

**Regional
Family Youth System
Partner Round Table
(FYSPRT)
Manual**

Effective September 10, 2018

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Background and History

The statewide and regional Family Youth System Partner Round Tables (FYSPRTs), part of the Children’s Behavioral Health Governance Structure (the Governance Structure), were developed under the Department of Social and Health Services (DSHS) Washington State System of Care (SOC) Expansion Project as a key component for ensuring behavioral health and other public child-, youth-, and family-serving systems in Washington state are coordinated and informed by input from multiple stakeholders and partners. To view the full Governance Structure, see Appendix C.

FYSPRTs and their connection to Systems of Care

Systems of Care are defined as “A spectrum of effective community-based services and supports for children, youth, and young adults with or at risk for mental health and related challenges and their families that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs in order to help them function better at home, in school, in the community, and throughout life.” Core system of care principles are: **(1) community-based, (2) family-driven and youth-guided, and (3) culturally and linguistically competent.**

FYSPRTs are intended to promote development of systems of care that are based on **community** priorities by convening a group of invested stakeholders and partners including family, youth, system partners, tribal governments, Urban Indian Health Programs, providers, community leaders, and others to engage in a systematic process of evaluating system-level needs and strengths and identifying strategies for improvement. Systems of care become more **family-driven and youth-guided** by ensuring that families and youth are key collaborators and are in core positions of leadership. Finally, systems of care become more **culturally and linguistically competent** by ensuring that the community mobilization process is representative of the diversity of the community and focuses on issues such as disproportionality and cultural and linguistic competence of services and supports.

FYSPRTs and their connection to the *T.R. et al. v. Strange and Birch Settlement Agreement*

FYSPRTs were adopted within the *T.R. et al. v. Strange and Birch (originally Dreyfus and Porter) Settlement Agreement (T.R. Settlement Agreement)* as part of the Children’s Mental Health Governance Structure, now referred to as the Children’s Behavioral Health Governance Structure (the Governance Structure). The system of care values and principles were also adopted, with a few modifications, within the settlement agreement as the Children’s Mental Health Principles and later changed to the Children’s Behavioral Health Principles.

The Governance Structure consists of inter-agency members on a Children’s Behavioral Health Executive Leadership Team (CBH ELT), the statewide FYSPRT, regional FYSPRTs (and local FYSPRTs if applicable), an advisory team, and various workgroups who inform and provide oversight for high-level policy making, program planning, and decision making in the design, development, and oversight of behavioral health care services and for the implementation of the *T.R. Settlement Agreement*.

FYSPRT Structure and Purpose

The statewide and regional FYSPRTs (and local FYSPRTs where applicable) are designed to influence the functioning of local and state child-serving systems and to promote proactive changes that will improve access to, and the quality of, services for families and youth with complex behavioral health challenges and the outcomes they experience. FYSPRTs are grounded in the Washington State Children's Behavioral Health Principles (See Appendix A, Glossary of Key Terms) and provide a forum for regional information exchange and problem solving, as well as an opportunity for identifying and addressing barriers to providing comprehensive behavioral health services and supports to children and youth.

The statewide FYSPRT is informed by the work happening within the regional FYSPRTs. It problem-solves statewide challenges and barriers brought forth by the regions and statewide system partners and promotes successes and solutions that may be helpful to other regions in the state. The overarching FYSPRT goal is to ensure family, youth, and community stakeholder involvement in policy development and decision-making, including the provision of Wraparound with Intensive Services (WISe).

The regional FYSPRTs are an essential part of the Governance Structure that meaningfully engages families and youth, governmental/tribal partners, and others who are interested in and committed to the success of youth and families in an equitable forum to identify community needs, review regional data, problem solve, and address issues within the region. With a goal of improving outcomes for youth, the regional FYSPRTs brings unresolved needs forward to the statewide FYSPRT with recommendations about how to meet those needs.

At a minimum, there will be one statewide FYSPRT and ten regional FYSPRTs, one for each of the Behavioral Health Organization regional service areas and Integrated Managed Care regional service areas across Washington state (See Appendix B for a map of the Regional FYSPRT boundaries).

Based on the needs of the region, some regions may choose to develop local FYSPRTs.

Purpose of the Manual

The purpose of this manual is to provide a consistent set of standards that clearly describe the core roles, elements, and functions of the regional FYSPRT infrastructure and operations. The manual also aims to orient regional FYSPRT leaders and participants to FYSPRT activities.

This manual is a living document. It will continue to be refined and revised as we learn from communities. The most current version of the manual will be posted online.

Mission of the FYSPRTs

The **mission** of Washington state's ten regional FYSPRTs is to bring all necessary parties together to contribute to continuous improvement to children's behavioral health services and supports. Regional FYSPRTs strive to provide an equitable forum for families, youth, systems, and communities to strengthen and sustain community resources that effectively address the individualized behavioral health needs of children, youth, and families.

Regional FYSPRTs play a critical role within the Governance Structure in informing and providing oversight for high-level policy making, program planning, and decision making, and for the implementation of the *T.R. Settlement Agreement*. As described further below, regional FYSPRTs will:

- Convene a broad array of stakeholders and partners to collect, review, and/or interpret relevant data and evaluation results and develop system improvement strategies.
- Serve as a mechanism for bringing voices from communities into one regional entity.
- Respond to calls for feedback from other entities such as the statewide FYSPRT, relevant state agencies, and Children's Behavioral Health Executive Leadership Team (CBH ELT).
- Complete a regional needs assessment to identify needs of the region.
- Complete and/or update a five-year strategic plan to identify and address long-term needs of the region.
- Develop and complete an annual work plan that will guide the work of the regional FYSPRT for a 9- to 12-month period and will be informed by the needs and goals identified in the five-year strategic plan.

The FYSPRT **vision** is that through respectful partnerships, families, youth, systems and communities will effectively collaborate to proactively influence and provide leadership to address challenges and barriers faced by the behavioral health service system for children, youth, and families in Washington state.

Population of Focus

Regional FYSPRTs are key components to making community, regional, and statewide system improvements throughout the continuum of care for children's behavioral health. An added emphasis is placed on improving outcomes for those identified as class members in the *T.R. Settlement Agreement*. Class members are defined as any child, youth, or young adult eligible for Medicaid and up to 21 years of age whose emotional or behavioral challenges have led them to be in need of intensive behavioral health treatment in an out-of-home-placement and/or are at risk of needing such placement or intensive treatment.

Authority

Establishment of and support to statewide and regional FYSPRTs is derived from the goals, commitments, and exit criteria of the *T.R. v. Strange and Birch (originally Dreyfus) Settlement Agreement and Proposed Order No. C09-1677 – TSZ*, which stipulates that the Washington state children’s behavioral health delivery system will maintain a collaborative governance structure that includes child-serving agencies, youth and families, tribal partners, and other stakeholders.

The *T.R. Settlement Agreement* also stipulates that:

1. DSHS and the Health Care Authority (HCA) will use a sustainable family, youth, and inter-agency governance structure to inform and provide oversight for high-level policy making, program planning, decision making, and for the implementation of this agreement.
2. The Children’s Behavioral Health Executive Leadership Team of the Governance Structure will be used to make decisions about how its child-serving agencies meet the systemic needs of the population of focus.
3. DSHS, Department of Children Youth and Families (DCYF), and HCA will engage families, youth, and local community representatives through FYSPRT and other methods. The family, youth, and local community representatives will act as full partners in the governance committees and groups.

Regional FYSPRT Infrastructure and Operations

Administrative Structure

The regional Behavioral Health Organization (BHO) or regional Behavioral Health Administrative Services Organization (BH-ASO), herein referred to as “region” or “regional,” will establish and resource the regional FYSPRTs in compliance with Division of Behavioral Health and Recovery (DBHR) standards, guidelines, and contractual expectations, as well as expectations under the *T.R. Settlement Agreement*.

As described above, FYSPRTs will be critical to informing high-level policy making, program planning, decision making, and for the implementation of this agreement (See the Figure in Appendix C, for a visual of the Governance Structure). The regional FYSPRTs will also have the ability to influence other areas of the continuum of care at local, regional, and statewide levels by following the operational requirements described in this manual.

Although there are a set of non-negotiable, specific expectations that each region must meet for youth and family participation in children’s behavioral health policy and

practice (outlined in the contracts with DBHR and discussed throughout this manual), each region has wide discretion to design creative options for achieving that goal in a way that will best meet the needs of its youth, families, and communities. The following expectations must be met:

- The FYSPRT convener must support adherence to the expectations in the current manual and the *T.R. Settlement Agreement*.
- FYSPRTs must be adequately independent of regional contractor operations that family, youth, system partner, and community representatives are able to exercise independent leadership and speak freely. While family and youth independence is important, the idea of a shift in leadership paradigm is also crucial. Examples to safeguard these expectations include certain core expectations, some of which are explained in this manual, including:
 - The use of a tri-lead structure that blends leadership across families, youth, and system partners.
 - Empowering members (i.e., families, youth, and system partners) to share leadership responsibilities.
 - Consistency in vision and message of the FYSPRTs around advising regional and state improvements that can promote system of care principles.
 - Provision of funding and other resources to support FYSPRT members – such as travel support and on-site child care – that aid in ensuring family and youth participation.
 - Establishment of regionally developed and endorsed “ground rules” for engagement, dialogue, decision making and meeting protocols that assure a sense of safety for participants.
 - Regular assessment/evaluation of participants’ experiences including ratings and feedback on sense of independence and relevance.
 - Training on the history, mission, and purpose of FYSPRTs; use of data and information; approaches to effective decision making; leadership; and advocacy.
 - Provision of mentoring opportunities for families and youth that includes provision of guidance from experienced family, youth, and community leaders.

As the quote below from a Family Leader of Family Alliance reminds us, regardless of who convenes the FYSPRT meetings, the basis of these meetings is about collaboratively working together as equal partners in system improvement efforts.

“People do not attend local community meetings because they are required to do so. People are there because they find usefulness and meaning for these groups.”

Representation on the Regional FYSPRTs

Representation on the regional FYSPRT shall be diversified and include transition age youth/youth partners, family/family partners, and system partners. Family and youth representatives should include people who have received substantial services in the system, like WISE, in addition to youth and family representatives who are employed or

funded by providers or systems.

Composition of Leadership

Regional FYSPRTs will be tri-led by a family/family partner with lived experience, a youth/youth partner with lived experience, and a system partner. Tri-lead means a role developed to create equal partnership among a family, a transition age youth and/or youth partner, and a system partner representative who share leadership in organizing and facilitating regional FYSPRT meetings and action items. It is recommended that tri-leads serve a term of two years upon their first appointment. Regional charters should inform selection of specific tri-leads and require that tri-leads meet the qualifications for the position's responsibilities. Experiences nationally in systems of care suggest effective family and youth leaders have significant, direct systems/service experience; the capacity to listen actively, reflect thoughtfully, blend the perspectives of diverse stakeholders and partners; reframe discussions from a proactive, strength-based perspective; and experience working with and guiding other youth and families in such capacities. To assure continuity of FYSPRT operations, leaders may continue to serve following expiration of their first term. For more information, see Appendix D for a sample regional FYSPRT Charter with tri-lead position descriptions and responsibilities.

Role of FYSPRT Tri-leads

The tri-leads work with the convener to ensure meeting tasks and deliverables are completed. Specifically, the tri-leads will be responsible for leading and organizing the regional FYSPRT meetings, as well as conveying information to and from the statewide FYSPRT. Collectively the tri-leads will ensure safe and collaborative meetings so FYSPRT members can share their unique perspectives and experiences, sometimes in an anonymous manner, to improve outcomes for youth and families in their region. Regional FYSPRT tri-leads will:

- Be active participants and leaders in order to facilitate meetings.
- Effectively engage family and youth members in topics such as five-year strategic planning and outreach.
- Maintain regular contact with other system partners, family organizations, youth organizations, and/or youth leaders/facilitators of youth-led meetings and activities. For example, family tri-leads are invited to participate as members of the Washington Behavioral Health Statewide Family Network meetings and activities either in person or remotely.
- Promote System of Care values in all aspects of their work.
- Identify community partners and resources for continual collaboration.
- Record, summarize, and present information to the community.
- Create a youth and family guided infrastructure so members feel supported and safe to share feedback in meetings or anonymously with tri-leads, to increase independence and success.
- Participate in training opportunities and identify needed technical assistance and skill development opportunities for system partners, youth, and families.
- Support other state initiatives related to Children's Behavioral Health.
- Share solutions identified with other regions either individually, at the statewide

FYSPRT meeting or other common events.

Role of FYSPRT members

It is intended that the regional FYSPRT leverage the experiences, expertise, and insight of key individuals including families, youth, system partners, organizations, and departments that are committed to building a system of care for children's behavioral health. Family and youth representation on the overall FYSPRT will be "substantial," at a minimum 51% youth and family membership and/or meeting participation. The regional FYSPRT will reflect the composition of the target population to the maximum extent possible. Regional FYSPRT members provide support and guidance for their region on FYSPRT related activities and tasks.

Individual members will:

- Identify local and regional strengths, including effective and promising initiatives/projects and examples of community and system agencies that support systems of care values and principles (See Appendix E).
- Participate in collaborative problem-solving to improve access and quality of services and outcomes for children, youth, young adults, and their families.
- Identify barriers/challenges and options for addressing issues within the region.
- Bring community, individual, and agency strengths in completing necessary tasks.
- Educate and influence service delivery systems and the community in system of care values and principles.

Contractor Expectations

The regional contractor shall develop, promote, and support the regional FYSPRT to fulfill their functions within the Governance Structure, in alignment with Washington State's Children's Behavioral Health Principles and the Regional FYSPRT Manual. Promotion and support of the regional FYSPRT includes but is not limited to the following activities:

- Recruiting members
- Providing administrative support
- Provision of resources and fiscal management
- Arranging meeting space
- Informing local/regional priorities
- Collecting and reporting required information
- Other activities in support of the regional FYSPRT

Ensuring adequate representation

The regional FYSPRT convener and regional tri-leads will engage with youth, families, system partners, governmental partners, tribal governments and/or organizations, Urban Indian Health Programs, and community members to build or maintain a regional FYSPRT membership that includes:

- At least 51% family and youth representation

- Key administrators connected to the WISe implementation
- Representatives from family and youth run organizations or programs
- Community system partners that may include:
 - Behavioral health provider(s) (i.e., mental health and substance use disorder treatment providers)
 - Department of Children, Youth, and Families
 - Developmental Disabilities Administration
 - Division of Vocational Rehabilitation
 - Early Learning – Head Start
 - Education/school district/educational service districts
 - Federally Recognized Tribes (or Tribal Governments)
 - Foster care provider(s) and/or youth and family groups
 - Juvenile Justice
 - Law enforcement
 - Mental health ombudsman
 - Physical health care/public health
 - Recognized American Indian Organizations
 - Urban Indian Health Programs
- Community members that may include:
 - Adult consumers
 - Advocacy groups
 - College and university campus groups
 - Community leaders or organizations/coalitions
 - Faith community leaders
 - Kinship groups
 - Legislators
 - Military
 - Regional advocacy groups
 - Other interested community stakeholders

Regional FYSPRT will:

- Ensure all members act as full partners within the work of the FYSPRT. The contractor shall include youth, family, and system partner representation in all aspects of the maintenance of the regional FYSPRT.
- Maintain a process for youth and families members to apply for travel support (for example, mileage reimbursement and other meeting attendance costs). Details of meeting support must be provided to members through the FYSPRT website and other means so they are aware of and can access this support.
- Develop policies and procedures, as needed or identified.
- Be expected to maintain an up-to-date, formal roster of members and submit them to DBHR quarterly. The membership roster shall include the name and affiliation(s) of members (family, youth, system partner) and also include the name, affiliation, email address, and phone number for regional FYSPRT tri-leads.

- Aid in the recruitment of family/family partners and transition age youth/youth partners for regional FYSPRT membership. Family and youth run organizations (FYROs) will be actively engaged in identifying and recruiting possible members.

Representation on the Statewide FYSPRT

Representation on the statewide FYSPRT shall be diversified and include the family youth and system partner tri-leads from each regional FYSPRT, child-serving state system partners, and tribal partners.

- The regional FYSPRT will identify and support at least two tri-leads to attend each in-person statewide FYSPRT meeting.
 - Tri-leads review and provide feedback to DBHR staff, as requested, regarding documents as related to statewide FYSPRT responsibilities such as, but not limited to:
 - Monthly reports and semi-annual reports for grants.
 - Other documents as requested.
 - Tri-leads act as a communication liaison to report information back from the statewide FYSPRT to the regional FYSPRT, and will present information from the regional FYSPRT to statewide FYSPRT. (See Appendix F, Promoting Communication within the Children’s Behavioral Health Governance Structure).
- Regional tri-leads and/or regional FYSPRT members shall be invited to participate on identified subgroups of the statewide FYSPRT, for example the Data and Quality Team.

Local FYSPRT development and/or connections to other local community groups

Based on the needs assessment, five-year strategic plan and, annual work plan, regional FYSPRTs have the option to develop localized FYSPRTs to meet the needs of their region.

- Representation from the local FYSPRT, if applicable, shall be diversified and include local system partners, youth/youth partners, and families/family partners.
- If applicable, local FYSPRT tri-leads will participate as members of the regional FYSPRT and bring information forward about local needs. Local FYSPRT tri-leads will also bring regional FYSPRT information back to the local FYSPRT.
- If applicable, local FYSPRT tri-leads and/or local FYSPRT members may participate on identified subgroups of the regional, and potentially statewide FYSPRTs.

Based on the needs of the region, connections may also be made to other local community groups to enhance the work of the regional FYSPRT and could include Accountable Communities of Health, suicide prevention groups, substance use prevention coalitions, youth groups, etc.

Promoting Development of Youth and Family Leaders

In order to ensure proactive development of the regional system of care as well as effective functioning of FYSPRTs – there should be a commitment to promoting development of youth and family leaders throughout the Governance Structure.

Such leadership is often promoted by activities such as, but not limited to:

- A. Increasing funding and other resources to support youth and family attendance at meetings, including travel support, meals, and on-site childcare.
- B. Expanding or creating opportunities for policymakers and administrators to hear directly from families and youth.
- C. Building in policy requirements that give families and youth roles in policymaking bodies.
- D. Enhancing networking capacity of parents, youth, and other family members.
- E. Invest in family and youth advocacy organizations and services directed by youth and families.
- F. Supporting technical assistance offered by the federal government to states and communities that do not have formal systems of care grants.
- G. Promoting and funding the development of a public health model that embraces a universal focus on children’s behavioral health and addresses outcomes for the highest need children and youth.

Promoting Effective Communication within the Governance Structure

As described above, regional FYSPRTs play a critical role, within the Children’s Behavioral Health Governance Structure, in ensuring a full communication loop between state and regional stakeholders and partners that promotes the continual improvement of the system of care for children, youth, and families. Regional FYSPRTs will:

- Convene a broad array of stakeholders and partners to collect, review, and/or interpret relevant data and evaluation results, in order to develop system improvement strategies.
- Serve as a mechanism for bringing voices from communities into one regional entity.
- Develop and implement communication mechanisms for informing the community about progress, information and changes from the statewide FYSPRT or the CBH ELT.
- Support at least two regional FYSPRT tri-leads to attend each statewide FYSPRT meeting on a rotating schedule to bring information from the statewide FYSPRT meeting back to the regional FYSPRT members for information sharing and feedback requests.
- Review and be prepared to provide feedback to DBHR, as requested, regarding documents related to statewide FYSPRT responsibilities and information requests for relevant grants.
- Respond to calls for feedback from entities such as the statewide FYSPRT,

relevant state agencies, and Children's Behavioral Health Executive Leadership Team.

When problem solving around an item or situation is indicated, regional members will first contact their regional tri-leads for dialogue and brainstorming. If needed and appropriate, the item or situation will be added to the next regional FYSPRT agenda for dialogue and brainstorming solutions. If the item or situation is not resolvable within the regional FYSPRT group after presentation and brainstorming at the regional FYSPRT meeting, the tri-leads could submit the challenge to the statewide FYSPRT tri-leads, including recommendations about how to meet the need using the Challenge and Solution Submission Form (See Appendix G), for discussion and possible addition to the statewide FYSPRT agenda. If the challenge is not resolved at the statewide FYSPRT through information sharing, brainstorming, guest presenters, dialogue, etc., the challenge could be moved forward to the Children's Behavioral Health Executive Leadership Team using a briefing form modeled after the Challenge and Solution Submission Form and should include potential solutions or recommendations from the statewide FYSPRT about how to meet the need.

After the statewide FYSPRT identifies potential solutions to move forward to the CBH ELT around a challenge that is not resolvable by the statewide FYSPRT, the DBHR Child and Youth Behavioral Health Unit prepares a briefing paper for the CBH ELT including information and potential solutions or recommendations provided by the statewide FYSPRT. The briefing paper is routed through DBHR leadership to determine if the topic is under CBH ELT authority and/or who can help to address the challenge.

If the topic is under CBH ELT authority, the topic is added to a future CBH ELT agenda for the statewide FYSPRT tri-leads to present to CBH ELT members and have further dialogue. CBH ELT members provide feedback on the challenge, consider potential solutions or recommendations from the statewide FYSPRT and dialogue about next steps, which may include additional information gathering and coordinating with other systems and partners. Once next steps have been completed, a response is drafted and shared with the statewide FYSPRT tri-leads and then CBH ELT members to review. A CBH ELT member will attend a statewide FYSPRT to dialogue about the CBH ELT response including any decisions or recommendations. A written response will also be shared with statewide FYSPRT members and posted on the CBH ELT website. The length of time it takes for a topic to move through this process will vary depending on the topic, time in between meetings, amount of research needed, etc.

If the topic is not entirely under CBH ELT authority, DBHR leadership recommends next steps to respond to the challenge and shares information with CBH ELT members, loops in other systems as relevant and/or to determine next steps. Once next have been completed, a response is drafted and shared with the statewide FYSPRT tri-leads and then CBH ELT and/or others as relevant, to review. A CBH ELT or other representative relevant to addressing the challenge, will attend a statewide FYSPRT to dialogue about the response including any decisions or recommendations to the statewide FYSPRT. A written response will also be shared with statewide FYSPRT members and posted on

the CBH ELT website. The length of time it takes for a topic to move through this process will vary depending on the topic, time in between meetings, amount of research needed, etc.

For more information about communication across the Governance Structure, see Appendix F, Promoting Communication within the Children's Behavioral Health Governance Structure.

Reviewing Outcome and Process Data and Reports

The regional FYSPRT will review data on a quarterly basis as an item on the regional FYSPRT meeting agenda.

At least two quarters per year, regional FYSPRTs will review WISe quality improvement reports provided by DBHR to identify trends, relevant strengths and needs for improvement, system barriers, system challenges, and regional service needs for youth and families. WISe quarterly reports will be updated and posted online quarterly by DBHR.

For the other two quarters in the year, regional FYSPRTs can review other data specific to their region to identify trends, relevant strengths, and needs for improvement, system barriers, system challenges and regional service needs for youth and families. Other reports that could be reviewed include:

- Statewide Performance Reports
- Reports generated by the University of Washington Evidence Based Practice Institute (EBPI)
- Health Youth Survey data
- WISe youth and family survey reports

The regional FYSPRT may also choose to review WISe quarterly reports for all four quarters of the year if other regional data is not available.

Regional FYSPRTs will help address needs that may arise from data review through taking action within the regional FYSPRT including:

- Addressing the need as a meeting agenda item
- An annual work plan goal
- Five-year strategic plan need or goal
- Or another method

If the need is not able to be addressed within the region, the regional FYSPRT may choose to identify the need to the statewide FYSPRT by submitting a Challenge and Solution Submission Form that includes recommendations about how to meet the need.

For more information about how quality is tracked and improved in WISe, see the [Quality Management Plan](#).

Participating in Training

Regional FYSPRTs will support members to engage in FYSPRT-related training and technical assistance meetings or events as developed/supported/sponsored by DBHR or entities contracted by DBHR.

Regional FYSPRT Policies

Regional FYSPRTs will develop their own written policies and procedures, as needed or identified, and post them to the regional FYSPRT webpage, to address the following:

- Meeting frequency and considerations for quorums
- Attendance and representativeness
- Meeting rules and norms
- Voting
- Membership guidelines
- Quality assurance processes (data review, collection, reporting, and use)
- Travel and other meeting support

The above written policies and procedures may also be addressed in the regional FYSPRT charter.

Annual FYSPRT Products

Nationally, effective regional collaboration entities are typically called upon to undertake a priority-setting process to guide resources, goals, and action plan development. These activities result in products that aid in the entity's ability to identify needs, inform communities, and document successes and needs for further improvement. This sequence of activities helps maximize the regional entity's (i.e., FYSPRT's) effectiveness and relevance, and guides its activities.

The regional FYSPRT will annually conduct activities that generate three products that provide "blueprints" for progress and success: (1) a regional needs assessment using the region's tool/method of choice to assist in the planning and development of the regional FYSPRT; (2) a current five-year strategic plan for the region outlining long-term needs and goals; and (3) a FYSPRT annual work plan that describes what the FYSPRT's specific role will be in achieving positive outcomes over a nine-month or one-year period and based on the needs and goals outlined in the five-year strategic plan.

Regional FYSPRT Needs Assessment

Using the region's tool of choice, each community will have the flexibility to determine how the needs assessment will look and function for them. The regional FYSPRT will collect data from stakeholders and partners (including FYSPRT members and other system, family, youth, and community stakeholders and partners). The FYSPRT will review and interpret WISE data, gaps analysis data from the University of Washington Evidence Based Practice Institute, state and local reports on system performance, and any other data available. With this information, they will document strengths and

prioritize needs for improvement on priority needs for children, youth, families, programs, services, local supports, and system development in the region.

The needs assessment will be completed annually and should result in a written report outlining:

- Priority needs for children, youth and families, programs, services, local supports, and system development.
- Regional strengths and barriers with regard to the sustainability of the Regional FYSPRT.
- Recommendations regarding the maintenance and operation of the regional FYSPRT.
- Recommendations and a proposed timeline for the development of local FYSPRTs, if determined they are needed by the region (for example: how many, where they should be located, how they will work with the regional FYSPRT and with structures such as WISe Community Collaboratives or other groups that coordinate to bring needs around WISe implementation forward from the community group to the Governance Structure).
- Resources available that promote social marketing of the Washington State Children's Behavioral Health Principles, and behavioral health awareness.
- Resource needs (for example, requests for technical assistance, training, family/youth leadership development needs).

Regional FYSPRT Five-year Strategic Plan

Drawing upon the results of the needs assessment, local planning meetings, FYSPRT evaluation results, and/or other source information, the regional FYSPRT should undertake a process of developing or reviewing a five-year strategic plan for the region's child and youth behavioral health system of care. The Five-year Strategic Plan should include no fewer than three priorities for the region's system of care development. Ideally, the strategic plan will also include a logic model, describing a theory of how specific strategies and action steps will lead to positive child/youth, service, and system outcomes. The five-year strategic plan should be submitted to DBHR and updated when needed, no less than annually.

Additional details on key components of a strategic plan, approaches to developing components for systems of care, and sample logic models are provided in the following link:

(http://gucchd.georgetown.edu/products/Toolkit_SOC_Resource6.pdf).

Regional FYSPRT Annual Work Plan

After completing a needs assessment and following the development or review of the regional FYSPRT's Five-year Strategic Plan, an annual work plan specific to the FYSPRT should be created. Using the region's tool of choice, each community will have the flexibility to determine how this annual work plan will look and function for them.

The annual work plans should include at least three priority areas: goals/action

steps/those assigned/timelines for core activities specific to the FYSPRT, including outreach/recruitment, training/leadership development, special projects, areas of planning focus, training, social marketing, etc. The annual work plan will include information on how FYSPRT members will work collaboratively to support meeting the needs of these priorities, and any additional effort to identify priorities for action and needs for improvement.

The regional FYSPRT will provide quarterly reports to the DBHR contract contact, describing any progress towards completing action steps identified in the annual work plan and any progress towards completing action steps identified in the five-year strategic plan.

Meetings and Meeting Frequency

The regional FYSPRT:

- Will hold monthly meetings with a quorum of at least 51% of current membership in attendance (as defined by the regional charter and/or FYSPRT Policies and Procedures).
 - Meetings should have a clear purpose and agenda ahead of time, in order to assist state and regional system partners in determining adequate representation.
 - Meetings will take place within the designated region and in a setting accessible to families, youth, system partners, and stakeholders.
 - Meetings will be open public meetings; however, voting can be restricted to FYSPRT members. Since meetings are open, the number of attendees can and should exceed the number of official members.
 - Meetings should be scheduled at convenient times for families, youth, and other stakeholders and partners, including evenings and weekends.
 - Meeting information will be publicized via outreach, the FYSPRT webpage for each region, and other strategies.
 - Meetings must be tri-led, with agendas developed with input from the FYSPRT membership and meetings facilitated jointly by the regional tri-leads. Agendas and written materials, including quarterly data reports, should be distributed in advance with sufficient time for review/preparation prior to the meeting.
 - Meeting materials must be made publicly available on the FYSPRT's website, including:
 - Point of contact, name, email, phone number, and mailing address.
 - Dates, locations, and times of upcoming meetings, including agendas and information on travel reimbursement, child care, and other meeting supports.
 - Regional FYSPRT meeting notes, including date, location, and time of past meetings.
 - A regional charter

- Policies and procedures. Some policies and procedures may also be addressed in the regional charter.
- Annual FYSPRT products as they are completed or updated including:
 - Needs Assessment
 - Five-year Strategic Plan
 - Annual Work Plan
- Links to relevant regional/statewide resources and information.
- Meetings will be documented, including meeting notes and sign-in sheets that indicate percentage of youth and family in attendance and role/organization represented.

Conducting Evaluation of Regional FYSPRT Activities

Evaluation of process and outcome is a cornerstone of effective system of care operations. Specific expectations of FYSPRTs regarding evaluation include the following:

- At least quarterly, the regional FYSPRT will use the FYSPRT evaluation tool and FYSPRT evaluation – Narrative Team Effectiveness Questionnaire (See Appendix H and I) or similar tool to gather data to identify areas of strengths and areas of improvement related to the function and effectiveness of regional FYSPRT meetings (and local FYSPRT meetings, if applicable).
- The regional FYSPRT will regularly evaluate the perceptions of its members and other stakeholders regarding the effectiveness of the FYSPRT in conducting its core activities, such as:
 - Relevance and comprehensiveness of its Needs Assessment, Five-year Strategic Plan, and Annual Work Plan.
 - Progress towards annual work plan goals/strategies.
 - Effectiveness at promoting communication and conducting social marketing.
 - Using reviews of Outcome and Process Data and Reports to make recommendations and identify strengths and needs.
 - Effectiveness/impact on systemic change.
 - Attendance lists/number of unduplicated parents and youth participating in activities related to FYSPRTs.
 - Number of trainings and FYSPRT-related activities the regional FYSPRT convener supported FYSPRT members to attend.
 - Number of regional FYSPRT (and/or local FYSPRT, if applicable) meetings held throughout the region.

Funding

Resources for regional FYSPRTs will be available through contracts between HCA and BHOs or BH-ASOs, with funds available to any independently contracted “Convener” through contracts between the BHO or HCA and that entity. Resources provided to regional FYSPRTs will be expected to support:

1. The deliverables of the contract between HCA and the regional contractor.
2. Coordination of FYSPRT activities that assist in meeting the strategies and goals identified in the five-year strategic and annual work plan.
3. Meeting and travel support for participation by family, youth, and community stakeholders and partners.

Successful undertaking of the above activities and implementation of creative strategies, detailed in annual work plans, may require strategic combining of funding from different sources (e.g., the Mental Health Block Grant, the *T.R. Settlement Agreement*, regional resources, partner agency resources, community resources, grants and awards, etc.).

Appendix A

Glossary of Key Terms

Definitions: The words and phrases listed below shall each have the following definitions:

- a. **“Annual Work Plan”** means an outline of goals, actions steps, those assigned to action steps and timelines for completion for a nine-month time period.
- b. **“Behavioral Health Assessment Solution or BHAS”** means a system in which information gathered during a Wraparound with Intensive Services (WISe) screening or full Child and Adolescent Needs and Strengths (CANS) assessment is entered and an algorithm applied to determine if a youth might benefit from WISe.
- c. **“Children’s Behavioral Health Governance Structure or Governance Structure”** means the inter-agency members on an executive team of state administrators, the statewide Family, Youth, System Partner Round Table (FYSPRT), regional FYSPRTs, an advisory team, and various policy workgroups who collaborate to inform and provide oversight for high-level, policy making, program planning, and decision making in the design, development, and oversight of behavioral health care services and for the implementation of the *T.R. v. Strange and Birch (originally Dreyfus and Porter) Settlement Agreement*.
- d. **“Department of Children Youth and Families”** means a department created by House Bill 1661 that will restructure how the state serves at-risk children and youth with the goal of producing better outcomes in all Washington counties. Starting July 1, 2018, DCYF will oversee services previously offered through the Department of Early Learning and Children’s Administration and in July 2019, will administer programs offered by the Juvenile Rehabilitation office and the Office of Juvenile Justice.
- e. **“Division of Behavioral Health and Recovery”** or **“DBHR”** means the Health Care Authority designated state mental health authority to administer the state- and Medicaid-funded mental health programs authorized by RCW chapters 71.05, 71.24, and 71.34.
- f. **“Family”** means a family member who can demonstrate lived experience as a parent or primary caregiver who has raised a child and navigated multiple child serving systems on behalf of their child or children with social, emotional, and/or behavioral healthcare needs.
- g. **“Family/Youth Run Organizations”** are organizations, in which the board is made up of at least 51% family/youth members with lived experience, that is dedicated to supporting youth with mental, emotional, behavioral, or substance abuse needs.
- h. **“Federally Recognized Tribes (or Tribal Government)”** means self-governing American Indian and Alaska Native governments recognized under applicable federal and common law. Because of their unique sovereign status, Federally Recognized Tribes have the inherent power to make and enforce laws on their lands and to create governmental entities.
- i. **“Five Year Strategic Plan”** means a blueprint for outlining strategies to address

long-term needs and goals over a five-year period.

- j. **“Full partners”** means persons or entities who play an active role in the development and implementation of activities under the *T.R. v. Strange and Birch (originally Dreyfus and Porter) Settlement Agreement*. Full partners have the same access to data and equal rights in the decision-making processes as other members of the Children’s Behavioral Health Governance Structure.
- k. **“Indian Policy Advisory Committee (IPAC)”** means DSHS advisory committee comprised of representatives from Federally Recognized Tribes of Washington State and the Recognized American Indian Organizations. It guides the implementation of the Centennial Accord and the DSHS American Indian Policy. The Office of Indian Policy (OIP), along with the department tribal liaisons, provides technical support to IPAC in its ongoing communications through meeting, planning, and consultation activities. According to Article XI of the IPAC by-laws, IPAC does not have the authority or power to infringe upon or jeopardize the sovereignty of any Federally Recognized Tribe or non-member Tribe.
- l. **“Recognized American Indian Organizations (RAIO)”** means organizations as recognized in accordance to Indian Policy Advisory Committee (IPAC) by-laws.
- m. **“Regional Family Youth System Partner Round Table” or “Regional FYSPRT”** means an essential part of the Governance Structure that meaningfully engages families and youth, governmental/tribal partners, and others who are interested in and committed to the success of youth and families in an equitable forum to identify regional needs, review local/regional data, problem solve, and address issues at the regional and/or local levels to improve outcomes and bring unresolved needs forward to the statewide FYSPRT with recommendations about how to meet those needs. Regional FYSPRTs are grounded in the Washington state Children’s Behavioral Health Principles.
- n. **“Tri-Lead”** means a role, developed to create equal partnership, among a family, a transition age youth and/or youth partner, and a system partner representative who share leadership in organizing and facilitating regional FYSPRT meetings and action items.
- o. **“T.R. v. Strange and Birch (originally Dreyfus and Porter) Settlement Agreement”** means the legal document stating objectives to develop and successfully implement a five-year plan that delivers Wraparound with Intensive Services (WISe) and supports statewide, consistent with Washington State Children’s Behavioral Health Principles.
- p. **“Transition Age Youth”** means individuals between the ages of 15 and 25 years of age with lived experience in receiving services within child serving systems.
- q. **“Urban Indian Health Program or UIHP”** means an Urban Indian Organization, as defined by 25 U.S.C. § 1603(29), that is operating a facility delivering health care. In Washington state, there are two UIHPs: the Seattle Indian Health Board and the NATIVE Project of Spokane.
- r. **“Washington Behavioral Health Statewide Family Network”** means a consortium of Washington State Family leaders, related to Children’s Behavioral Health, who work to enhance state capacity and infrastructure by providing technical assistance around family engagement and leadership promotion to

create a mechanism for families to participate in state and regional behavioral health services planning and policy development.

- s. **“Washington State Children’s Behavioral Health Principles”** means a set of standards, grounded in the system of care values and principles, which guide how the children’s behavioral health system delivers services to youth and families. The Washington State Children’s Behavioral Health Principles are:
- Family and Youth Voice and Choice
 - Team Based
 - Natural Supports
 - Collaboration
 - Home- and Community-based
 - Culturally Relevant
 - Individualized
 - Strengths Based
 - Outcome-based
 - Unconditional
- t. **“Wraparound with Intensive Services or WISE”** means a program model that provides intensive mental health services and supports, in home and community settings, for Medicaid eligible individuals up to twenty-one (21) years of age with complex behavioral health needs and their families, in compliance with the *T.R. v Strange and Birch (originally Dreyfus and Porter) Settlement Agreement*.
- u. **“Youth Partners”** means young adults over the age of eighteen with lived experience as a youth in the behavioral health system who are providing peer support and/or coordinating services with youth.

Appendix B

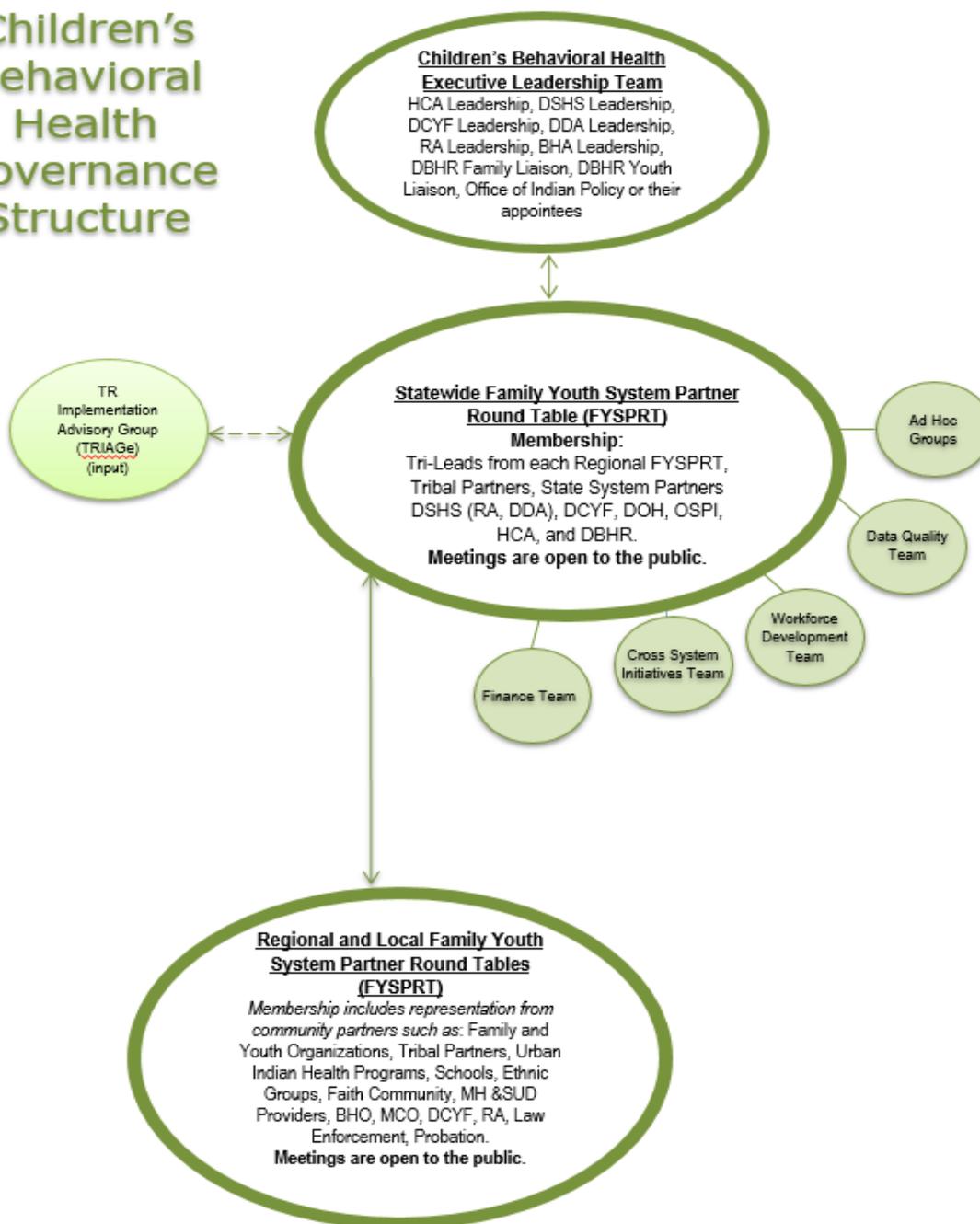
Map of Regional FYSPRT Boundaries



Appendix C

Washington State Children’s Behavioral Health Governance Structure

Children’s Behavioral Health Governance Structure



Appendix D

Sample Charter

REGIONAL FAMILY, YOUTH, SYSTEM PARTNER ROUND TABLE (FYSPRT)

A Purpose and Function of the Regional FYSPRT

FYSPRT Purpose

The Washington State Family, Youth and System Partner Round Tables (FYSPRTs) provide an equitable forum for families, youth, systems, and communities. FYSPRTs strengthen sustainable resources by providing community-based approaches to address the individualized behavioral health needs of children, youth, and families. They leverage the experiences and expertise of all participants dedicated to building seamless behavioral health services, and:

1. Provide a working partnership among family, youth, systems, and community partners that brings a broad perspective to build and strengthen relationships inclusive of family/youth voice in decision-making processes.
2. Identify family, youth, systems, and community needs.
3. Create options and opportunities to address family and youth priorities.
4. Promote family- and youth-driven solutions to address system challenges and barriers
5. Develop common ground through mutual learning amongst all participants.
6. Provide leadership and influence for the establishment and sustainability of Washington State Children's Behavioral Health System.
7. Provide input on long-term strategies in support of fully implementing changes to Washington State Children's Behavioral Health System.
8. Ensure accountability through evaluation.

Primary Functions

FYSPRTs support and track the six goals of the Washington state System of Care (SOC) which are to:

1. Infuse SOC values in all child-serving systems.
2. Expand and sustain effective leadership roles for families, youth, and system partners.

3. Establish an appropriate array of services and resources statewide, including home- and community-based services.
4. Develop and strengthen a workforce that will operationalize SOC values.
5. Build a strong data management system to inform decision-making and track outcomes.
6. Develop sustainable financing and align funding to ensure services are seamless for children, youth, and families.

QUORUM for Decision Making

- At least fifty-one percent of membership needs to be present for a quorum for the purpose of making a decision.

Decision-Making Responsibilities

The regional FYSPRT is responsible for:

- Developing decision-making protocols following consensus process.
- Prioritizing strategies and activities that support the expansion of systems of care.

B Regional FYSPRT Membership

Regional FYSPRT membership is comprised of family, youth and system partner tri-leads and other representatives of child-serving systems and community members. Meetings are open to the public so participants outside the membership are welcome to attend and provide input and feedback regarding community needs.

Suggestions for Participant Make-up at the Regional FYSPRT:

- | | |
|--|---|
| ➤ Representatives of local systems | ➤ Tribal Governments/Organizations |
| ➤ Community leaders who reflect the diversity in the community | ➤ Family and youth groups/organizations |
| ➤ Community organizations/networks/coalitions (Goodwill, Boys and Girls Club, at-risk youth) | ➤ Family/youth leaders |
| ➤ Faith community | ➤ Public health |
| ➤ Child welfare | ➤ 12-step groups |
| ➤ Juvenile justice | ➤ Youth-led programs |
| ➤ Mental health providers | ➤ Employers |
| ➤ Substance use disorder providers | ➤ Division of Vocational Rehabilitation |
| ➤ Developmental Disabilities Admin. | ➤ Kinship groups |
| ➤ Law enforcement | ➤ Adult consumers |
| ➤ School district and ESD staff | ➤ Advocacy groups |
| ➤ Military | ➤ Foster care youth and family groups |
| | ➤ College and university campus groups |
| | ➤ Early Learning – Head Start |
| | ➤ Urban Indian Health Programs |

Membership Minimum Ask:

- Commitment to participate
- Tri-lead: preferred minimum ask of two years

Role of a Regional FYSPRT Participant

It is intended that the regional FYSPRT leverage the experiences, expertise, and insight of key individuals, organizations, and departments that are committed to building a system of care for children’s behavioral health. Regional FYSPRT members are not directly responsible for managing project activities but provide support and guidance for those who do. Thus, individually, members will:

- Through education, collaboration, and participation influence the movement toward the infusion of system of care values and principles in community organization, workforce development, policies, practice, financing, and structural change.
- Bring community, individual, and agency strengths in completing necessary tasks.
- Identify barriers/challenges and approaches to address issues.
- Identify strengths/initiatives/projects of existing community and system agencies that support system of care values and principles.
- Educate our system of care partners as we develop and grow.
- Develop problem solving approaches for moving forward.

Tri-lead Position Descriptions and Responsibilities

Youth	Family	System Partner
Ability to check and respond to emails at least twice a week unless otherwise communicated	Ability to check and respond to emails at least twice a week unless otherwise communicated	Ability to check and respond to emails at least twice a week unless otherwise communicated
Two-year minimum commitment from appointment	Two-year minimum commitment from appointment	Two-year minimum commitment from appointment
Participate in regularly scheduled meetings	Participate in regularly scheduled meetings	Participate in regularly scheduled meetings
Attend statewide FYSPRT meetings	Attend statewide FYSPRT meetings	Attend statewide FYSPRT meetings
Maintain regular contact with youth and youth leaders in your region	Maintain regular contact with family and family leaders in your region	Maintain regular contact with system partners in your region
Has relevant behavioral health lived experience as a youth	Is a parent or caregiver of a child with behavioral health system involvement	Has demonstrated ability to foster relationships with youth and family
Prefer youth in transition with connections with youth leaders, understands youth culture, peer-lived experience with recovery as a youth	Has connections with family leaders, understands family culture, peer-lived experience as a parent/caregiver of a child with multisystem involvement	Has demonstrated ability to foster relationships with youth and family, is a champion for family driven and youth-guided services consistent with system of care values
Has actively participated in community for a minimum of six months	Has actively participated in community for a minimum of six months	Has actively participated in community for a minimum of six months
Is able to identify community partners and resources	Is able to identify community partners and resources	Is able to identify community partners and resources
Has access to email and phone on a consistent basis	Has access to email and phone on a consistent basis	Has access to email and phone on a consistent basis

Youth	Family	System Partner
Has the ability (or is willing to, with training) to facilitate meetings	Has the ability (or is willing to, with training) to facilitate meetings	Has the ability (or is willing to, with training) to facilitate meetings
Ability to record information and share	Ability to record information and share	Ability to record information and share
Leadership training	Leadership training	Leadership training
Participate in quarterly check-ins with support	Participate in quarterly check-ins with support	Participate in quarterly check-ins with support
Include some kind of on-going evaluation	Include some kind of on-going evaluation	Include some kind of on-going evaluation
Attend all FYSPRT meetings and activities	Attend all FYSPRT meetings and activities	Attend all FYSPRT meetings and activities
Participate in youth-led meetings and activities as determined	Participate in activities/meetings etc. with family organization(s) in your region, if applicable	Participate in meetings with system partners to share the system of care values and perspectives
Participate in regularly scheduled community meetings	Participate in regularly scheduled community meetings	Participate in regularly scheduled community meetings
Summarize and present materials and information from FYSPRT meetings to community	Summarize and present materials and information from FYSPRT meetings to community	Summarize and present materials and information from FYSPRT meetings to community
Record and bring back information from youth in communities to FYSPRT meetings	Record and bring back information from families in communities to FYSPRT meetings	Record and bring back information from system partners in communities to FYSPRT meetings
Support Washington state initiatives related to children's behavioral health	Support Washington state initiatives related to children's behavioral health	Support Washington state initiatives related to children's behavioral health
Identify needed trainings and technical assistance for youth in communities. Assist with identifying youth/family/system partners and creating resources and skill development opportunities to infuse voice throughout the system	Identify needed trainings and technical assistance for families in communities. Assist with identifying youth/family/system partners and creating resources and skill development opportunities to infuse voice throughout the system	Identify needed trainings and technical assistance for system partners in communities. Assist with identifying youth/family/system partners and creating resources and skill development opportunities to infuse voice throughout the system
Participate in tri-lead preparatory activities prior to regional and state meetings	Participate in tri-lead preparatory activities prior to regional and state meetings	Participate in tri-lead preparatory activities prior to regional and state meetings

AD HOC Committees

As needed for regional FYSPRT development or to address needs identified by the regional FYSPRT, regional tri-leads, and other FYSPRT leadership may participate in ad hoc committees to address needs in a collaborative manner, including youth, family, and system partner voice.

COMMUNICATION

Communication is intended to flow within the Governance Structure. Regional FYSPRT tri-leads will bring information from the statewide FYSPRT to regional FYSPRT meetings for information sharing in their community and also bring concerns, themes from their regional meeting to the statewide FYSPRT as needed. When problem solving around an item or situation is needed, regional members will first contact their regional tri-leads for dialogue and brainstorming. If needed and appropriate, the item or situation will be added to the next regional FYSPRT agenda to be addressed by the regional FYSPRT. If the item or situation is not addressed within the regional FYSPRT group, the regional FYSPRT tri-leads may take the concern to the statewide FYSPRT tri-leads for dialogue and next steps, including possible addition to a future statewide FYSPRT agenda.

Communication Responsibilities for Regional FYSPRT Tri-leads

- Create agenda for their regional FYSPRT meetings
- Attend statewide FYSPRT meetings and report meeting updates and outcomes to their regional FYSPRT. Post meeting notes and schedules to the website.
- Maintain communication with community members and work groups.
- Use the communication diagram and process as appropriate.
- Participate in information sharing, for example: sharing solutions among other regional FYSPRTs.

SOCIAL MARKETING

The regional FYSPRT will have a social marketing plan including both a website and brochure to share information with the community.

Minimum website components include:

1. Meeting dates, locations, and times
2. Contact information
3. FYSPRT mission and vision
4. Link to the statewide FYSPRT page
5. Map showing “your” FYSPRT and other’s
6. Calendar of events
7. Highlights about what youth, families, system partners are doing or work they have accomplished
8. FAQs – What is SOC, What is a FYSPRT, and an FAQ targeted to youth
9. Resources about SOC
10. Statement about being sponsored by DBHR and the DBHR website link
11. Meeting notes from regional FYSPRT meetings

Minimum brochure components include:

1. What is a FYSPRT?
2. FYSPRT mission and vision
3. Map of FYSPRT regions
4. “Why should you participate” paragraph
5. Meeting dates, locations, and times or link to get that information
6. Contact information
7. Regional FYSPRT web address and statewide FYSPRT web address
8. Statement about being sponsored by DBHR and the Children’s Behavioral Health webpage link
9. Quotes from youth, family, and system partners, etc. (the personal touch)

C Regional FYSPRT Meetings

Meeting Schedule – monthly

Meeting Agenda – Will be set by the tri-leads based on input from the FYSPRT community. Agenda will be distributed to members at least one week before the meeting occurs.

Meeting Operations - Identified Roles

- Facilitator
- Time Keeper
- Note Taker
- Orientation Lead - to greet new members and participants

Meeting Norms or Comfort/Value agreement – created by members and participants

Examples:

- meetings begin/end on time
- one person at a time contributes
- cell phone use agreement

ACTIVITIES – to be determined by FYSPRT participants based on community needs tying into the regional FYSPRT needs assessment, Five Year Strategic Plan, and/or Annual Work Plan and statewide activities, could include:

- Support for conference and training participation as resources permit
- Mental health awareness activities

Appendix E

System of Care Core Values and Guiding Principles

Core Values

1. Family-driven and youth-guided with the strengths and needs of the child and family determining the types and mix of services and supports provided.
2. Community-based with the locus of services, as well as system management, resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level.
3. Culturally and linguistically competent with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve to facilitate access to, and usage of, appropriate services and supports, and to eliminate disparities in care.

Guiding Principles:

The following foundational principles¹ represent the system of care philosophy that systems of care are designed to:

1. Ensure availability and access to a broad, flexible array of effective, community-based services and supports for children and their families that address their emotional, social, educational, and physical needs including traditional and nontraditional services, as well as natural and informal supports.
2. Provide individualized services in accordance with the unique potentials and needs of each child and family, guided by a strengths-based, wraparound service planning process and an individualized service plan developed in true partnership with the child and family.
3. Ensure that services and supports include evidence-informed and promising practices, as well as interventions supported by practice-based evidence, to ensure the effectiveness of services and improve outcomes for children and their families.
4. Deliver services and supports within the least restrictive and most normative environments that are clinically appropriate.
5. Ensure that families, other caregivers, and youth are full partners in all aspects of the planning and delivery of their own services and in the policies and procedures that govern care for all children and youth in their community, state, territory, tribe, and nation.
6. Ensure that services are integrated at the system level, with linkages between child-serving agencies and programs across administrative and funding

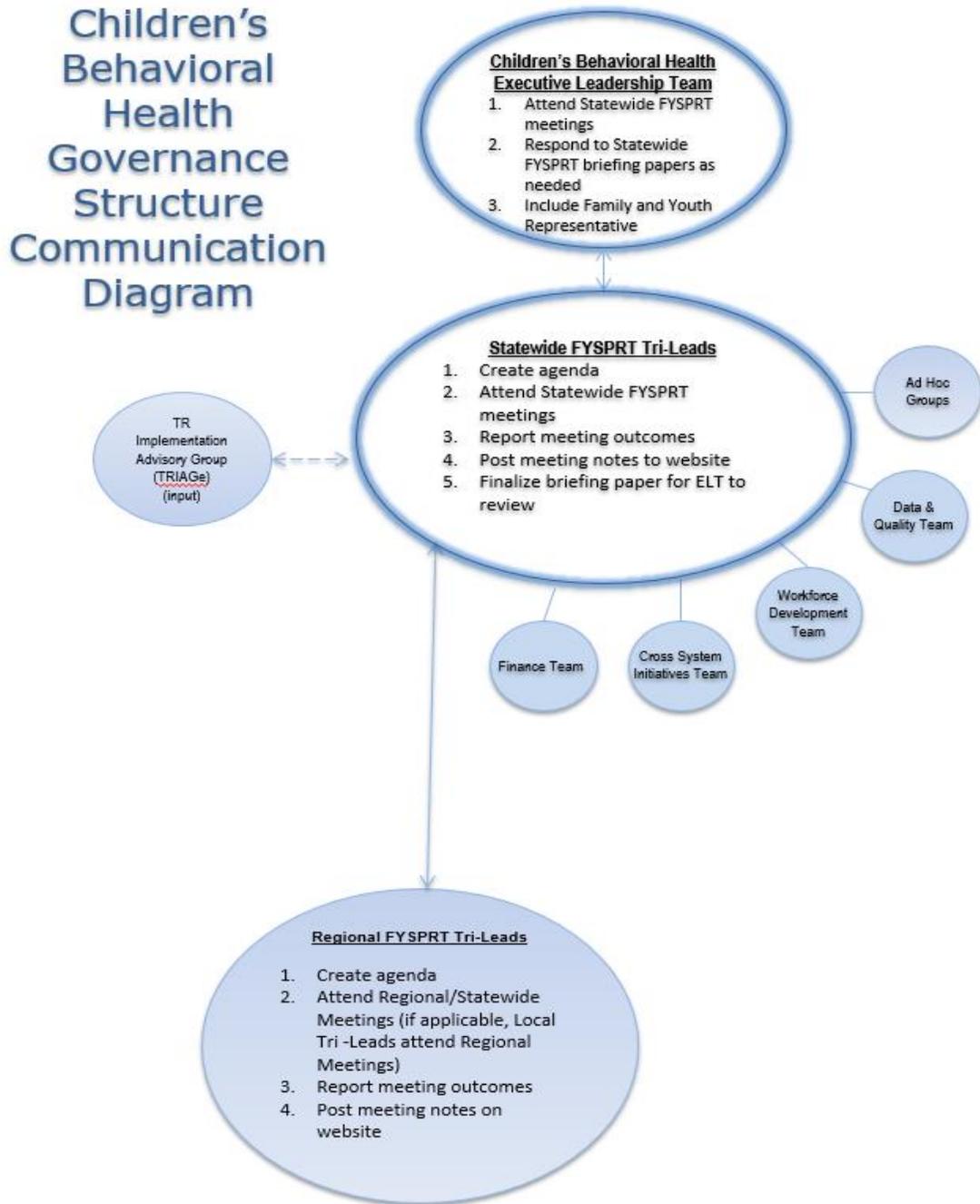
boundaries and mechanisms for system-level management, coordination, and integrated care management.

7. Provide care management or similar mechanisms at the practice level to ensure that multiple services are delivered in a coordinated and therapeutic manner and that children and their families can move through the system of services in accordance with their changing needs.
8. Provide developmentally appropriate mental health services and supports that promote optimal social-emotional outcomes for young children and their families in their homes and community settings.
9. Provide developmentally appropriate services and supports to facilitate the transition of youth to adulthood and to the adult service system as needed.
10. Incorporate or link with mental health promotion, prevention, and early identification and intervention in order to improve long-term outcomes, including mechanisms to identify problems at an earlier stage and mental health promotion and prevention activities directed at all children and adolescents.
11. Incorporate continuous accountability and quality improvement mechanisms to track, monitor, and manage the achievement of system of care goals; fidelity to the system of care philosophy; and quality, effectiveness, and outcomes at the system level, practice level, and child and family level.
12. Protect the rights of children and families and promote effective advocacy efforts.
13. Provide services and supports without regard to race, religion, national origin, gender, gender expression, sexual orientation, physical disability, socio-economic status, geography, language, immigration status, or other characteristics, and ensure that services are sensitive and responsive to these differences.

¹Stroul, B., Blau, G., & Friedman, R. (2010). *Updating the system of care concept and philosophy*. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health.

Appendix F

Promoting communication within the Children’s Behavioral Health Governance Structure



Appendix G

Statewide FYSPRT Children's Behavioral Health Governance Structure Challenge and Solution Submission Form

The challenge and solution submission form is used within the Children's Behavioral Health Governance Structure (the Governance Structure) to identify potential 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 challenges and barriers as close to the community as possible.

If you are interested in learning more about the Governance Structure, please visit:

<https://www.hca.wa.gov/health-care-services-and-supports/behavioral-health-recovery/child-and-youth-behavioral-health>

How to Submit and Request Review of an Identified 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 the next 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 for a future Children's Behavioral Health Executive Leadership Team (CBH ELT) agenda.

The statewide FYSPRT staffer and/or a statewide FYSPRT tri-lead will acknowledge receipt of the form by email within three business days. Upon receipt, it will be used to begin the process of reviewing the barrier for themes and identify a plan 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 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, Executive Leadership Team)	
From: Representing: (i.e. Regional FYSPRT, Statewide FYSPRT)	Email: Phone Number:
Subject:	
Category (check all that apply): <input type="checkbox"/> Services and Supports (access and quality) <input type="checkbox"/> Child and Family Team Meeting (process) <input type="checkbox"/> Roles/Responsibilities (follow-through) <input type="checkbox"/> Legal Mandates <input type="checkbox"/> Policies and Procedures (laws, rules) <input type="checkbox"/> Cultural and Linguistic Considerations <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____	

Description (including solution, best practice, success story, or challenge/barrier):

Solutions Tried:

Desired outcome(s):

Workgroup Recommendations:

Options for Consideration:

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 –

Appendix H

FYSPRT EVALUATION TOOL

DIRECTIONS: Thinking about today's meeting, please circle the number that best describes your opinion about each statement. Comments are welcome following any statement.

1. FYSPRT goals and objectives are clear and understood.

Dissatisfied 1 2 3 4 5 Satisfied
Comments: _____

2. Group norms are followed.

Dissatisfied 1 2 3 4 5 Satisfied
Comments: _____

3. Meetings are effective and goal-focused.

Dissatisfied 1 2 3 4 5 Satisfied
Comments: _____

4. Contributions from everyone are actively listened to and encouraged.

Dissatisfied 1 2 3 4 5 Satisfied
Comments: _____

5. Conflict is effectively managed.

Dissatisfied 1 2 3 4 5 Satisfied
Comments: _____

6. Space is provided to challenge ideas or established practices and explore other options.

Dissatisfied 1 2 3 4 5 Satisfied
Comments: _____

7. Feedback from family partners is valued.

Dissatisfied 1 2 3 4 5 Satisfied
Comments: _____

8. Feedback from youth partners is valued.

Dissatisfied 1 2 3 4 5 Satisfied

Comments: _____

9. Feedback from system partners is valued.

Dissatisfied 1 2 3 4 5 Satisfied

Comments: _____

10. The FYSPRT is making progress on issues that are important to me.

Dissatisfied 1 2 3 4 5 Satisfied

Comments: _____

11. I have the opportunity to make a contribution.

Dissatisfied 1 2 3 4 5 Satisfied

Comments: _____

12. What category of FYSPRT partner are you? (Select one.)

- Family partner
- Youth partner
- System partner

13. Do you have primary interests or experience with...? (Select one.)

- Mental health
- Substance abuse
- Both

| _____

Appendix I

NARRATIVE TEAM EFFECTIVENESS QUESTIONNAIRE

***Complete Every Six Months (when first using, more frequent evaluation would be helpful)**

What is working?

What is not working?

What would work?

How would you know it's working?

What could we do better?

What can we stop/start doing?