SAFE WA
PO Box 21548
Seattle, WA 98111-3548

A Parent's Guide to the Public Mental Health System

A Project of
The Statewide Action for Family Empowerment of Washington

SAFE WA is a statewide network of family organizations supporting parents, caregivers and youth around issues related to complex mental health, emotional and behavioral health needs. SAFE WA's family organizations work together to mentor, support, educate and advocate for stronger, healthier families.

The vision of SAFE WA is a "United Voice" of family organizations.

SAFE WA:

- *Assists member organizations in sustaining, strengthening and expanding their local networks.*
- *Fosters partnerships with child-serving systems (such as juvenile justice, schools, mental health system etc.) to increase the united voice of parents, caregivers and youth in all child serving systems.*
- *Provides various types of training such as "Parents Empowering Parents", leadership development, evidence based practices, special education laws (IDEA and 504 plans), navigating the mental health system and many more.*

If you need support and are feeling overwhelmed, we encourage you to call us. You don't have to walk this path alone. We can link you to others who understand what your are going through and can provide emotional support and resources This is probably the most challenging job you will ever do and there is hope! Please contact us.

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1-866-300-1998

Acknowledgement
We would like to thank the Washington State Mental Health Division for their support.

Revisions

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It is estimated that one out of ten children in this country has an emotional, behavioral or mental disorder. These disorders cut across all income levels, educational, ethnic and cultural backgrounds. They affect every person in the family. These disorders take a number of forms; causes are unclear and outcomes are often uncertain. For the child, it may mean school failure, drug involvement or a suicide attempt. For the parents, isolation from family and friends, frustration, guilt and despair are common results.

Does my child need mental health treatment?

Mental health problems or issues affect the way we think, how we feel and what we do. Symptoms vary and are sometimes difficult to identify. Pay attention if your child:

Is troubled by feeling:

- Really sad and hopeless without good reason
- Worthless or guilty a lot and the feelings don't go away
- Very angry most of the time
- Anxious or worrying more than others of similar age
- Extremely fearful-has unexplained fears or more fears than most kids
- Constantly concerned about physical problems or appearance
- Frightened that his or her mind is controlled or is out of control

Experiences big changes such as:

- Doing much worse in school
- Crying a lot and overreacting to things
- Losing interest in things usually enjoyed
- Having unexplained changes in sleeping or eating
- Avoiding friends or family and wanting to be alone all the time
- Feeling life is too hard to handle or considers suicide or doing things that are life threatening
- Hearing voices that cannot be explained

Is limited by:

- Poor concentration; inability to sit still or focus
- Thoughts that race; almost too fast to follow
- Worrying about being harmed or hurting others
- Inability to get over a loss or death of someone important

Behaves in a way that causes problems such as:

- Eating large amounts of food then making self vomit or diets excessively
- Constantly violating rights of others or disregards rights of others
- Performing same actions repeatedly or obsessing on a thought or idea

How do I Access Mental Health Services?

Crisis Services

Crisis services are available to everyone through the public system at no cost. If your child is in a mental health crisis, call the crisis line listed on the back cover. Help is available 24 hours every day. Crisis line staff will assess the situation and if necessary, send someone out to evaluate your child. Crisis services do not include hospitalizations. If there is a life threatening emergency, call 911. See back cover for crisis line phone numbers.

Public mental health services

If you are on Medicaid, you have medically necessary mental health benefits. You can only access public mental health services from licensed agencies authorized by Regional Support Networks. Outpatient and acute inpatient services must be authorized by the RSN. If you access services from a provider not authorized by the RSN, you may be responsible for the cost of the services.

Outpatient Services

If you receive public services, where you live will determine which mental health agency will provide services to your child. Contact your local RSN listed on the back cover and request the name and phone number of the mental health agency serving your area. Call the mental health agency for an appointment. Your child will have to go through a screening and assessment process to determine whether he or she is eligible for services through the public system. For more information, see page 6.

Acute Inpatient Services

Acute inpatient services are provided in an emergency situation when your child is gravely disabled or is likely to do serious harm to self or others as a result of a mental illness. A Mental Health Professional

(MHP) must evaluate your child's condition to make this determination. To access this service, call the crisis line or if there is a life-threatening situation, 911. For more information, see page 7.

Long-term Inpatient Services
Long-term inpatient care is the most restrictive psychiatric setting for children in this state. Before pursuing this type of care, other less restrictive options must be considered. This type of care is only for children with the most severe and intensive needs. The child must meet state and federal guidelines for admission to a long-term inpatient facility. Contact your RSN for information regarding the admission process. For more information, see page 9.

Private mental health services
We are including information about private mental health services in this section should your situation change and you obtain other insurance.

Washington Basic Health Plan: Washington Basic Health Plan has some mental health benefits. Check your plan for coverage.

Private insurance: You can purchase services directly from a private therapist, psychiatrist, community mental health center, or an acute inpatient facility (listed on page 7).

Managed Care Organizations: Contact your customer service representative.

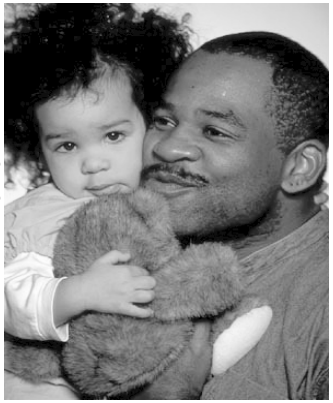
Military: Contact your Tri-Care representative at 800-404-4506.

Sliding fee scale: If your coverage has reached its limit or you have no insurance, you may be able to obtain services on a sliding fee scale. For more information, call the Regional Support Network listed on page 21 or a mental health agency directly.

Other
Even if you have private insurance, your child's stay in a Children's Long-term Inpatient Programs facility may be publicly funded. The process to access this services is identical to that of the public system. See Long-term Inpatient Services on page 4 for details.

It is important that you check with your insurer for required authorizations before seeking any type of care for your child.

Assessments and service plans



If your child is eligible for services through the public mental health system, the assessment process in becomes even more extensive. The agency may gather records (school, medical, etc.), possibly perform diagnostic tests and interview family members. An individualized service plan will be created based on this assessment.

The assessment process must also look at your child's and family's strengths and needs. If the diagnostic process pays attention to only what is wrong and attaches a label to it in order to figure out how to fix it, children and families are then viewed as the problems they have. If the process pays attention to strengths and capabilities, the view becomes very different. Your child's and family's strengths should be the foundation on which the individualized service plan is developed. Your family's knowledge, interests, and abilities must be utilized in the plan.

You, your child, the clinician, and possibly a team of our choosing develops an individualized service plan. When developing services plans, remember that your child should be included in the community to the maximum extent possible. The service plan must be supportive of your family and contain goals that will help meet your family's unique needs. It should reflect the belief that you and your family know your needs best. The plan should be written in a way that is easily understandable to you and your child if applicable. It needs to be culturally competent, incorporating the religious customs, regional, cultural and ethnic values and beliefs of your family. The plan should contain objectives that share the workload among all involved to help your family reach your goals.

It is important for all involved to know if progress is being made. The plan must also include a way to measure progress toward the goals specified in the service plan. This will tell you if the plan is working or needs to be modified.

What is outpatient mental health treatment?

The vast majority of all mental health services is provided in the community on an outpatient basis. Increasingly, outpatient mental health treatment for children and youth is moving away from the traditional office visit.

- Therapy for children is more effective in familiar settings or while involved with other leisure time activities.
- Service plans should meet the needs of families across different areas such as family, living situation, educational/vocational, social/ recreational, medical, legal, spiritual, and safety/crisis.
- Services plans should not only include services through the formal service system but also utilize resources within the community. This is part of helping your child have a lifestyle similar to that of other children. For example, instead of respite, your child might take an art class so you can have a break.
- Strengths of the family and child must be woven into the service plan.
- Although professionals can offer a great deal of assistance, they also recognize that the support of other parents who have faced similar circumstances is vital. They are increasingly referring parents to parent groups for support, information, and training.

Treatment could also include:

- Individual, family, or group therapy
- Prescribing and monitoring medications.
- Education on the disorder, reducing stress, resources, problem-solving, and other subjects of interest to families.
- Support groups and advocacy for families.
- Case management to help coordinate services.
- Referral to organizations in your community.

Treatment is only effective if it is individualized and tailored to meet the needs of your child and family.

What if my child needs acute (emergency) psychiatric hospitalization?

Acute psychiatric hospitalization is to evaluate, diagnose and stabilize your child's acute symptoms and is of very short duration. If you feel your child needs acute inpatient mental health care, you will need to obtain an evaluation to determine if inpatient treatment is medically necessary. Call your RSN crisis line to request an evaluation or call one of the facilities listed below. If an MHP determines that your child cannot be treated safely in an outpatient setting, the MHP will assist you in locating an appropriate treatment facility.The primary providers of acute inpatient care are:

Facility	Address	Telephone
Children's Hospital Regional Medical Center	4800 Sand Point Way NE Seattle, WA 98105	206-987-2760 866-987-2000
Fairfax Hospital	10200 NE 132nd Street Kirkland, WA 98034	425-821-2000 800-435-7221
Lourdes Counseling Center	1175 Carondelet Drive Richland, WA 99352	509-943-9104
Sacred Heart Medical Center	101 West Eighth Avenue Spokane, WA 99220	509-474-4818

There are no magical places or magic fixes. Your participation is vital in the stabilization process and discharge planning to return your child to the community. Recovery and building resilience is hard work for your child, your family and you. There will be setbacks, feelings of hopelessness and isolation, successes, joy, and satisfaction. Find other parents who can help you through the rough times and celebrate successes with you. They can give you ideas and strategies based on their experiences. They can also provide you with information on resources in your community. Contact a parent group in your area listed on page 20.

The following options only apply to admission to acute facilities. Children's Long-term Inpatient Programs (CLIP) are not equipped to provide evaluation and treatment for acute symptoms.

Voluntary hospitalization: If your child is under thirteen, hospitalizations cannot happen without your permission. Your child age thirteen and over may seek voluntary admission for treatment or convert a previously involuntary admission to a voluntary admission without your permission.

If your child is voluntarily hospitalized without your consent and is thirteen or older, your child can give notice to leave at any time. The facility must release your child within two judicial days of the request.

Even if you do not agree with your child's need to seek treatment, your support, help and presence are even more important at this time. Your involvement in treatment and discharge planning is vital.

Involuntary hospitalization: If the MHP decides your child needs treatment and your child is not willing to be hospitalized, a Designated Mental Health Professional (DMHP) can have your child detained for up to seventy-two hours. If the DMHP makes a decision that your child does not need inpatient treatment and you disagree with this decision, you may ask the court to review that decision.

If the facility feels continued hospitalization is necessary after the initial seventy-two hour period and your child does not agree, the facility can request a court hearing for continued hospitalization. If the request is granted, it will be for a period of fourteen days. If your child has not been discharged at the end of fourteen days and the facility determines that your child needs further inpatient care, the facility may file a petition with the court for long term hospitalization for a period of up to 180 days. If your child is committed to 180 days of involuntary treatment, services will be provided in a Children's Long-term Inpatient Programs (CLIP) facility.

Parent-initiated admission: You may bring your minor child to an evaluation and treatment facility and request an evaluation to determine if your child has a mental disorder and needs inpatient treatment. Treatment will be limited to what the Mental Health Professional determines is necessary to stabilize your child until the evaluation is completed. Your child cannot be held for more than 72 hours. The facility cannot refuse to treat your child solely on the basis that your child will not consent to treatment nor admit your child to treatment unless it is medically necessary. If your child receives treatment under this process, your child cannot be discharged solely upon his request.

What if my child needs long-term inpatient care?

The Children's Long-term Inpatient Programs (CLIP) has the capacity to care for ninety-six children at any one time in five facilities. These facilities are not a residential solution or for emergency use. The focus is evaluation, diagnosis and stabilization so your child will be able to live a lifestyle as close to that of other children in your community. Since capacity is limited, there maybe a waiting period before admission.

CLIP is the most restrictive psychiatric setting for children in this state. You must give careful consideration before pursuing placement.

- Are there other ways to get my child's needs met in the community?
- Can I get what I need to keep my child at home and everyone safe?
- Will the benefits realized from a CLIP stay be short or long term?
- Will the benefits of residential treatment outweigh the negative effects an out-of-home placement will have on my child?
- What outcomes do I want for my child? Are these outcomes realistic? Will a CLIP stay facilitate these outcomes?

Admitting your child to a CLIP facility is an overwhelming experience. Most CLIP facilities employ Parent Advocates who are parents of children with emotional, behavioral or mental disorders. Request a Parent Advocate at intake. The Parent Advocates provide information, emotional support, and can assist with resolving differences.

Call a parent organization and ask to speak to other parents who have had children in CLIP facilities. Ask them about their experiences and what impact it had on their child and family. Arrange a visit to the facility and ask to talk with staff. Make it a point to speak with the Parent Advocate either by phone or in person. Find out if the outcomes you are looking for are realistic. Do your homework; ask questions.

For more information, and locations, go to www.clipadministration.org.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS)

Children's Administration | Juvenile Rehabilitation Administration | **Health and Recovery Services Administration** **MENTAL HEALTH DIVISION** | Economic Services Administration | Aging and Disability Services Administration

Regional Support Network
Local Mental Health Authority

Call
Your local mental health agency
for an appointment

1. Screening to determine eligibility for public mental health services
2. Intake assessment to determine:
   a. Presence of mental illness and diagnosis.
   b. Functioning level.
   c. If individual meets access to care standards.
   d. If the individual needs mental health treatment.
3. Depending on the results of the screening and assessment process, the mental health agency will either provide services or refer to other options.

Treatment could include:
- Individual, family, or group therapy
- Prescribing and monitoring medications.
- Education on the disorder, reducing stress, resources, and other subjects of interest to families.
- Support groups and advocacy for families.
- Case management to help coordinate services.
- Referral to organizations in your community.

Children's Long-term Inpatient Programs (CLIP)
CLIP gathers information and makes a determination whether or not to authorize admission to residential treatment

CLIP Programs
- Child Study and Treatment Center, Tacoma
- McGraw Center, Seattle
- Pearl Street Center, Tacoma
- Tamarack Center, Spokane

Referral
Discharge

Crisis

Call Crisis Line or 911

Evaluation by Mental Health Professional

Discharge with referral to community-based options

Psychiatric Hospitalization less than 30 days

Treatment completion with referral to community options.

Contractual agreement

Service flow

What are my rights and those of my child?

You and your child have a right to confidentiality of all treatment records. However, information can be released only to individuals and agencies as specified in writing through a signed *Release of Information* except under the following conditions:

- By a court order
- If abuse and/or neglect is suspected
- In a mental health or medical emergency (danger to self/others)

Parents can sign a *Release of Information* for any child under thirteen years of age. If records concern anyone over the age of thirteen, that individual must sign the *Release of Information*.
Here are examples of rights your child may have:

- Be treated with respect and dignity.
- Have your privacy protected.
- Help develop a plan of care with services that meet your needs.
- Participate in decisions regarding your mental health care.
- Receive services in a barrier-free location (accessible).
- Request information about names, location, phones and languages for local agencies.
- Receive the amount and duration of services you need.
- Request information about the structure and operation of the RSN.
- Services within 2 hours for emergent and 24 hours for urgent care.
- Be free from use of seclusion or restraints except when three is imminent danger to self or others and other less restrictive measure have been ineffective.
- Receive age, linguistically and culturally appropriate services.
- Be provided with a certified interpreter and translated material at no cost to you.
- Refuse any proposed treatment.
- Understand available treatment options and alternatives.
- Be free of any sexual exploitation and harassment.
- Receive an explanation of all medications prescribed and possible side effects.
- Receive quality services that are medically necessary.
- Have a second opinion from a mental health professional.
- File a grievance with your agency or RSN.
- Choose a mental health care provider or choose one for your child who is under thirteen years of age.
- Change mental health care providers during the first 30 days, and sometimes more often.
- File a request for an administrative (fair) hearing.
- Receive a copy of your medical records and request changes.
- Be free from retaliation.

Try to resolve differences at the lowest level possible. Be specific about what you are dissatisfied with and clear about what you consider to be an acceptable solution. First, try to work things out with the person directly, If that doesn't work, most agencies have their own complaint process.

In the public mental health system, if you are unable to resolve differences at the agency level, the RSN has a grievance process. Ombudsman services are available to assist you with resolving differences and filing and complaints and grievances at the agency levels.

If you receive a written Notice of Action from the RSN concerning a denial, suspension, reduction or termination of services, you can file an appeal requesting that the RSN review the action. To start an Appeal, you must contact the RSN within 20 days of receiving the Notice of Action or the intended effective date of action, whichever is later or within 10 days if you are already receiving services and you wish to continue them.

If you are not satisfied with the outcome of your appeal, you may request an administrative (fair) hearing with the Office of Administrative Hearings (OAH). You must make that request within 90 days of the original date you requested an Appeal from the RSN. You can contact the OAH at 1-800-583-8271.

Each Clip facility also has its own complaint and grievance process. You can obtain copies of these processes from the facility. The Parent Advocate at the facility can assist you.

Alphabet Soup

Common acronyms used in mental health

ACS	Access to Care Standards
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
AA	Alcoholics Anonymous
ARY	At Risk Youth
BBA	Balance Budget Act
CA	Children's Administration
CDC	Chemical Dependency Counselor
CMHA	Community Mental Health Agency
CDMHP	County Designated Mental Health ProfessionalC
CHADD	Children with Attention Deficit Disorder
CHINS	Child In Need of Services
CLIP	Children's Long-term Inpatient Programs
CPS	Child Protective Service
CRC	Crisis Residential Center
CSTC	Child Study and Treatment Center
CWS	Child Welfare Services
DASA	Division of Alcohol and Substance Abuse
DDD	Division of Developmental Disabilities
DSHS	Department of Social and Health Services
DSM-IV	Diagnostic and Statistical Manual (4th edition)
DVR	Division of Vocational Rehabilitation
E & T	Evaluation and Treatment facility
EPSDT	Early Periodic Screening, Diagnosis & Treatment
ESD	Educational Service District
FAE/FAS	Fetal Alcohol Effects/Fetal Alcohol Syndrome
FRS	Family Reconciliation Services
HMO	Health Maintenance Organization
HIPAA	Health Insurance Portability and Accountability Act
I.D.E.A.	Individuals with Disabilities Education Act
IEP	Individualized Education Program
IHP	Individual Habilitation Plan
IST	Interagency Staffing Team (King County)
ITA	Involuntary Treatment Act
ITC	Individualized and Tailored Care
JRA	Juvenile Rehabilitation Administration
LOS	Length of stay
LRA	Least restrictive alternative or less restrictive alternative
MCO	Managed Care Organization
MDT	Multidisciplinary Team
MHD	Mental Health Division
MHP	Mental Health Professional
NAMI	National Alliance for the Mentally Ill
OCA	Office of Consumer Affairs
OCD	Obsessive Compulsive Disorder
OCR	Office of Civil Rights
ODD	Oppositional Defiant Disorder
OSPI	Office of Superintendent of Public Instruction
PAVE	Parents Are Vital in Education
PDD	Pervasive Developmental Disorder
PIHP	Prepaid Inpatient Health Plan
PTSD	Post Traumatic Stress Disorder
QA	Quality Assurance
QI	Quality Improvement
QRT	Quality Review Team
RCW	Revised Codes of Washington
RSN	Regional Support Network
RTF	Residential Treatment Facility
SAFE WA	Statewide Action for Family Empowerment of Washington
SBD	Serious Behavioral Disturbance
SED	Serious Emotional Disorder
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
TACID	Tacoma Area Coalition for Individuals with Disabilities
TANF	Temporary Aid to Needy Families
Tx	Treatment
WAC	Washington Administrative Code
WPAS	Washington Protection and Advocacy Services

Diagnostic classifications can be found in a book called the Diagnostic & Statistical Manual, Fourth Edition, more commonly known as the DSM IV. This is one resource you can use to learn more about your child's diagnosis. The DSM IV can be found at mental health centers or in libraries.

Tips from parents for parents

- Take care of yourself; your child needs you.
- You are your child's best advocate; be assertive, not aggressive.
- You are the expert on your child; professionals are experts on children.
- Make educated choices: listen, ask questions, read your child's records and then learn everything you can about your child's disability, medications, treatment, etc.
- Start your own file on your child: gather your child's records, keep notes from meetings and telephone calls, copies of written communication, etc.
- Don't go to meetings alone.
- Don't expect systems and professionals to do it all, do it together.
- Get involved in a way that is meaningful to you and your child.
- Stop playing the blame game and trying to figure out who's right, who's wrong; build partnerships and focus on strengths.
- Anger consumes too much time and energy; put the time and energy into more constructive uses.
- Keep an open mind; there are different ways to look at the same situation, different answers to the same question and different paths to the same place.
- What are you willing to contribute to the partnership?
- If the language is too technical, ask for definitions; if you don't understand, ask questions.
- More isn't better; focus on your child's needs, not what you can get for your child.
- Follow through.
- Sometimes you need to let go of dreams you had for your child so you can dream new dreams with renewed hope.
- If you are waiting for someone to give you what your child needs, it may not happen in his/her lifetime.
- Have an advocate to help you, become an advocate to help others.

Other services for children and families

Children's Administration **1-800-723-4831**

Within the Children's Administration (CA), the Division of Children and Family Services (DCFS) is the provider of client services. Children and families enter DCFS through three primary programs, Child Protective Services (CPS), Child Welfare Services (CWS) and Family Reconciliation Services (FRS). DCFS is responsible for the investigation of child abuse and neglect complaints, child protection, family preservation, family reconciliation, foster care, group care, independent living, and adoption services for children age 0 to 18 years. Listed below are a few of the services. For more information about services, contact www1.dshs.wa.gov/ca/general/.

Family Reconciliation Services (FRS)
Phase I (Intake and assessment) and Phase II (fifteen hours of in-home crisis counseling) focused on resolving family differences and preventing out of home placement.

Crisis Residential Centers (CRC)
A short-term placement (average 72 hrs.) with counseling services to resolve family differences and reunite the family.

At Risk Youth Petition (ARY)
Parents petition the juvenile court to assist them in keeping their child at home and setting reasonable rules that the youth must comply with.

Children In Need of Services Petition (CHINS)
Petition filed with the court for a 90-day out of home placement while the family tries to work out their differences.

Child Protective Services (CPS)
CPS seeks to assure the safety of children. This can be accomplished by educating parents, helping families obtain services needed to build better family relationships or removing the child from the home.

Division of Developmental Disabilities 360-725-3413

- Any person with a developmental disability that starts before age 18 and is expected to continue indefinitely may be eligible for services. Developmental disabilities include mental retardation, developmental delay (ages birth to six), cerebral palsy, epilepsy, autism, and or other neurological conditions similar to mental retardation. Contact your local office for information or go to: www1.dshs.wa.gov/ddd/index.shtml

Services that may be provided include:

- Case management which includes development of an individual service plan.
- Family Support
- Employment and day programs
- Early intervention services
- Therapeutic and other professional services
- In-home nursing through the Medically Intensive Program
- Array of in-home and out-of home residential support services including voluntary foster care, group homes, supported living,

Division of Alcohol & Substance Abuse 1-877-301-4557

The Division of Alcohol and Substance Abuse (DASA) contracts with local providers to address chemical abuse and dependency issues, which may be related to a mental health concern. Chemical dependency treatment can be in an inpatient or outpatient program dependent upon the needs of the child and family. Other services include:

- Vocational/employment programs
- Transitional housing
- Outreach
- Childcare
- Case management

Parents have the right to request an inpatient program for their child without the child's consent. If you feel your child is in need of treatment, call a treatment program directly for an assessment. State funding may be available for low-income families for some treatment costs. Individual programs determine eligibility. Youth/families on medical coupons are eligible for DASA funded treatment. For information about treatment programs, contact the 24-Hour Alcohol/Drug Helpline at 800/562-1240.

Division of Vocational Rehabilitation 1-800-637-5627

- An individual is eligible for services if they have a physical or mental impairment that keeps them from working and they require vocational rehabilitation services to prepare for, obtain, or retain employment. Contact your local office for information or www1.dshs.wa.gov/dvr

Services that may be provided include:

- Medical evaluation to determine strengths and vocational limitations.
- Vocational assessment.
- Treatment for physical and mental disabilities that impede employment.
- Job preparation, training and placement.
- Job site analysis and rehabilitation technology.
- Follow-up services.
- Employment support.
- Assistance with independent living.
- Transition from school to work.
- Counseling and guidance
- Support services

Office of the Superintendent of Public Instruction 360-725-6000

The Office of the Superintendent of Public Instruction (OSPI) allocates available resources to local school districts which provide programs for students with disabilities.

Through local school districts, the public education system provides Special Education Services to students who meet the eligibility criteria of the federally authorized Individuals with Disabilities Education Act (I.D.E.A.). Services are provided according to each student's Individualized Education Plan (IEP) which is jointly developed by educational staff and parents. Local schools are also required to provide accommodations to students with disabilities under Section 504 to aid students in achieving success in learning.

The Readiness to Learn program is a link between education and social services. The goal of the Readiness to Learn program is to coordinate and/or provide community resources for children and families in order to remove barriers to learning that may limit their engagement in the public school system. For more info contact your local school district or www.k12.wa.us.

Other Resources

SAFE WA «Statewide Family Network»	866-300-1998
A Common Voice for Pierce County Parents (Pierce County) «Parent group»	253-537-2145
A Village Project (King County) «Parent group»	360-866-8512
BRIDGES to Parent Voice (Clallam, Jefferson, and Kitsap Counties) «Parent group»	888-377-8174
CLIP Parent Steering Committee «CLIP programs» Contact person: Paulena Perry	253-535-0717
Community Connectors (Statewide) «Parent network»	800-446-0259 extension 3
Family Voices «Parent group»	888-835-5669
Fetal Alcohol Syndrome Family Resources Institute	800-999-3429
Youth 'N Action «Youth organization»	866-898-6013
NAMI WA	800-782-9264
Office of Consumer Affairs, Washington State Mental Health Division	800-446-0259 extension 3
Training Resources in Partnership (TRIP) (Island, Skagit, Snohomish & Whatcom Counties) «Parent group»	800-396-9059
Support the Other Parent Supporters (STOP) (Clark County) Cross-System Resources «Parent group»	877-306-1990
Passages (Spokane County) «Parent group»	509-892-9241
Parent Trust for Washington Children	800-932-4673
South King County Resource Support Group «Parent group»	253-876-3454
Washington PAVE «Assistance with school issues»	800-572-7368
Washington Protection and Advocacy Agency	800-562-2702

Regional Support Networks

Regional Support Network (RSN)	800 Number	Crisis Line
Chelan and Douglas	877-563-3678	800-852-2923
Clark County	800-410-1910	800-626-8137
Grays Harbor County	800-464-7277	800-685-6556
Greater Columbia	800-795-9296	
Asotin, Garfield		888-475-5665
Benton-Franklin		800-783-0544
Columbia,		866-382-1164
Kittitas		509-925-4168
Klickitat		800-572-8122
Skamania		509-427-3850
Walla Walla		509-522-4278
Whitman		866-871-6385
Yakima		800-572-8122
King County	800-790-8049	866-427-4747
North Central Washington	800-251-5350	
Adams (Call collect)		509-488-5611
Grant		877-467-4303
Okanagon		509-826-6191
Ferry		888-380-6823
Lincoln		800-767-6081
Pend Oreille,		866-847-8540
Stevens		888-380-6823
North Sound	360-416-7013	800-584-3578
Island, Skagit, San Juan, Snohomish, Whatcom		
Peninsula	800-525-5637	
East Clallam County		360-452-4500
West Clallam County		360-374-5011
Kitsap		800-843-4793
East Jefferson County		800-659-0321
West Jefferson County		360-374-5011
Pierce County	800-531-0508	800-576-7764
Southwest	800-347-6092	800-803-8833
Cowlitz		
Spokane County	800-273-5864	877-678-4428
Thurston and Mason	800-624-1234	800-627-2211
Timberlands	800-392-6298	
Lewis		800-559-6696
Pacific		800-884-2298
Wahkiakum		800-635-5989