

# Washington System of Care Statewide FYSPRT

**Date:** February 3, 2026 **Time:** 3 p.m. – 5 p.m.

**Approximately 71 attendees representing the following:** Behavioral Health Catalyst, Carelon, A Common Voice, Coordinated Care, Department of Children Youth and Families, Department of Health, Family Alliance, Great Rivers Administrative Services Organization, Great Rivers FYSPRT, Greater Columbia Administrative Services Organization, Health Care Authority (Clinical Quality and Care Transformation, Division of Behavioral Health and Recovery, Medicaid Programs Division, and Strategy, Policy and Innovation), King County Community Collaborative, Nexus: Mental Health Hub for Schools, North Central WA Regional FYSPRT, North Sound Administrative Services Organization, North Sound Youth and Family Coalition, Northeast FYSPRT, Office of Superintendent of Public Instruction, Salish Regional FYSPRT, Southeast FYSPRT, Southwest Regional FYSPRT, Spokane County Behavioral Health Administrative Services Organization, Students Providing and Receiving Knowledge, WA State Behavioral Health Youth Network, WA State Children’s Behavioral Health Statewide Family Network, Wellpoint, 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
<p><b>Welcome, introductions and announcements</b></p> <p>Statewide FYSPRT Tri-Leads</p> <p>3:00 – 3:15</p>	<p>Shared land acknowledgment. Brief Zoom meeting guidelines (mute when not talking, raise hand, put questions in chat). Attendees introduced themselves in chat and identified their role, agency, organization and/or Regional FYSPRT they were representing.</p> <p>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.</p> <p>Announcements:</p> <ul style="list-style-type: none"> <li>➤ Statewide FYSPRT meetings will be transitioning from Zoom to Teams starting in April.</li> <li>➤ <a href="#">WA State Behavioral Health Youth Network</a> is hosting the 2<sup>nd</sup> annual <b>Wellness Summit, Rooted in Healing, on April 16, 9am-4pm</b> at the Muckleshoot Community Center. <a href="#">Registration and interest form</a>. Designed for young adults ages 14–35. A small number of spots are available for those over 35.</li> <li>➤ The <a href="#">Statewide Family Network</a> is hosting a couple of events coming up: <ul style="list-style-type: none"> <li>▪ <b>Sunday, May 3</b> at the Pasco, Red Lion – <b>Crisis Connection Event</b> for eastern WA is designed for parents/caregivers who have experienced crisis with their young person in the last 3 years. The application process for the Crisis Connection event will open in the next month or so. Details on a western WA Crisis Connection event will be shared later this year.</li> <li>▪ <b>2026 Children's Behavioral Health Summit on Monday, May 4</b> in Pasco. Registration will open soon. The Summit brings youth leaders, parents/caregivers, and state and system partners together to discuss and collaborate on identified topics. Mileage reimbursement may be available to parents and youth leaders as well as lodging reimbursement if traveling more than 50 miles.</li> </ul> </li> <li>➤ <a href="#">Teen-Led Mental Health Summit - March 21, 2026 at 10AM-4PM</a> at the Aura Event Center in Renton – register at <a href="http://www.nexusforschools.com/summit">www.nexusforschools.com/summit</a>. Grade 6-12 students, staff, counselors, teachers, community members, parents and more are welcome to attend. Youth will be in the audience and on stage sharing their voice to make systemic change and support youth in their daily mental health struggles, creating space for youth to share their voice, learn what adults are doing, and have conversations to bridge gaps and destigmatize mental health conversations.</li> </ul>	n/a	n/a	n/a

### 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>Youth and Young Adult Continuum of Care Communication</b></p> <p>Michelle Karnath</p> <p>3:15 – 3:20</p>	<p><b>Topic Purpose</b> – Standing agenda item to share information about the Youth and Young Adult Continuum of Care Subgroup meetings and activities</p> <p>This is a standing agenda item to provide updates regarding topics moved forward from a Regional FYSVRT to the Statewide FYSVRT that the Statewide FYSVRT was not able to address. When this occurs the Statewide FYSVRT moves the topic to legislative groups such as the Youth and Young Adult Continuum of Care (YYACC), a subgroup of the Children and Youth Behavioral Health Work Group (CYBHWG). This communication is on the agenda to keep Statewide FYSVRT members in the loop and to share general priorities from the work of the YYACC.</p> <p>The YYACC subgroup does not meet during legislative session. Items moved forward by the YYACC to the Children and Youth Behavioral Health Work Group did not have budget asks nor did they require a proviso or policy. A chart is shared each week with updates from legislative session on CYBHWG priorities. If you are interested in receiving the weekly update, reach out to Michelle Karnath at <a href="mailto:Michelle.Karnath@clark.wa.gov">Michelle.Karnath@clark.wa.gov</a>. You can also go to the HCA website to look up the <a href="#">CYBHWG recommendations</a> sent to the Governor’s office in late 2025 for the 2026 legislative session.</p>	<p>Contact <a href="#">Michelle Karnath</a> with questions or for more information.</p>	<p>Anyone interested</p>	<p>Anytime</p>
<p><b>Washington Thriving</b></p> <p>Raili Marks and Hanna Traphagan</p> <p>3:20 – 3:40</p>	<p><b>Topic Purpose</b> – Share information about Washington Thriving next steps</p> <p>The <a href="#">Washington Thriving</a> team has attended past Statewide FYSVRT meetings to introduce this work, get feedback from the Statewide FYSVRT, and keep the Statewide FYSVRT in the loop on developments. This team is here to share what’s happening now and next steps.</p> <p>Some relevant highlights</p> <ul style="list-style-type: none"> <li>- Full Value Agreement is at the center of and guiding the work. System of Care values (family and youth driven, community based and culturally and linguistically responsive) embedded in the process.</li> <li>- A collaborative statewide effort to develop a strategic plan for equitable behavioral health for children, youth, young adults from before they are born through age 25 (prenatal – 25 or P-25), and their families and caregivers. Co-developed with youth and caregivers with lived and living experience from across Washington state.</li> <li>- As of November 1, 2025 the plan was submitted to <a href="#">the Children and Youth Behavioral Health Work Group</a> (CYBHWG) and now is in the stage of moving from planning into implementation.</li> <li>- Companion website was developed to help provide an overview in an easily navigable format, see <a href="#">Roadmap to well-being for every child, youth, and young adult</a>.</li> <li>- A lot of work was done in the strategic planning process to understand what the current state of behavioral health is for Washington’s P-25 age range. Also noting incidences of people that need help not getting help, shortages in the workforce, recognizing that 75% of lifetime mental illnesses emerge by age 24 and how to provide services at every stage of the continuum, including early stages.</li> <li>- The vision developed by the WA Thriving Advisory Group outlines what the ideal behavioral health system is for children, youth and families in Washington. A system of care approach centers the child/youth and their caregivers and meets them where they are to give them the support they need through different services and system navigation. The vision included developing goals that are essential to getting to the ideal behavioral health system.</li> </ul>	<p>For questions or more information, reach out to <a href="mailto:info@washinfo.org">info@washinfo.org</a>.</p>	<p>Anyone interested</p>	<p>Anytime</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><b>Washington Thriving continued. . .</b></p>	<ul style="list-style-type: none"> <li>- Strengthening the foundation to achieve these goals:               <ul style="list-style-type: none"> <li>o What is needed to strengthen the infrastructure of the P-25 behavioral health system</li> <li>o What do we need to expand to fill gaps</li> <li>o Provide services that people need when they need them</li> <li>o Create the full continuum of care</li> </ul> </li> <li>- Longterm roadmap               <ul style="list-style-type: none"> <li>o Starting with building out the infrastructure and working towards a system that is sustainable and stays true to the vision</li> </ul> </li> <li>- What next?               <ul style="list-style-type: none"> <li>o Initiatives include:                   <ul style="list-style-type: none"> <li>▪ Infrastructure – want to have a strong foundation for the behavioral health system before we start trying to build up services</li> <li>▪ Make sure that what we are building on top of is something that is not going to crumble – something that is sustainable, connected, accountable</li> <li>▪ Shared understanding of what should be measured and how we are going to monitor those metrics over time</li> <li>▪ Funding coordination – identifying the relevant streams and their requirements – how we can be more efficient with the use of the currently allocated resources in the realm of behavioral health</li> <li>▪ Identified first initiatives:                       <ul style="list-style-type: none"> <li>• Perinatal well-being</li> <li>• K-12 student behavioral health</li> <li>• Treatment services expansion</li> </ul> </li> </ul> </li> </ul> </li> </ul> <p>If interested in additional information, materials are available that complement the 90-page strategic plan document including a short introductory video, one page summary, and five-page summary. See <a href="#">Washington Thriving website</a> for more information. The Washington Thriving Team is interested in hearing feedback regarding the Strategic Plan. Please send any questions, thoughts or feedback to <a href="mailto:info@washingonthriving.org">info@washingonthriving.org</a>.</p>			
<p><b>Respite</b></p> <p>Liz Venuto and Matt Christie</p> <p>3:40 – 4:00</p>	<p><b>Topic Purpose</b> – Follow up on progress made regarding respite as brought forward by the Statewide FYSPRT to the Youth and Young Adult Continuum of Care, a legislative group</p> <p>In 2020, the Statewide FYSPRT moved forward behavioral health respite, as a recurring need for youth and families in WA, to the Youth and Young Adult Continuum of Care. In 2021, HCA was directed by the legislature to contract for a report which would review the options for providing behavioral health respite in Washington. That report was completed in 2022. HCA reviewed the options identified in the report and included caregiver respite in a Medicaid waiver application to CMS (Centers for Medicare and Medicaid Services), which was approved in 2024. This waiver works to implement things that Medicaid might not otherwise pay for.</p> <p>The work to implement caregiver respite continues and is currently in the early stages of the rulemaking process (under Health Related Social Needs or HRSN) with partners at the Department of Social and Health Services (DSHS):</p>	<p>For questions or more information, reach out to <a href="#">Liz Venuto</a> or <a href="#">Matt Christie</a>.</p>	<p>Anyone interested</p>	<p>Anytime</p>

**Statewide FYSPRT Goals**

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Respite continued. . .	<ul style="list-style-type: none"> <li>• There will be a document publicly available that will be open for public comment and a public hearing scheduled.</li> <li>• Currently in DSHS rulemaking process for nutrition supports, home accessibility modifications and caregiver respite (all part of the HRSN category).</li> <li>• Once the public hearing and public comment has been completed, feedback has been responded to and changes have been addressed, rules can move to the permanent rule filing, with the understanding that updates can be made as state and federal rules change.</li> </ul> <p>Washington Administrative Code (WAC) – rules and regulations that state agencies are held to (a minimum standard of what is expected to be met), has been under development and will be shared out with the public to provide feedback.</p> <p>The protocols and the eligibility for CMS that is maintained for the waiver includes the following allowable services and eligibility criteria for each service.</p> <ul style="list-style-type: none"> <li>- Approved services <ul style="list-style-type: none"> <li>o Intermittent and temporary supervision on a short-term basis</li> <li>o Services are primarily non-medical and may include attending to an individual’s basic self-help needs and other activities of daily living</li> <li>o Respite should be made available when it is useful and necessary to maintain a person in their own home and prevent caregiver burnout and/or to avoid institutional placement</li> </ul> </li> <li>- Approved eligibility criteria <ul style="list-style-type: none"> <li>o Individuals who live in the community and are compromised in their activities of daily living and/or have been assessed to have a behavioral health need that requires constant or near-constant supervision</li> <li>o Individuals eligible for or enrolled in programs including: Health homes, intensive outpatient and partial hospitalization, mobile response and stabilization services (MRSS), First Episode Psychosis (FEP), Program of Assertive Community Treatment (PACT), and Wraparound with Intensive Services (WISE)</li> </ul> </li> <li>- Both the individual and the caregiver must meet specific eligibility criteria <ul style="list-style-type: none"> <li>o Individual <ul style="list-style-type: none"> <li>▪ Clinical or physical decline</li> <li>▪ Complex clinical and/or behavioral health needs</li> <li>▪ Pregnant or recently postpartum</li> <li>▪ Repeated emergency department visits</li> </ul> </li> <li>o Caregiver <ul style="list-style-type: none"> <li>▪ Medical needs</li> <li>▪ Needing rest to recover from medical condition</li> <li>▪ Requires hour by hour services due to absence or need of relief</li> <li>▪ Requires day or overnight services due to absence or need of relief</li> </ul> </li> </ul> </li> <li>- Eligible providers could include (but not limited to): Providers contracted by county behavioral health, Behavioral health agencies, other care providers who are serving youth with complex needs.</li> </ul>			

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<p><b>Youth Substance Use Disorder (SUD) Treatment gaps</b></p> <p>Statewide FYSPRT Tri-leads</p> <p>4:00 – 4:55</p>	<p><b>Topic Purpose</b> – Introduce, dialogue and next steps re: recurring gap/need regarding Youth SUD Treatment gaps</p> <p>A recurring gaps and needs form related to Youth Substance Use Disorder (SUD) treatment gaps was submitted to the Statewide FYSPRT Tri-lead team from the Northeast FYSPRT in January. The Northeast FYSPRT summarized this recurring need as dialogued about in their region:</p> <ul style="list-style-type: none"> <li>- Conversation of substance use services has come up a lot, specifically the lack of intensive substance use service options for young people ages 13-17.</li> <li>- <a href="#">American Society of Addiction Medicine</a> (ASAM) levels of care are based on the assessment of a youth and will determine their level of care or need.</li> <li>- Higher level of inpatient care (3.7+, medically monitored intensive inpatient services) is severely lacking especially in the 13-17 year old range.</li> <li>- There has also been a lot of conversation around the lack of detox services.</li> </ul> <p>Participants went into breakout rooms to dialogue about the following questions:</p> <ol style="list-style-type: none"> <li>1. What is working related to Youth SUD Treatment in your region and/or system?</li> <li>2. What is not working related to Youth SUD Treatment in your region and/or system?</li> </ol> <p>After having time to dialogue together, each breakout group had some time to report out what they talked about. Here is a summary of the report out from the breakout groups and participants.</p> <p>What is working related to Youth SUD Treatment in your region and/or system?</p> <ul style="list-style-type: none"> <li>• Struggled to identify real strengths (<i>multiple groups/regions</i>)</li> <li>• Bringing awareness to the issue – being able to identify and discuss is a positive</li> <li>• Strong native organizations doing outpatient work (however often have incredibly long wait lists)</li> <li>• Having a co-responder program in Clark Cowlitz fire and rescue through the fire department</li> <li>• Being able to have good care coordination, good communication, and collaboration with providers within the community and with other regions</li> <li>• some outpatient services that will specifically go to schools</li> <li>• There are a couple places for detox and some non-profits that have recovery café models and outpatient support in North Central</li> <li>• Just had a behavioral health facility completed in Snohomish – Fern Lodge partnering with the Tulalip Tribe</li> <li>• Some schools are providing SUD services</li> <li>• Madrona Recovery in the southwest region, however they are not at full capacity and there is such a big need throughout the state</li> </ul> <p>What is not working related to Youth SUD Treatment in your region and/or system?</p> <ul style="list-style-type: none"> <li>• Challenges in honoring the system of care value around community based. A lot of people are having to go outside their community to have their needs met putting up barriers for families to do supportive work alongside their youth (<i>multiple groups/regions</i>)</li> <li>• High demand for intense outpatient but limited facilities for youth (<i>multiple groups/regions</i>)</li> </ul>	<p>Be on the lookout for an email with more specific questions to gather additional information around this recurring gap/need.</p>	<p>Statewide FYSPRT</p>	<p>February/ March 2026</p>

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<p><b>Youth Substance Use Disorder (SUD) Treatment gaps continued. . .</b></p>	<ul style="list-style-type: none"> <li>• Limited resources for harm reduction</li> <li>• Consent challenge - finding ways to support youth in being comfortable with consenting for intensive treatment, hard to get teens into inpatient facilities (<i>multiple groups/regions</i>)</li> <li>• In King County it seems to be “cool” to do drugs, vape, and medication sharing</li> <li>• Some regions are struggling with services and what is available across the continuum</li> <li>• Recognizing there is Madrona Recovery which is a new youth co-occurring residential treatment program but still feeling like there is a lack of services</li> <li>• Youth and young adults that have private insurance are being left out of some of these services</li> <li>• Have access to telehealth, but only meets some needs</li> <li>• Culturally relevant services</li> <li>• Types of services that are available and accessible/delivered are limited (<i>multiple groups/regions</i>)</li> <li>• No medical detox for youth in Clark County</li> <li>• Franklin county seems to have a lack of education and heavy stigma amongst the youth</li> <li>• North Central, culture is hard to get past for youth and for families and it is hard for young people to talk about recovery and hard to identify tools especially for substance abuse assistance</li> <li>• Need more education on substance use in each county as most do not know if there is anything for youth and substance abuse (<i>multiple groups/regions</i>)</li> <li>• Need higher level of care</li> <li>• Needing more providers in rural areas and inpatient programs</li> <li>• Low reimbursements rates for SUD services – potentially an issue and trying to figure out how to get these providers the reimbursement that they need</li> </ul> <p>The Statewide FYSPRT Tri-lead team will email out more specific questions to take to Regional FYSPRTs for dialogue and information gathering and for state system partners to also share additional information around this recurring gap/need.</p> <p>Although the state is facing a difficult fiscal situation, this information will still be gathered to bring family, youth and system partner voice forward to impact the system and help youth and families that are struggling with substance use disorder.</p>			
<p><b>Evaluations and meeting wrap-up</b></p> <p>Statewide FYSPRT Tri-Leads</p> <p>4:55 – 5:00</p>	<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>	<p>Statewide FYSPRT Tri-leads to review and consider feedback in planning future meetings.</p>	<p>Statewide FYSPRT Tri-leads</p>	<p>February/ March 2026</p>
<p><b>Next Statewide FYSPRT Meeting</b>  <i>April 7, 2026, 3-5 p.m.</i></p>				

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