**Statewide FYSPRT**

**Child, Youth and Family Behavioral Health Governance Structure**

**Challenge and Solution Submission Form**

The challenge and solution 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 FYSPRT and the Governance Structure, please visit: https://www.hca.wa.gov/about-hca/behavioral-health-recovery/family-youth-system-partner-round-table-fysprt

**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 3 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 (in person or by phone) 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*) |  |
| **From:**(i.e., *Regional 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 & Linguistic Considerations**[ ]** Unknown**[ ]** Other (please describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**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 –**