**Key Health Priority – Mental Health**

**Hypothesis:**

If we coordinate, leverage, and mobilize all sectors of our community service delivery system and infrastructure on addressing mental health issues within the 5-17 year old population, we will significantly improve overall quality of life for our youth and, long term quality of life for adults with mental health issues within Kittitas County.

**Rationale:**

Federal Healthcare reform and the State of Washington have dictated that communities and regions work together to provide coordinated healthcare. Collectively, service delivery providers in Kittitas County have not worked on addressing health disparities leading to a fragmented service delivery model. Kittitas County service delivery providers provide high quality, innovative services which have led to our achievement of the 1st/2nd healthiest county in the State of Washington. Service providers have difficult time quantifying the severity of mental health issues in Kittitas County as there is not an accurate way to capture the data. Equally as important, the overall impact of mental health issues is under represented as the amount of time spent with each client or patient per visit is higher than the average. Central Washington Comprehensive Mental Health has seen a significant increase in use of services over the past year possibly due to increase in funding sources available for the population. Overall, mental health issues have a significant impact on social and economic disparities and on the overall quality of life and cost to the healthcare delivery system.

**Data Story:**

**COMPREHENSIVE MENTAL HEALTH SERVICES**

* Serves approximately 600 clients per month, compared to around 450 per month in 2012.
* Around 2250 encounters per month, compared to around 1500 in 2012.
* Crisis services per month ranges from 7 to 31 in 2014 and 2013.
* New clients per month ranges from 39 to 68 in 2014.

**ADDS –*Would be good to know what % of patients under 18 have mental health issues?***

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| --- |
|  **2013-2014 2012-2013** |
| Number of patients with prior or current Mental Health Services: 35 (19%) 21(13.5%)  |
| Number of Patients with a Mental Health Disability 12 (7%) 14 (9%) |
| Number of patients under age 18 11 (6%) 19 (11%) |

**KITTITAS COUNTY SHERIFF’S OFFICE**

* CPS & MH incidents: 15 in 2012, 19 in 2013
* Mental health incidents: 33 in 2012, 26 in 2013

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES, 2011-2012**

* Mental health:
	+ 56 crisis services
	+ 207 other outpatient

**BRIGHT BEGINNINGS FOR KITTITAS COUNTY**

* Early Head Start Program, 2013-2014, 74 children total
	+ 1 child assessed for mental health, 1 referred
	+ 6 families received mental health services
* Head Start Program, 2013-2014, 105 children total
	+ 3 children assessed for mental health, 1 referred
	+ 3 families received mental health services

**ELLENSBURG POLICE DEPARTMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| Year | 2011 | 2012 | 2013 |
| Mental Health Related Calls | 98 | 143 | 122 |

**HEALTHY YOUTH SURVEY**

* 26% of 10th graders and 29% of 12th graders report feeling sad or hopeless for at least two weeks in the past year.
* 6% of 10th graders and 12% of 12th graders report attempting suicide in the past year.

**What is already being done?**

* **KCCN&C –** This coalition oversees the Youth Center and the program that provides community based youth mentor services.This group has also a task force that is focused on raising awareness of Adverse Childhood Experiences (ACES) andtraining the community partners on ACES program, which deals with promoting resiliency, psychological and behavioral coping mechanisms that can lead to better mental health and physical health outcomes.
* **HS/EHS-**Federally and state funded early learning programs are required tohave early intervention screenings to identify behavioral and emotional health issues. They are also required to promote socio**-**emotional development and positive mental health objectives for children and families. Activities are integrated built into school and home based curriculums.