

Washington System of Care Statewide FYSPRT

Date: March 6, 2019 **Time:** 9:30am – 3:00pm **Location:** Lacey, WA 98503

44 Attendees representing the following: Amerigroup, Beacon Health Options of Washington, CLIP Administration, Department of Children Youth and Families, Department of Commerce/Office of Homeless Youth, Department of Health, Developmental Disabilities Administration, Division of Behavioral Health and Recovery, Family Alliance Washington, Great Rivers Behavioral Health Organization, Great Rivers Regional FYSPRT, Greater Columbia Behavioral Health, Health Care Authority, HI-FYVE (Pierce Optum Regional FYSPRT), King County Family and Youth Council (King County Regional FYSPRT), Molina Healthcare, North Central WA Regional FYSPRT, Salish Regional FYSPRT, South East WA Regional FYSPRT, Southwest Regional FYSPRT, System of Care Partnership (Thurston Mason Regional FYSPRT), United Healthcare, and Washington PAVE.

Facilitators – Michelle Karnath, McKenzie Madland, 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 and Introductions Statewide FYSPRT Tri-Leads 10:00 – 10:30	Attendees introduced themselves, identified their role, agency, organization and/or Regional FYSPRT they were representing. Each participant had the opportunity to share a brief 30 second announcement with the group. McKenzie Madland, Statewide FYSPRT Youth Tri-lead, was subpoenaed and is not present. Nicole Miller, Statewide FYSPRT System Partner Tri-lead, out sick. Michelle shared/read the full value agreement and the group agreed to it.	n/a	n/a	n/a
Youth Led Activity McKenzie Madland 10:30 - 11:00	Topic Purpose – activity to engage all participants Michelle and Oscar (HI-FYVE Youth Tri-lead) led an activity called Pair Introductions where you pair up with someone you don't know (or know as well) and interview each other for 5 minutes per person. The group was encouraged to share within their comfort level. Each person in the pair will introduce the other person and share 3 things learned during the interview. Questions to guide the interview included: <ul style="list-style-type: none"> - Why are you in the position/role that you are in? - How is your FYSPRT run? And/or if a system partner – what would you like the other person to know about where you work. - What topics are you tackling at your FYSPRT? And/or if a system partner – what initiatives are you most excited about? 	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 Children's Behavioral Health Executive Leadership Team that include youth, family and system partner voice.

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<p>Senate Bill 6560 Workgroups – progress and recommendations</p> <p>Regina McDougall and Amanda Lewis</p> <p>11:00 – 11:30</p>	<p>Topic Purpose – information sharing from the Office of Homeless Youth and the Division of Behavioral Health and Recovery about the progress of the workgroups related to Senate Bill 6560, ensuring that no youth is discharged from a public system of care into homelessness.</p> <p>The Office of Homeless Youth (OHY) shared updates around what is happening around Senate Bill (SSB) 6560, workgroups related to this bill and the plans for next steps. This is an update from the November meeting where OHY presented information about their programs in response to youth experiencing homelessness being brought forward as a challenge by a regional FYSPRT. Senate Bill states that the Department of Children Youth and Families and the Office of Homeless Youth must jointly develop a plan to ensure by December 31, 2020, that unaccompanied youth are discharged from publicly funded systems of care into safe and stable housing. SSB 6560 recommendations are being developed by five workgroups representing five systems of care including behavioral health, child welfare, juvenile justice/state, juvenile justice/county, and the Office of Homeless youth. Family and youth voice is valued and present in each of the workgroups.</p> <p>Some challenges identified in the dialogue included:</p> <ul style="list-style-type: none"> - Youth need more support around life skills - Systems do not necessarily have the support they need in order to make a good transition - Development and follow through on transition plans. - No standard for communication has been set, so there is a lack of understanding within the system. <p>Links to resources identified in the dialogue:</p> <p>Research and Data Analysis Dashboard including definitions - Housing Status of Youth Exiting Foster Care, Behavioral Health and Criminal Justice Systems</p> <p>A Way Home Washington Report December 2018 – From Inpatient Treatment to Homelessness: Envisioning a Path Toward Healing and Safe Housing for Young People in Washington State</p> <p>In May, the workgroups are planning an all stakeholder survey to get feedback on recommendations. In the summer of 2019, workgroup representatives will be sharing initiatives and recommendations with the public.</p>	<p>Regina and/or Amanda will send the link to the data published on the Research and Data Analysis Dashboard and the A Way Home Washington Report.</p> <p>For more information, contact Regina McDougall at regina.mcdougall@commerce.wa.gov or (360) 725-5067 or Amanda Lewis at amanda.lewis@hca.wa.gov or 360-725-9411.</p>	<p>Kris will include links in the notes.</p>	<p>March 2019</p>

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Lunch and Networking 11:30 – 12:30	Lunch on your own			
Process to obtain a CLIP bed dialogue Statewide FYSPRT Tri-Leads 12:30 – 2:45	<p>Topic Purpose – information sharing to respond to the desired outcomes of the Challenge and Solution Submission form submitted by the King County Family and Youth Council regarding the process to obtain a Children’s Long-term Inpatient Program (CLIP) bed.</p> <p>This topic would consist of a few parts. Part one: an overview of the Children’s Long-term Inpatient Program – Improvement Team (CLIP-IT), Part two: presentation from Beacon, Administrative Services Organization (ASO) in three regions and then hearing from remaining regions if their process is similar, and Part three: an activity to generate strengths, challenges and ideas to share with the CLIP-IT. In general, CLIP-IT works to improve the CLIP experience for youth and their families. Some accomplishments of this group include decreasing the average length of stay to 8.5 months and hiring family partners in the CLIP facilities. Then, Beacon representatives for North Central, Southwest and Pierce, presented on the process to obtain a CLIP placement in these regions. Remaining regions then identified if their process was similar to Beacon. If different, the region identified those differences. For the North Central, Southwest and Pierce region, the process is as follows:</p> <ol style="list-style-type: none"> 1. Referral call to plan representative 2. Plan representative explains the role of CLIP committee and what CLIP is <ul style="list-style-type: none"> - Youth and family/representative can be referred to other resources OR - Youth and family/ representative is interested in having their case reviewed by the committee. 3. Plan representative explains the committee review process with the youth and family/representative and collects information via Committee Presentation Form. 4. Committee Convener informs CLIP applicant(s) and schedules the review for the next meeting month. Additional meetings scheduled to comply with 30 day review requirement. 5. Committee meeting convened with community partners and family/representative present. Presentation Form presented and after facilitated discussion, Committee members vote to refer or not refer to CLIP Administration. <p>After reviewing the above process, other regions in the room identified if their process was similar, and if not, what was different about their process. Most regions that were present at the meeting had a similar process.</p>			

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	<p>For the activity, participants were divided into groups, given 30 minutes to talk in their groups, and then 30 minutes to report out and share what their group discussed. The below questions were identified to guide the conversation:</p> <ul style="list-style-type: none"> - What is working around the process to obtain a CLIP bed? - What are some challenge areas? - What are some ideas or suggestions for improvement? <p>Some of the strengths identified by participants included: the referral process is more streamlined, less paperwork for the referral process, the committee process includes sharing resources across the region, WISE treatment team participation, families have more support in the referral process, education about CLIP and what to expect, proactive, CLIP encourages utilization of other resources prior to CLIP admission, evaluating the need of CLIP, CLIP parent steering committee trainings, Integrated Care Management teams, committee is a free consult, providing resources to keep youth out of CLIP, and the Thurston/Mason System of Care website provides access to resources and services.</p> <p>Some challenges identified by participants included: limited beds in CLIP, not enough community based services, situations that can occur during the CLIP process, waitlist/capacity, some agencies are not aware of CLIP, transportation and rural area challenges, lack of respite, families unaware of WISE pre CLIP and post CLIP, Autism spectrum is below criteria, lack of ADA providers, needing more services for Non-Medicaid, increase in referral calls, and there is a need for mid-level services between WISE and CLIP.</p> <p>Some ideas or suggestions for improvement shared by the group included: respite services, more support for WISE teams, follow up on discharge plan, having day treatment or day support, short term community based services, sales tax dollars or braided funding to support community based services, First Episode Psychosis expansion, substance use treatment in CLIP and in discharge planning, more educational committees, discharge services and connections, parent with lived experience to walk along in the process and/or more parent steering committee trainings, empowering WISE teams to make CLIP decisions, identifying clear triggers for when an increased level of services are needed, increasing youth peer involvement, a youth peer and family peer on every committee, and building the system we want.</p>	<p>The information on strengths, challenges and ideas or suggestions for improvement will be shared with the CLIP-IT for their review.</p>	<p>Kris</p>	<p>March 2019</p>

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Meeting Evaluation Agenda Items for the Next Meeting Statewide FYSPRT Tri-Leads 2:45 – 3:00	Evaluations handed out for participants to complete to provide feedback on the meeting including agenda items for future meetings. Also shared options to complete the evaluation through survey monkey.	Tri-Leads to review and consider feedback in planning for future meetings. Kris will email survey monkey link.	Kris	March 2019
Next Statewide FYSPRT Meeting				
Thursday, May 2, 2019 9:30am – 3 pm Lacey, WA				

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