Kids' Mental Health Pierce County

# Commonly Used Behavioral Health Acronyms and Definitions

## Service 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.

**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: https://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.

# Commonly Used Behavioral Health Acronyms and Definitions

## 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)
- 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:**
Washington state law about what information mental health professionals can share has changed. Mental health providers are now allowed to communicate some adolescents' (age 13-17) treatment information to parents, if the provider believes that sharing this information would benefit the treatment process. This includes sharing information through Family Initiated Treatment (FIT).
It is important for adolescents to feel comfortable sharing their private information with their therapist.

**Process to follow to share information with or without adolescent consent**

- Provider talks to adolescent about information they wish to disclose.
- Provider addresses any concerns the adolescent has about the disclosure of their information.
- If the provider proceeds with sharing the information, they must inform the adolescent of their reasons for doing so and document the adolescent's concerns in their medical record.

**Information that can be shared**
Here are some examples of information that may be useful for providers to share:

- Diagnosis and recommendations for treatment
- Treatment progress
- Recommended medications, their benefits and risks, side effects, and dosage
- Crisis prevention and safety planning
- Referrals for other services in the community that may help the adolescent and family
- Training or coaching for the parents that could benefit the adolescent and family
- For more Information

**See RCW 70.02 and RCW 71.34**

**Adolescent Initiated Treatment RCW 71.34.500:**

- Minors ages 13-17 may admit themselves to an evaluation and treatment facility or approved SUD program without parental consent.

Definitions were taken from online resources including Health Care Authority, DCYF, PCJC, Catholic Community Services, Washington State Legislature. See websites for full definitions. Updated 10-16-23 (Formatted)

Kids' Mental Health Pierce County

# Commonly Used Behavioral Health Acronyms and Definitions

**Family Initiated Treatment (FIT) (formerly Parent Initiated Treatment) RCW 71.34.600-71-34.650:**

- 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.

**ITA (Involuntary Treatment Act):** The Involuntary Treatment Act is a law in Washington State. It allows anyone age 13 and older who does not agree to mental health treatment to be evaluated for involuntary commitment to an inpatient mental health treatment center. A child can be involuntarily committed if, due to a mental disorder, they are one of the following:

- A danger to themselves: They have talked about harming themselves or have hurt themselves (for example, suicide attempts)
- A danger to others: They have threatened to hurt another person and/or caused substantial damage to someone else's property
- Gravely disabled: They cannot take care of basic needs such as eating, sleeping, clothing, shelter or making safe choices.

**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.

Secure withdrawal management and stabilization facilities will provide up 17 days of withdrawal management and substance use treatment for adults and adolescents over 13 years old who present a likelihood of serious harm to themselves or others, other's property, or are gravely disabled due to a substance use disorder.

*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).

**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.

**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 can 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.

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# Commonly Used Behavioral Health Acronyms and Definitions

## Commonly Used Pierce County Acronyms

**PCJC:** Pierce County Juvenile Court

**CCS:** Catholic Community Services

**CPS:** Child Protective 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:** Tacoma Police Department

**PCSD:** Pierce County Sheriff's Department

**MDC:** Metropolitan Development Council

**MOCT:** Mobile Outreach Crisis Team

**ABHU:** Adolescent Behavioral Health Unit (Inpatient)

**ED:** Emergency Department

## Full Acronym List

| Acronym | Name |
|---|---|
| ABA | Applied Behavioral Analysis |
| ACA | Affordable Care Act |
| ACEs | Adverse Childhood Experiences |
| ASQ | Ask Suicide-Screening - Questions |
| 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 |

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|---|---|
| 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 |

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Kids' Mental Health Pierce County

# Commonly Used Behavioral Health Acronyms and Definitions

| | |
|---|---|
| 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 |
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# Commonly Used Behavioral Health Acronyms and Definitions

## Common Pediatric Screening Tools

**ASQ:** The Ask Suicide-Screening Questions (ASQ) tool is a set of four brief suicide screening questions that takes 20 seconds to administer. The Ask Suicide-Screening Questions (ASQ) tool is a brief validated tool for use among both youth and adults. The Joint Commission approves the use of the ASQ for all ages. Additional materials to help with suicide risk screening implementation are available in The Ask Suicide-Screening Questions (ASQ) Toolkit, a free resource for use in medical settings (emergency department, inpatient medical/surgical units, outpatient clinics/primary care) that can help providers successfully identify individuals at risk for suicide. The ASQ toolkit consists of youth and adult versions as some of the materials consider developmental considerations.

**PHQ-9:** Patient Health Questionnaire (PHQ) is a diagnostic tool for mental health disorders used by health care professionals, covering mood (PHQ-9), anxiety, alcohol, eating, and somatoform modules as those covered in the original PRIME-MD. Also available in Spanish.

**CATS:** Child and Adolescent Trauma Screen (CATS) The CATS questionnaire is a brief, freely accessible screening instrument based on the DSM-5 criteria for Posttraumatic Stress Disorder (PTSD). It is a measure of potentially traumatic events and of posttraumatic stress symptoms (PTSS). ISTSS - Posttraumatic Stress Disorder Checklist

**SAFE-T:** This Suicidal Thinking, Behavior, Attempts assessment can be used by mental health professionals during their first contact with an individual at risk of suicidal behavior and completed Suicidal Thinking, Behavior, Attempts. The five-step assessment includes identification of risk and protective factors; conducting an inquiry about suicidality; determining level of risk and selecting an appropriate intervention; and documenting the process, including a follow-up plan. Evaluation and Triage card : Safe-T Card. (SMA) 09-4432. CMHS-NSP-0193. (samhsa.gov)

**CANS:** The CANS© is a multiple purpose information integration tool that is designed to be the output of an assessment process. The purpose of the CANS© is to accurately represent the shared vision of the child serving system—child and families. As such, completion of the CANS© is accomplished to allow for the effective communication of this shared vision for use at all levels of the system. Since its primary purpose is communication, the CANS© is designed based on communication theory rather than the psychometric theories that have influenced most measurement development. There are six key principles of a communimetric measure that apply to understanding the CANS. WA CANS Full 5+ Guide (November 2015)