

Behavioral Health Levels of Care

Treatment begins with an evaluation of the person's current mental health, their ability to perform daily living skills, and overall safety of self and others.

Mental health professionals use evidenced based measures to propose the treatment that is most helpful (or clinically indicated). This depends on medical necessity and diagnosis. The goal is to return the youth to their baseline level of functioning, so they remain safe and stable within their community. Coordinated Care of Washington, Inc. does not prescribe or refer for services needed. Only the youth's behavioral health provider can do this. Email AHCCTeam@coordinatedcarehealth.com for help finding services recommended by providers.

Treatment Level	Outpatient	Intensive Outpatient	Partial Hospitalization/Day Treatment	Residential Treatment Facility (Short & Long Term)	Inpatient Acute Care	CLIP* (Children's Long-term Inpatient Program)
Goal	Return to baseline/improved level of function	Move toward baseline level by providing: <ul style="list-style-type: none"> Coping strategies, Support systems, Relapse prevention 	<ul style="list-style-type: none"> Structured services in a facility at a higher level than outpatient settings; Goal: transition to outpatient services (5.8) 	<ul style="list-style-type: none"> Stabilize symptoms; Provide diagnosis education and coping skills, Return to the community with outpatient treatment support 	Stabilize a behavioral health crisis (including medications)	Assess, stabilize and return to baseline or improved level of function and return to community setting
Avg. Length of Stay**	Months/years	Months	14-28 days	Short Term – < 30 days Long Term – > 30 days	3-7 Days	Months
Avg. Hour of Service	0-4 hours/month WISe***avg. 10.5 hrs/mo	6 or 9 hours/min/week	Minimum 5 hours per day/5 days a week	24-hour care	24-hour care	24-hour care
Modality	Medication Management					
	Individual therapy, WISe		Individual, group and family therapy			Individual, group, family therapy
	Frequency as needed to meet care plan.	3-5x/week		<ul style="list-style-type: none"> Activities of Daily Living Psychosocial rehabilitation Coping skills 	<ul style="list-style-type: none"> Stabilization services Diagnostic clarification 	Stabilization services
Needs of Intended Patients	Support in the form of therapy and coping skills.	More support than basic outpatient; linked with more severe & persistent diagnoses such as bipolar disorder or eating disorder	More intense support than outpatient treatment. Can be used to avoid hospitalization	24 hour RN/MD monitoring in controlled environment—less restrictive than acute inpatient.	24 hour RN/MD monitoring to ensure safety and medical stability	Youth ages 5-18, with severe psychiatric disorder; potential risk to themselves, others, or are gravely disabled
How do they get there	Anyone can refer a child to WISe such as: <ul style="list-style-type: none"> Parent/caregiver Caseworker Medical provider 	Self-referral or referred by Care coordinator, Provider; or step down from higher level of care	Provider referral or step down from higher level of care	Provider referral or step down from higher level of care	Individual, family, caregiver, or provider determines safety concern; medical intervention is needed to stabilize	A youth is placed on a 180-day ITA court order or a provider/youth/family requests voluntary admission to CLIP through their health plan who initiates a regional screening.
DCYF Staff Role	Provide full history to provider (incl. past residential treatment, if applicable).					
		Attend treatment meetings/calls			Request WISe; arrangement placement	Participate in regular treatment & discharge planning meetings, provide timely updates on family circumstances & placement options, and work with Coordinated Care to ensure outpatient & community supports set up prior to discharge.

*CLIP is the most restrictive level of care. It requires a determination that there are no less restrictive services available that can meet the treatment need. There can be a waitlist. Youth may stabilize while waiting.

**Average Length of Stay – Actual stays/services may be lower or higher. Length of stay/services varies per individual and is based on medical necessity.

***WISe – Wraparound with Intensive Services – WISe is a voluntary service with a team approach. WISe provides intensive mental health services in a youth's home and community.

Recovery looks different for everyone

- Wellness and routine/preventative care is a level of care, but is not part of this chart.
- Levels of care above prevention are not meant to be permanent.
- Levels of care are not always linear.
- All services, interventions, and resources aim towards a state of health and recovery, and to help maintain that while in their home/community.

Crisis Services

Crisis services aim to stabilize and prevent more issues by helping with immediate treatment and intervention.

Who provides Crisis Services?

Behavioral health providers/WISe Team

Call right away to de-escalate mental health and substance use disorder crises

Other Crisis Resources

Special agencies provide crisis services in each community.

The local numbers are on [Coordinated Care's Mental Health page](#) and [HCA's website](#).

Same Words, Different Worlds

What it means to DCYF	TERM	What it means to Behavioral Health Care
Where a child is approved to stay & sleep	PLACEMENT	A bed in an inpatient facility
Able to function at home/school/socially with some guidance	STABLE	No acute medical/behavioral health needs. Health care needs are managed.
Frequent running from care, unable to find suitable placement	CRISIS	Extreme emotional disturbance, considering harm to self or others, disoriented or out of touch with reality, has a compromised ability to function, or is agitated and unable to be calmed
That term AHCC staff use when we talk about what is covered by Apple Health (Medicaid) based on youth's medical/behavioral diagnosis.	MEDICAL NECESSITY	WA State definition: reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent worsening of conditions in the client that endanger life, or cause suffering or pain, or result in an illness or infirmity or threaten to cause or aggravate a handicap or cause physical deformity or malfunction and there is no adequate less restrictive alternative available. RCW 71.34.020(12)