Behavioral Health Treatment, Recovery, and Peer Supports for Youth and Families: Landscape, Gaps, and Opportunities

Presented by Youth, Family, and Prevention Staff Members from the Behavioral Health and Recovery Division

October 23, 2025

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Key Definitions:

Behavioral Health refers to both mental health and substance use disorder (SUD) prevention, early intervention, treatment, crisis support and recovery.

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Behavioral Health Continuum of Care

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Presentation Goals and Invitation

Our goals are to:

- Convey some of **what we have** in behavioral health treatment, crisis response, and recovery for youth.
- **Identify opportunities** where MIDD may invest in the youth behavioral health system to provide culturally responsive, trauma-informed, and developmentally-matched services.

We invite thoughts and feedback from the MIDD Advisory Committee**.** Specifically, **what opportunities do you see for MIDD's role in the publicly-funded youth behavioral health continuum of care?**

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Approximately 13% of MIDD funding is allocated to youth-focused programming.

Programs include:

- Wraparound Services for Youth
- Young Adult Crisis Stabilization
- School-Based SBIRT
- Parent Partners Family Assistance
- Children's Crisis Outreach and Response System
- Children's Domestic Violence Response Team
- Youth Detention Prevention – Behavioral Health Engagement
- Juvenile Justice Youth Behavioral Health Assessments
- Family Intervention Restorative Services
- Family Treatment Court
- Juvenile Therapeutic Response and Accountability Court

*Does not include special projects, pilot programs, time-limited grants, or one-time investments, some of which are *also* youth-focused.

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Youth and Family Mental Health Treatment

Landscape

- Many outpatient treatment options for children/youth, including Infant Early Childhood (IEC) MH programs and some culturally specific programs.
- Wraparound with Intensive Services (WISe) and MIDD Wraparound supports.
- Some IOP/PHP programs available depending on diagnoses and age.
- Partnerships between BH agencies and schools to provide treatment in schools.
- New Kids' Mental Health King County program to support navigation.[8]

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Youth and Family Mental Health Treatment

Critical Gaps

- Lack of full continuum of care & no clear door into treatment.
- Limited mental health treatment options that can effectively support youth with co-occurring IDD diagnoses.
- Limited mental health treatment options for rural youth.
- Clinic-based medical model often not effective in treating immigrant or multi-cultural youth.
- No young adult specific MH programs.

Youth and Family Mental Health Treatment

Best Practices

- Reducing stigma to allow for increased service access.[5]
- Giving youth & families the knowledge, resources, and tools they need.[5]
  - Long-term care coordination for youth/families with complex needs.
- Having a range of clinic, telehealth, in-home, and community-based MH treatment options.
- Having workforce that is representative of youth/families being served.

Youth and Family Mental Health Treatment

Opportunities

- Re-imagining of MIDD Wraparound program to support youth who are not eligible for WISe.
- Low-barrier MH treatment options for youth that don't require insurance access.
- Simplifying systems – single pathway to care, closed loop referral system, care coordination for those that need it.
- Efforts to reduce stigma regarding MH challenges and accessing care.

Youth and Family Crisis Support

Landscape

- Mobile Response and Stabilization Services
- Crisis Care Centers
- Specialty Crisis Programs – CORS YA & CCORS-DD
- Wraparound with Intensive Services

Critical Gaps

- Lack of connections/hand-off options from Stabilization Services.
  - Long waitlists for Wraparound/WISe.
  - Limited appropriate long-term support options for youth with IDD diagnoses that will have ongoing challenges.
- System doesn't support families in a way that builds trust with BIPOC families.

Youth and Family Crisis Support

Best Practices

- "Someone to respond and a place to go."[6]
- Focus on youth & family voice – family defines the crisis.
- Providing services where needed – in home and community.
- Regional response teams allow for faster arrival times.
- Warm hand-offs; direct connections to follow up services.

Opportunities

- Continuation or expansion of funding for specialty programs that address gaps (CORS-YA and CCORS-DD).
- Supporting workforce initiatives and expanding treatment options for youth so crisis responders can complete warm-handoffs.

What we know about youth SU

- 9 in 10 adults who develop SUD started using drugs or alcohol when they were teens.[1]
- For adolescents, prevention is primary: abstinence from substance use presents the lowest risk for youth whose brains are developing, followed by delaying the onset of use until later in life. Harm reduction strategies, much like wearing seatbelts or bike helmets, can reduce harm for young people who do use substances.[2]
    - We **need a range of approaches** to address youth substance use.
- While drug and alcohol use in teens is trending downward, potency and risk are increasing, with drug overdoses and poisonings becoming the 3rd leading cause of death for young people.[3]

Youth and Family Substance Use Treatment & Recovery

Landscape[4]

- Network of **outpatient youth SUD programs** throughout the County.
- One contracted **residential SUD treatment** program for male-identifying youth in Seattle; female-identifying facility in Bellingham.
- **SUD Next Day Appointments** for quick assessment and connection to treatment.
- Low-barrier **Medication for Opioid Use Disorder (MOUD) for ages 12-25** combined with case management and connection to resources.
- **Public recovery high school** through partnership between Seattle Public Schools Interagency Academy and BHRD celebrating 10 years of operation.
- Limited **community-based recovery resources for youth** including a small network of sober support meetings and after school Alternative Peer Group activities.

Youth and Family Substance Use Treatment & Recovery

Best Practices

- Serving youth where they are, in and out of school.
- Empowering parents, caregivers, and trusted adults in learning effective approaches to reducing and addressing adolescent substance use.[1]
- Educating people in youth spaces in recognizing signs of overdose and using Narcan.
- Offering a range of substance use services, including outreach, engagement, and brief interventions that are available pre-assessment.
- Building adolescent-specific recovery capital.[9]

Youth and Family Substance Use Treatment & Recovery

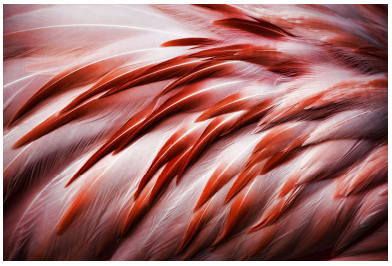
Critical Gaps

- SUD programs for youth, including culturally-specific, have closed over time.
- The traditional entry point to treatment is a long assessment which is a barrier to youth access.
- System navigation is challenging for families. Some seek out of state treatment for youth due to lack of WA programs.
  - Equity issue: Requires very good insurance and money.
- Need for continuum of SU treatment and recovery services for all King County youth and families.
- A representative workforce trained in flexible and developmentally-matched approaches across the range of services.

Youth and Family Substance Use Treatment & Recovery

Opportunities

- Establish a continuum of substance use interventions, including developmentally-matched harm reduction, services prior to assessment, and programs that build adolescent recovery capital.
- Train the workforce in treating the whole youth and family, creating connection and community.
- Similar to MH, create a closed loop referral systems with “no wrong door” for reliable access.
- Offer culturally responsive parent/caregiver support and skillbuilding groups about youth substance use.
- Expand community-based substance-free spaces for youth.



Youth and Family Peer Support

Landscape

- Family organizations that offer peer support
- Peer support offered through WISe/MIDD Wraparound programs
- MRSS peer support
- King County Community Collaborative (KC3) – Regional Family, Youth System Partner Round Table (FYSPRT)

Youth and Family Peer Support

Best Practices

- Recovery-oriented, Person-centered, Voluntary, Relationship-focused, and Trauma-Informed.[7]
- Offering a variety of connection methods (telehealth, in-person, home/community based) available at flexible times.
- Offering culturally and linguistically appropriate connections.
- Utilizing Peer Support to work towards engagement in formal BH treatment.

Youth and Family Peer Support

Critical Gaps

- Need for more Youth Peer Supports outside of WISe program.
- Need for more Peer Supports available outside of Medicaid MH/SUD programs.

Opportunities

- Non-Medicaid funded Peer Support options (Continued MIDD funding of these programs as well as expansion).

Discussion

For members of the MIDD Advisory Committee:

What opportunities do you see for MIDD's role in the publicly-funded youth behavioral health continuum of care?

References

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4: King County Youth Services website.
5: Outcomes that Matter to Youth and Families: PCORI Infographic Expanded-Outcomes.V4.pdf
6: 2022 Crisis Services Best Practices Summary Crisis Services Best Practices
7: Core Competencies for Peer Workers: Behavioral Health | SAMHSA
8: https://kidsmentalhealthkingcounty.org/home
9: Hennessy, E. A., Cristello, J. V., & Kelly, J. F. (2019). RCAM: A proposed model of recovery capital for adolescents. *Addiction Research & Theory, 27*(5), 429–436. https://doi.org/10.1080/16066359.2018.1540694

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