

Washington System of Care Statewide FYSPRT

Date: June 3, 2025 **Time:** 3 p.m. – 5 p.m.

Approximately 58 attendees representing the following: Behavioral Health Catalyst, Building Changes, Carelon, A Common Voice, Developmental Disabilities Administration, Department of Children Youth and Families, En Route NW, Great Rivers Administrative Services Organization, Great Rivers FYSPRT, Greater Columbia Administrative Services Organization, Guided Pathways, Health Care Authority (Clinical Quality and Care Transformation, Division of Behavioral Health and Recovery, and Medicaid Programs Division), King County, King County Community Collaborative, North Central WA FYSPRT, North Sound Administrative Services Organization, North Sound Youth and Family Coalition, Northeast FYSPRT, Office of Superintendent of Public Instruction, Only 7 Seconds, Passages Family Support, Salish Behavioral Health Administrative Services Organization, Salish Regional FYSPRT, Southeast FYSPRT, Southwest Regional FYSPRT, Spokane County Behavioral Health Administrative Services Organization, System of Care Partnership, Students Providing and Receiving Knowledge, United Healthcare, WA State Children’s Behavioral Health Statewide Family Network, Wellpoint (formerly Amerigroup), plus community members.

Facilitators – Statewide FYSPRT Tri-leads - Michelle Karnath (Family), Gabriel Hamilton (Youth), and Katie Favela (System Partner)

Timekeeper – Tri-Lead Team

Notes – Amanda/Kris

| Agenda Item & Lead(s) | Discussion and Notes | Action items | Assigned to | By when |
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| Welcome and introductions Statewide FYSPRT Tri-Leads | Shared land acknowledgment. Brief Zoom meeting guidelines (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. Reviewed Full Value Agreement. HCA and the Statewide FYSPRT Tri-leads will not be recording this meeting to be respectful of confidentiality as identified in the Full Value Agreement. Update on the Tri-lead call – first call is June 10 from 3:30-5pm and will be an online meeting for Tri-leads to connect and have space to network, increase communication, share resources, and talk about the Tri-lead role. For more information, see May 2024 Statewide FYSPRT meeting notes and topic titled Great Rivers FYSPRT Tri-lead meeting proposal. Youth and Young Adult Continuum of Care (YYACC) update – YYACC meetings have started again now that legislative session has ended. Topics and information gathered in YYACC meetings will be shared with Washington Thriving. Next YYACC meeting is June 5 at 3:30-5:30pm. If you are interested in attending YYACC meetings, send email information to Michelle Karnath at Michelle.Karnath@clark.wa.gov to be added to distribution list. | n/a | n/a | n/a |
| Washington Thriving (the effort to develop a statewide Prenatal-through-Age-25 Behavioral Health Strategic Plan) Behavioral Health Catalyst and Health Care Authority | Topic Purpose – Share information about Washington Thriving ’s developing imperatives and recommendations and elicit FYSPRT feedback. The Washington Thriving team attended the July 2024 and April 2025 Statewide FYSPRT meetings to introduce this work and start getting feedback from the Statewide FYSPRT. The WA Thriving team is back to share some of the developing recommendations since their last visit and partner with the FYSPRTs to gather some additional feedback while Washington Thriving continues to develop the Strategic Plan. What is Washington Thriving? | For more information, reach out to info@washingtonthriving.org | Anyone | anytime |

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>Washington Thriving continued. . .</p> | <p>Formerly known as Prenatal Through age 25 Behavioral Health Strategic Plan, Washington Thriving is the new name for the process to develop the strategic plan. The goal in November 2025, is to submit a strategic plan to the state legislature focused on the behavioral health needs of pregnant people, babies, children, youth, parents and caregivers, family members, and community to ensure that services are available to meet the behavioral health needs of children, youth and their families. This effort was initiated in response to a recommendation from the Children and Youth Behavioral Health Work Group (CYBHWG) to address ongoing statewide behavioral health needs among children, youth, young adults, and their caregivers. To ensure recommendations of the strategic plan work for the people experiencing the system, individuals with lived and living experience including youth, young adults, caregivers, parents and system partners are bringing their voice and recommendations to the process.</p> <p>The emerging strategic plan currently includes three primary imperatives and recommendations. The plan is to have supporting issue briefs to help provide in-depth context, evidence, solutions, references to other states of what may be working in their states or ours to back up strategic recommendation. Past November the goal is to have a companion website to make supporting documents more accessible.</p> <p><u>Three primary imperatives</u></p> <ol style="list-style-type: none"> 1. Strengthening system infrastructure – addressing leadership structures, coordination governance, data systems, payment models, integrated funding, upstream and community, workforce retention, and workforce pipeline. <ol style="list-style-type: none"> a. To improve the experience of people going through the system b. Appoint leadership with authority to reduce system fragmentation – someone who has the authority to have the coordination and be the person to lead and hold accountable the many parts of behavioral health system c. Integrate funding sources to invest meaningfully across the system d. Create careers worth staying for and ignite talent trajectory from classroom to career 2. Expanding comprehensive offerings – What are the offerings, supports, services, resources that the behavioral health system has and how they will be provided? <ol style="list-style-type: none"> a. Developmental milestones b. Supportive ecosystem around young people and their caregivers and family c. Filling biggest and critical gaps first 3. Embedded core values – focuses on how core values and vision are embedded into the behavioral health system that is being worked towards. <ol style="list-style-type: none"> a. How to ensure that there is collective learning, culturally responsive, healing centered, strength based as people enter the system. Ensuring the first time someone engages in the behavioral health system they feel supported and welcome to build trust with the system. b. How to ensure there are meaningful partnerships with people who have lived and living experience in communities across the state. Making sure this voice is embedded in the system and decision structures. <p>Given the context of the current state budget, currently looking at low to no cost starts to begin implementation as it is important to figure out how to get it funded without losing momentum.</p> | | | |

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| Washington Thriving continued. . . | <p>Dialogue regarding what about FYSPRT works successfully that would translate well if scaled up. FYSPRTs are part of the Child, Youth and Family Behavioral Health Governance Structure and are now connected to legislative groups, specifically the YYACC and CYBHWG. Regional (or local) FYSPRTs identify a recurring need or gap and work to address it and if unable to, follow the process to elevate the need to the Statewide FYSPRT. If the Statewide FYSPRT is unable to address the need, it can be brought forward to the YYACC. It would be important to make sure that all areas of Washington (rural, coastal, etc.) are being heard, versus only larger or more populated regions, before decisions are made or moved forward. Another successful model of FYSPRT is the Tri-lead model ensuring youth, families and system partners leadership and voice is represented and working in collaboration to identify needs and solutions together. Would be great to have the Tri-lead model everywhere and every space. Nothing about us without us – we need people with lived experience as part of decision making. Incorporating education about the way the system works and the details about it to help add to the intentionality of youth and family participation. Washington Thriving is implementing a survey series to continue to elicit feedback – can be found on the Washington Thriving website under the blog section and will also be emailed out the Statewide FYSPRT to share additional thoughts and feedback after this meeting.</p> | | | |
| Only 7 Seconds Luke Wall | <p>Topic Purpose – Share information about Only 7 Seconds and the current state of loneliness, connection and social health, especially for youth.</p> <p>To recognize Loneliness Awareness Week June 9-15, we invited Only 7 Seconds to share more about their work to eradicate youth loneliness.</p> <p>We are more connected than ever as a human race, yet we are lonelier than we have ever been. This started movement and conversation of leading to better more meaningful, intentional connections and less loneliness across our state and eventually the entire country. Only 7 Seconds work is really centered on youth and addressing the youth loneliness epidemic. Loneliness has a profound impact on our overall health and wellbeing. Prolonged loneliness decreases life expectancy by 15 years. Loneliness can feel like:</p> <ul style="list-style-type: none"> • Feeling left out and stuck on the outside • Struggle to feel like you belong in a group or community • Rarely feeling close to the people in your life • Regularly feeling alone or isolated • Feeling like you don't have people to turn to • Feel like you don't have a lot in common or haven't found your people yet <p>Think about health as a triangle – physical health, mental health, and social health. Without all three of these components, we can end up unbalanced and unhealthy.</p> <p>Three ways to help address the loneliness epidemic:</p> <ol style="list-style-type: none"> 1. Engagement throughout Washington to bring awareness 2. Education, training, and resources – all centered around how to have conversations about loneliness and build better social health for youth and young adults 3. Youth led programming – building platforms to provide resources directly to youth to build connections and address loneliness | <p>For more information or if you have questions, reach out to info@only7seconds.com</p> | <p>Anyone</p> | <p>anytime</p> |

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| <p>Network Adequacy Standards for Managed Care Organizations for Child, Youth and Family Behavioral Health</p> <p>Leah Nunez and Jessica Mikesell Health Care Authority (HCA)</p> | <p>Topic Purpose – Work is starting on updates to network adequacy standards for 2026. Feedback from youth and families to help us understand community need will be beneficial so that the standards can be updated appropriately. HCA is also interested in learning from the community about the barriers they are experiencing when they try to access various service types. We look forward to discussing these topics with you.</p> <p>The Health Care Authority (HCA) is working on network adequacy standards for managed care organizations (MCOs) for behavioral health services. This is related to the number of providers MCOs have in their networks to provide services to youth and families. HCA has a team here to share an overview of what the network adequacy standards are, provide some additional information and hear feedback from families and youth to help better understand community need to inform standards for 2026.</p> <p>As of 2023, there has been a requirement to put together network adequacy standards for behavioral health services and get feedback every year to make sure these standards reflect the needs of the community. In 2023, the Legislature approved Gross Second Substitute House Bill 1515 to implement these standards in 2025. Outside of the standards that have been developed, service providers are also being tracked to see who is contracted with the MCOs to help inform gaps within the state.</p> <p>Network Adequacy, how many contracted providers a managed care organization has in relation to location of enrollees, has been measured for about 10 years in Washington. Monitored quarterly – MCOs provide data for how metrics are being met or plans on how they are going to meet them. Time (how long it takes an individual to get to the provider) and distance (how many miles between an individual and provider) standards is a quantitative measurement that HCA uses to measure network adequacy. If an MCO does not have enough providers to meet both time and distance standards for at least 80% of the Medicaid eligible population, they are not considered adequate. MCOs have to have the ability to serve 80% or more of the total Medicaid enrollees in each county in every region, and all of the critical provider types in order to be considered having an adequate network. If below 60% is being caused by there being no provider in the area, exceptions can be granted (mainly for smaller counties where there are only so many providers or if there is no provider there). Alongside time and distance standards is presence of service providers where specialty providers are unlikely to be located. Presence of Service standards requires there to be a provider present within a certain area (county, region, or state).</p> <p>The network adequacy standards need updating for 2026 – asking for what those standards should be and where in the state access to care difficult.</p> <p>A work group has been focusing on aligning legislation with existing services and collecting feedback on the proposed standards to implement them by January 1, 2026. HCA is currently doing presentations to gather data for updates to try and get as close as possible to meeting enrollees needs.</p> <p>For the purposes of the conversation related to network adequacy standards, youth are birth to age 17 and adults are 18 and older.</p> <p>The group dialogued about network adequacy standards to change for 2026 including, how distance standards would work for providers in areas where it takes 1.5-2 hours to get to any provider type (for example, some parts of the Olympic Peninsula), barriers for youth when it comes to needing</p> | <p>The Statewide FYSPRT Tri-lead team will email the slides regarding network adequacy. Statewide FYSPRT members and participants are welcome to provide additional feedback through the end of June.</p> <p>For questions – reach out to the Managed Care Programs inbox at HCAMCNetwork@hca.wa.gov</p> | <p>Anyone interested</p> | <p>June 30, 2025</p> |

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| Network Adequacy Standards for Managed Care Organizations for Child, Youth and Family Behavioral Health continued. . . | <p>transportation to a lot of services, other transportation barriers such as missing work, gas, no access to public transportation), inpatient facilities for youth where families are required to travel, can be a barrier especially if inpatient treatment is long-term.</p> <p>How do these standards intersect with tribal behavioral health systems? Tribal members are often served on a fee for service basis but sometimes can be served through a managed care network and MCOs are required to pay whether or not the providers are in the network. Sometimes providers are not contracted and the process for accessing services for tribal members is different.</p> <p>Some states add a network adequacy percentage for MCOs by 5 or 10% if they have telehealth providers. Some people really want telehealth providers, some do not and feel strongly about in-person providers meeting the need, however, this sometimes varies from service to service.</p> <p>WISe has some access issues based on the needs of the population. Wait times vary per region. Current standards is to have one in person provider in each county</p> <p>Behavioral health agencies that provide medication management is currently one provider per region, looking to change this to a presence of service in each county to have at least one provider available in every county in MCOs network in order to be adequate. Some people no longer have the choice of medication management provider, so there needs to be a standard for an additional medication management provider especially in larger population counties.</p> <p>Mobile response units are currently set to one per region and looking to update to a county standard for adults. Behavioral health agencies in each region would be responsible for coordinating with the MCOs to make sure the need for that region is met and to determine where providers are located – looking to not change these standards right now but update in 2027.</p> <p>Currently there are not standards around residential services and inpatient for youth because of the lack of providers in the state.</p> <p>The Statewide FYSPRT Tri-lead team will email the slides regarding network adequacy. Statewide FYSPRT members and participants are welcome to provide additional feedback through the end of June.</p> | | | |
| Evaluations and meeting wrap-up Statewide FYSPRT Tri-Leads | <p>Meeting evaluation link provided in the chat for participants to provide feedback on the meeting including possible agenda items for future meetings.</p> <p>Meeting evaluation link will also be emailed out to the group after the meeting.</p> | Tri-leads to review and consider feedback in planning future meetings. | Tri-lead team | June 2025 |
| Next Statewide FYSPRT Meeting | | | | |
| Tuesday August 5, 2025, 3 p.m.- 5 p.m. | | | | |

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