

## Washington System of Care Statewide FYSPRT

**Date:** September 15, 2021    **Time:** 9:00am – noon    **Location:** Online meeting

**Approximately 42 attendees representing the following:** Beacon Health Options of Washington, Community Health Plan of Washington, A Common Voice, Department of Children Youth and Families, Department of Health, Educational Services District 113, Family Alliance Washington, Great Rivers Regional FYSPRT, Great Rivers Behavioral Health Administrative Services Organization, Greater Columbia Administrative Services Organization, Greater Columbia Regional FYSPRT, Health Care Authority, HI-FYVE (Pierce Regional FYSPRT), Hope Agency, King County Behavioral Health Administrative Services Organization, Molina Healthcare of Washington, North Sound Youth and Family Coalition, North Sound Behavioral Health Administrative Services Organization, Northeast FYSPRT, Office of Homeless Youth/Department of Commerce, Office of Superintendent of Public Instruction, Passages Family Support, Salish Behavioral Health Administrative Services Organization, Salish Regional FYSPRT, Southwest Regional FYSPRT, System of Care Partnership (Thurston Mason Regional FYSPRT), and United Healthcare.

**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
<b>Welcome</b>  Statewide FYSPRT Tri-Leads  9:00 – 9:20	Shared land acknowledgement.  Brief Zoom meeting guidelines provided (mute when not talking, raise hand or put questions in the chat).  Attendees introduced themselves through the chat and by phone and identified their role, agency, organization and/or Regional FYSPRT they were representing.  Nicole announced her transition from Juvenile Rehabilitation to Thurston County.  Reviewed Full Value Agreement.	n/a	n/a	n/a
<b>Future Statewide FYSPRT meetings</b>  Statewide FYSPRT Tri-Leads  9:20 – 9:30	<p><b>Topic Purpose</b> – Dialogue about the Statewide FYSPRT meeting schedule moving forward</p> <p>The Tri-lead team has received some questions about the November Statewide FYSPRT meeting and the 2022 meeting schedule. It is not decided if the November 2021 Statewide FYSPRT will be in person or virtual and the Tri-lead team is also starting to think about the 2022 meeting schedule so wanted to take some time to talk about this as a group.</p> <p>After dialogue, it was decided the November meeting will be virtual. The group also dialogued about considering a hybrid model for 2022, if/when things settle with COVID.</p> <p>Further dialogue continued around the start/end time, frequency, and duration of Statewide FYSPRT meetings in 2022 and included possibly holding meetings in late afternoon as current meeting times often conflict with youth leader’s school schedules. Dialogue continued around the frequency of the meeting as well, with a request to have more frequent meetings of shorter duration so that there is less time in between meetings and more opportunities to connect and receive/provide updates.</p>	Statewide FYSPRT Tri-leads appreciates the dialogue and feedback and will consider this information for the November meeting and the 2022 meeting schedule.	Statewide FYSPRT Tri-lead Team	November 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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<p><b>Mobile Response and Stabilization Services (MRSS)</b></p> <p>Liz Venuto</p> <p>9:30 – 9:50</p>	<p><b>Topic Purpose</b> – Follow up and updates as requested in the May 2021 meeting evaluation</p> <p>At the May Statewide FYSPRT meeting Liz Venuto and a team from the Institute for Innovation &amp; Implementation, University of Maryland School of Social Work presented some information on Mobile Response and Stabilization Services (MRSS) and then facilitated dialogue in break out groups around what is working or not working regarding crisis services in WA.</p> <p>A survey was sent out after the meeting to gather data regarding experiences with mobile crisis response.</p> <p>WISe providers will be going through trainings. The trainings consist of a 3-hour webinar and 2-hours of follow up coaching. WISe training will be modified to include trauma focused strategies, safety plans and responses. Training will be completed by June 30, 2022. There will be a 6-hour training developed by July 2022 for new hires.</p> <p>Health Care Authority was given two full time employees to focus on the mobile crisis response rollout in Washington State. Across adult and youth serving teams, crisis will be defined by the family/caregiver or individual. The Administrative Services Organization (ASO) contracts will get an adjustment of language to be ready for new teams and capacity. There will be 24/7 child and youth mobile response teams in each region of the state. Over the next six months components of the program will be built out.</p> <p>Mobile crisis teams will be required to be trained in Trauma Informed Approach (TIA) and de-escalation. Services will be provided wherever needed (home, school, in the community). One of the key members of the teams will be a peer. The model is that clinicians and peers have an equal response. The thought behind this is to leverage technology and peers might be in a place where there is not a lot of clinicians. Another part of the MRSS model is building relationships with emergency rooms and in the community. The goal of the MRSS team is to intervene before going to the emergency room is necessary, even if the intervention is in the waiting room of the hospital. The MRSS team should always respond in person unless the family says it is not necessary.</p> <p>T.R. Settlement update: Health Care Authority received an order of dismissal on the T.R. Settlement Agreement. More information to be shared by email.</p>	<p>Liz will share documents the group expressed interest in seeing including MRSS best practices, national guidelines for behavioral health crisis care and a report about improving youth and young adult crisis systems.</p>	<p>Kris will email documents to the group.</p>	<p>Sept 2021</p>
<p><b>Communication with Statewide FYSPRT about Youth and Young Adult Continuum of Care (YYACC) and initiatives</b></p>	<p><b>Topic Purpose</b> – Sharing information about YYACC and YYACC initiatives including challenges brought forward by the Statewide FYSPRT</p> <p>Youth and Young Adult Continuum of Care (YYACC) is a subgroup of the Children and Youth Behavioral Health Work Group (CYBHWG), made up of agency representatives, young people and parents of youth and children who have received services, tribal and urban Indian organization partners, that considers, among other system of care issues, challenges elevated by the statewide</p>	<p>Michelle will take the neuropsychological evaluations</p>	<p>Michelle</p>	<p>Sept 2021</p>

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<p>Michelle Karnath, Statewide FYSVRT Family Tri-lead and FYSVRT YYACC representative</p> <p>9:50 – 10:10</p>	<p>FYSVRT and makes recommendations for legislative and agency actions to address the challenge. Meetings are open to the public and currently are happening weekly.</p> <p>Michelle, the Statewide FYSVRT Tri-lead representative attending the YYACC meetings requested some additional dialogue regarding a system gap that was brought forward to the Statewide FYSVRT, through a challenge and solution submission form, regarding neuropsychological evaluations, and dialogued about at the May 2021 meeting. The group was concerned about the length of time it takes to get seen for a neuropsychological evaluation (up to 18 months), as well as having to pay directly for it. Four regions identified this as a challenge in their area. Although the length of time it takes to get a neuropsychological evaluation could be lack of capacity and providers, it was also mentioned that payment could be an issue. Meaning, Medicaid could pay a low amount compared to other insurance. It was suggested to research the core issue to determine if it is lack of capacity and providers and/or payment. Lack of workforce is also a huge barrier. The lack of capacity for neuropsychological testing leaves youth seeking out children’s long term inpatient program (CLIP) services.</p> <p>Respite update: Currently, HCA is working towards studying the cost and impact of adding respite to the state plan and how current respite waivers could be impacted. Through the current System of Care Grant, funds were provided to Excelsior in Spokane and YMCA in King County to provide some respite services. The System of Care Grant team will be analyzing the data that comes from the respite services funded by the grant.</p>	<p>challenge to the next YYACC meeting.</p>		
<p><b>Center of Parent Excellence</b></p> <p>Jasmine Martinez</p> <p>10:10 – 10:35</p>	<p><b>Topic Purpose</b> – Sharing information about a new project offering peer support to parents and caregivers plus support and consultation for family peers, provided by A Common Voice</p> <p>The Center of Parent Excellence Project (COPE Project) was developed as a support for parents and caregivers accessing and navigating the children’s behavioral health system.</p> <p>The COPE Project provides Lead Parent Support Specialists that are highly trained certified peer counselors, are hired for their lived experience as a parent/caregiver who has navigated the Washington behavioral health system and have vast knowledge of the system. Direct parent support, support groups, and trainings are provided at no cost to families or caregivers regardless of insurance status or type of insurance. Youth do not have to be enrolled in behavioral health services for parents/caregivers to access support through A Common Voice   COPE project. One on one support is provided as well as connection to relevant resources and supports. Each region will provide monthly virtual support groups for parents/caregivers.</p> <p>Enhancing and strengthening the family peer role across Washington is a goal that the COPE project has in mind. Support and consultation are provided for family peers employed in the behavioral health system.</p>	<p>For questions, reach out to Jasmine Martinez with any questions at <a href="mailto:Jasmine@acommonvoice.org">Jasmine@acommonvoice.org</a> or 253-732-4944</p>	<p>n/a</p>	<p>n/a</p>

**Statewide FYSVRT 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.
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	<p>Upon request, Lead Parent Support Specialists are also available to assist Wraparound with Intensive Services (WISe) child and family teams, to address their concerns and/or barriers. The COPE project will track recurring system gaps and barriers and advance them to the local and/or regional FYSVRT.</p> <p>Resources: <a href="#">HCA Center of Parent Excellence webpage</a> and <a href="#">A Common Voice</a></p>			
<b>Break – 10 minutes</b>				
<p><b>Linkages to the Governance Structure</b></p> <p>Patty King</p> <p>10:45 – 11:00</p>	<p><b>Topic Purpose</b> – Updates regarding linkages to WISe to address recurring system gaps and barriers expressed by Child and Family Teams and a process for unresolved recurring system gaps and barriers to advance to the Regional FYSVRTs</p> <p>FYSVRTs, part of the Child Youth and Family Behavioral Health Governance Structure (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.</p> <p>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 Wraparound with Intensive Services (WISe) will be achieved and coordinated with the regional FYSVRT (or local FYSVRT 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.</p> <p>Managed Care Plans (MCPs) will continue to provide collaboration and coordination of care for youth that are eligible for WISe or are participating in WISe. MCPs will address concerns and barriers expressed by the Child and family Team (CFT). Barriers unresolved through the identified regional processes should be advanced to the local and regional FYSVRT within the Governance Structure.</p> <p>Reviewing WISe data at a more local level for continuous quality improvement to problem solve and identify recurring system gaps and barriers. This includes areas such as local referents understanding of referral procedures and enrollment criteria, gaining access to WISe in a timely manner, the array of services is adequately accessible and high quality, WISe service utilization and local data on outcomes.</p> <p>In addition, Health Care Authority has contracted with A Common Voice for the COPE project to assist WISe CFTs upon request to address concerns or barriers. The COPE Project will track recurring system gaps and barriers and advance them to the local or regional FYSVRT.</p>	<p>For questions, reach out to the WISe support email inbox at <a href="mailto:WISupport@hca.wa.gov">WISupport@hca.wa.gov</a></p>	<p>n/a</p>	<p>n/a</p>

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<p><b>Certified Peer Training: status, challenges, and opportunities</b></p> <p>Maureen Bailey and Amanda Polley</p> <p>11:00 – 11:45</p>	<p><b>Topic Purpose</b> – Information sharing regarding Certified Peer Counselor trainings plus dialogue around opportunities for improvement</p> <p>Peer Support is an evidence-based service provided by people who are grounded in their own recovery from behavioral health challenges. Certified Peer Counselors (CPCs) offer peer support services by drawing on their own story of recovery to connect, instill hope and model recovery.</p> <p>There are three types of CPC trainings: (1) standard CPC training which is meant for those wanting to become adults peers and is a 5 day in person training, (2) youth and family CPC training which is for youth and parents/caregivers with lived experience, is a 5 day training and (3) the Bridge training which is intended for Recovery Coaches who have completed the Connecticut Community for Addiction Recovery (CCAR) certification and is 3 days in length. All of these trainings result in the same certification. Currently all the CPC trainings are being held virtually and are 10 half days for the Standard and Youth and Family, and 5 half days for the Bridge training.</p> <p>The Peer support program is working on creating online continuing education learning options. The trainings will be free and are intended for Certified Peer Counselors but are open to everyone. Some of the trainings can be found on the Health Care Authority <a href="#">Peer Support Program webpage</a>. Additional trainings will be available later in the fall. To be notified of the rollout you can email <a href="mailto:peersupportprogram@hca.wa.gov">peersupportprogram@hca.wa.gov</a> to be put on the listserv.</p> <p>Certified Peer Counselors must have their CPC certification prior to the agency billing Medicaid for peer services. There currently is a waitlist for the CPC trainings. Prioritization is based on peers who currently are employed at or have a job offer at a licensed community behavioral health agency to provide Medicaid reimbursable peer services.</p>	<p>For questions, reach out to Amanda Polley at <a href="mailto:Amanda.polley@hca.wa.gov">Amanda.polley@hca.wa.gov</a>.</p>	<p>n/a</p>	<p>n/a</p>
<p><b>Equitable forum for families, youth, and system partners</b></p> <p>Statewide FYSPRT Tri-leads</p> <p>11:45 – 12:00</p>	<p><b>Topic Purpose</b> – creating space for balanced dialogue</p> <p>This time is on the agenda to check in about creating a safe, balanced place for youth and families to speak into the space. Feedback has been received in evaluations from youth identifying that it doesn't always feel safe to share thoughts or ideas in the meeting. Feedback has also been received about the volume of system partners attending (specifically when more than one representative attends for a program or system). Dialogue about the importance of ensuring space for youth and families to share their thoughts and the importance of having representation from the child and youth servings systems that are also connected to youth and families.</p> <p>Requested participants reflected on if there was more than one representative attending from your program or system. Reflection on the Full Value Agreement – any adjustments that can be made to ensure space for youth, families, and system partners to share thoughts or ideas in the meeting.</p>	<p>Share thoughts in meeting chat, meeting evaluation and/or reach out to the Statewide FYSPRT Tri-leads.</p>	<p>n/a</p>	<p>n/a</p>

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	<p>Dialogue in the meeting and in the chat reflected the importance of all of these perspectives and how to balance and create space for all of these perspectives in the meeting.</p> <p>Invited participants to share additional thoughts or ideas in the chat and in the meeting evaluation.</p>			
<b><i>Next Statewide FYSPRT Meeting</i></b>				
Thursday, November 18, 2021				

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