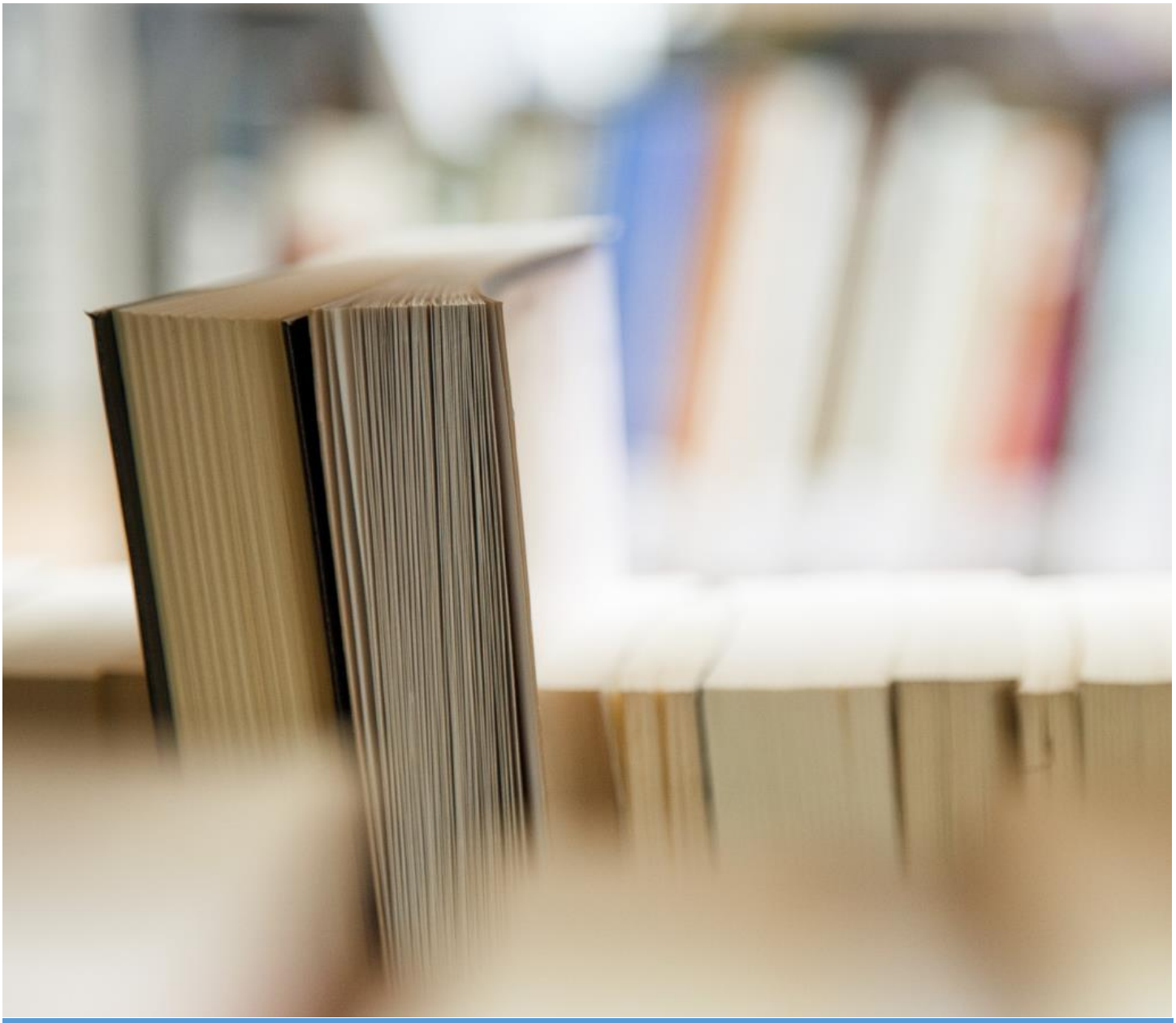
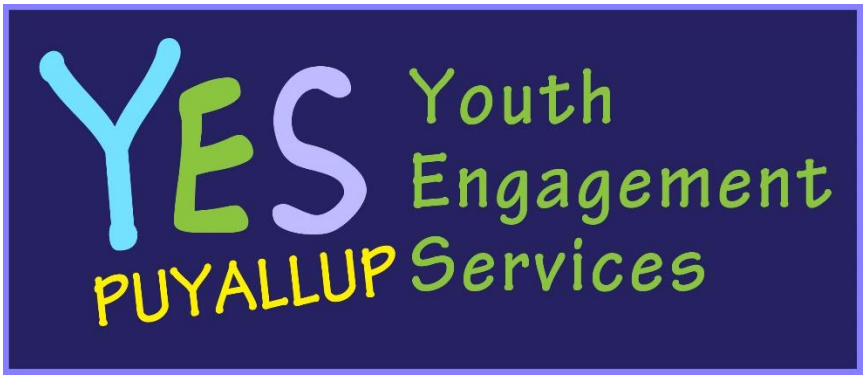


YES Youth Engagement Services PUYALLUP

Desk Reference Guide
2021-2022

YES Puyallup Desk Reference 2021-2022



I. Background:

Mary Bridge Children's Hospital and Health Network's mission is partnering for healing and a healthy future. Mary Bridge was established in 1955 to serve the children of the South Puget Sound. Today, Mary Bridge has grown into a comprehensive regional network of health services, serving over 90,000 children annually. Our family-centered care philosophy is the cornerstone of all that we do, and our entire network of clinics and programs provides services and accommodations for families in a child-friendly environment. Mary Bridge hosts the only pediatric emergency department within Pierce County and serves children from all over the state. In 2019, Mary Bridge saw over 47,000 emergency department visits.

Mary Bridge's mission to partner for healing and a healthy future underscore our role in connecting to the community and joining together to promote the best health possible for our children. The YES program is a outcome of Kids' Mental Health-Pierce County (KMHPC), a coalition formed in 2018, when Mary Bridge convened 70+ community to address challenges in pediatric mental health service delivery. KMHPC is dedicated to developing a coordinated and responsive behavioral health system that serves the needs of children, youth and families at the right time, in the best place, with the best outcome for every family.

KMHPC now includes 800 members representing over 60 community agencies and stakeholders throughout Pierce County. Participants reflect the breadth of Pierce County's resources, including community mental health agencies, crisis services, law enforcement, educational service districts, juvenile justice, youth support agencies, health care, and disability services. Our shared values engender trust and link coalition members together. Children are at the center of our work. We are committed to supporting children's well-being, promoting cultural responsiveness and equity, and incorporating youth and family's voices into our work. Our long-term vision is to reduce the number and severity of behavioral health issues in school-age children and youth (K-12) across Pierce County by partnering together to bring services to children and families at the time and place of need.

II. Guiding Principles of Youth Engagement Services (YES) Puyallup:

Youth Engagement Services (YES) is a collaborative treatment model that will provides support services and Behavioral Health Navigation to youth and families in Pierce County. YES Puyallup—is a contracted partnership between Mary Bridge, Puyallup, and Kids' Mental Health Pierce County. There are YES Programs in Tacoma and Sumner-Bonney Lake School District.

III. YES Puyallup Program Overview:

Behavioral Health Navigation:

The intent of this position is to reduce emergency department utilization for behavioral health needs for youth and provide behavioral health navigation to students who are at risk of interrupted learning due to severe behavioral health risk factors. The position also works to ensure youth are being referred to the appropriate level of service given workforce impacts and service availability.

The Mary Bridge Children's Hospital Behavioral Health Navigator-SW (BHN-SW) is a trainee designated position for individuals who are in the process (LSWAIC) of obtaining clinical licensure (LICSW). All job duties and accountabilities outlined in this job description will be supervised by a Mary Bridge Mental Health Clinician - Social Work II or III.

The BHN-SW is responsible for completing a screening assessment with the parent and/or student and assist with behavioral health navigation to assist the student with accessing community mental health support services and/or referral to Kids Mental Health Pierce County Multi-Disciplinary Team (MDT). The Kids Mental Health Pierce County MDT is a community-based, family-focused multidisciplinary team of at least one Licensed Clinical Social Worker (LICSW), community behavioral health providers, and advocates who aim to assist school personnel and families with complex behavioral health presentations, care coordination and case planning. The MDT assists with tasks such as: outpatient service recommendations, care coordination needs, behavioral management strategies, safety planning strategies, transitional planning, discharge planning and family engagement strategies for youth and families who reside in Pierce County.

As part of an interdisciplinary team, and to promote optimal health outcomes, the BHN-SW provides support and resources to identify and intervene regarding patient/family needs related to mental health, child abuse and neglect; trauma; grief and loss; adjustment to injury/illness; food, shelter, and other basic needs; education and developmental needs, and parenting resource needs.

The BHN-SW joins with youth/patients and their families in identifying solutions to problems that serve barriers as to behavioral health management. Active case management of all aspects of behavioral health needs and services provided for 90 days post referral.

The BHN-SW partners with school counselors, community mental health providers and other service providers in the community to ensure well-coordinated care across the behavioral health care continuum.

BHN-SW Role & Responsibilities:

- Referrals will be received through the KMHPC website. Referrals will be reviewed by Program Manager and/or delegate and assigned in a timely manner.
- BHN-SW will review referral and contact referent for additional information and strategies for engagement within 48 hours of referral.

- BHN-SW will contact the family and conduct a psychosocial assessment to determine behavioral health needs.
- BHN-SW will work collaboratively with the family to identify and refer for behavioral health services.
- BHN-SW will maintain regular contact with family and school staff through outpatient intake and first session or until goals have been met.
- BHN-SW will work collaboratively with insurance payors to address any case management needs and to assist with referrals as needed.
- BHN-SW will maintain log of activities completed.
- BHN-SW will notify referent of any barriers to engaging the youth/family in services and of case closure (school referrals only).
- BHN-SW will work collaboratively with Mary Bridge Emergency Department on any complex/long-stay patients involving YES referrals and discharges.
- BHN-SW will request and coordinate MDT's as needed on referrals that would benefit from Community MDT.
- BHN-SW will develop and maintain a provider/resource database to assist with identifying resource needs.

Emergency Department Discharge Support & Navigation

Discharge calls allows clinicians and care managers to connect with patients/students who have not been identified by school personal as needing support after a behavioral health crisis. Additionally, these outreach calls aim to effectively prepare patients and families for discharge from the hospital, improve patient and family satisfaction, and decrease hospital readmission rates.

The BHN-SW will be contacting students within 7 days of discharge. The post discharge follow-up phone call allows the patient's actions, questions, and misunderstandings, including discrepancies in the discharge plan, to be identified and addressed, as well as any concerns from caregivers or family members. BHN-SW's will review each patient's:

- Behavioral Health status.
- Behavioral Health Medicines
- Behavioral Health Appointments
- Behavioral Health services
- Plan for what to do if a problem arises.
- Review of Crisis/Safety Plans

Referral to KMHPC Community Multidisciplinary Team (MDT)

The KMHPC MDT is a community-based, family-focused multidisciplinary team of at least one Licensed Clinical Social Worker (LICSW), community behavioral health providers, and advocates who aim to assist school personnel and families with complex behavioral health presentations, care coordination and case planning. The MDT assists with tasks such as: outpatient service recommendations, care coordination needs, behavioral management strategies, safety planning strategies,

transitional planning, discharge planning and family engagement strategies for youth and families who reside in Pierce County.

PSD personal can make a referral directly to the MDT. Once a referral is received the YES Team will work with the PSD Student to obtain a signed release of information for the MDT.

See KMHPC MDT Guide & FAQ for additional information

IV. Determining Eligibility for YES Puyallup

Students who have been identified by PSD Counselors/Social Worker as having a behavioral health need that is not eligible or appropriate for telehealth can be referred to YES Puyallup via the Kids' Mental Health-Pierce County (KMHPC) web portal or email: BHNReferral@multicare.org.

V. YES Puyallup Access Protocol & Timelines

Student's who have been identified by PSD Counselor/Social Worker as having a behavioral health need can be referred to YES Puyallup via the Kids' Mental Health-Pierce County (KMHPC) web portal or triage line.

KMHPC Website: www.kidsmentalhealthpiercecounty.org
Referral Email: BHNReferral@multicare.org
Phone: TBD

Availability of KMHPC referral portal access to Puyallup Public School district personnel is 24/7. Referrals are reviewed 5 days a week during business hours. Response to referral review will be within 2 business days of referral. Multidisciplinary team (MDT) meetings will occur within 2 weeks of a request.

Case closure is achieved when the student has a plan is in place for recovery and integration within the community. The average hours of service for this stage is 5 hours per student/family for case coordination and documentation.

Any or all of these time estimates will be extended for students and families for whom English is not their language of origin, to ensure interpreter services are available.

YES services are available regardless of instructional modality. PSD referral is a primary pathway for a student to access services.

VI. Client Rights

Washington Administrative Code (WAC) 388-877-0600 Clinical—Individual rights "You have the right to: (a) Receive services without regard to race, creed, national origin, religion, gender, sexual orientation, age or disability; (b) Practice the religion of choice as long as the practice does not infringe on the rights and treatment of others or the treatment service. Individual participants have the right to refuse participation in any religious practice; (c) Be reasonably accommodated in case of sensory or

physical disability, limited ability to communicate, limited English proficiency, and cultural differences; (d) Be treated with respect, dignity and privacy, except that staff may conduct reasonable searches to detect and prevent possession or use of contraband on the premises; (e) Be free of any sexual harassment; (f) Be free of exploitation, including physical and financial exploitation; (g) Have all clinical and personal information treated in accord with state and federal confidentiality regulations; (h) Review your clinical record in the presence of the administrator or designee and be given an opportunity to request amendments or corrections; (i) Receive a copy of agency grievance system procedures upon request and to file a grievance with the agency, or behavioral health organization (BHO), if applicable, if you believe your rights have been violated; and (j) Lodge a complaint with the department when you feel the agency has violated a WAC requirement regulating behavior health agencies.

YES Puyallup Contact Information:

Name	Role	Email	Phone
Samantha Patton	Behavioral Health Navigator-SW	Samantha.Patton@Multicare.org	253-325-3213
Ashley Mangum	Program Manager	amangum@multicare.org	Work: 253-403-1363 Cell: 253-414-2007
Puyallup School District Contacts			
Michele Bledsoe	Director of Equity and Social Emotional Wellness	bledsomt@puyallup.k12.wa.us	253-840-8907
Therssa "T" Warren	School Social Worker	warretj@puyallup.k12.wa.us	253-435-6724
Nicole Kaiser	School Counselor	kaisenr@puyallup.k12.wa.us	

Appendix

Commonly Used Behavioral Health Acronyms and Definitions

Routine Outpatient:
Typically involves treatment once per week or less; may include more intensive programs such as 3-5 hours per week

Intensive Outpatient Program (IOP):
Typically involves 2-4 hours of treatment, 3 to 5 days per week, in a group milieu setting; also including individual and family therapy; length of stay can last for 2 to 16 or more weeks, depending on individual needs

Partial Hospitalization Program:

Typically involves 6 hours of treatment, 5 to 7 days per week, in a group milieu setting; also includes individual and family therapy; length of stay can last for 2 to 16 or more weeks, depending on individual needs

WISe (Wraparound with Intensive Services):
A program for Medicaid-eligible children, youth, and their families that provides intensive mental health care; services are available in home and community settings and offer a system of care based on the individualized needs of the child or youth.

FAST (Family Access to Stabilization and Teaming):
Intensive support services are provided to families with children at risk of out of home placement. This is a short-term (up to 90 days) community-based alternative to psychiatric hospitalization or foster care placement. Intended outcomes are increased safety, stabilization, and ensuring children have a permanent family resource.

BRS (Behavioral Rehabilitation Services):
This service is only available to children under the legal authority of Department of Children, Youth and Families. Behavior Rehabilitation Services (BRS) is a temporary intensive wraparound support and treatment program for children and youth with high-level complex service needs. BRS is intended to stabilize children and youth (in-home or out-of-home) and: Assist them in achieving their permanent plan timelier. Keep them in their own homes with supports to the family. Meet the needs of children and youth in family-based care setting to prevent the need for a more restrictive setting. Reduce their length of services by transitioning them to a permanent home or less intensive service. Prior to considering or referring a child or youth to BRS, they must be referred for and receive a Wraparound Intensive Services (WISe) screen.

Columbia-Suicide Severity Rating Scale (C-SSRS):
The Columbia-Suicide Severity Rating Scale (C-SSRS) is a questionnaire used for suicide assessment developed by multiple institutions, including Mary Bridge Children's Hospital. The scale is evidence-supported and is part of a national and international public health initiative involving the assessment of suicidality. Available in 103 different languages, the scale has been successfully implemented across many settings, including schools, college campuses, military, fire departments, the justice system, primary care and for scientific research.

Patient Health Questionnaire (PHQ-9 and GAD-7):
Instruments developed and validated in the early 1990s to efficiently diagnose five of the most common types of mental disorders presenting in medical populations: depressive, anxiety, somatoform, alcohol, and eating disorders. htPSD://www.phqscreeners.com/select-screener

FRS (Family Reconciliation Services):
Family Reconciliation Services (FRS) is a voluntary program through the Department of Children, Youth and Families (DCYF) serving runaway adolescents, and youth in conflict with their families. The program targets adolescents between the ages of 12 through 17. FRS

services are meant to resolve crisis situations and prevent unnecessary out of home placement. They are not long-term services. The services will assess and stabilize the family's situation. The goal is to return the family to a pre-crisis state and to work with the family to identify alternative methods of handling similar conflicts. If longer-term service needs are identified, FRS will help facilitate getting the youth and his/her family into on-going services. FRS services may include, but are not limited to:

- Short-term family counseling
- Crisis Residential Center (CRC) services
- Referrals for substance abuse treatment and/or counseling
- Referrals for mental health services
- Short-term placement
- Family Assessments in conjunction with juvenile court services

ARY (At-Risk Youth) Petition:
An At-Risk Youth (ARY) petition is a request from a child's parent or legal guardian to the Juvenile Court to assist the parent in maintaining the health and safety of their youth or the youth they are legally responsible for. ARY petitions can be filed for youth who are under the age of 18 and at least one of the following:

- Absent from home for at least 72 consecutive hours without parental consent
- Beyond parental control to the extent that his/her behavior threatens the health, safety or welfare of the child or any other person
- Has a substance abuse problem for which there are no pending criminal charges related to the substance abuse; and
- The petitioner has the right to legal custody

CHINS (Child in Need of Services) Petition:
The purpose of a Child in Need of Services (CHINS) petition is to obtain a court order mandating placement of a child in a residence other than the home of his/her parent because a serious conflict exists between the parent and child. The placement is temporary, and the goal of CHINS is reunification of the family. This action is taken when the conflict in the home cannot be resolved and reasonable efforts have been made to prevent removal of the child from the parental home. CHINS petitions may be filed by a child under 18, parent/legal guardian, or the Department of Social and Health Services (DSHS).

*The petitioner MUST have had contact with Family Reconciliation Services (FRS) and be able to provide a Family Assessment verification with the Child in Need of Services petition. Please call FRS at (253) 983-6100 or 1-800-422-7517. If you are calling after 4:30pm on a weekend or holiday, call 1-800-562-5624.

SAY (Sexually Aggressive Youth) RCW 74.13.075:
Juveniles who: (a) Have been abused and have committed a sexually aggressive act or other violent act that is sexual in nature; and (i) Are in the care and custody of the state or a federally recognized Indian tribe located within the state; or (ii) Are the subject of a proceeding under chapter 13.34 RCW or a child welfare proceeding held before a tribal court located within the state; or (b) Cannot be detained under the juvenile justice system due to being under age twelve and incompetent to stand trial for acts that could be

prosecuted as sex offenses as defined by RCW 9.94A.030 if the juvenile was over twelve years of age, or competent to stand trial if under twelve years of age. For more information: htPSD://apps.leg.wa.gov/RCW/default.aspx?cite=74.13.075

CRC (Crisis Residential Centers):
Crisis residential centers (CRC's) are short-term, semi-secure facilities for runaway youth, and adolescents in conflict with their families. Youth cannot remain in a CRC more than 15 consecutive days.

Behavioral Health Legal Definitions:

Adolescent:
Any minor between the ages of 13 and 17

Age of Consent:
Minors aged 13+ can consent to behavioral health services without the consent of their parent or guardian

Parent/Caregiver (RCW 71.34.020):
An adult who is authorized to make health care decisions for the adolescent including:

- Those given a signed authorization to make health care decisions for the adolescent
- A stepparent who is involved in caring for the adolescent
- A kinship caregiver who is involved in caring for the adolescent or
- Another relative who is responsible for the health care of the adolescent, who may be required to provide a declaration under penalty of perjury stating that he or she is a relative responsible for the health care of the adolescent pursuant to RCW 9A.72.085

Medical Necessity:
(a) "a service reasonably calculated to diagnose, correct, cure or alleviate a MH/SU disorder, or (b) prevent the progression of a MH/SU disorder that endangers life or causes suffering and pain, or results in illness or infirmary or threatens to aggravate a handicap, or causes physical deformity or malfunction, and there is no adequate less restrictive alternative"

Can be defined and perceived differently by the parent, child, school and payers (Medicaid, private insurance).

The standard for acute inpatient hospitalization is very high (I.e. immediate danger to self or others or gravely disabled)

RCW 701.02.230 and 240 Mental Health Services—Minors—Permitted Disclosures:
Providers can share mental health treatment information to another medical or mental health treating provider or make a referral to a medical/mental health provider without written authorization by the adolescent.

Providers can release information to the minor, the minor's parent, and the minor's attorney including those acting as a parent as defied in RCW 7.34.020 for the purposes of family-initiated treatment. Does not include foster parent

42 CFR 2: does NOT defer to state law; requires the minors written consent to disclose SUD treatment information or records

Adolescent Initiated Treatment (RCW 71.34.500-530):
An adolescent, 13 to 18 years old, may request an evaluation for outpatient or inpatient mental health or substance use disorder treatment without parental consent. If the facility agrees with the need for outpatient mental health or substance use disorder treatment, the adolescent may be offered services. An inpatient admission shall occur only if the professional person in charge of the facility concurs with the need for inpatient treatment. For a minor under the age of 13, either parental consent or consent from an approved guardian is required for inpatient treatment.

FIT—Family-Initiated Treatment (formerly Parent Initiated Treatment) RCW 71.34.600-670):
If an adolescent is under the age of 18, the parent, guardian, stepparent, kinship caregiver, other relative or authorized individual may bring their adolescent to any mental health evaluation and treatment facility, hospital, inpatient facility or an approved substance use disorder (SUD) treatment program and request that a mental health evaluation or substance use disorder assessment be conducted by a professional person to determine whether the adolescent has a mental health or substance use disorder and is in need of inpatient or outpatient treatment. The evaluation in an inpatient setting cannot take longer than 72 hours. Consent of the adolescent is not required for either an outpatient or inpatient mental health or substance use disorder evaluation. Please see new definition of parent RCW 71.34.020(25)(a).

Please note: No provider is obligated to provide treatment to an adolescent under the provisions of FIT. However, an adolescent's refusal to consent to treatment shall not be the sole basis for a facility's decision to decline services.

A parent may seek evaluation and treatment of his or her adolescent without the adolescent's consent across the continuum of care to include:

- Inpatient (services include free standing psychiatric hospital, general acute general hospital, or state psychiatric hospital)
- Outpatient
- Intensive Outpatient Treatment
- Partial Hospitalization
- Secure Detox Facility or Approved SUD Treatment Program

For providers: there is no obligation to treat an adolescent under FIT but the fact that the adolescent has not consented to treatment may not be the sole basis for refusing. Medical necessity is required for admission.

Involuntary Treatment (RCW 71.34.700-795)

If an adolescent 13 years or older presents a likelihood of serious harm to themselves or others, who is gravely disabled and may be in need of 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. If no voluntary or less restrictive treatment alternatives are available, and the DCR determines that the adolescent presents a likelihood of serious harm or is gravely disabled, as a result of a mental health or substance use disorder, the adolescent may be held at a facility. An adolescent may only be subject to involuntary commitment for substance use disorder treatment if a secure withdrawal management and stabilization facility or approved substance use disorder treatment program is available and has adequate space for the adolescent.

If the adolescent is already admitted to an inpatient mental health or substance use treatment facility, they may be seen by a mental health or substance use disorder professional and the staff within 24 hours to determine whether to pursue involuntary commitment court proceedings. Under involuntary treatment act, the adolescent can initially be held for treatment up to 72 hours, excluding weekends and holidays. During this time, the facility may petition the court to have the adolescent committed for an additional fourteen days, if it is believed further treatment is necessary. At the end of the 14 days, the facility may file a petition for up to 180 days of additional inpatient treatment.

If the DCR does not hold the adolescent, the parent or guardian may seek review of the decision, pursuant to 71.05.201, by filing notice with the court and providing a copy of the DCR's report and/or notes

Joel's Law RCW 71.05:
This allows a person's immediate family member, legal guardian, or conservator to petition the superior court for initial detention under certain conditions. A Joel's Law Petition may be filed under the following circumstances:

- You are an immediate family member, legal guardian, or conservator of the person that you seek detained. The law defines "immediate family member" as a spouse, domestic partner, child, stepchild, parent, stepparent, grandparent, or sibling;
- A Designated Mental Health Professional (DMHP) has investigated and decided not to detain that person for evaluation and treatment; or
- It has been 48 hours since the DMHP received a request for investigation, and the DMHP has not taken action to have the person detained.

Ricky's Law RCW 71.05 and RCW 71.34:
Designated Crisis Responders will be able to detain a person who meets the Ricky's Law RCW 71.05 and RCW 71.34: Designated Crisis Responders will be able to detain a person who meets the criteria for involuntary treatment due to a substance use disorder to a secure withdrawal management and stabilization facility if there is space available.
*in order for a person to be detained under Ricky's Law a secure detox bed must be available and a person cannot be held on a Single Bed Certification (SBC). There are currently no adolescent secure detox beds available in Washington State.

DRC (Designated Crisis Responder):

Determine if the person presents a harm to self/others/property, or is gravely disabled and is at imminent risk, or if there is a nonemergent risk due to a substance use disorder or mental disorder, or needs assisted outpatient behavioral health treatment

Co-Responders:
The Co-responder program operates as part of a law enforcement agencies. The co-responders are DCRs which are imbedded with the deputies working in the precincts and detachments throughout the county. The co-responders deployed in the field are able to assist law enforcement with call de-escalation and move the participant toward services rather than jail. The network established provides the linkage to services such as medical treatment, behavioral mental health services, job and housing placement assistance and other needs.

Commonly Used Pierce County Acronyms:

KMHPC: Kids' Mental Health Pierce County

PSD: Puyallup School District

YES: Youth Engagement Services

BEST: Behavioral Education Support Team

ED: Emergency Department

PCJC: Pierce County Juvenile Court

CCS: Catholic Community Services

CLR: Comprehensive Life Resources

JBLM: Joint-Based Lewis McChord

CAC: Child Advocacy Center

DCR: Designated Crisis Responder (formerly DMHP)

EMS: Emergency Medical Services (Ambulance)

TPD: Puyallup Police Department

PCSD: Pierce County Sheriff's Department

MOCT: Mobile Outreach Crisis Team

ABHU: Adolescent Behavioral Health Unit (Inpatient)

Acronym	Name
ABA	Applied Behavioral Analysis
ACA	Affordable Care Act
ACEs	Adverse Childhood Experiences
BHAS	Behavioral Health Assessment System

BHO	Behavioral Health Organization
CANS	Child Adolescent Needs and Strengths
CD	Chemical Dependency
CFT	Child and Family Team
CIIBS	Children's Intensive In-home Behavior Support
CLIP	Children's Long-term Inpatient Programs
CMHA	Community Mental Health Agency
CSIT	Cross-System Initiatives Team
CSO	Community Service Office
DBHR	Division of Behavioral Health and Recovery
DCYF	Department of Children Youth and Families
DDA	Developmental Disabilities Administration
DOH	Department of Health
DSHS	Department of Social and Health Services
E/RBP	Evidence- and Research-Based Practices
EBPI	Evidence Based Practice Institute
CBH ELT	Children's Behavioral Health Executive Leadership Team
EQA	Evaluation and Quality Assurance
EQRO	Evaluation and Quality Review Organization
FB(G)	Federal Block Grant
FFT	Functional Family Therapy
FIMC	Fully Integrated Managed Care
FIT	Family Integrated Transitions
FSAOs	Family Support and Advocacy Organizations
FYSPRT	Family Youth System Partner Round Table
GATE	Graduation, a Team Effort
HCA	Health Care Authority
HO	Healthy Options Managed Care Plans
IEP	Individualized Education Plans
ICM	Integrated Case Management
LEP	Limited English Proficient
LHJ	Local Health Jurisdictions
MARS	Children's Multi-System Acute Resource Solutions (MARS) Team
MCE	Managed Care Entity
MCO	Managed Care Organization
MH	Mental Health
MOU	Memorandum of Understanding
MST	Multi-systemic Therapy
NOA	Notice of Action
OCP	Office of Consumer Partnerships
OSPI	Office of Superintendent of Public Instruction
PAL	Partnership Access Line
PCIT	Parent-Child Interaction Therapy

PIHP	Pre-Paid Inpatient Health Plan
PBS	Positive Behavioral Supports
PSU	Portland State University
QI	Quality Improvement
QMP	Quality Management Plan
QSR	Quality Service Review
RA-JR	Rehabilitation Administration –Juvenile Rehabilitation
RDA	Research and Data Analysis
RFI	Request for Information
RFP	Request for Proposal
ROSC	Recovery Oriented Systems of Care
RCL	Roads to Community Living program
RCW	Revised Code of Washington
SAMHSA	Substance Abuse and Mental Health Services Administration
SED	Serious emotional disturbances
SERI	Service Encounter Reporting Instructions
SMI	Serious mental illness
SOC	System of Care
SPA	State Plan Amendment (Medicaid)
SUD	Substance Use Disorder
SYT-I	State Youth Treatment- Implementation Grant
TF CBT	Trauma Focused Cognitive Behavioral Therapy
T/TA	Training and Technical Assistance
T.R.	Initials of the lead plaintiff in the T.R. vs. Strange and Birch lawsuit
TRIAGe	T.R. Implementation Advisory Group
UW	University of Washington
WAC	Washington Administrative Code
WaDads	Washington Dads
WISe	Wraparound with Intensive Services
WSU	Washington State University