Regional

Family Youth System Partner Round Table (FYSPRT)

Manual

effective July 1, 2021

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Regional FYSPRTs at a glance

Regional FYSPRTs in general:

- Family, youth/transition age youth, and system partners are full partners in all aspects of the development, promotion, support, implementation, and evaluation of the regional FYSPRT.
- Includes youth, family and child and youth serving system partner representation (such as child welfare, juvenile justice, education).
- Facilitated and led by tri-leads – a family, youth and system partner who work together to build meeting agendas and facilitate meetings.
- Build participation of 51% or more youth and families with lived experience.
- Include key administrators (such as Wraparound with Intensive Services (WISe) Supervisors, Managed Care Organization representation, Behavioral Health Administration Service Organization (BH-ASO) representation, etc.) connected to WISe quality and service delivery in the region.
- Actively engage tribal, urban Indian, underserved and underrepresented communities in the regional FYSPRT. See Appendix J for best practices for engaging tribes and urban Indian organizations.
- Values of regional FYSPRT work include family and youth driven; community based; and equity, diversity, and inclusion. For more detailed information regarding System of Care values and guiding principles which the Regional FYSPRT values were adapted from, see Appendix E.

What regional FYSPRTs do:

- Hold regular meetings that are open to the public.
- Complete a needs assessment for the region every other year.
- Create and complete awork plan to focus on priority needs as decided by the regional FYSPRT.
- Review data and reports related to Wraparound with Intensive Services (WISe).
- Maintain a regional FYSPRT webpage with contact information, meeting information and documents such as FYSPRT charter, the regional needs assessment, and work plan.
- Connected to the Statewide FYSPRT to move forward challenges not resolved by the regional FYSPRT.

See Appendix A for definitions of key terms outlined in the FYSPRT manual.

Background and history of FYSPRTs

The statewide and regional Family Youth System Partner Round Tables (FYSPRTs) are part of the Child, Youth and Family Behavioral Health Governance Structure (the Governance Structure). They were developed under the Department of Social and Health Services (DSHS) Washington State System of Care (SOC) Expansion Grant from 2012 – 2017, as a key component for ensuring behavioral health and other public child-, youth-, and family-serving systems in Washington State are coordinated and informed by input from families and youth/transition age youth, in partnership with youth serving systems, and community and tribal partners. To view the full Governance Structure, see Appendix C. On July 1, 2018, the Division of Behavioral Health and Recovery, formerly part of DSHS, became part of the Health Care Authority (HCA). Health Care Authority's mission is to provide high quality care through innovative health policies and purchasing strategies for a healthier Washington in alignment with the following values: people first, diversity and inclusion, health equity, innovation, and stewardship. Click this link to learn more about the Health Care Authority and these values.

FYSPRTs, as part of the Governance Structure, by design includes family, youth, and system partner voice in an equal platform to address recurring system gaps and barriers. The lived experience of families and youth and their input will drive improvement of outcomes for youth and families across Washington. When a youth or family choose to share their story, it does not break HIPPA (the Health Insurance Portability and Accountability Act). Although youth and families may express their concerns about their services in this forum, FYSPRTs are intended to address recurring system gaps and barriers and not individual care issues. To address specific concerns related to a youth or family's specific services, a grievance can be completed as part of addressing the treatment concern. For more assistance on this contact the Ombuds in your area or click the link to the Wraparound with Intensive Services Grievance, Appeals and Fair Hearing Process Information Sheet.

FYSPRTs and their connection to systems of care

Systems of Care are defined as "A spectrum of effective community-based services and supports for children, youth, and young adults with or at risk for mental health and related challenges and their families that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs in order to help them function better at home, in school, in the community, and throughout life." Core system of care values as identified in the System of Care Grant awarded to Washington from 2012 – 2017 are: **(1) community-based, (2) family -driven and youth-guided,** and **(3) culturally and linguistically competent**.

FYSPRTs are intended to promote development of systems of care that are based on **community** priorities. This work is done by convening a group of diverse individuals invested in behavioral health outcomes including family, youth, system partners, tribes, urban Indian organizations, providers, community leaders, and others to engage in a systematic process of evaluating system-level needs and strengths and

identifying strategies to improve outcomes for children, youth, and families. Systems of care continue to evolve to be **family and youth driven** by ensuring that families and youth are key collaborators and are in core positions of leadership. FYSPRTs also strive to become more **culturally diverse and equitable** by outreaching to tribal, urban Indian, and underserved or underrepresented communities. This means striving for regional FYSPRT participation that is reflective of the diversity of the region.

FYSPRTs and their connection to the *T.R. et al. v. Birch and Strange Settlement Agreement*

FYSPRTs were adopted within the *T.R. et al. v. Birch and Strange (originally Dreyfus and Porter) Settlement Agreement (T.R. Settlement Agreement)* as part of the Children's Mental Health Governance Structure, now referred to as the Child, Youth and Family Behavioral Health Governance Structure (the Governance Structure). The system of care values and principles were also adopted, with a few modifications, within the settlement agreement as the Children's Behavioral Health Principles.

The Governance Structure consists of:

- Families with lived experience in the behavioral health system,
- Youth with lived experience in the behavioral health system,
- Child/youth serving system partner representation, and
- Community partners invested in improving outcomes for youth and families.

Family, youth, system partner and community partner representation are included in each part of the Governance Structure including the Children and Youth Behavioral Health Work Group (the Work Group or CYBHWG), the Youth and Young Adult Continuum of Care Subgroup of the CYBHWG (YYACC), the statewide FYSPRT, regional FYSPRTs (and local FYSPRTs if applicable), and various workgroups who inform and provide oversight for high-level policy making, program planning, and decision making in the design, development, and oversight of behavioral health care services and for the implementation of the *T.R. Settlement Agreement* (See Appendix C to view a diagram of the Governance Structure).

FYSPRT structure and purpose

The statewide and regional FYSPRTs (and local FYSPRTs where applicable) are designed to influence the functioning of local, regional, and state child and youth serving systems and to promote proactive changes that will improve access to, and the quality of, services for families and youth experiencing complex behavioral health needs and the outcomes they experience. FYSPRTs are grounded in the Washington State Children's Behavioral Health Principles (See Appendix A, Glossary of Key Terms*)* and provide a forum for regional information exchange and problem solving, as well as an opportunity for identifying and addressing barriers to providing comprehensive behavioral health services and supports to children, youth, and families.

The statewide FYSPRT is informed by the work happening within the regional FYSPRTs. It collaboratively approaches statewide challenges and barriers brought forth by the regions and statewide system partners and promotes successes and solutions that may be helpful to other regions in the state. The overarching FYSPRT goal is to ensure family, youth, system partner, tribal and urban Indian organization partners, and community involvement in policy development and decision-making, including the provision of Wraparound with Intensive Services (WISe).

The regional FYSPRTs are an essential part of the Governance Structure that strives to meaningfully engage, in an equitable forum, families and youth, tribal and urban Indian organization partners, and others who are interested in and committed to the success of youth and families. Regional FYSPRTs identify community needs by reviewing regional data and identify strengths and needs of the system from those impacted by the system. The regional FYSPRT uses this information to problem solve, and address issues within their region. If the regional FYSPRT is not able to address a need or challenge within the region, the regional FYSPRT Tri-lead team (including Regional FYSPRT Coordinators and Tri-leads) can bring unresolved needs forward to the statewide FYSPRT, including recommendations about how to meet those needs. The goal of this process is to address recurring system gaps or barriers to improve outcomes for children, youth, and families.

At a minimum, there will be one statewide FYSPRT and ten regional FYSPRTs, one regional FYSPRT for each of the regional service areas in Washington (See Appendix B for a map of the Regional FYSPRT boundaries). Based on the needs of the region, some regions may choose to develop local FYSPRTs.

Purpose of the manual

The purpose of this manual is to provide a consistent set of standards that describe the core roles, elements, and functions of the regional FYSPRT infrastructure and operations consistent with System of Care values and principles. The manual also aims to orient regional FYSPRT leaders and participants to FYSPRT activities.

This manual is a living document. It will continue to be refined and revised as we learn from communities. The most current version of the manual will be posted on the HCA FYSPRT webpage.

Mission of the FYSPRTs

The **mission** of the ten regional FYSPRTs in Washington State is to bring all necessary parties together to contribute to continuous improvement to child, youth and family behavioral health services and supports. Regional FYSPRTs strive to provide an equitable forum for families, youth, systems, and communities to strengthen and sustain community resources that effectively address the individualized behavioral health needs of children, youth, and families.

Regional FYSPRTs play a critical role within the Governance Structure in informing and providing oversight for high-level policymaking, program planning, and decision-making, and for Wraparound with Intensive Services (WISe) quality and service delivery as related to the *T.R. Settlement Agreement*. As described further below, regional FYSPRTs will:

- Coordinate and engage diverse participation to include family, youth, system partners, and tribal and urban Indian organization partners, to collect, review, and/or interpret relevant data and evaluation results and develop system improvement strategies.
- Serve as a mechanism for bringing voices from communities into one regional entity.
- Respond to calls for feedback from other entities such as the statewide FYSPRT, relevant state agencies, the Children and Youth Behavioral Health Work Group and the YYACC Subgroup.
- Complete a regional needs assessment to identify needs of the region.
- Develop and complete a work plan that will guide the work of the regional FYSPRT and will be informed by the needs assessment, regional FYSPRT meetings evaluations and review of WISe data and reports.

The FYSPRT **vision** is that through respectful partnerships, families, youth, systems, and communities will effectively collaborate to proactively influence and provide leadership to address challenges and barriers faced by the behavioral health service system for children, youth, and families in Washington State.

Population of focus

Regional FYSPRTs are key components to making community, regional, and statewide system improvements throughout the continuum of care for child, youth, and family behavioral health. An added emphasis is on improving outcomes for those identified as class members in the *T.R. Settlement Agreement.* Class members are defined as any child, youth, or young adult eligible for Medicaid, age 20 and younger, whose emotional or behavioral challenges have led them to need intensive behavioral health treatment in an out-of-home-placement and/or are at risk of needing such placement or intensive treatment.

Authority

Establishment of and support to the statewide and regional FYSPRTs is derived from the goals, commitments, and exit criteria of the *T.R. v. Birch and Strange Settlement Agreement and Proposed Order No. C09-1677 – TSZ*, which stipulates that the Washington state children's behavioral health delivery system will maintain a collaborative governance structure that includes child-serving agencies, youth and families, tribal and urban Indian organization partners, and community members.

The *T.R. Settlement Agreement* also supports that:

1. DSHS and the Health Care Authority (HCA) will use a sustainable family, youth, and inter-agency governance structure to inform and provide oversight for high- level policymaking, program planning, decision making, and for the implementation of the agreement.

2. The Children and Youth Behavioral Health Work Group (the Work Group) of the Governance Structure will be used to problem solve challenges that are not resolvable at the regional or statewide FYSPRT and potentially make recommendations to the legislature and decisions about how child, youth and family serving agencies meet the systemic needs of the population of focus. (As of spring 2020, the Work Group will be fulfilling the function of the Children's Behavioral Health Executive Leadership Team).

3. DSHS, Department of Children Youth and Families (DCYF), and HCA will engage families, youth, and local community representatives through FYSPRT and other methods. The family, youth, and local community representatives will act as full partners in the governance committees and groups.

Regional FYSPRT infrastructure and operations

Administrative structure
The regional Behavioral Health-Administrative Services Organization (BH-ASO) will maintain and resource the regional FYSPRTs in compliance with HCA values, Division of Behavioral Health and Recovery (DBHR) standards, principles, guidelines, and contractual expectations, as well as expectations under the *T.R. Settlement Agreement*.

As described above, FYSPRTs will be critical to informing high-level policy making, program planning, decision making, and for the implementation of this agreement (See the Figure in Appendix C, for a visual of the Governance Structure). The regional FYSPRTs also can influence other areas of the continuum of care at local, regional, and statewide levels by following the operational requirements described in this manual.

The Health Care Authority contracts with BH-ASOs as the convener of the regional FYSPRT. The BH-ASO may also subcontract with another entity for this work. Although there are a set of non-negotiable, specific expectations that each region must meet for youth and family participation in children's behavioral health policy and practice (outlined in the contracts between HCA and each BH-ASO and discussed throughout this manual), each region has wide discretion to design creative options for achieving that goal in a way that will best meet the needs of its youth, families, and communities.

The following expectations must be met:

- The BH-ASO must support adherence to the expectations in the current Regional FYSPRT Manual, the *T.R. Settlement Agreement* and the Governance and Coordination section of the WISe Manual.
- Each regional FYSPRT will promote an environment, through meeting rules and norms, of inclusion, treating participants with dignity and respect to ensure all members are able to speak freely sharing their ideas and concerns during each meeting. Examples to safeguard this include certain core expectations, some of which are explained in this manual, including:
    - The use of a tri-lead structure to create and support equal leadership across families, youth, and system partners. This includes compensation of regional Tri-leads for their work.
    - Empowering members (i.e., families and youth with lived experience in behavioral health and other youth serving systems, and system partners) to share leadership responsibilities and have equal influence and decision making.
    - Establishment of regionally developed and endorsed "ground rules" for engagement, dialogue, decision making and meeting protocols that assures cultural humility and provides a sense of physical, emotional, and psychological safety for participants.
    - Consistency in vision and message of the FYSPRTs around advising regional and state improvements that can promote system of care values and principles.
    - BH-ASO provision of funding and other resources to support FYSPRT members –such as travel and participation support and on-site childcare – that aid in ensuring family and transition age youth participation within available resources.
    - Regular assessment/evaluation of participants' experiences in meetings including if participants feel heard and that they have equal influence.
    - Information sharing on the history, mission, and purpose of FYSPRTs; use of data and information; approaches to effective decision-making; leadership; and advocacy.
    - Mentoring opportunities for families and youth that includes guidance from experienced family, youth, and community leaders.

Role of the FYSPRT convener or coordinator

The regional FYSPRT Convener or Coordinator and tri-leads work together to ensure meeting tasks and deliverables are completed. Regional FYSPRT Conveners or Coordinators will:

- Practice cultural humility (as defined in Appendix A of this manual).
- Provide administrative support for regional FYSPRT meetings including but not limited to organizing, paying for, and arranging meeting space and/or arranging appropriate remote participation options as needed such as Zoom, Go To Meeting or Skype.

- Promote and support the regional FYSPRT to fulfill its function within the Governance Structure, in alignment with Washington States Children's Behavioral Health Principles and the Regional FYSPRT Manual. Promotion and support for the regional FYSPRT includes but is not limited to:
    - Aid in the recruitment of family, youth/transition age youth, and system partner members and participants
    - Providing administrative support
    - Provision of resources and fiscal management
    - Support local/regional priorities as identified by regional FYSPRT members
    - Collecting and reporting required information
    - Other activities in support of the regional FYSPRT

Representation on the regional FYSPRTs

Representation on the regional FYSPRT shall be diversified and include transition age youth/youth partners and family/family partners with lived experience in behavioral health or other youth serving systems, and system partners. Family and youth representatives should include people who are eligible to receive and/or who have accessed services in the system, like WISe, in addition to youth and family representatives who are employed or funded by providers or systems. Family, family partners, youth and youth partners representing tribal and urban Indian communities in the region are also encouraged to participate.

As the quote below from a Family Leader of Family Alliance reminds us, the basis of these meetings is about collaboratively working together as equal partners in system improvement efforts:

> *"People do not attend local community meetings because they are required to do so. People are there because they find usefulness and meaning for these groups."*

Family, youth, and system partner leadership

Regional FYSPRTs will be tri-led by a family/family partner and youth/youth partner with lived experience in the behavioral health or other youth serving system, and a system partner. Tri-lead means a role developed to create equal partnership among a family/family partner, a transition age youth and/or youth partner, and a system partner representative who share leadership in organizing and facilitating regional FYSPRT meetings and action items. It is recommended that tri-leads serve a term of two years upon their first appointment. Regional charters should inform selection of specific tri-leads and require that tri-leads meet the qualifications for the position's responsibilities. Experiences nationally in systems of care suggest effective family and youth leaders have significant, direct systems/service experience; the capacity to listen actively, reflect thoughtfully, blend the perspectives of diverse participants and partners; reframe discussions from a proactive, strength-based perspective; and experience working with and guiding other youth and families in such capacities. To assure continuity of FYSPRT operations, leaders may continue to serve following expiration of their first term. For more information, see Appendix D for a sample regional FYSPRT Charter with tri-lead position descriptions and responsibilities.

Role of FYSPRT tri-leads

The regional FYSPRT tri-leads and Convener or Coordinator work together to ensure meeting tasks and deliverables are completed. Regional FYSPRT tri-leads will:

- Practice cultural humility (as defined in Appendix A of this manual).
- Facilitate meetings and other communications using an approach that ensures members feel supported and safe to share their experiences.
- Be active participants in meeting planning and facilitation of meetings, including identification of follow up and action items.
- Convey information to and from the statewide FYSPRT.
- Effectively engage family and youth members in topics such as needs assessment, work plan goals and activities and outreach.
- Maintain regular contact with other system partners, family organizations, youth organizations, and/or youth leaders/facilitators of youth-led meetings and activities. For example, family tri-leads are invited to participate as members of the Washington Behavioral Health Statewide Family Network meetings and activities either in person or remotely and youth tri-leads are invited to participate as members of the Statewide Youth Leadership Network meetings and activities either in person or remotely.
- Promote System of Care values in all aspects of their work.
- Identify community partners and resources for continual collaboration.
- Record, summarize, and present information to the community.
- Create a youth and family driven infrastructure so members feel supported and safe to share feedback in meetings or anonymously with tri-leads, to increase independence and success and improve outcomes.
- Participate in training opportunities and identify needed technical assistance and skill development opportunities for system partners, youth, and families.
- Support other state initiatives related to child and youth behavioral health.
- Share solutions identified with other regions either individually, at the statewide FYSPRT meeting or other common events.
- Aid in the recruitment of family/family partners and transition age youth/youth partners for regional FYSPRT membership. Family and youth run organizations can be actively engaged in identifying and recruiting possible members.

Role of FYSPRT members

It is intended that the regional FYSPRT leverage the experiences, expertise, and insight of key individuals including families, youth, system partners, tribal and urban Indian organization partners, organizations, and departments that are committed to building a system of care for children, youth, and families. Family and youth representation on the overall FYSPRT will be “substantial,” at a minimum 51% youth and families with lived experience in behavioral health or other youth servings systems as members and/or participating in meetings. The regional FYSPRT will reflect the composition and diversity of the region to the maximum extent possible. Regional FYSPRT members provide support and guidance for their region on FYSPRT related activities and tasks.

Individual FYSPRT members will:

- Identify local and regional strengths, including effective and promising initiatives/projects and examples of community and system agencies that support systems of care values and principles (See Appendix E).
- Participate in collaborative problem solving to improve access and quality of services and outcomes for children, youth, young adults, and their families.
- Identify barriers/challenges and options for addressing issues within the region.
- Bring community, individual, and agency strengths in completing necessary tasks.
- Educate and influence service delivery systems and the community in system of care values and principles.
- Aid in the recruitment of family/family partners and transition age youth/youth partners for regional FYSPRT membership and/or participation.

Ensuring adequate representation

The regional FYSPRT convener and regional tri-leads will engage with diverse youth, families, system partners, governmental partners, tribal and urban Indian organization partners, and community members to build or maintain a regional FYSPRT membership that includes:

- At least 51% families and youth with lived experience in behavioral health or other youth serving systems:
    - those in attendance that may be in a dual role, a parent or youth employed in the system, can be counted towards the 51% representation.
- Community partners that may include:
    - Adults with lived experience receiving services for mental health or substance use services as youth or as adults
    - Behavioral health ombudsman
    - Behavioral health providers including but not limited to:
        - Mental health
        - Substance use
        - Applied Behavioral Analysis
        - WISe Care Coordinators
        - WISe Family Partners
        - WISe Youth Partners
        - WISe Therapists
        - WISe Supervisors/Administrators
    - City council members
    - College and university campus groups
    - Community leaders or organizations/coalitions
    - County commissioners

- Department of Children, Youth, and Families
  - Child welfare
  - Juvenile rehabilitation
  - Office of Juvenile Justice
- Developmental Disabilities Administration
- Division of Vocational Rehabilitation
- Early Learning – Head Start
- Education/school district/educational service districts
- Equity, diversity and inclusion leaders or groups
- Faith community leaders
- Family run organizations or programs
- Foster care provider(s) and/or youth and family groups
- Kinship groups
- Legislators
- Local or County Juvenile Justice
- Law enforcement
- Managed Care Organizations
- Military
- Organizations serving youth and/or families experiencing homelessness
- Physical health care/public health
- Regional advocacy groups
- Tribes
- Urban Indian Health Programs, (UIHP), urban Indian organizations, or other American Indian/Alaska Native (AI/AN) lead organizations
- Youth run organizations or programs
- Others interested in improving outcomes for youth and families

Regional FYSPRTs will:

- Ensure all members act as full partners within the work of the FYSPRT (including but not limited to developing work plan goals, budget access, outreach/engagement, etc.). The contractor shall include youth, family, and system partner representation in all aspects of the maintenance of the regional FYSPRT.
- Maintain a process for youth and families to access travel and participation support (for example, mileage reimbursement and other meeting attendance costs). Details of meeting support must be provided to members through the FYSPRT website and other means so they are aware of and can access this support.
- Develop and post to the FYSPRT webpage, policies, and procedures, as needed, or identified.

- Be expected to maintain an up-to-date, formal roster of members and submit them to HCA quarterly. The membership roster could include the name and affiliation(s) of members (family, youth, and/or system partner) and include the name, affiliation, email address, and phone number for regional FYSPRT tri-leads.
- Actively engage tribal, urban Indian, underserved and underrepresented communities in the regional FYSPRT. See Appendix J for best practices for engaging tribes and urban Indian organizations.

Representation on the statewide FYSPRT
The statewide FYSPRT strives for diversified representation and includes the family, youth, and system partner tri-leads from each regional FYSPRT, child- and youth-serving state system partners, community partners and tribal and urban Indian organization partners.

- The regional FYSPRT will identify and support at least two tri-leads to attend each statewide FYSPRT meeting.
    - Tri-leads review and provide feedback to HCA/DBHR staff, as requested, regarding documents as related to statewide FYSPRT responsibilities such as, but not limited to:
        - WISe reports.
        - Other documents as requested.
    - Tri-leads act as a communication liaison to report information back from the statewide FYSPRT to their regional FYSPRT and will present information from their regional FYSPRT to the statewide FYSPRT. (See Appendix F, Promoting Communication within the Child, Youth and Family Behavioral Health Governance Structure).
- Regional tri-leads and/or regional FYSPRT members shall be invited to participate on identified subgroups of the statewide FYSPRT, for example the Data and Quality Team.

Local FYSPRT development and/or connections to other local community groups
Based on the needs assessment and work plan, regional FYSPRTs have the option to develop localized FYSPRTs to meet the needs of their region.

- Representation from the local FYSPRT, if applicable, shall be diversified and include local system partners, youth/youth partners and families/family partners with lived experience in behavioral health or other youth serving systems.
- If applicable, local FYSPRT tri-leads will participate as members of their regional FYSPRT and bring information forward about local needs using the Challenge and Solution Submission Form (Appendix G) or another form or process identified by their regional FYSPRT. Local FYSPRT tri-leads will also bring regional FYSPRT information back to their local FYSPRT.
- If applicable, local FYSPRT tri-leads and/or local FYSPRT members may participate on identified subgroups of the regional or statewide FYSPRTs.

Promoting development of youth and family leaders
To ensure proactive development of the regional system of care as well as effective functioning of FYSPRTs – there should be a commitment to promoting development of youth and family leaders throughout the Governance Structure.

Leadership could be promoted by the following activities including but not limited to:

A. Funding and other resources to support transition age youth/youth partners/young professionals and family/family partners attendance at meetings, including compensation for their time and expertise, travel, meals, and childcare support (for example reimbursement for childcare).
B. Funding and other resources to support family/family partners, transition age youth/youth partners/young professionals to attend national and local conferences related to behavioral health and/or youth and family leadership as identified in the region's work plan.
C. Expanding or creating opportunities for policymakers and administrators to hear directly from families and youth.
D. Building in policy requirements that give families and youth roles in policymaking bodies.
E. Enhancing networking capacity of parents, youth, and other family members.
F. Invest in family and youth advocacy organizations and services directed by youth and families.
G. Support technical assistance offered to enhance system of care values.
H. Supporting active engagement with tribal, urban Indian, underserved and underrepresented community's youth and family leadership.

Promoting effective communication within the governance structure
As described earlier in this document, regional FYSPRTs play a critical role, within the Child, Youth and Family Behavioral Health Governance Structure, in ensuring a full communication loop between state and regional partners that promotes the continual improvement of the system of care for children, youth, and families. Regional FYSPRTs will:

- Convene a broad array of families, youth, and community members, and partners to collect, review, and/or interpret relevant data and evaluation results, including reports related to WISe, to develop system improvement strategies.
- Bring voices from their community into one regional entity.
- Develop and implement communication mechanisms for informing the community about progress, information, and changes from the statewide FYSPRT, the Children and Youth Behavioral Health Work Group (the Work Group) or Youth and Young Adult Continuum of Care Subgroup of the Work Group (YYACC).
- Support at least two regional FYSPRT tri-leads to attend each statewide FYSPRT meeting on a rotating schedule to bring information from the statewide FYSPRT meeting back to the regional FYSPRT members for information sharing and feedback requests.

- Review and be prepared to provide feedback to DBHR, as requested, regarding documents related to statewide FYSPRT responsibilities, WISe and information requests for relevant grants.
- Respond to calls for feedback from entities such as the statewide FYSPRT, relevant state agencies, the Work Group, and the YYACC.

Addressing barriers and needs in the region
When problem solving around a challenge is indicated, regional members can bring forward their item as identified by their regional FYSPRT's process (could include using the Challenge and Solution Submission Form, contacting their regional tri-leads for dialogue and brainstorming, proposing the item at a meeting, etc.). If needed and appropriate, the item or situation could be added to a future regional FYSPRT agenda for dialogue and brainstorming solutions. If the item or situation is not resolvable within the regional FYSPRT group after:

- presentation and brainstorming at the regional FYSPRT meeting,
- reach out and dialogue with other regional resources,
- reach out and dialogue with state or regional system partners, community partners or other regional or local entities,
- and a recurring system gap or barrier is identified,

The regional tri-lead team could submit the challenge to the statewide FYSPRT tri-leads, including recommendations about how to meet the need using the Challenge and Solution Submission Form (See Appendix G).

Statewide FYSPRT Challenge and Solution Submission Form Process
Upon receipt of the Challenge and Solution Submission Form from the regional FYSPRT after the process above, the statewide FYSPRT tri-lead team will acknowledge receipt and review the challenge form. Next steps could include reaching back to the region for more information, if needed, and/or adding the topic to a future statewide FYSPRT agenda. If the challenge is not resolved at the statewide FYSPRT through information sharing, brainstorming, guest presenters, dialogue, etc., and a recurring system gap or barrier is identified as occurring across multiple regions, it could be moved forward to the YYACC using a briefing form modeled after the Challenge and Solution Submission Form. Potential solutions or recommendations from the statewide FYSPRT about how to meet the need should be included in the briefing form.

Statewide FYSPRT and the Youth and Young Adult Continuum of Care Subgroup
After the statewide FYSPRT identifies potential recommendations to move forward to the YYACC around a challenge that is not resolvable by the statewide FYSPRT, the DBHR Child, Youth and Family Behavioral Health Unit, in partnership with the statewide FYSPRT tri-leads, prepares a briefing paper for the YYACC including information and recommendations provided by the statewide FYSPRT and based on the Challenge and Solution Submission Form. The briefing paper is routed to DBHR staff who support the YYACC to add to a future agenda.

The statewide FYSPRT tri-leads will present the briefing paper/topic to the YYACC for dialogue and questions. The YYACC members provide feedback on the challenge, consider potential solutions or recommendations from the statewide FYSPRT and dialogue about next steps, which may include additional information gathering and coordinating with other systems and partners. The YYACC sends their recommendations to the Children and Youth Behavioral Health Work Group. The Work Group makes decisions about which recommendations from its subgroups to move forward to the legislature and/or agencies (see Appendix C for a visual of the Governance Structure). The statewide FYSPRT will be kept updated as the process of recommendation development occurs.

Recommendations from the Children and Youth Behavioral Health Work Group and the YYACC will be posted to the Work Group webpage. A YYACC representative will attend a statewide FYSPRT to dialogue about the work of the YYACC and possible recommendations to the Children and Youth Behavioral Health Work Group. A Work Group representative or DBHR staff member will attend the statewide FYSPRT to share information about the recommendations that are moved to the Legislature. Updates may also be communicated by email in between meetings. The length of time it takes for a topic to move through this process will vary depending on the topic, time in between meetings, amount of research needed, budget impacts, etc.

For more information about communication across the Governance Structure, see Appendix F, Promoting Communication within the Child, Youth and Family Behavioral Health Governance Structure.

Reviewing outcome and process data and reports

During at least two regional FYSPRT meetings per year, regional FYSPRTs will review WISe data or WISe reports provided by HCA/DBHR to identify trends, relevant strengths and needs for improvement, system barriers, system challenges, and regional service needs for youth and families. WISe reports and other WISe data will be updated and posted online regularly by HCA/DBHR and can be found online on the HCA WISe reports webpage.

Regional FYSPRTs can help address needs that may arise from WISe data or reports reviewed by taking action within the regional FYSPRT including addressing the need as a meeting agenda item, a work plan goal, or another method.

If the need is not able to be addressed within the region and is a recurring system gap or need, the regional FYSPRT may choose to identify the need to the statewide FYSPRT by submitting a Challenge and Solution Submission Form that includes recommendations about how to the meet the need.

For more information about how quality is tracked and improved in WISe, see the WISe Quality Plan.

Participating in training
Regional FYSPRTs will support members to engage in FYSPRT-related training and technical assistance meetings or events as developed/supported/sponsored by HCA/DBHR or entities contracted by HCA/DBHR.

Regional FYSPRT policies
As needed or identified, regional FYSPRTs will develop their own written policies and procedures either separate from or included in the regional FYSPRT Charter to address the following:

- Meeting frequency and considerations for quorums
- Attendance and representativeness
- Meeting rules and norms to ensure a safe space for all, such as confidentiality, meeting etiquette, cell phones, etc.
- Voting
- Membership guidelines
- Quality assurance processes (data review, collection, reporting, and use)
- Travel and other meeting participation support (including remote participation guidance as needed)
- How to propose an agenda item for a future regional FYSPRT meeting

Written policies, procedures and/or charter will be posted to the regional FYSPRT's webpage.

FYSPRT tools and outcomes

Nationally, effective regional collaboration entities are typically called upon to undertake a priority-setting process to guide resources, goals, and action plan development. These activities result in products that aid in the entity's ability to identify needs, inform communities, and document successes and needs for further improvement. This sequence of activities helps maximize the regional entity's (i.e., FYSPRT's) effectiveness and relevance, and guides its activities.

The regional FYSPRT will conduct activities that generate two products that provide "blueprints" for progress: (1) a regional needs assessment using the region's tool/method of choice to assist in the planning and goal setting for the regional FYSPRT; and (2) a work plan identifying needs and goals that also describes what the FYSPRT's specific role will be in achieving positive outcomes over a two-year period.

Regional FYSPRT needs assessment
Using the region's tool of choice, each community will have the flexibility to determine how the needs assessment will look and function for them. The regional FYSPRT will collect data from families, youth/transition age youth, community members and partners and other sources of data such as WISe related reports. With this

information, they will document strengths and prioritize needs for improvement on priority needs for children, youth, families, programs, services, local supports, and system development in the region.

The needs assessment will be completed every even numbered year (2022, 2024, 2026, etc.) and result in a written report outlining some or all the following:

- Priority needs for children, youth and families, programs, services, local supports, and system development.
- Regional strengths and barriers regarding the sustainability of the regional FYSPRT.
- Recommendations regarding the maintenance and operation of the regional FYSPRT.
- Recommendations and a proposed timeline for the development of local FYSPRTs, if determined they are needed by the region (for example: how many, where they should be located, how they will work with the regional FYSPRT and other groups that coordinate to bring needs around WISe forward from the community to the Governance Structure).
- Connections to other local community and tribal and urban Indian organization partners to enhance the work of the regional FYSPRT.
- Connections to underserved or underrepresented communities.
- Resources available that promote the Washington State Children's Behavioral Health Principles and behavioral health awareness.
- Resource needs (for example, requests for technical assistance, training, family/youth leadership development needs).

Based on the needs of the region, connections may also be made to other local community groups to enhance the work of the regional FYSPRT and reduce silos. These groups could include but are not limited to: Accountable Communities of Health, Community Prevention and Wellness Initiatives, suicide prevention groups, substance use prevention coalitions, youth groups, family organizations, etc.

Regional FYSPRT work plan

After completing a needs assessment, a work plan specific to the FYSPRT should be created. Using the region's tool of choice, each community will have the flexibility to determine how this work plan will look and function for them.

The work plan should include at least four priority areas with one of the four priority areas being connected to the research, identification, and outreach to diverse communities in the region, including but not limited to tribal, urban Indian, and underserved or underrepresented communities. For all four priority areas, the work plan will include the following: goals, action steps, those assigned, and timelines for completion of core activities specific to the region and the regional FYSPRT. Additional priority focus areas could include but are not limited to outreach/recruitment, leadership development, special projects, training, social marketing, regional service needs, etc. The work plan will include information on how FYSPRT members will work

collaboratively to support meeting the needs of these priorities, and any additional effort to identify priorities for action and needs for improvement.

The contractor for the regional FYSPRT will provide quarterly reports to the Health Care Authority, describing any progress towards completing action steps identified in the work plan.

Meetings and meeting frequency

The regional FYSPRT will hold at least ten regional FYSPRT meetings per year.

- Meetings should have a clear purpose and agenda ahead of time, to assist state and regional system partners in determining adequate representation.
- Meetings will take place within the designated region and in a setting accessible to families, youth, system partners, and community partners.
- Meetings will be open to the public; however, voting can be restricted to FYSPRT members.
- Meetings should be scheduled at convenient times for families, youth, and other community partners, including evenings and weekends and may include remote attendance options.
- Meeting information will be publicized via outreach, the regional FYSPRT webpage, and other strategies.
- Meetings, including agendas, will be planned, and facilitated by tri-leads. Potential agenda topics will be identified from meeting evaluations and other requests from members or participants that may come up during or in between meetings. Agendas and written materials, including quarterly data reports, should be distributed in advance with sufficient time for review and preparation prior to the meeting.
- Meetings will be documented, including meeting notes and sign-in sheets that indicate percentage of youth and family in attendance.
- Regional FYSPRT information and meeting materials must be made publicly available on the FYSPRT's webpages, including:
    - Point of contact, name, email, and phone number
    - Regional agenda and meeting notes
    - Dates, locations, and times of past and upcoming regional FYSPRT meetings
    - Information on travel and participation support, childcare, and other meeting supports, including information about how to join a virtual meeting
    - A regional charter
    - Policies and procedures (may also be addressed in the regional charter)
    - Results of the needs assessment
    - Work plan
    - Links to relevant regional/statewide resources and information

Conducting evaluation of regional FYSPRT meetings

Evaluation of process and outcome is a cornerstone of effective system of care operations. Specific expectations of FYSPRTs regarding evaluation include the following:

- At least quarterly, the regional FYSPRT will use the FYSPRT evaluation tool and FYSPRT evaluation – Narrative Team Effectiveness Questionnaire (See Appendix H and I) or similar tool to gather data to identify areas of strengths and areas of improvement related to the function and effectiveness of regional FYSPRT meetings (and local FYSPRT meetings, if applicable).
- The regional FYSPRT will regularly evaluate the perceptions of its members and other participants regarding the effectiveness of the FYSPRT in conducting its core activities, such as:
    - Relevance and comprehensiveness of its needs assessment and work plan.
    - Progress towards work plan goals/strategies.
    - Effectiveness at promoting communication and conducting social marketing.
    - Using reviews of WISe data and reports to make recommendations and identify strengths and needs related to WISe or other behavioral health services.
    - Effectiveness/impact on systemic change.
    - Frequency of regional FYSPRT meetings (and/or local FYSPRT meetings, if applicable).

Funding

Resources for regional FYSPRTs will be available through contracts between HCA and BH-ASOs, with funds available to any independently contracted convener through contracts between the BH-ASO and that entity. Resources provided to regional FYSPRTs will be expected to support:

1. The deliverables of the contract between HCA and the contracted BH-ASO for the region.
2. Coordination of FYSPRT activities that assist in meeting the strategies and goals identified in the work plan.
3. Meeting and travel or participation support for family, youth, and community members and partners.

Successful undertaking of the above activities and implementation of creative strategies, detailed in the work plan, may require strategic combining of funding from different sources (e.g., the Mental Health Block Grant, the *T.R. Settlement Agreement,* regional resources, partner agency resources, community resources, grants, and awards, etc.).

Appendix A

Glossary of key terms

Definitions: The words and phrases listed below shall each have the following definitions:

a. "**American Indian/Alaska Native (AI/AN)**" means any individual defined at 25 USC § 1603(13), § 1603(28), or § 1679(a), or who has been determined eligible as an Indian, under 42 C.F.R. § 136.12. This means the individual is a member of a Tribe or resides in an urban center and meets one or more of the following criteria: Is a member of a tribe, band, or other organized group of Indians, including those tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the state in which they reside, or who is descendant, in the first or second degree, of any such member; is an Eskimo or Aleut or other Alaska Native; is considered by the Secretary of the Interior to be an Indian for any purpose; or is determined to be an Indian under regulations issued by the Secretary. The term AI/AN also includes an individual who is considered by the Secretary of the Interior to be an Indian for any purpose or is considered by the Secretary of Health and Human Services to be an Indian for purposes of eligibility for Indian health care services, including as a California Indian, Eskimo, Aleut, or other Alaska Native.

b. "**Behavioral Health Administrative Services Organization or BH-ASO**" means an entity selected by the Health Care Authority to administer behavioral health programs, including Crisis Services and Ombuds for Individuals in a defined Regional Service Area, regardless of an Individual's ability to pay, including Medicaid eligible members.

c. **"Behavioral Health Assessment Solution or BHAS"** means a system in which information gathered during a Wraparound with Intensive Services (WISe) screening or full Child and Adolescent Needs and Strengths (CANS) assessment is entered and an algorithm applied to determine if a youth might benefit from WISe.

d. **"Child, Youth and Family Behavioral Health Governance Structure or Governance Structure"** means the inter-agency members, families, youth and other community partners on the Children and Youth Behavioral Health Work Group (the Work Group), the Youth and Young Adult Continuum of Care Subgroup of the Work Group (YYACC), the statewide Family, Youth, System Partner Round Table (FYSPRT), regional FYSPRTs, and various policy workgroups who collaborate to inform and provide oversight for high-level, policy making, program planning, and decision making in the design, development, and oversight of behavioral health care services and for the *T.R. v. Birch and Strange (originally Dreyfus and Porter) Settlement Agreement*.

e. **"Children and Youth Behavioral Health Work Group or CYBHWG"** means a group that provides recommendations to the Legislature to improve behavioral health services and strategies for children, youth, young adults, and their families. The group includes representatives from the Legislature, state agencies, health care providers, tribes, community health services, and other organizations, including a FYSPRT representative, as well as youth and parents of children and youth who have received services.

f. **"Community based"** means effective services and support strategies that take place in the most inclusive, most responsive, most accessible, most normative, and least restrictive setting possible. For regional FYSPRTs, support strategies include collaboration, policies and processes that support regional strategies, system of care development and regional outcomes.

g. **"Cultural humility"** means the continuous application of self-reflection and self-critique, learning from individuals, and partnership building, with an awareness of the limited ability to understand an individual's worldview, culture(s) and communities.

h. **"Culturally and linguistically appropriate services or CLAS"** is a way to improve the quality of services provided to all individuals, which will ultimately help reduce health disparities and achieve health equity. CLAS is about respect and responsiveness: respect the whole individual and respond to the individual's health needs and preferences. *(From the U.S. Department of Health & Human Services, National CLAS Standards, https://thinkculturalhealth.hhs.gov/clas).*

i. **"Department of Children Youth and Families or DCYF"** means a department created by House Bill 1661 that will restructure how the state serves at-risk children and youth with the goal of producing better outcomes in all Washington counties. Starting July 1, 2018, DCYF will oversee services previously offered through the Department of Early Learning and Children's Administration and in July 2019, will administer programs offered by the Juvenile Rehabilitation and the Office of Juvenile Justice.

j. **"Diversity"** means having or being composed of differing elements. The inclusion of different people (such as people of different races, cultures, backgrounds, opinions, religious/political beliefs, sexual orientations, heritage, age, and life experience) in a group or organization. *(Adapted from Strategies for Advancing Diversity, Inclusion and Equity published by the Pacific Southwest Mental Health Technology Transfer Center).*

k. **"Division of Behavioral Health and Recovery or DBHR"** means the Health Care Authority designated state mental health authority to administer the state- and Medicaid-funded mental health programs authorized by RCW chapters 71.05, 71.24, and 71.34.

l. **"Equity"** is when everyone, regardless of who they are or where they come from, has the opportunity to thrive. Equity requires acknowledging root causes of inequities, eliminating barriers, lifting community strengths, and the promotion of justice. *(Adapted from Strategies for Advancing Diversity, Inclusion and Equity published by the Pacific Southwest Mental Health Technology Transfer Center).*

m. **"Family"** means a parent/caregiver, who can demonstrate lived experience as a parent or primary caregiver who has raised a child and navigated multiple child-serving systems on behalf of their child or children with social, emotional, and/or behavioral healthcare needs.

n. **"Family driven"** means families have a primary decision-making role in the care of their own children as well as the policies and procedures governing care for all children in their community, state, tribe, territory, and nation. This includes choosing supports, services and providers; setting goals; designing and implementing programs; monitoring outcomes; partnering in funding decisions; and determining

the effectiveness of all efforts to promote the mental health and well-being of children and youth.

o. **"Family partner"** means a formal member of the behavioral health treatment team whose role is to serve the family and help them engage and actively participate on the team and make informed decisions that drive the treatment plan and goals. They are qualified through their lived, personal experience as the parent of a child or youth with complex emotional/behavioral needs and hold a peer certification (required if billing Medicaid).

p. **"Family run organizations"** are organizations, in which the board is made up of at least 51% family members with lived experience, that is dedicated to supporting youth with mental, emotional, behavioral, or substance abuse needs.

q. **"Full partners"** means persons or entities who play an active role in the development, implementation, and maintenance of activities under the *T.R. v. Birch and Strange (originally Dreyfus and Porter) Settlement Agreement*. Full partners have the same access to data and equal rights in the decision-making processes (including but not limited to developing work plan goals, budget access, outreach/engagement, etc.) as other members of the Child, Youth and Family Behavioral Health Governance Structure.

r. **"HIPPA or Health Insurance Portability and Accountability Act of 1996"** is a federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge. *(From Centers for Disease Control and Prevention, Health Insurance Portability and Accountability Act of 1996).*

s. **"Inclusion"** puts the concept and practice of diversity into action by creating an environment of involvement, respect, and connection—where the richness of ideas, backgrounds, and perspectives are harnessed to improve outcomes for youth and families. Organizations need both diversity and inclusion to be successful. *(Adapted from Strategies for Advancing Diversity, Inclusion and Equity published by the Pacific Southwest Mental Health Technology Transfer Center).*

t. **"Lived experience"** means any individual who is eligible for or has accessed behavioral health (mental health and/or substance use) services and/or has navigated cross systems such as criminal/juvenile justice, child welfare/foster care, developmental disabilities, education, and/or who has experienced homelessness. Lived experience could also reference a primary caregiver who has navigated these services/systems on behalf of their child or youth.

u. **"Regional Family Youth System Partner Round Table or Regional FYSPRT"** means an essential part of the Governance Structure that meaningfully engages families and youth, tribal and urban Indian organization partners, and others who are interested in and committed to the success of youth and families in an equitable forum to identify regional needs, review local/regional data, problem solve, and address issues at the regional and/or local levels to improve outcomes and bring unresolved needs forward to the statewide FYSPRT with recommendations about how to meet those needs. Regional FYSPRTs are grounded in the Washington state Children's Behavioral Health Principles.

v. **"Transition age youth"** means individuals between the ages of 16 and 29 years of age with lived experience in receiving services within youth serving systems.

w. **"Tri-lead"** means a role, developed to create equal partnership, among a family/family partner, a transition age youth/youth partner, and a system partner representative who share leadership in organizing and facilitating regional FYSPRT meetings and action items.

x. **"Tribe"** means any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or group or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (43 U.S.C. 1601 et seq.), which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

y. **"T.R. v. Birch and Strange (originally Dreyfus and Porter) Settlement Agreement"** means the legal document stating objectives to develop and successfully implement a five-year plan that delivers Wraparound with Intensive Services (WISe) and supports statewide, consistent with Washington State Children's Behavioral Health Principles.

z. **"Urban Indian Health Program or UIHP"** means a nonprofit corporate body situated in an urban center, governed by an urban Indian controlled board of directors, and providing for the maximum participation of all interested Indian groups and individuals, that is operating a facility delivering health care.

aa. **"Washington Behavioral Health Statewide Family Network"** means a consortium of Washington State Family leaders, related to Children's Behavioral Health, who work to enhance state capacity and infrastructure by providing technical assistance around family engagement and leadership promotion to create a mechanism for families to participate in state and regional behavioral health services planning and policy development.

bb. **"Washington State Children's Behavioral Health Principles"** means a set of standards, grounded in the system of care values and principles, which guide how the children's behavioral health system delivers services to youth and families. The Washington State Children's Behavioral Health Principles are:

- Family and youth voice and choice
- Team-based
- Natural supports
- Collaboration
- Home- and community-based
- Culturally relevant
- Individualized
- Strengths-based
- Outcome-based
- Unconditional

cc. "**Work plan**" means an outline of goals, actions steps, those assigned to action steps and timelines for completion for a two-year period.

dd. **"Wraparound with Intensive Services or WISe"** means a collection of intensive mental health services and supports. These services are provided in home and community settings, for Medicaid eligible individuals twenty years of age and younger with complex behavioral health needs and their families, in compliance with the *T.R. v Birch and Strange (originally Dreyfus and Porter) Settlement Agreement.*

ee. **"Youth and Young Adult Continuum of Care Subgroup [of the Children and Youth Behavioral Health Work Group (CYBHWG)] or YYACC"** means a subgroup of the CYBHWG, made up of agency representatives, young people and parents of youth and children who have received services, and tribal and urban Indian organization partners, that considers, among other system of care issues, challenges elevated by the statewide FYSPRT and makes recommendations for legislative and agency actions to address the challenge. Youth and Young Adult Continuum of Care Subgroup meetings are open to the public.

ff. **"Youth driven"** (sometimes referred to as youth guided) means that young people have the right to be empowered, educated, and given a decision-making role in the care of their own lives as well as the policies and procedures governing care for all youth in the community and state. This includes giving young people a sustainable voice and then listening to that voice. This approach recognizes that there is a continuum of power that should be shared with young people based on their understanding and maturity in a strength-based change process.

gg. **"Youth partners"** means a peer with lived experience as a youth. The role of the peer, an equal member of the team, is to partner with the youth to help support their engagement and active participation in making informed decisions to drive services. Youth peers are qualified through their lived experience in behavioral health cross systems and knowledge of community resources. A youth peer should be between the ages of 18-30 who has lived experience in mental health, substance use, incarceration/juvenile justice, foster care, education, homelessness or identify as LGBTQ+. *(For more information see the Youth Peer Toolkit.)*

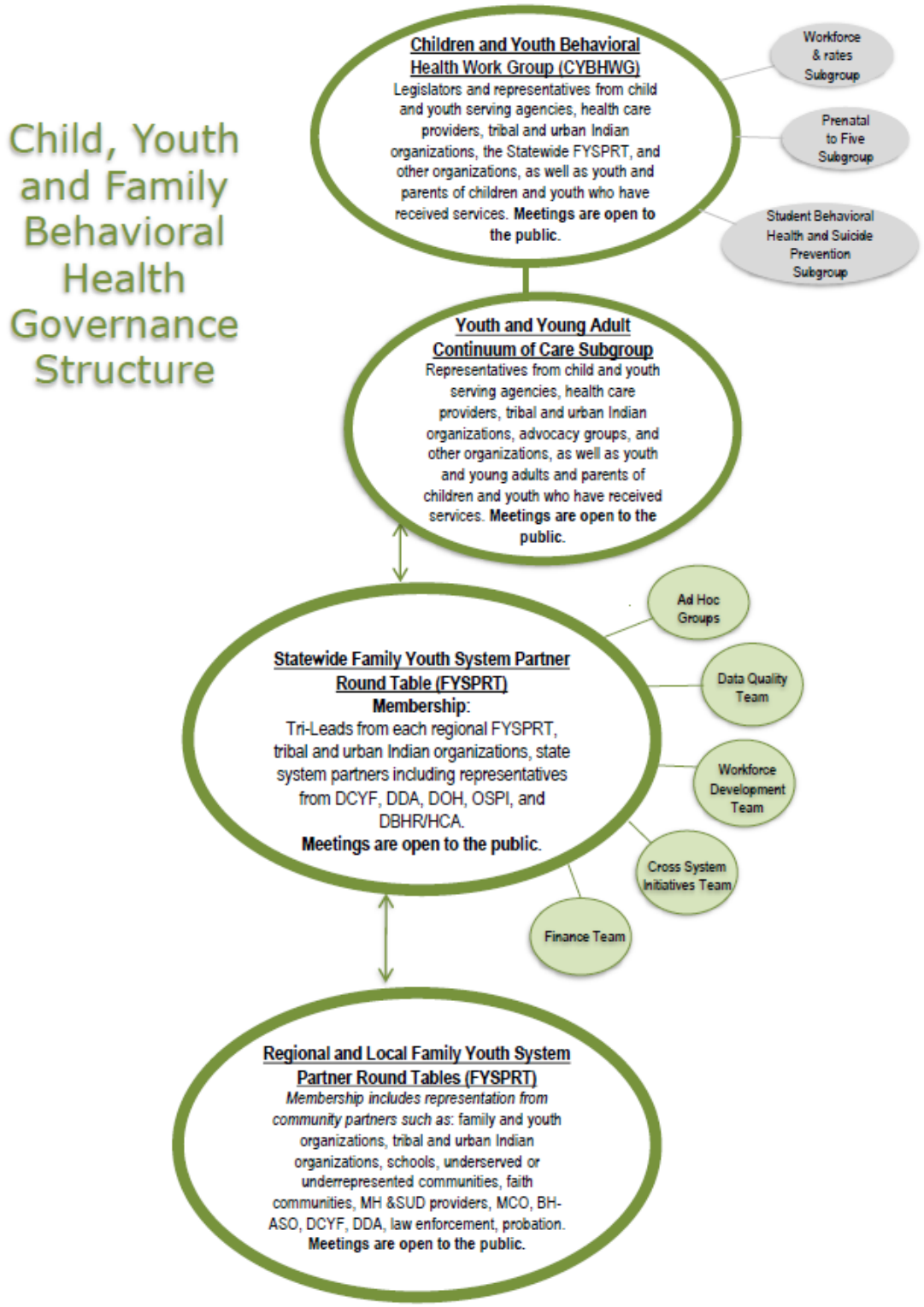
hh. **"Youth run organizations"** are organizations, in which the board is made up of at least 51% youth members with lived experience, that is dedicated to supporting youth with mental, emotional, behavioral, or substance abuse needs.

Appendix B

Map of regional FYSPRT boundaries

Appendix C

Washington State Child, Youth and Family Behavioral Health Governance Structure



Appendix D

Sample Charter – Regional Family, Youth, System Partner Round Table (FYSPRT)

A Purpose and function of the regional FYSPRT

FYSPRT purpose

The Washington State Family, Youth and System Partner Round Tables (FYSPRTs) provide an equitable forum for families, youth, systems, and communities. FYSPRTs strengthen sustainable resources by providing community-based approaches to address the individualized behavioral health needs of children, youth, and families. They leverage the experiences and expertise of all participants dedicated to building seamless behavioral health services, and:

1. Provide a working partnership among diverse family, youth, systems, and community partners that brings a broad perspective to build and strengthen relationships inclusive of family/youth voice in decision-making processes.
2. Identify family, youth, systems, and community needs.
3. Create options and opportunities to address family and youth priorities.
4. Promote family- and youth-driven solutions to address system challenges and barriers.
5. Develop common ground through mutual learning amongst all participants.
6. Provide leadership and influence for the establishment and sustainability of the Washington State Children's Behavioral Health System.
7. Provide input on long-term strategies in support of fully implementing changes to the Washington State Children's Behavioral Health System.
8. Ensure accountability and effectiveness through evaluation of meetings.

Primary functions

FYSPRTs support and track the six goals of the Washington state System of Care (SOC) which are to:

1. Infuse SOC values in all child-serving systems.
2. Expand and sustain effective leadership roles for families, youth, and system partners.
3. Establish an appropriate array of services and resources statewide, including home- and community-based services.
4. Develop and strengthen a workforce that will operationalize SOC values.
5. Build a strong data management system to inform decision-making and track outcomes.
6. Develop sustainable financing and align funding to ensure services are seamless for children, youth, and families.

Quorum for decision making

- At least fifty-one percent of membership needs to be present for a quorum for the purpose of decision making.

Decision making responsibilities

The regional FYSPRT is responsible for:

- Developing decision making protocols following consensus process.
- Prioritizing strategies and activities that support the expansion of systems of care.

B Regional FYSPRT membership

Regional FYSPRT membership is comprised of family, youth, and system partners and other representatives of child-serving systems and community members and partners. Meetings are facilitated by tri-leads (family, youth and system partners leads who work together to facilitate meetings) and are open to the public so participants outside the membership are welcome to attend and provide input and feedback regarding community needs.

Suggestions for participant make-up at the regional FYSPRT:

- Representatives of local systems
- Community leaders who reflect the diversity in the community
- Community organizations/networks/ coalitions (Goodwill, Boys and Girls Club, at-risk youth)
- Faith community
- Child welfare
- Juvenile justice
- Mental health providers
- Substance use disorder providers
- Developmental Disabilities Admin.
- Law enforcement
- School district staff
- Military
- Tribes
- Family and youth groups/organizations
- Family/youth leaders
- Public health
- 12-step groups
- Youth-led programs
- Employers
- Division of Vocational Rehabilitation
- Kinship groups
- Adult consumers
- Advocacy groups
- Foster care youth and family groups
- College and university campus groups
- Early Learning – Head Start
- Urban Indian Organizations

Membership minimum ask:

- Commitment to participate
- Tri-lead: preferred minimum ask of two years

Role of a regional FYSPRT participant

It is intended that the regional FYSPRT leverage the experiences, expertise, and insight of key individuals, organizations, and departments that are committed to building a system of care for children's behavioral health. Regional FYSPRT members are not directly responsible for managing project activities but provide support and guidance for those who do. Thus, individually, members will:

- Through education, collaboration, and participation influence the movement toward the infusion of system of care values and principles in community organization, workforce development, policies, practice, financing, and structural change.
- Bring community, individual, and agency strengths in completing necessary tasks.
- Identify recurring system gaps or barriers and approaches to address those gaps or barriers.
- Identify strengths/initiatives/projects of existing community and system agencies that support system of care values and principles.
- Educate our system of care partners as we develop and grow.
- Develop problem solving approaches for moving forward.

Tri-lead position descriptions and responsibilities

Youth	Family	System partner
Practice cultural humility	Practice cultural humility	Practice cultural humility
Ability to check and respond to emails at least twice a week unless otherwise communicated	Ability to check and respond to emails at least twice a week unless otherwise communicated	Ability to check and respond to emails at least twice a week unless otherwise communicated
Two-year minimum commitment from appointment	Two-year minimum commitment from appointment	Two-year minimum commitment from appointment
Facilitate meetings and other communications using an approach that ensures members feel supported and safe to share their experiences	Facilitate meetings and other communications using an approach that ensures members feel supported and safe to share their experiences	Facilitate meetings and other communications using an approach that ensures members feel supported and safe to share their experiences
Participate in regularly scheduled meetings	Participate in regularly scheduled meetings	Participate in regularly scheduled meetings
Attend statewide FYSPRT meetings	Attend statewide FYSPRT meetings	Attend statewide FYSPRT meetings
Maintain regular contact with youth and youth leaders in your region	Maintain regular contact with family and family leaders in your region	Maintain regular contact with system partners in your region
Has relevant behavioral health lived experience as a youth	Is a parent or caregiver of a child or youth with behavioral health system involvement	Has demonstrated ability to foster relationships with youth and family

Prefer youth in transition with connections with youth leaders, understands youth culture, peer-lived experience with recovery as a youth	Has connections with family leaders, understands family culture, peer-lived experience as a parent/caregiver of a child or youth with multisystem involvement	Has demonstrated ability to foster relationships with youth and family, is a champion for family and youth driven services consistent with system of care values
Has actively participated in community for a minimum of six months	Has actively participated in community for a minimum of six months	Has actively participated in community for a minimum of six months
Can identify community partners and resources	Can identify community partners and resources	Can identify community partners and resources
Has access to email and phone on a consistent basis	Has access to email and phone on a consistent basis	Has access to email and phone on a consistent basis
Has the ability (or is willing to, with training) to facilitate meetings	Has the ability (or is willing to, with training) to facilitate meetings	Has the ability (or is willing to, with training) to facilitate meetings
Ability to record information and share	Ability to record information and share	Ability to record information and share
Leadership training	Leadership training	Leadership training
Attend all FYSPRT meetings and activities	Attend all FYSPRT meetings and activities	Attend all FYSPRT meetings and activities
Participate in youth-led meetings and activities as determined	Participate in activities/meetings etc. with family organization(s) in your region, if applicable	Participate in meetings with system partners to share the system of care values and perspectives
Summarize and present materials and information from FYSPRT meetings to community	Summarize and present materials and information from FYSPRT meetings to community	Summarize and present materials and information from FYSPRT meetings to community
Record and bring back information from youth in communities to FYSPRT meetings	Record and bring back information from families in communities to FYSPRT meetings	Record and bring back information from system partners in communities to FYSPRT meetings
Support Washington state initiatives related to child and youth behavioral health	Support Washington state initiatives related to child and youth behavioral health	Support Washington state initiatives related to child and youth behavioral health
Identify needed trainings and technical assistance for youth in communities. Assist with identifying youth/family/ system partners and creating resources and skill development opportunities to infuse voice throughout the system	Identify needed trainings and technical assistance for families in communities. Assist with identifying youth/family/system partners and creating resources and skill development opportunities to infuse voice throughout the system	Identify needed trainings and technical assistance for system partners in communities. Assist with identifying youth/family/ system partners and creating resources and skill development opportunities to infuse voice throughout the system
Participate in tri-lead preparatory activities prior to regional and state meetings	Participate in tri-lead preparatory activities prior to regional and state meetings	Participate in tri-lead preparatory activities prior to regional and state meetings

AD HOC committees

As needed for regional FYSPRT development or to address needs identified by the regional FYSPRT, regional tri-leads, and other FYSPRT leadership and members may participate in ad hoc committees to address needs in a collaborative manner, including youth, family, and system partner voice.

Communication

Communication is intended to flow within the Governance Structure. Regional FYSPRT tri-leads will bring information from the statewide FYSPRT to regional FYSPRT meetings for information sharing in their community and bring recurring gaps or barriers from their regional meeting to the statewide FYSPRT as needed. When problem solving around a challenge is needed, regional members will first contact their regional tri-leads for dialogue and brainstorming. If needed and appropriate, the item or situation will be added to a future regional FYSPRT agenda to be addressed by the regional FYSPRT. If the item or situation is not addressed within the regional FYSPRT meeting(s) or after outreach to regional entities, the regional FYSPRT tri-leads may submit the need to the statewide FYSPRT tri-leads, including recommendations from the regional FYSPRT about how to me the need using the Challenge and Solution Submission Form. Statewide FYSPRT tri-leads will review the need submitted and the recommendations from the regional FYSPRT to determine next steps, including a reach back to the regional FYSPRT for more information and/or possible addition to a future statewide FYSPRT agenda.

Communication responsibilities for regional FYSPRT Tri-leads

- Create agenda for their regional FYSPRT meetings.
- Attend statewide FYSPRT meetings and report meeting updates and outcomes to their regional FYSPRT. Post meeting notes and schedules to the website.
- Maintain communication with community members and work groups.
- Use the communication diagram and process as appropriate.
- Participate in information sharing, for example: sharing solutions among other regional FYSPRTs.

Social marketing

The regional FYSPRT will have a social marketing plan including both a website and brochure to share information with the community. The plan will be developed in consideration of the diversity of the community including considerations for tribal engagement.

Minimum website components include:

1. Point of contact, name, email, and phone number
2. Regional agendas and meeting notes
3. Dates, locations, and times of past and upcoming regional FYSPRT meetings (including information on travel or participation support, child-care and other meeting supports. If meeting is online, include information about how to join.
4. Regional charter
5. Policies and procedures (may also be addressed in the Regional FYSPRT Charter)
6. Results of the needs assessment
7. Work Plan
8. Link to relevant regional/statewide resources and information including the statewide FYSPRT page

Minimum brochure components include:

1. What is a FYSPRT?
2. FYSPRT mission and vision
3. Map of FYSPRT regions
4. "Why should you participate" paragraph
5. Meeting dates, locations, and times or link to get that information
6. Contact information
7. Regional FYSPRT web address and statewide FYSPRT web address
8. Statement about being sponsored by HCA/DBHR and the child youth and family behavioral health webpage link
9. Quotes from youth, family, and system partners, etc. (the personal touch)

C Regional FYSPRT meetings

Meeting schedule – minimum of 10 meetings per year

Meeting agenda – will be set by the tri-leads based on input from the FYSPRT community. Agenda will be distributed to members at least one week before the meeting occurs.

Meeting Operations - Identified Roles

- Facilitator(s)
- Timekeeper
- Note Taker
- Orientation Lead - to greet new members and participants

Meeting Norms or Comfort/Value agreement – created by members and participants. Examples include:

- meetings begin/end on time.
- one person at a time contributes.
- cell phone use agreement.

Activities – to be determined by FYSPRT participants based on community needs tying into the regional FYSPRT needs assessment or Work Plan and statewide activities, could include:

- Support for conference and training participation as resources permit
- Mental health awareness activities

Appendix E

System of care core values and guiding principles

Core values

1. Family-driven and youth-guided with the strengths and needs of the child and family determining the types and mix of services and supports provided.

2. Community-based with the locus of services, as well as system management, resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level.

3. Culturally and linguistically competent with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve to facilitate access to, and usage of, appropriate services and supports, and to eliminate disparities in care.

Guiding principles:

The following foundational principles[1] represent the system of care philosophy that systems of care are designed to:

1. Ensure availability and access to a broad, flexible array of effective, community-based services and supports for children and their families that address their emotional, social, educational, and physical needs including traditional and nontraditional services, as well as natural and informal supports.

2. Provide individualized services in accordance with the unique potentials and needs of each child and family, guided by a strengths-based, wraparound service planning process and an individualized service plan developed in true partnership with the child and family.

3. Ensure that services and supports include evidence-informed and promising practices, as well as interventions supported by practice-based evidence, to ensure the effectiveness of services and improve outcomes for children and their families.

4. Deliver services and supports within the least restrictive and most normative environments that are clinically appropriate.

5. Ensure that families, other caregivers, and youth are full partners in all aspects of the planning and delivery of their own services and in the policies and procedures that govern care for all children and youth in their community, state, territory, tribe, and nation.

6. Ensure that services are integrated at the system level, with linkages between child-serving agencies and programs across administrative and funding

boundaries and mechanisms for system-level management, coordination, and integrated care management.

7. Provide care management or similar mechanisms at the practice level to ensure that multiple services are delivered in a coordinated and therapeutic manner and that children and their families can move through the system of services in accordance with their changing needs.

8. Provide developmentally appropriate mental health services and supports that promote optimal social-emotional outcomes for young children and their families in their homes and community settings.

9. Provide developmentally appropriate services and supports to facilitate the transition of youth to adulthood and to the adult service system as needed.

10. Incorporate or link with mental health promotion, prevention, and early identification and intervention in order to improve long-term outcomes, including mechanisms to identify problems at an earlier stage and mental health promotion and prevention activities directed at all children and adolescents.

11. Incorporate continuous accountability and quality improvement mechanisms to track, monitor, and manage the achievement of system of care goals; fidelity to the system of care philosophy; and quality, effectiveness, and outcomes at the system level, practice level, and child and family level.

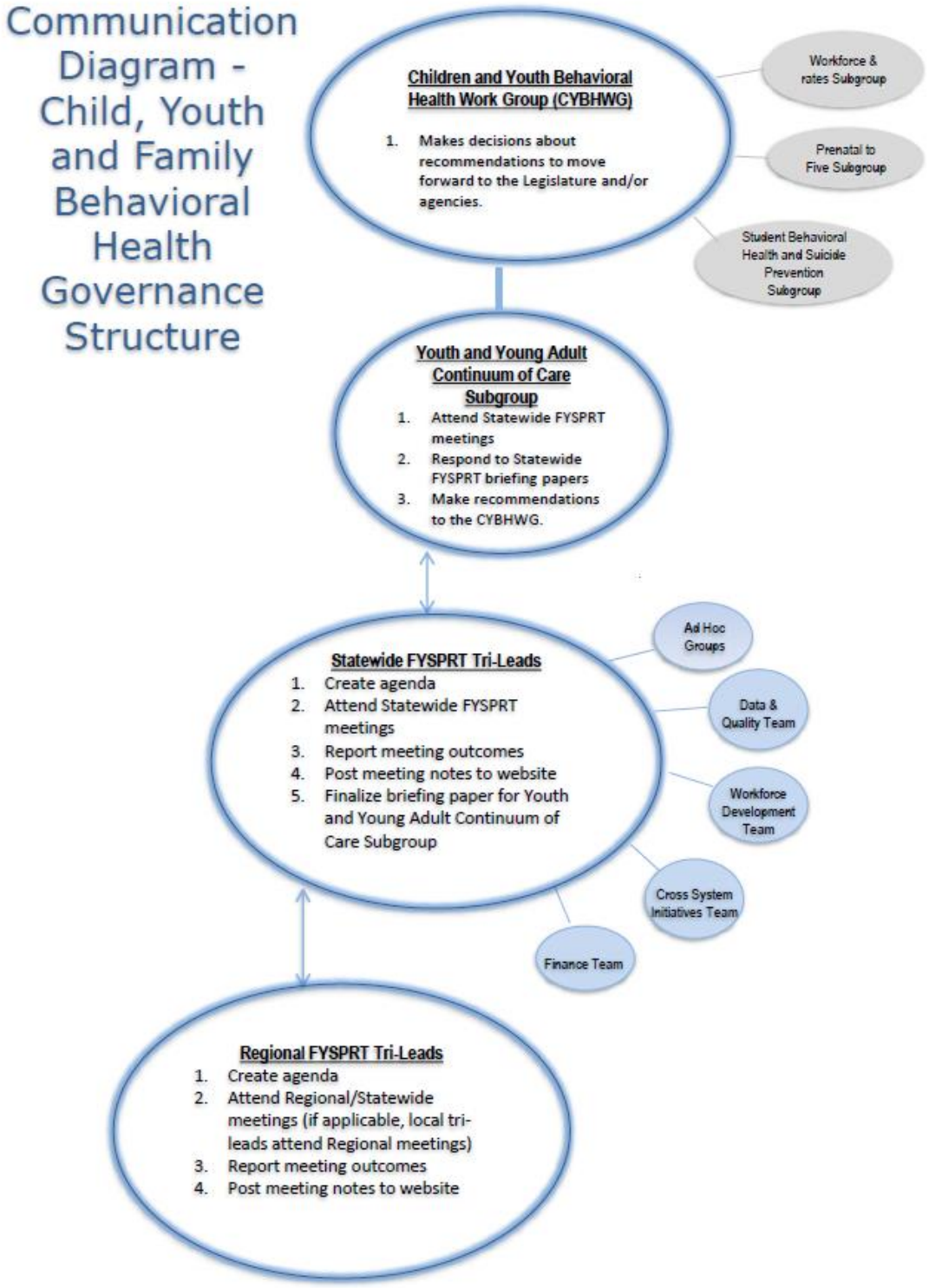
12. Protect the rights of children and families and promote effective advocacy efforts.

13. Provide services and supports without regard to race, religion, national origin, gender, gender expression, sexual orientation, physical disability, socio-economic status, geography, language, immigration status, or other characteristics, and ensure that services are sensitive and responsive to these differences.

[1]Stroul, B., Blau, G., & Friedman, R. (2010). *Updating the system of care concept and philosophy*. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health.

Appendix F

Promoting communication within the Child Youth and Family Behavioral Health Governance Structure



Appendix G

Statewide FYSPRT - Child, Youth and Family Behavioral Health Governance Structure Challenge and Solution Submission Form

The challenge and solution submission form is used within the Child, Youth and Family Behavioral Health Governance Structure (the Governance Structure) to identify potential recurring system gaps or barriers that are preventing youth and families with complex needs from achieving their full potential. It is also used as a communication tool to describe solutions that have been found to barriers that may be helpful to others within the Governance Structure. This form provides a written communication mechanism between the regional Family Youth System Partner Round Table (FYSPRT) and the statewide FYSPRT.

The goal of the Governance Structure is to improve the lives of youth and families impacted by behavioral health challenges across the continuum of care by ensuring that the services and supports accessed are well coordinated and effective, community-based, youth and family driven, and culturally and linguistically responsive. The intention in the design of the Governance Structure is to use community strengths to address recurring system gaps or barriers as close to the community as possible.

If you are interested in learning more about the Governance Structure, please visit: https://www.hca.wa.gov/health-care-services-and-supports/behavioral-health-recovery/child-and-youth-behavioral-health

How to submit and request review of a recurring system gap or barrier:

When a barrier/solution has been identified at the regional Family Youth System Partner Round Table (FYSPRT) that is not resolvable within the region, the group can complete the form that is attached and submit it to the statewide FYSPRT staffer Kristen Royal at Kristen.royal@hca.wa.gov. The staffer will present the forms received to the statewide FYSPRT tri-leads for next steps (for example, an agenda item on a future statewide FYSPRT meeting for presentation/dialogue). If a resolution has not been reached regarding the barrier/solution after presentation/dialogue at the statewide FYSPRT, the statewide FYSPRT tri-leads could use this form to propose the topic as an agenda item for a future Youth and Young Adult Continuum of Care Subgroup meeting.

The statewide FYSPRT staffer and/or a statewide FYSPRT tri-lead will acknowledge receipt of the form by email within three business days. Upon receipt, it will be used to begin the process of reviewing the recurring system gap or barrier and identify next steps for resolution. It will also be reviewed to determine whether any solutions found would benefit other groups within the Governance Structure. Representative(s) from the group that submitted the form may be invited to the statewide FYSPRT meeting to present the barrier/solution.

Please note that this form does not replace the formal grievance process that exists for providers and system partners.

FYSPRT: Challenge and Solution Submission Form

***NOTE: This form is intended to identify challenges/barriers with processes (not specific cases). Please do not include Protected Health Information! ***

Date:	
To: (i.e. *Statewide FYSPRT, Youth and Young Adult Continuum of Care Subgroup*)	
From: **Representing:** (i.e. *Regional FYSPRT, Statewide FYSPRT)*	**Email:** **Phone Number:**
Subject:	
Category (check all that apply**):** ☐ Services and Supports (access and quality) ☐ Child and Family Team Meeting (process) ☐ Roles/Responsibilities (follow-through) ☐ Legal Mandates ☐ Policies and Procedures (laws, rules) ☐ Cultural and Linguistic Considerations ☐ Unknown ☐ Other:_____	

Description (including solution, best practice, success story, or challenge/barrier):

Regional FYSPRT's Solutions Tried:

Desired outcome(s):

Regional FYSPRT Recommendations:

Option 1:

Pros:
Cons:
Potential outcomes:

Option 2:

Pros:
Cons:
Potential outcomes:

Response/Next Steps: *(to be completed by the group receiving the form)*

Step 1 –
Step 2 –
Step 3 –

Appendix H

FYSPRT Evaluation Tool

DIRECTIONS: Thinking about today's meeting, please circle the number that best describes your opinion about each statement. Comments are welcome following any statement.

1. **FYPSRT goals and objectives are clear and understood.**

Dissatisfied 1 2 3 4 5 Satisfied
Comments: _____

2. **Group norms are followed.**

Dissatisfied 1 2 3 4 5 Satisfied
Comments: _____

3. **Meetings are effective and goal focused.**

Dissatisfied 1 2 3 4 5 Satisfied
Comments: _____

4. **Contributions from everyone are actively listened to and encouraged**.

Dissatisfied 1 2 3 4 5 Satisfied
Comments: _____

5. **Conflict is effectively managed**.

Dissatisfied 1 2 3 4 5 Satisfied
Comments: _____

6. **Space is provided to challenge ideas or established practices and explore other options**.

Dissatisfied 1 2 3 4 5 Satisfied
Comments: _____

7. **Feedback from family partners is valued.**

Dissatisfied 1 2 3 4 5 Satisfied
Comments: _____

8. **Feedback from youth partners is valued.**

Dissatisfied 1 2 3 4 5 Satisfied
Comments: _____

9. **Feedback from system partners is valued.**

Dissatisfied 1 2 3 4 5 Satisfied
Comments: _____

10. **The FYSPRT is making progress on issues that are important to me.**

Dissatisfied 1 2 3 4 5 Satisfied
Comments: _____

11. **I have the opportunity to make a contribution.**

Dissatisfied 1 2 3 4 5 Satisfied
Comments: _____

12. **What category of FYSPRT partner are you?** (Select one.)

- ○ Family partner
- ○ Youth partner
- ○ System partner

13. **Do you have primary interests or experience with…?** (Select one.)

- ○ Mental health
- ○ Substance abuse
- ○ Both

Appendix I

Narrative Team Effectiveness Questionnaire

What is working?

What is not working?

What would work?

How would you know it's working?

What could we do better?

What can we stop/start doing?

Appendix J

Best practices for engaging tribes and urban Indian organizations

For further guidance on the best practices below, the Health Care Authority, Office of Tribal Affairs may provide assistance on Tribal engagement. Please email tribalaffairs@hca.wa.gov.

- Send a dear Tribal leader letter to the Tribal leadership and health and behavioral health leadership.
- Email the dear Tribal leader letter to other health contacts once letter is sent to Tribal leaderships.
- Meet with the Tribe for engagement purposes and ensure appropriate individuals are participating at that meeting.
- Include the Health Care Authority, Office of Tribal Affairs Regional Tribal Liaison and Behavioral Health Administrator.
- Develop specific communication tools with Tribal representatives as an engagement strategy.
- Consider how to engage families and youth representing tribal and urban Indian communities as well as the tribal behavioral health staff.
- Share resources and values of the regional and local FYSPRT programs including the connection to Wraparound with Intensive Services, Children's Long-term Inpatient Program, and other youth services.