Washington System of Care Statewide FYSPRT

Date: May 25, 2021 **Time:** 9:00am – noon
Location: Online meeting

Approximately 58 attendees representing the following: Attorney General, Beacon Health Options of Washington, Community Health Plan of Washington, A Common Voice, Coordinated Care Washington, Department of Children Youth and Families, Developmental Disabilities Administration, Division of Behavioral Health and Recovery, Educational Services District 113, Family Alliance Washington, Great Rivers Regional FYSPRT, Great Rivers Behavioral Health Administrative Services Organization, Health Care Authority, HI-FYVE (Pierce Regional FYSPRT), Hope Agency/SPARK, Institute for Innovation & Implementation University of Maryland School of Social Work, King County Behavioral Health Administrative Services Organization, King County Family and Youth Council (King County Regional FYSPRT), Molina Healthcare of Washington, North Sound Youth and Family Coalition, North Sound Behavioral Health Administrative Services Organization, Northeast FYSPRT, Passages Family Support, Salish Behavioral Health Administrative Services Organization, Salish Regional FYSPRT, Southwest Regional FYSPRT, Spokane Regional Behavioral Health Administrative Services Organization, System of Care Partnership (Thurston Mason Regional FYSPRT), and Washington State Community Connectors.

Facilitators – *Michelle Karnath, Gabriel Hamilton and Nicole Miller (Statewide FYSPRT Tri-Leads)* ***Timekeeper*** – *Tri-Lead Team* ***Notes*** – *Kaitlynn/Kris*

Agenda Item & Lead(s)	Discussion and Notes	Action Items	Assigned To	By when
Welcome Statewide FYSPRT Tri-Leads	Shared land acknowledgement. Brief Zoom meeting guidelines provided for this online meeting. Attendees introduced themselves through the chat and by phone and identified their role, agency, organization and/or Regional FYSPRT they were representing.	n/a	n/a	n/a
Full Value Agreement Statewide FYSPRT Tri-Leads	**Topic Purpose –** Follow up and report out from the Full Value Agreement Workgroup At the February meeting a suggestion to have a workgroup around the Full Value Agreement was proposed. The workgroup met one time with the purpose of streamlining and simplifying the agreement and develop a plan for how Statewide FYSPRT Tri-leads and participants can hold themselves and each other accountable for the Full Value Agreement. The Statewide FYSPRT Tri-leads reviewed the updated agreement with the group, created space for dialogue and gained agreement from the group.	The updated Full Value Agreement was included with the agenda and can be shared with anyone interested in it.	n/a	n/a
Washington State Youth Mobile Response and Stabilization Liz Venuto, Division of Behavioral Health and Recovery Liz Manley and Denise Sulzbach, The Institute for Innovation & Implementation, University of Maryland School of Social Work	**Topic Purpose** – Information sharing and gathering input regarding mobile crisis response in Washington The state legislature has invested in the build out of additional youth mobile response teams statewide. Washington has teamed up with representatives from New Jersey who already uses a Mobile Response and Stabilization model and a national technical assistance provider to gather information about what this looks like in other states. In New Jersey, mobile response and stabilization services are intended to: meet the needs of children, youth and young adults, and their parent/caregivers; to deescalate and ameliorate a crisis before more restrictive and costly interventions become necessary; and to ensure connection to necessary services and supports. A big portion of the mobile response teams' purpose is to get the youth connected back to a sport or activity to create community. Mobile response and stabilization services help create an easier access point for families to access services. Because this service prioritizes the voice of the youth and family, the service truly works on behalf of the family.	Note-takers from each group shared notes with Kris during the meeting. Kris will remove names from the notes and share with the presenters.	Kris	June 2021

Statewide FYSPRT Goals

1. Improving quality of life for youth and families by reviewing statewide performance and making recommendations through collaborative engagement of youth, families and system partners.
2. To support system improvements by enhancing strengths and eliciting challenges and barriers from the Regional FYSPRTs and state partners and develop collective recommendations to share with Statewide FYSPRT members, Regional FYSPRTs and/or the Youth and Young Adult Continuum of Care Subgroup that include youth, family, and system partner voice.

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	The following questions were asked by participants: 1. When parents call does a team show up all the time? - The current model in New Jersey that we are discussing today, does have team show up every time. If the family calls, we send a team out. 2. Does the crisis service cover Mental Health and Substance Use? - Yes, depending on the situation you may need to make other connections, but we do train our workforce to work with all situations. 3. During the potential eight weeks of stabilization, are they assigned to anyone during that duration to build rapport or would they be working with any staff that is available? - The same team stays with the family for the eight-week period but will make connections when it is needed. Meeting participants self-selected a break-out room to participate in. The options were youth/youth leaders, family/family leaders, and 2 systems partner groups based on last name to dialogue about the following questions: • For crisis services in your area, what is working? • What is not working? • If no experience with crisis services, what do you think would be helpful in a crisis response? General notes were taken in the breakout sessions and will be shared back with the presenters.			
Break – 10 minutes				
Updates on past Statewide FYSPRT topics Division of Behavioral Health and Recovery	**Topic Purpose** – Sharing updates on system gaps/barriers brought forward through past Challenge and Solution Submission Forms			
	Last year the Statewide FYSPRT moved forward the challenge regarding respite services to the Youth and Young Adult Continuum of Care workgroup who then moved it forward to the Children and Youth Behavioral Health Work Group who provided a recommendation to the Legislature around respite. Also last year, the Statewide FYSPRT identified some priority needs specific to CLIP (Children's Long-term Inpatient Program). **Respite update:** In the budget approved by the legislature earlier in 2021, money was identified to support the exploration of respite waiver options to support youth experiencing behavioral health challenges. Washington state currently has two Respite waivers for Medicaid, one supports children and youth involved in the Department of Children, Youth and Family (DCYF), and the other one supports children and youth involved in Developmental Disabilities Administration (DDA). Part of exploring the behavioral health respite waiver option would include exploring how this could be done without adversely impacting the current respite waivers in place for DCYF and DDA.	HCA will continue to provide updates as this work moves forward.	HCA	As updates are available.

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	Waiver services provide additional support when Medicaid state plan services and other supports are not sufficient (the Medicaid state plan is a formal, written agreement between a state and the federal government, describing how that state administers its Medicaid program). The Health Care Authority (HCA) must be intentional in thinking through the options and best steps forward (as we are directed to do in the budget) as children and youth with a diagnosis could access respite, however, children and youth in DDA services without a behavioral health diagnosis could no longer access respite, and children and youth in DCYF services without a behavioral health diagnosis could no longer access respite. HCA will be working with our fiscal team and other state agencies to develop a set of recommendations that considers these and other potential unintended consequences of a behavioral health respite waiver as the work moves forward. DBHR is also looking at doing some pilot projects to continue gathering information and feedback from families and providers. HCA/DBHR has been awarded temporary funding to support two respite pilot programs through September 2021. These contracts are in the process of being finalized. This temporary funding will also support a research and evaluation regarding outcomes for respite from the two pilot programs. **Children's Long-term Inpatient Program (CLIP) updates:** The CLIP Improvement Team (CLIP-IT) developed multiple subgroups to work on initiatives related to the feedback provided at the February 2020 Statewide FYSPRT meeting. The subgroups consisted of representatives from the Managed Care Organizations, Behavioral Health Administrative Services Organizations, CLIP providers and program staff, and family and youth partners. In the summer and fall of 2020 the subgroups met to focus on the following topics: • Streamlining the voluntary application process • Standardized discharge planning • Parent psychoeducation, skills and supports • Promotion of youth leadership in programs In March 2020, recommendation from the workgroups were presented to the CLIP-IT group. Three regions started piloting new behavioral health screening and consultation forms and the expansion of the regional community CLIP meetings to also focus on intensive community services. Subgroup meetings continue to be scheduled to further streamline recommendations. CLIP leads in DBHR will be meeting with HCA leadership to review recommendations. Updates will be sent out to the Statewide FYSPRT in the next couple months.			

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Linkages to the Governance Structure Division of Behavioral Health and Recovery	**Topic Purpose** – Updates regarding linkages to WISe to address concerns and barriers expressed by Child and Family Teams and a process for unresolved barriers to advance to the regional FYSPRTs			
	FYSPRTs, part of the Child Youth and Family Behavioral Health Governance Structure and T.R. et al. v. Birch and Strange Settlement Agreement, are intended to promote the development of systems of care that are based on community priorities. The overarching FYSPRT goal is to ensure family, youth, system partner, tribal partner and community involvement in policy development and decision-making, including the provision of Wraparound with Intensive Services or WISe. The WISe Manual has a section called "Developing Regional Linkages to the Governance Structure" that identifies that Managed Care Plans will work with their local communities to define processes in which local implementation and oversight of WISe will be achieved and coordinated with the regional FYSPRT (or local FYSPRT if applicable). Prior to integration, many regions identified that their Children's Long-term Inpatient Program or CLIP committees served this function. As HCA transitioned to contracting with Managed Care Organizations or MCOs, this function was not tightly embedded in the transition process. These processes at the Managed Care Plan level differ from the work of Regional and Local FYSPRTs in that they could include confidential information. The identified processes would describe efforts to: • Provide collaboration and coordination of care for youth that are eligible for WISe or are participating in WISe. • Address system concerns and barriers expressed by a Child and Family Team (CFT) or CFTs. System barriers unresolved through the identified regional processes should be advanced to the local and/or regional FYSPRT within the Governance Structure. *(Clarification- Individual care issues that cannot be resolved in the CFT or at the agency can be pursued through the Grievance and Appeals process with the MCO. More information can be found at the following link: Grievance, Appeals and Fair Hearing Process.)* • Reviewing WISe data at a more local level for continuous quality improvement to problem solve or identify systemic barriers. This includes areas such as local referents' understanding of referral procedures and enrollment criteria, gaining access to WISe in a timely fashion, the array of services and supports is adequately accessible and of high quality, WISe service utilization (e.g., patterns, attention to outliers, use of home and community versus restrictive services, patterns by child-serving system and locality), and local data on outcomes, including, youth, family, and system outcomes. o Note: Although the above types of data and a process for review is largely a state and MCP function, those groups identified in the regional processes should also have access to information and use it to solve problems and help improve the local WISe implementation, as is appropriate per their respective group's responsibilities.	DBHR will continue to explore and better define what further structure may be needed.	DBHR WISe/FYSPRT team	August 2021

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	DBHR will continue to explore and better define what further structure may be needed to ensure the following: 1) There is a place for WISe Child and Family Teams to problem solve when needed. 2) That reoccurring system gaps and barriers are being collected and when appropriate brought to the regional FYSPRT (or local FYSPRT if applicable).			
Neuropsychological evaluations Statewide FYSPRT Tri-leads	**Topic Purpose** – Dialogue and next steps re: challenge received regarding neuropsychological evaluations			
	The Northeast Regional FYSPRT brought this system gap/barrier forward after having multiple dialogues at their regional FYSPRT regarding neuropsychological evaluations and capacity concerns with wait times being up to 6 months. Parents and providers in the region identified challenges such as local providers not accepting the Medicaid reimbursement rate or only having a limited number of appointments available. There also seems to be some confusion around the difference between a neuropsychological evaluation, who can provide one and the differences between a standard behavioral health assessment and neuropsychological evaluation. Managed Care Organization (MCO) representatives attended to help clarify that a neuropsychological evaluation is used only when neurological concerns are present (seizures, traumatic brain injury, toxic exposure, etc.) and that the evaluator must be a clinical psychologist who has specialized training to do a neuropsychological evaluation. The neuropsychological evaluation itself consists of a series of standardized tests to assess emotional, behavioral, and cognitive abilities or challenges and produces a report that contains results of the individuals' tests that could impact interventions. MCO representatives identified that there is more limited access to both neuropsychological and psychological evaluations with a wait of 4-6 months being the norm. Other regions also identified long wait times and/or a struggle locating providers. Behavioral health workforce challenges in Washington are impacting all behavioral health workforce roles (therapist, peers, psychiatrists, psychologists, neuropsychologists). MCO representatives are available to assist. See list below of MCO representatives (also Statewide FYSPRT members) or member services phone numbers to reach out for assistance. **Amerigroup** – Kathleen Boyle, kathleen.boyle2@amerigroup.com **Molina Healthcare** – member services 1-800-869-7165 **Community Health Plan of Washington** - Christine Kapral, Christine.Kapral@chpw.org **United Healthcare** – member services 1-877-542-8997 **Coordinated Care Washington** – Children's System of Care Liaisons, CCW_HCA_Contacts@CENTENE.COM Click this link for a Map of the health plans offered in the regions.	Statewide FYSPRT Tri-leads will dialogue about next steps at their next meeting.	Statewide FYSPRT Tri-leads	June 2021
Next Statewide FYSPRT Meeting – Thursday, August 19, 2021				

Statewide FYSPRT Goals

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