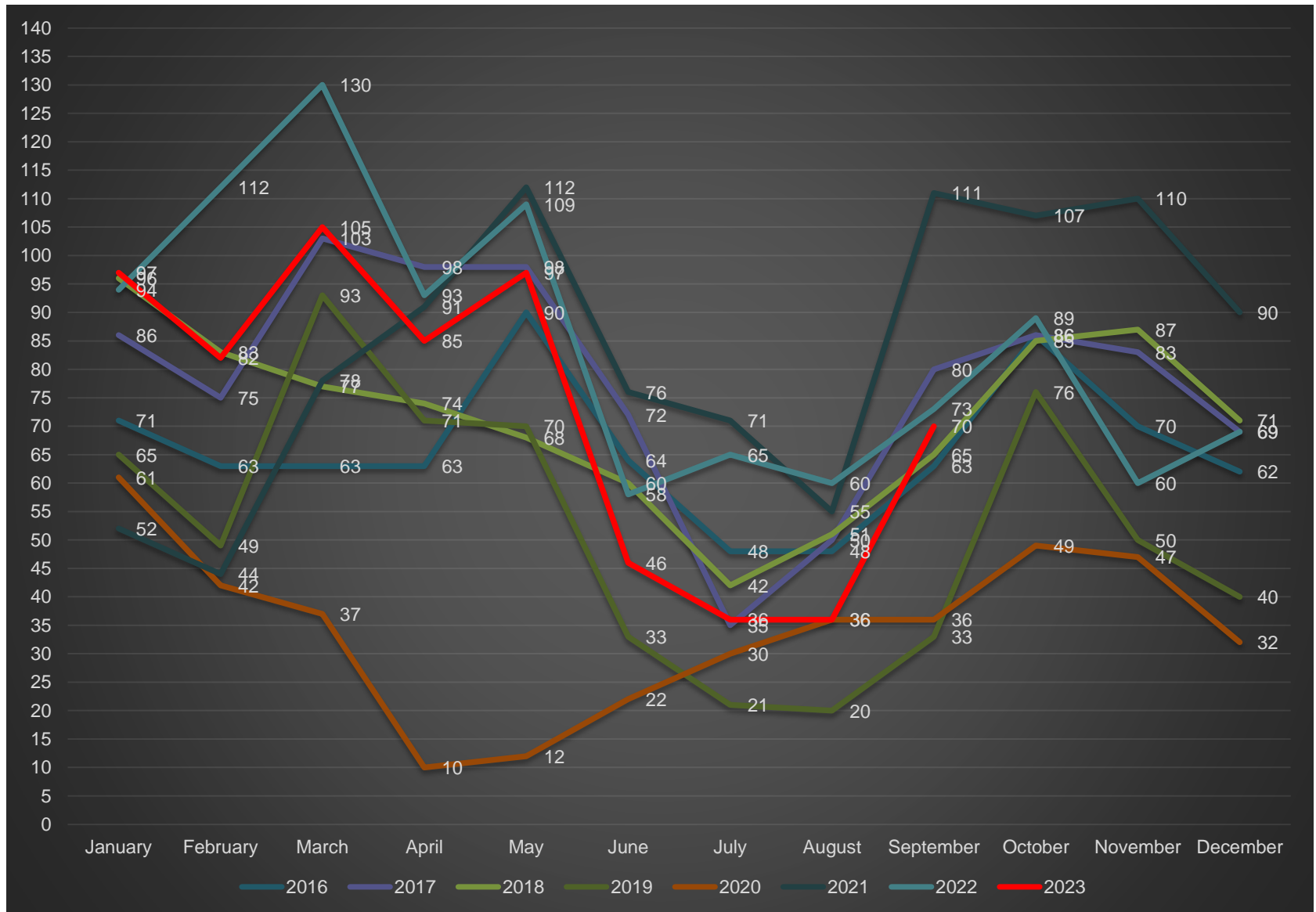
Tacoma Public Schools

- Population: Elementary & Middle school youth in Tacoma S.D.
- Referrals: School Counselors, teachers, caregivers
- Clinicians meet with youth at the school
- Assessment, individual counseling, safety strategies
- Brief, solution-focused treatment focused on resolution
- Resource and referral to appropriate services

Police and Fire

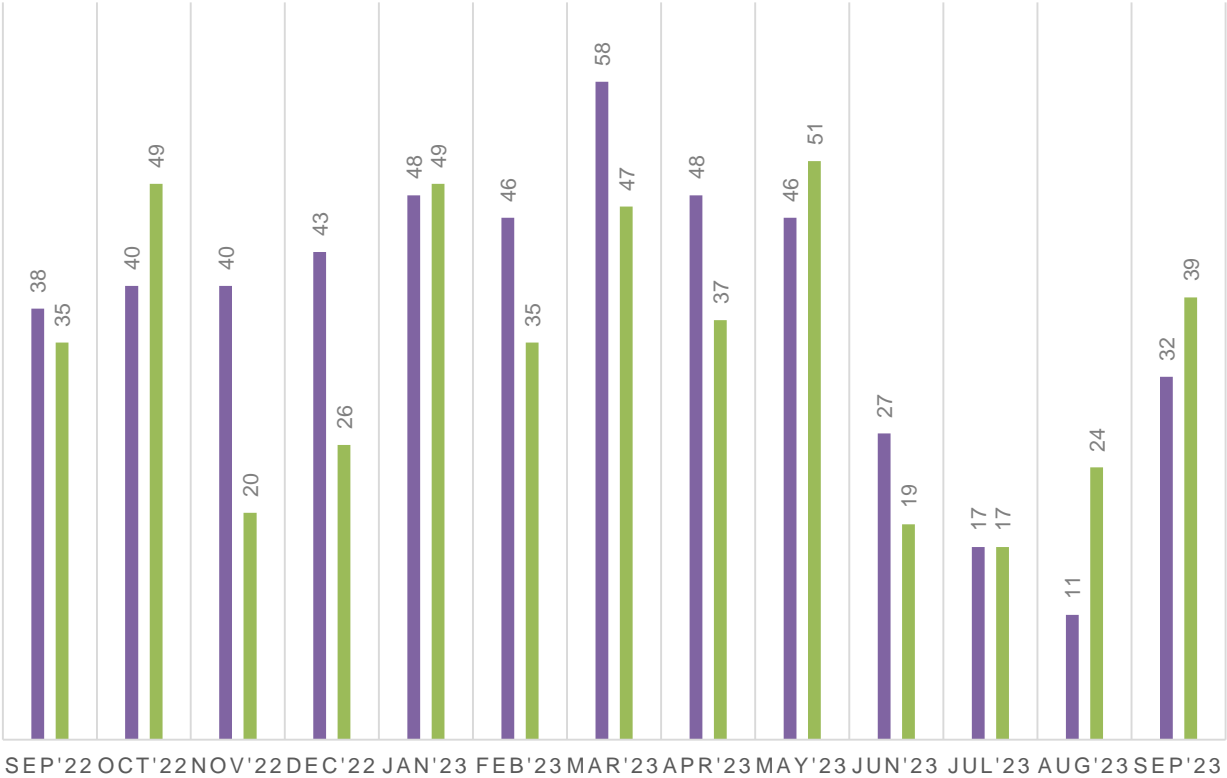
- Call for rapid, on scene response!
- Instead of 911 encourage families to call the county Crisis line → Crisis team!
- Police and Fire call directly to CCS-FBH
- Families can call immediately (while police/fire is on scene) to speak with a Crisis team member

Crisis Program Admission Total Per Month

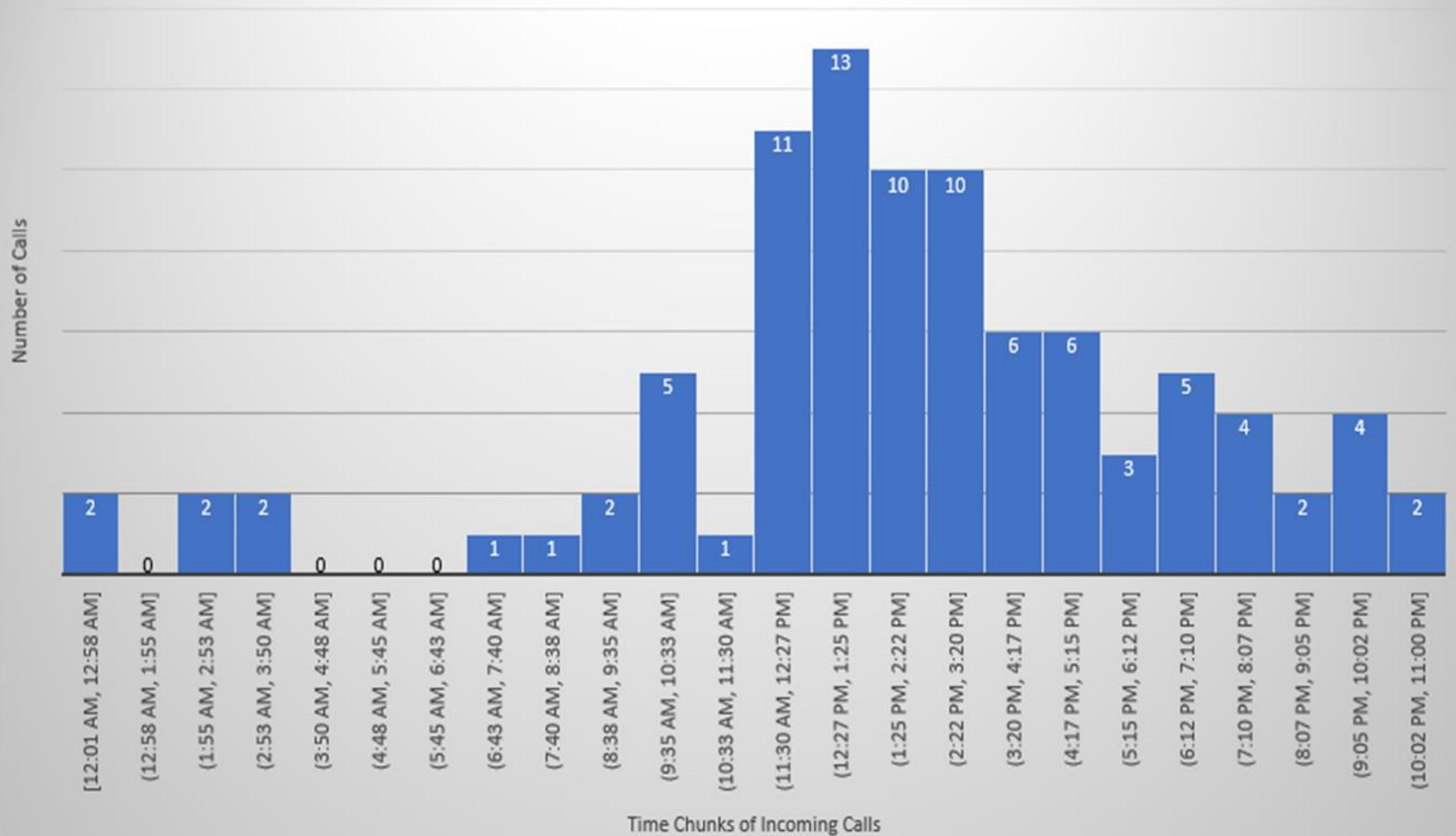


CRISIS REFERENT - HOSPITAL VS COMMUNITY PAST 13 MONTHS

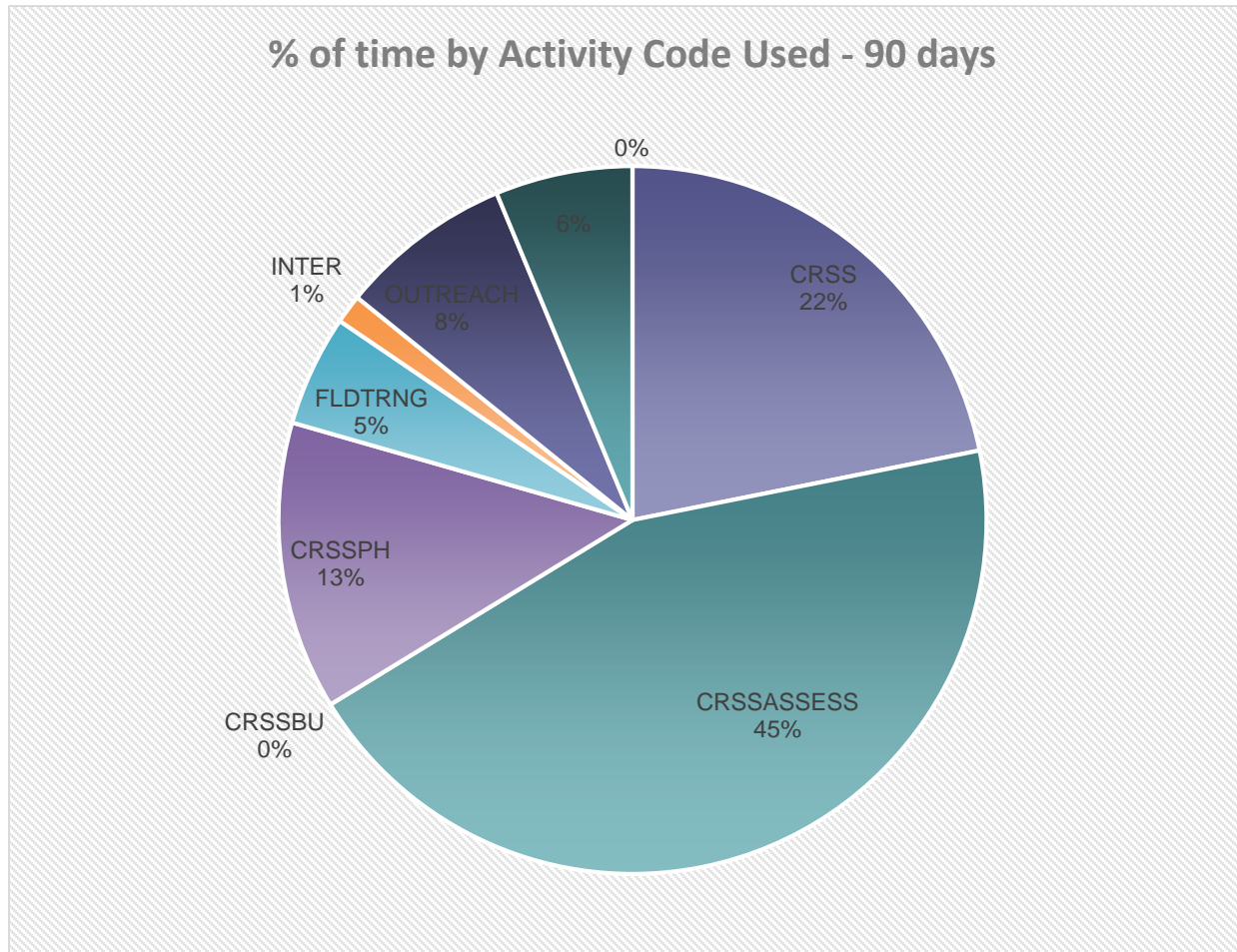
Hospital Comm.

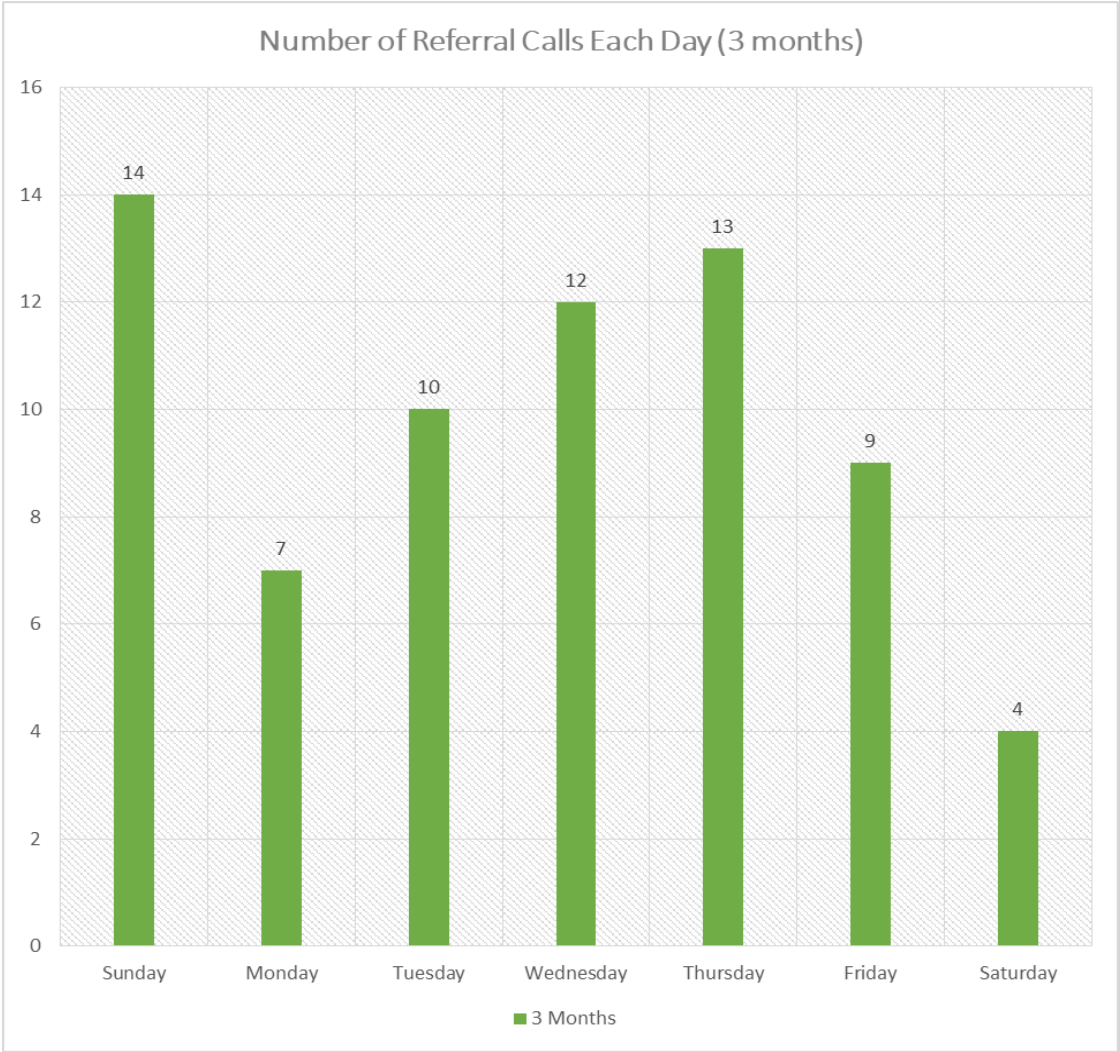
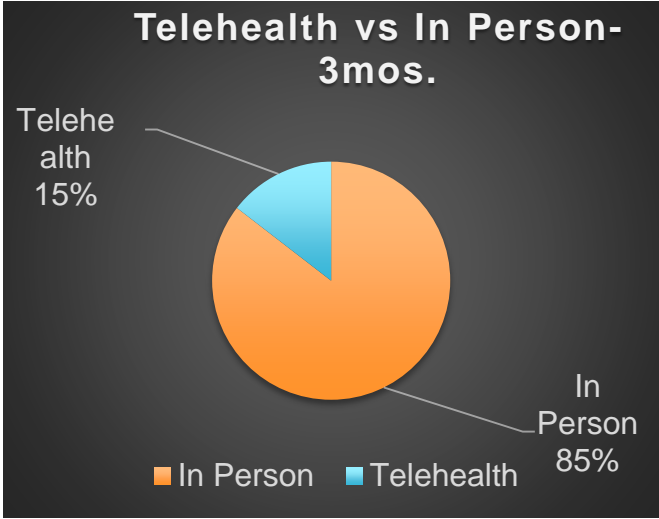


Crisis Call Hour Frequency in September



Percentage of Activity Time





2023 Peer Hours

Program/Payer	Total Hours
Mobile Crisis	544.08
FAST/Medicaid	1,088.77
FAST/NonMed	396.77
Total	2,029.62

TRENDS

Increased calls: after death by suicide, especially at schools
Consistent school year flow of referrals – Oct, Mar, May (less for community calls – schools)
Sunday referrals (last 90 days)
Parent – Child conflict
Suicidal ideation/plan/attempts
Poor School attendance, More strained peer relations
Firearms
Increased complexity and acuity in referrals
More need, Less availability

Questions??

For more information:

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