

PROJECT/PROGRAM NARRATIVE

**System of Care (SOC) Expansion Implementation Continuation Grant Application
Washington State System of Care Project (WSSOCP)
Year 4 Continuation Application
Reporting Period for Project/Program Narrative: July 1, 2014 – December 31, 2014**

Description and explanation of changes, if any, made during this budget period affecting the following:

- **Goals and objectives**
- **Projected time line for project implementation**
- **Approach and strategies proposed in the initially approved and funded application**

No changes were made during this budget period to the goals and objectives, projected time line or to the approach and strategies.

Report on progress relative to approved objectives, including progress on evaluation activities

Many of the approved objectives from the initial grant proposal have been completed prior to this reporting period and are not reflected in this narrative. The current objectives that are being addressed are reflected in the key program accomplishments and the summary of evaluation activities below.

Progress on evaluation activities is as follows:

- National Outcomes Measurement System (NOMS) data continues to be collected. There was a gap in data collection timeliness at one site, due to a crucial staff member being out on sick leave. The youth-led evaluation of system of care (SOC) implementation occurred only in the southeast region this year. It was expertly done and the results were presented to the southeast region, as well as the Division of Behavioral Health and Recovery's (DBHR) Children and Youth Behavioral Health Unit.
- Other ways of increasing youth involvement in the SOC activities are being explored, including soliciting a youth member of the Children's Behavioral Health Data and Quality Team. There is a very strong family voice at this meeting but the youth member had to resign.

Summary of key program accomplishments to date and list progress

The key program accomplishments achieved from July 1, 2014, and December 31, 2014 are listed below. These accomplishments reflect progress on items identified as "future areas of work" in the Grantees Progress Report submitted in July 2014:

1. **Begin providing training through the established workforce development collaborative** – The Workforce Collaborative contract is in the process of being negotiated with Washington State University (WSU). Additional funding, in the amount of \$325,000, through Federal Block Grant and state funds through the T.R. v. Kevin Quigley and Dorothy Teeter settlement agreement have been added to the SOC funds to sustain this resource for behavioral health training, youth and family peer support, Wraparound with Intensive Services (WISe) and workforce development.

2. Incorporate feedback from the Washington Youth and Family Peer Support Trainings into future trainings – Feedback from the peer support trainings reflect many strengths including, interactive activities, knowledgeable trainers, and the personal stories and videos shared. Participants identified difficulty following the slides when they did not match the manual. In response to this feedback, training coordinators have worked to become more organized to streamline the training and documents. See accomplishment number 9 for more information regarding the effectiveness of these trainings.
3. Creation of a Statewide Family Organization – From August to December 2014, family organization leaders from across Washington State, participated in multiple meetings to plan, organize and develop a statewide family organization called Washington State Community Connectors. The group has created a steering committee, mission and vision statements and draft by-laws as they prepare to apply for a 501c3.
4. Statewide FYSPRT Member Leadership Training – DBHR sponsored the Washington State System of Care Leadership Academy, a three-day event to strengthen partnerships and participation in the Children’s Behavioral Health Governance Structure. The focus of the academy was to provide practical guidance and support to members of the Statewide Family Youth System Partner Round Table (FYSPRT), Regional Support Network (RSN) Care Coordinators and the SOC Implementation Team at DBHR.
5. Increase family and youth participation in all aspects of policy development and decision-making for the WISE model – The SOC Family and Youth Liaisons have attended WISE trainings across Washington State in 2014, to validate the role of family and youth partners working within the WISE model. Family and youth have reviewed the WISE manual, fact sheets and other literature related to WISE and provided essential feedback to determine the direction and voice of the materials. In August 2014, development of a statewide family organization began for the purpose of increasing and strengthening family voice in all levels of policy and decision-making.
6. Develop a FYSPRT Toolkit to assist and support Local FYSPRT development – During the 2014 legislative session, Second Substitute Senate Bill (2SSB) 6312 was passed by the legislature. 2SSB 6312 directs the state to purchase chemical dependency (CD) and mental health (MH) services through managed care contracts that integrate CD and MH services. In September 2014, DBHR decided to align the FYSPRT regions with the Behavioral Health Organizations (BHOs) that will form as a result of this bill. As part of the transition from the six current FYSPRT regions to ten FYSPRT regions, DBHR contracted with the University of Washington (UW) to hold focus groups, interview stakeholders, and gather feedback from stakeholders through an anonymous survey from November 2014 – January 2015. One of the contract deliverables from this project is to create a Governance Structure Manual, which will replace the FYSPRT Toolkit.
7. Further integration of Systems of Care and Substance Abuse Treatment Education and Dissemination (SAT-ED) in the Local, Regional and Statewide FYSPRT membership and meetings– SAT-ED updates have consistently been on Statewide FYSPRT agendas from July – December 2014. On a regional level, coordination and partnering with substance use providers has been incorporated into Regional FYSPRT contracts. At DBHR, the SAT-ED Program Manager is a regular member of the Systems of Care Implementation Team.
8. Establish a baseline for evaluation of the FYSPRT – Evaluation of the Statewide FYSPRT meetings started in July 2014, using evaluation tools that were created in

partnership with FYSPRT Tri-Leads, RSN Children’s Care Coordinators, Research and Data Analysis, and DBHR staff in early 2014. At the July meeting, both evaluations were conducted (one with a Likert scale, one with open-ended response opportunities) to obtain baseline data on Statewide FYSPRT meeting effectiveness. Sixteen members: ten family representatives, two youth representatives and four system partners, participated in the July evaluation. In October 2014, the Likert-scale evaluation was completed by two family representatives, no youth representatives and ten system partners. Completion of both evaluations, on different occasions, will be part of the standing agenda on Statewide FYSPRT meetings to continue to measure strengths and growth areas and facilitate discussion of how to increase meeting effectiveness.

9. Evaluate effectiveness of the family and youth specific peer training curriculum – Approximately 95% of participants pass the Certified Peer Counselor test after taking the Washington Youth and Family Peer Support Training. Effectiveness of the training curriculum is also reflected in the quotes received from participants.
 - “I like the WISe training but this training helped me to know how to put it to use.” (Thurston County participant)
 - “This was an excellent training. I learned a lot. I feel better prepared to do my job. It gave me confidence. This training confirmed a lot of stuff I knew but wasn’t sure about.”(Yakima County participant)
 - “Trauma informed care was the best part of the whole training. It was powerful, moving and I will ask people what happened, not what is wrong from now on.” (Skagit County participant)
10. WISe training evaluation – After WISe trainings, staff from the University of Washington Evidence-Based Practice Institute conduct an evaluation using the Impact of Training and Technical Assistance (IOTTA) measure. Self-reported changes in mastery of specific program components, levels of impact of training on current work, and knowledge are assessed. Six months after training, an assessment of mastery is conducted to examine the need for follow-up. The training consultants, evaluators, and DBHR staff consider results and make recommendations for changes. Ongoing training evaluation is monitored on a consistent basis and included in the WISe Quality Management Plan (see accomplishment 12 below).
11. Develop sustainable funding structure to support community, family and youth participation – Additional state funds were received under the T.R. v. Kevin Quigley and Dorothy Teeter settlement agreement to support the expansion and alignment of FYSPRTs with the development of BHOs called for in 2SSB 6312. See accomplishment 1 related to sustainable funds to support the Workforce Collaborative.

The following key program accomplishments are in addition to what was outlined in the “future areas of work” of the Grantees Progress Report, submitted in July 2014:

12. WISe Quality Management Plan – Development of the WISe Quality Management Plan was coordinated by the System of Care Research Manager in conjunction with a Chapin Hall consultant. The plan was accepted by plaintiff attorneys of the T.R. v. Kevin Quigley and Dorothy Teeter lawsuit on December 19, 2014.
13. September Recovery Month mental health awareness activities – A number of the FYSPRTs hosted activities during the month of September to build awareness about

mental health and recovery. All of the activities were focused on expression and awareness through art. Art supplies and promotional materials were provided to interested FYSPRT youth. FYSPRT communities hosted youth-led events in which youth were provided a venue for expressing what recovery means to them and provided opportunities to display them around their communities. Youth from the northwest, southwest and southeast regions of Washington participated. For example, King County hosted a “resiliency through arts” contest. The winner’s art was displayed on posters on a number of Seattle city buses.

14. WISE communication materials – Staff in the Children and Youth Behavioral Health Unit worked with key partners in the development of draft communication sheets about WISE. These sheets provide general information about WISE as well as how and where to refer youth, and a description of items that may indicate a youth might benefit from WISE. The indicators for referral vary dependent upon the affinity group (i.e. juvenile court administrators, child psychiatrists, school personnel, substance use disorder providers, and pediatricians). On December 31, 2014, thirteen separate affinity group communication sheets were sent out to the Statewide FYSPRT, stakeholders, and members of the communities/affinity groups for their review and comment. It is anticipated the fact sheets will be finalized, translated and available by March 31, 2015.
15. Children’s Behavioral Health Executive Leadership Team (ELT) – A representative from the ELT, created in December 2013, now attends the Statewide FYSPRT on a quarterly basis. An ELT representative attended their first meeting in April 2014 and continued to attend Statewide FYSPRT meetings in July and October 2014. The purpose of ELT member(s) attending the Statewide FYSPRT is to facilitate communication from the ELT to the local level, and local level to the ELT, to build an integrated delivery system of effective services and supports for children and youth with emotional or behavioral health needs, and their families.

Description of difficulties/problems encountered in achieving planned goals and objectives including:

- **Barriers to accomplishment**
- **Actions to overcome difficulties**

From July 1, 2014 to December 31, 2014, the following challenges were encountered:

- As mentioned above, 2SSB 6312 requires DSHS to integrate chemical dependency purchasing with mental health managed care contracts by April 1, 2016. This will require our current system, managed through RSNs to be reconfigured into BHOs. Although this is a positive bill, in order for the FYSPRTs to be an effective structure in this integration, alignment of the FYSPRT regions with the BHO regions is essential. This is a huge step for integrated services across the state but does create a barrier for FYSPRTs, due to the reorganizational change. As stated above, DBHR contracted with the UW to gather feedback on moving FYSPRTs forward within this new framework. The information gathered by the UW will be presented to DBHR and will inform next steps on the alignment process.
- In July 2014, a contract with a family organization for Regional FYSPRT work was terminated. This has left one region of Washington without a formal FYSPRT to host meetings and events. Under normal circumstances, DBHR would likely have released a

request for proposal to secure a new contract for this region. With BHO regional boundaries undecided, DBHR decided to wait until the BHO boundaries were formalized, and the results of the UW's work regarding the FYSPRT and BHO alignment was complete.

- Maintaining effective Youth Leaders in the Tri-Lead role for FYSPRTs has been a challenge. A youth leadership survey was conducted related to this need and DBHR is now in the process of developing a Youth Leadership curriculum (see milestones anticipated for more information).

Even with the challenges faced from July to December 2014, we anticipate that we will achieve our goals and objectives within the project period.

Report on milestones anticipated with the new funding request

The milestones anticipated with the new funding request for September 30, 2015 to September 29, 2016 include:

1. The youth-led Youth Leadership Curriculum will be developed and piloted in Year 3, followed by a Youth Leadership Training for youth with lived experience across Washington State. This curriculum will be integrated into systems such as child welfare, juvenile justice and behavioral health to support youth to be effective FYSPRT leads, in their role as youth peer specialists in the implementation of WISE as well as other cross system leadership roles. The curriculum will be implemented in Year 4, via a train-the-trainer of adult allies and youth leaders.
2. The Workforce Collaborative, developed in Year 2 and Year 3, will be primarily responsible for Children's Behavioral Health trainings statewide. The Workforce Collaborative has a steering committee with family, youth, DBHR and community representatives to guide the development and operation. Funding for this project is ongoing through DBHR. Operations and trainings from the collaborative will continue in Year 4 through DBHR funding.
 - a. Family leadership training will be supported in collaboration with the Workforce Collaborative and the statewide family organization that is in development, the Washington State Community Connectors.

Key staff changes (New or Anticipated) must be requested in advance as stated in the terms and conditions of award. Describe the change and submit resumes and job descriptions, level of effort and annual salary for each position

The following staff changes occurred in the last year:

- Patty King, start date March 2014, filled the position of Family Liaison. Her level of effort is set at 1.0 FTE.
- Lorrin Gehring, start date April 2014, filled the position of Youth Liaison. Her level of effort is set at 1.0 FTE.