

COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICES  
FOR CHILDREN AND THEIR FAMILIES PROGRAM

Child, Adolescent and Family Branch  
Center for Mental Health Services  
Substance Abuse and Mental Health Services Administration  
U.S. Department of Health and Human Services

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**GRANTEE PROGRESS REPORT – SUGGESTED FORMAT**

Project Number: **SM61237**

Project Name: **Washington State System of Care Expansion Implementation Grant**

Reporting Period: **January 1, 2014 – June 30, 2014**



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*Transforming lives*

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# CHILDREN’S BEHAVIORAL HEALTH SYSTEM OF CARE IN WASHINGTON STATE

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## I. Goals of the Project

**Have there been any changes in the goals of the project? If so, please describe and provide a rationale for the changes in goals.**

Yes, changes were made to the goals in January 2014 to more clearly reflect the finalized *T.R. et al v. Kevin Quigley and Dorothy Teeter* Settlement Agreement, as well as to reflect our intent to sustain the work of this SOC project through the implementation of the Settlement Agreement.

The updated goals of the Washington State System of Care Project (WSSOCP) 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 services provided in home and community settings.
- 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.

**Describe progress toward achievement of the goals as articulated in your application or based on any changes that have been made. Information about progress includes identifying milestones or critical events and any performance targets that were achieved.**

The WSSOCP achieved some important milestones between January 1, 2014 and June 30, 2014 including:

1. The first meeting of the Children's Behavioral Health Executive Leadership Team (ELT) and the adoption of its charter in January 2014. The ELT was created in December 2013, upon final approval of the *T.R. et al v. Kevin Quigley and Dorothy Teeter* Settlement Agreement, to make decisions related to the systemic needs of children and youth. The vision of the ELT is to work together cooperatively and collaboratively across systems to assist in building an integrated delivery system of effective services and supports for treating children and youth with emotional or behavioral health needs, and their families. The ELT consists of the top executives from the Department of Social and Health Services, the Office of Financial Management, and the Health Care Authority. For additional information regarding the ELT's purpose, membership and meetings, click [Executive Leadership Team Charter](#).
2. The creation and approval of infrastructure documents related to the Governance Structure. From January 2014 – March 2014, four ad hoc workgroups with family, youth, and system partner membership met to:

- a. Develop a shared Mission and Vision Statement for Family Youth System Partner Round Tables (FYSPRT).
  - b. Refine and develop criteria for FYSPRT websites and printed materials for external communication with communities throughout Washington State.
  - c. Refine and develop processes to streamline the communication within the Governance Structure.
  - d. Develop and refine the Regional FYSPRT Charter to clarify roles, meeting norms, voting, and membership.
3. The creation of two new Regional FYSPRTs on the west side of our state will provide much needed capacity to address the feedback from family, youth and system partners, regarding population density in this area and the impact this has on the work of the FYSPRT's. A Request for Proposal was posted to recruit for two new contractors that would develop additional Regional FYSPRTs on the west side of the state. In April 2014, DadsMOVE and Washington PAVE signed contracts to develop the North Sound FYSPRT and the Peninsula FYSPRT (name pending). The updated FYSPRT Regions now include the North Sound FYSPRT, Northeast FYSPRT, Southeast FYSPRT, Southwest FYSPRT, Northwest FYSPRT and the Peninsula FYSPRT. [Click here](#) to view the Regional FYSPRT Map.
4. The Division of Behavioral Health and Recovery (DBHR) adopting the Youth and Family Peer Support Certification Curriculum. During the reporting period, a training utilizing this curriculum was provided. An evaluation of the training was completed by the University of Washington. Please see [Appendix A](#), titled "Washington Youth and Family Peer Support Training", to view the evaluation findings. The Youth and Family Certified Peer Counseling Training was a great success. This training has increased the workforce development goals of the Washington State System of Care Expansion Implementation Grant. Additionally, some of the comments by participants indicated that they feel that youth and family culture is respected. Future trainings for Youth and Family Peer Certification are scheduled.
5. The Children's Behavioral Health Unit at DBHR hired a Youth Liaison and Family Liaison during the reporting period to increase and support youth voice and family voice in systems change and in our current children's behavioral health initiatives.
6. Two mental health providers became demonstration sites in January 2014, to begin providing components of Wraparound with Intensive Services (WISE), the collections of services agreed to in the Settlement Agreement.
7. Youth from the FYSPRTs organized in developing, planning and implementing activities for May is Mental Health month across the state. See Section VII Social Marketing/Public Education Campaign for additional information.

**Describe efforts to complete Strategic Planning requirements, including Logic Model, Cultural and Linguistic Competence Plan, Social Marketing Plan, Sustainability Plan. Identify the status of these plans (e.g., in process, completed, revised) and time lines for completion or updates.**

Strategic Planning – In Process

The SOC Management Team met several times to prioritize Washington State SOC Grant Strategies as well as identify specific tasks for team members and outline anticipated completion dates. Please see [Appendix B](#) titled “Washington State System of Care Project: Strategies and Tasks, Year 2”.

Logic Model – Revised. See the Logic Model as part of the Sustainability Plan in Section X.

Cultural and Linguistic Competence Plan – The Cultural and Linguistic Competence Plan addressed in our last report is in place. The only change is that Margarita Mendoza de Sugiyama, the Cultural and Linguistic Competence Representative for Aging and Disability Services Administration, including the System of Care Project, retired in December 2013. The Division of Behavioral Health and Recovery has appointed Ronnie San Nicolas to fill her position and the SOC team is working with Dr. San Nicolas to provide consultation as well as linkages to the Office of Diversity and Inclusion.

Social Marketing Plan – See Section VII Social Marketing/Public Education Campaign.

Sustainability Plan – Completed. See the update for the Sustainability Plan in Section X.

**Services for Children who have Serious Emotional Disturbance**

**Please check if you are primarily delivering services to youth who meet the following criteria or who are involved in the following systems:**

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Young Children (Birth-5) | <input checked="" type="checkbox"/> Juvenile Justice | <input checked="" type="checkbox"/> Primary Care             |
| <input checked="" type="checkbox"/> Transition Age Youth     | <input checked="" type="checkbox"/> School Based     | <input checked="" type="checkbox"/> Developmental Disability |
| <input checked="" type="checkbox"/> Child Welfare            | <input checked="" type="checkbox"/> Substance Abuse  | <input checked="" type="checkbox"/> GLBTQI                   |
| <input type="checkbox"/> Other _____                         |  |  |

**Indicate the number of children newly enrolled in services this period (Note: Include children who have been enrolled even if they are no longer receiving services): 44**

\_\_\_25\_\_\_ Males

\_\_\_19\_\_\_ Females

**Indicate the total number of children served to date (Note: Include both currently enrolled children and children who are no longer receiving services):**

\_\_\_25\_\_\_ Males

\_\_\_19\_\_\_ Females

**How does your enrollment effort reflect the ethnic/racial diversity of the entire geographic area defined in your application? Describe activities/strategies you are implementing to address this issue.**

Our entire state is the geographic area defined in our grant application. Enrollment in new services has been on a volunteer basis in a few counties only, the official roll-out of new services does not begin until July 1 and full state implementation will not occur until 2018 (after the grant has ended). We are collecting ethnic/racial data on enrollees as we go and will be analyzing it with an eye to assuring our diverse populations are receiving services commensurate with their expected population rate.

**Have barriers to enrollment been identified and if so how are they being addressed?**

Our focus at this time is to meet the needs of underserved populations with outreach materials developed by and for distinct communities including tribes with contact information. Materials will be available in multiple languages and will use plain talk and appropriate reading and language levels. Again, as we roll-out services and look at data about who is getting into services and who is not, we will continue to address unmet needs of underserved communities – and share successes with geographic areas yet to be served.

## **II. Child and Family Services/Supports**

**Are there any mandated services, as identified in the Guidance for Applicants (GFA) that have not been implemented? Please identify the service(s), describe and explain the barriers, and provide information about what is being done to address.**

N/A

**Describe any needs assessments (i.e., systematic approach to gathering data on the needs of a population to be served) that have been done. What was learned from the needs assessment(s)? How does the service system address basic needs, recreational services, respite care, mentoring and crisis services in addition to traditional mental health services? Describe any access barriers and how they are being addressed.**

N/A

## **III. System Level Coordination/Infrastructure and Management Structure**

**Identify management team members, listing participants by name, agency or constituency being represented, and their role on the team. Identify any changes in the composition of the team since the previous report.**

The Governance Structure has been modified during the reporting period to be inclusive of the needs of the *T.R. et al v. Kevin Quigley and Dorothy Teeter* Settlement Agreement and the implementation of Wraparound with Intensive Services (WISe). See *Appendix C* to view the updated Children’s Interagency Governance Structure.

The Statewide Family, Youth, System Partner Round Table membership is the governance body for the SOC Expansion Implementation Project. [Click here](#) to view the Statewide FYSPRT membership list. Vacancies that appear are for representatives in the process of being selected by the constituency groups identified under the “Agency” column.

Changes to the Statewide FYSPRT Membership since the last report include:

Southeast FYSPRT contract lead is Melissa Sanchez (now vacant), Family Representative is Linda Lozano, Youth Lead is Alicia Frometa and System Partner lead is Carrie Huie-Pascua.

Northwest FYSPRT System Partner Tri Lead is Theresa Winther.

Southwest FYSPRT has added two Regional Support Network representatives, Merja Kehl and Denise Dishongh.

North Sound FYSPRT contract lead is Nelson Rascon and is currently recruiting Tri Leads for this new region.

Peninsula FYSPRT (*name pending*) contract lead is Jill McCormick and is currently recruiting Tri Leads for this new region.

Health Care Authority representatives are Preston Cody and Kari Mohr.

Division of Behavioral Health and Recovery has added Katie Weaver Randall, Patty King and Lorrin Gehring to the Statewide FYSPRT membership.

**What authority does the Governance Council have? Does the Governance Council approve budget and strategic plans? Are families and youth represented on the Governance Council? Do family members and youth have authority to vote on budget issues?**

The authority of our Governance Council (the Statewide Family, Youth, System Partner Round Table) is outlined in the Statewide FYSPRT Charter. To view the current Statewide FYSPRT Charter, [click here](#). The FYSPRT structure is also prominently called out as full partners in the Governance and Collaboration section of the *T.R. et al v. Kevin Quigley and Dorothy Teeter* Settlement Agreement. The role of the governance structure set forth in the settlement agreement is to “inform and provide oversight for high-level policy-making, program planning, decision-making, and for the implementation of this Agreement.

**Identify and include any new or additional public policy, including memoranda of understanding**

**and/or legislation, developed since the last report.**

Second Substitute Senate Bill 6312. This bill directs the state to purchase chemical dependency (CD) services through managed care contracts that integrate CD and mental health (MH) for children, youth and adults in Washington.

Engrossed Substitute House Bill 2315. This bill adds primary care practitioners, nurses, physical therapists and others to the list of health care providers required to complete a one-time training in suicide assessment, treatment and management.

2014 Supplemental Budget. New funding was approved by the legislature to provide new enhancements and supports for state hospitals, children's mental health, community mental health, and behavioral health redesign initiatives. Funding is provided for increasing intensive mental health services for high needs youth to fulfill commitments in the *T.R. et al v. Kevin Quigley and Dorothy Teeter* Settlement Agreement. It is also provided for continued wraparound services to children with high risk behaviors in home and community settings.

**List any optional services (as suggested but not mandated in the GFA) being provided. How are these services being funded, managed and supervised?**

N/A

**Describe linkages with universities, research projects, media, or other entities not directly involved in providing services to the enrolled population.**

N/A

**Describe any other linkages that have been instituted that address the development of infrastructure in your community. Infrastructure includes governance, workforce development, youth and family involvement and financing strategies.**

- The *T.R. et al v. Kevin Quigley and Dorothy Teeter* Settlement Agreement and Proposed Order No. C09-1677 – TSZ was signed by the court.
- A contract with Washington State University (WSU) was drafted based on the work of the SOC Workforce Development Work Group to establish a state wide training consortium. This contract will begin July 1, 2014, as part of TR Implementation.
- In June 2014, a Youth and Family Certified Peer Training was provided. The University of Washington completed an evaluation on this training titled, Washington Youth and Family Peer Support Trainings. See *Appendix A* for additional information.
- The Executive Leadership Team, as part of the Children's Interagency Governance Structure, has been established and has convened. To view the Executive Leadership Team Charter, [click here](#).



- Two additional Regional Family, Youth, System Partner Round Tables have been developed and contracted for to address the identified need reported by families, youth, Regional Support Networks, and state partners.
- Youth N Action has created a strong youth technical assistance linkage with the Juvenile Rehabilitation Administration and is currently reviewing their websites for accessibility and ease of readership for youth involved in multiple child and youth serving systems.
- Youth N Action and other connected youth groups such as Unleash the Brilliance and youth involved in Youth Care, provided technical assistance to King County Juvenile Court System's Robert Wood Johnson Grant over a period of three months discussing recidivism, disproportionality and community reintegration.
- Youth N Action partnered with the Office of Superintendent of Public Instruction in three consecutive educational and leadership summits that emphasized the importance of youth and family involvement and cross system collaboration in building a compassionate grass roots community advocacy movement.

#### **IV. Cultural and Linguistic Competence**

**Describe the composition of your population with regard to gender, cultural/ethnic diversity, sexual orientation, etc... Is this description different from that which you identified in your application? How are you addressing the needs of the population being served?**

The composition of the population for the SOC Expansion Implementation Grant has not changed from the application.

**Describe efforts being made for staff of the site to reflect the diversity of the site community and any staff changes since the last period's report due to these efforts.**

N/A

**Share examples of efforts being made to include diverse populations in site activities (i.e.: appropriate translation of material, etc...)**

N/A – Washington State Law requires interpreter services or Specialty Consultants (ie. cultural, ethnic, or disability) be provided when a need is identified. Additionally there are youth with physical disabilities that require transportation to events and this is provided. An America Sign Language interrupter has been contracted to provide services for a hearing impaired member for one of the FYSPRT meeting.

**Share examples of how services and supports are culturally and linguistically appropriate for your population.**

See above

**What barriers have been identified in this effort and how are they being addressed?**

See above

## **V. Family Involvement**

**Describe how family members are driving the implementation of the cooperative agreement activities (i.e., governance body, systems planning, budget development, policy development, service planning, education and training, national and local evaluation, social marketing and planning for sustainability).**

Division of Behavioral Health and Recovery (DBHR) will report on Washington State's six current initiatives, consistent with the philosophy, goals and strategies of our System of Care efforts.

DBHR filled the role of Family Liaison. The incumbent in this position began March 17, 2014. This role will enhance infusion of family members driving the implementation of the cooperative agreement.

Family, Youth, System Partner, Round Tables (FYSPRTs)

- Two new FYSPRTs were added during this report period. The FYSPRTs are the governing body for the *T.R. et al v. Kevin Quigley and Dorothy Teeter Settlement Agreement/ WISE* implementation. They will phase in as the WISE implementation rollout proceeds. The Children's Behavioral Health Data and Quality Team, which reports to the statewide FYSPRT has a very active family member involved in committee meetings and FYSPRT presentations.

Wraparound with Intensive Services (WISE)

- Family representatives continue to participate on the monthly WISE Advisory Group.
- Family members have been identified as WISE curriculum trainers and are providing trainings around Washington State in partnership with Portland State University.
- DBHR Family and Youth Liaisons have consistently attended WISE trainings. Parents, youth and system partners continue to be identified as future trainers. As we move along to implement WISE, we will have a cadre of family, youth and system partner trainers who will eventually replace Portland State University as our Washington State Trainers.

Children's Long Term Inpatient Program Improvement Team (CLIP-IT)

- CLIP-IT takes into consideration the needs of all the represented parties and is consistent with the philosophy, goals and strategies of our Children's Mental Health Redesign and System of Care efforts. The team consists of CLIP administrators, Regional Support Network children's care coordinators and

members from the CLIP Parent Steering Committee (current parent peers working within the CLIP programs and other family consultants). During this reporting period the Youth Liaison hired within DBHR started attending CLIP-IT meetings to enhance the CLIP-IT vision of incorporating youth voice. The youth liaison will give guidance on how and when to integrate youth.

#### Increased Use of Evidence-Based Practices (2012 Engrossed Second Substitute House Bill 2536)

- Washington State Evidence-Based Practice Institute (EBPI) staff has reached out to stakeholders, to gain family member perspective related to evidence-based and promising practices available in Washington State. During this reporting period there has been a focus to review evidence-based practices (EBPs) being used at CLIP facilities and provide DBHR a menu of options to expand CLIP EBPs. Through the CLIP Parent Steering Committee's Weekend Parent Training, EBPI visited and surveyed parents whose children are currently in CLIP. EBPI also visited the CLIP Improvement Team (rich with family involvement) to gather information and feedback.

#### Administration for Children and Families Grant (ACF Grant or Creating Connections)

- The ACF-Creating Connections Grant creates a partnership between the University of Washington, Children's Administration, DBHR, and the Health Care Authority (HCA). This grant aims to improve the social and emotional well-being and restore the developmentally appropriate functioning of children and youth in the foster care system with a particular emphasis on trauma.
- For the first 18 months of the grant a "Veteran Parent" has been involved in grant efforts. A "Veteran Parent" is a parent who has been through the Child Protective Services reunification process and can articulate what is working, what is not, and can provide peer support to assist a family navigating this system.
- DBHR Family Liaison has been involved from the onset of these efforts.
- Parent/Family participation has been supported to participate via stipends.

#### State Adolescent Treatment Enhancement and Dissemination (SAT-ED)

- The Statewide Family, Youth and System Partner Round Table is the governing body for SAT-ED. Feedback and guidance from family, youth and system partners of the Statewide FYSPRT is solicited by the WA-Recovery Youth Services Project Director through: the distribution of monthly monitoring reports and bi-annual reports, as well as through materials presented at the monthly meetings, when appropriate.
- On January 14, 2014 the Port Angeles SAT-ED site hosted the Northwest Regional FYPSRT at their facility. Representatives from the SAT-ED sites also attended a Statewide FYSPRT to gain more information on the overall governance structure. The SAT-ED providers also encourage families and youth to participate in Regional or Local FYSPRT meetings and can reimburse families and youth for cost of travel and/or child care if needed.

**Have barriers to family involvement been identified? If so, how are they being addressed?**

- The WISE model includes Family Partners and/or Youth Partners as roles required to be filled in all WISE provider agencies. WISE provider agencies are accustomed to introducing family and youth partners when staff feels that a referral is appropriate and when asked permission from a family. The WISE model is different in that it requires family and youth peer support to be part of the family engagement process and that the role is strongly infused as an integral part of the child and family team, equal to the importance of care coordinator and therapist. This situation is being addressed by continuing to ensure that providers understand the WISE model is mandated. This involves working within the WISE trainings to support providers to lay a foundation for working within the mandates and also gives providers the opportunity to work through their concerns regarding when a family and youth partner should be accessed in the process.
- The CLIP-IT team has consistently identified barriers to family involvement. These barriers have been addressed in the following ways:
  1. Pre-admission meetings were implemented, to ensure that family members and their team understand expectations of family involvement prior to admission.
  2. Work groups have been created to brainstorm and create strategies to lifting barriers that then become fully implemented based on a shared vision consistent with the philosophy, goals and strategies related to System of Care efforts. During this reporting period a workgroup convened related to “challenging discharges” that included engagement of family members, parents and legal guardians.
- Evidence-Based Practice Institute has identified the following barrier to family involvement:
  1. Parents would like more involvement than is currently offered. Many families seek further information and a clearer understanding of the range of potential involvements. This is being addressed by initiating peer support involvement for families during the pre-admission meeting to improve family engagement, program content and to provide feedback to the program to increase family involvement opportunities.
- The ACF-Creating Connections “Veteran Parent” has left her position during this report period. ACF-Creating Connections will continue to recruit family members to serve in this role.
- For SAT-ED, DBHR has taken many steps to integrate mental health and substance abuse, shifting to “Behavioral Health” to incorporate family with lived experience from both systems to participate and influence the system. However, historically there are very few substance use family advocacy organizations to collaborate with, to assist in furthering behavioral health as an integrated system. The SAT-ED project has begun forming as well as engaging in FYSPRT efforts to further family voice in policy changes.

## **VI. Youth Guided**

**Describe how youth are involved in the implementation of the grant activities (i.e., governance body, systems planning, budget development, policy development, service planning, education and training, national and local evaluation, social marketing and planning for sustainability).**

### Governance Body

The primary function of the Statewide FYSPRT is to take responsibility for statewide governance oversight of the Washington State Systems of Care. In collaboration with the System of Care Management Team, the Statewide FYSPRT will recommend strategies to support System of Care as well as monitor and review both process and outcome indicators. Youth N Action (YNA) provided overall state-wide technical assistance and support in order to cultivate youth leadership within the FYSPRT. The Youth N Action Manager facilitated half of the Statewide FYSPRT meetings during the reporting period, while preparing youth to attend these meetings and continuing to mentor the youth involved as Regional FYSPRT Tri-Leads and Statewide FYSPRT members. There are currently six Regional FYSPRTs. Each FYSPRT has one to two youth leads that serve as Tri Chairs in their region. The two new Regional FYSPRTs are still in the process of selecting all Tri Lead roles. Additionally a youth leader is a member of the Children's Behavioral Health Data and Quality Team. All youth leads are connected to YNA in order to have access to technical assistance and resources.

A Statewide FYSPRT Youth Leadership Meeting was held in February 2014. YNA gave technical assistance to FYSPRT youth groups in order to increase the ability of FYSPRT's to attain meaningful youth engagement and more fully embrace youth culture. The Southeast FYSPRT met with YNA to discuss writing grants and raising resources in order to get to the Georgetown Training Institutes. As a result, youth participants from the Southeast FYSPRT will be able to attend Georgetown in July 2014.

### Systems Planning

DBHR's Youth Liaison attended Wraparound with Intensive Services (WISe) rollout trainings throughout the state and provided input. In addition, the Youth Liaison provided communities with clarity regarding the roles of youth partners in the WISe service plan and rollout. In June, another youth was identified to become a co-trainer in the WISe community trainings which will bring additional youth perspective. The Youth N Action Manager was involved in the beginning stages of WISe planning. YNA held two day long staff meetings where the lawsuit was addressed, discussed and feedback from youth was given to take back to DBHR.

Youth N Action has been involved in systems planning from the beginning of this grant. Youth N Action leaders provide input into management team meetings and the overall governance structure of the FYSPRTS. Most markedly, Youth N Action devoted a significant amount of time (over 50 hours) to youth leaders in all of the different FYSPRTS in order to train them how to successfully and meaningfully engage in system planning in their own regions. While this is a work in progress, many youth reported

feeling more equipped to participate in system planning meetings and felt like their voices were heard. This is especially true in the Southwest and Eastern regions.

### Budget Development

To introduce FYSPRT youth leaders to the concept of budgeting, YNA coordinated all Statewide FYSPRT contract leads to work with youth tri-leads to develop a budget for their Regional May is Mental Health Month projects. The youth budgeted \$3,500 collectively to purchase over 3,800 promotional items. In addition, each youth tri lead worked with their Regional FYSPRT to develop a budget for various May is Mental Health Month activities.

### Policy Development

DBHR in partnership with the State Mental Health Council applied for the Substance Abuse Mental Health Services Administration (SAMHSA) “Now is the Time” Healthy Transitions (HT): Improving Life Trajectories for Youth and Young Adults with, or at Risk for, Serious Mental Health Conditions grant (NITT-HT). DBHR’s Youth Liaison served as the representative from the Children’s Behavioral Health team in assisting in grant development. The Program Manager for YNA and DBHR’s Youth Liaison participated in a planning process with three youth from Regional FYSPRTs to gather valuable information and youth perspective to the direction of the grant.

### Evaluation

As requested by the System of Care Research Manager, DBHR’s Youth Liaison reworded Beth Stroul’s System of Care Evaluation Implementation tool so that the language was more accessible for youth and families. In June, Youth N Action used the tool to kick off their System of Care Evaluation, partnering with FYSPRT youth to be the evaluators. YNA hired a FYSPRT youth leader from Eastern Washington as a Washington State University employee to conduct 25 interviews in Eastern Washington and a Western Washington FYSPRT youth leader to conduct 25 interviews in Western Washington. Both youth leaders conducted interviews in last year’s evaluation and reported out to their communities.

### Education and Training

FYSPRT Youth leaders are involved in the following service planning and educational/training activities:

- One Southwest FYSPRT youth leader participated in a Division of Behavioral Health and Recovery Peer Support AD-HOC committee and provided input to the peer support initiatives across the state.
- As referenced in the policy development section, FYSPRT youth from three regions provided information and feedback regarding the importance and need for implementation of SAMHSA’s Healthy Transition’s grant in Washington State.

Two Youth N Action youth leaders from King County and from Thurston County, as well as, the youth lead from the Northwest Regional FYSPRT participated in a small focus group providing feedback on the importance of applying and implementing this grant in Washington and the impact it could have for young people and their families.

- The youth lead from the Northeast Regional FYSPRT and Youth N Action leader pulled together a group of seven additional youth in their area to answer a survey regarding the grant and whether or not it is needed in our state. They also reviewed the grant and provided valuable feedback that was implemented into the grant application and that enhanced the direction of the application. As a result of the youth feedback we received, peer services became a core component in how we would provide services under the grant requirements. Youth spoke and we listened and took action accordingly!
- YNA youth leaders have been partnering with NAVOS, a Northwest FYSPRT system partner, to develop a youth peer program for the McGraw Children's Long-term Inpatient Facility. YNA has provided over 50 hours of technical assistance to NAVOS that has included the idea for a Certified Peer Counseling Internship Program.
- In March 2014, YNA youth leaders attended the Compassionate Communities Seattle Kick-off Conference and presented a youth engagement workshop utilizing Forum Theater, which illustrated the stigma that youth face in society today.
- On June 14, 2014, Youth N Action's Program Manager and System of Care Lead, and DBHR's Youth Liaison, kicked off planning for the Youth Leadership through Performing Arts Retreat for Eastside FYSPRT youth. This involved a meeting with the Southeast Regional FYSPRT youth tri-lead, four youth, and two adult partners from the area to begin planning the retreat.
- In April, FYSPRT youth leaders participated in Compassionate Communities Connecting the Dots Collaboration with Unleash the Brilliance and Compassionate Seattle in presenting about the pipeline from schools to jails, recidivism and disproportionality.
- In May, the Northwest FYSPRT youth leads conducted Youth-Driven Focus Groups in Skagit County to assess the needs regarding youth engagement in local treatment services to report back to the Skagit County Juvenile Court.
- Five FYSPRT youth leaders were invited to present an institute at the Georgetown Training Institutes with Youth N Action.
- Youth N Action was invited to do a plenary session for the Georgetown Training Institutes in July of 2014. YNA Youth leaders created a new digital story telling series "Finding Control, Clarity and Recovery within Chaos" five very different journeys to recovery and new beginnings that will be presented at the plenary session.
- On May 8, 2014, FYSPRT youth leaders visited the Oak Ridge group home for incarcerated youth and did a six-hour orientation to the key concepts of certified peer counseling. This was done to encourage youth to apply to the Washington State Youth and Family Certified Peer Counselor Training. Seven youth attended the training and five, who were at legal age to apply, applied for the Youth and

Family Certified Peer Counselor Training. The training team was invited to come back to visit the group home as the youth wanted to talk more about peer support. The supervisor as well as the youth from the group home submitted a request for a 40 hour certified peer training for incarcerated youth.

### Social Marketing

Statewide FYSPRT youth leader's planned a May is Mental Health Month campaign that included two slogans to reduce stigma. "Care about more than your body - Mental Health Matters" and "Pride is my strength not my barrier: Asking for help doesn't make you weak." Youth identified various promotional items to put the slogans and the FYSPRT name on including: T-shirts, Frisbees, sling back packs, sunglasses, dog tags and lanyards. Over 3,800 items were passed out throughout the state at various events hosted in the youth's local communities. Youth N Action is collecting photos and documentation of these events to put into a video documentary for the year-end report.

FYSPRT youth participated in planning awareness day events throughout the state in their communities. The Southwest FYSPRT held a field day and resource fair, the Northwest FYSPRT planned a youth led community BBQ and resource fair, the Northeast FYSPRT did a youth led outreach to a local treatment center and the Southeast FYSPRT created a Mental Health Awareness Video, in partnership with YNA youth leaders.

### Workforce Development

Youth participated in a Workforce Development workgroup with DBHR to develop strength-based youth and family friendly job descriptions. The purpose of this was to facilitate DBHR hiring youth and family liaison candidates with a heavy emphasis on resiliency and recovery as well as System of Care values and principles.

In April, DBHR hired a Youth Liaison. The new Youth Liaison brings both national and local system of care experience to the team and has over 10 years of personal and professional experience in the field of youth engagement. DBHR's Youth Liaison and Youth N Action's Program Manager have been working together closely so they can best prioritize the technical assistance needs of communities at the local and state level including the needs of youth, families and service providers.

In May 2014, Youth N Action redesigned the Youth and Family Peer Manual for the Certified Peer Counselor Training for Youth and Families, originally piloted in 2013. After the redesign, Youth N Action held the second Youth and Family Certified Peer Counseling Training. At this second training, YNA hosted a forty hour peer training and utilized FYSPRT youth and family members as lead trainers for the class. Youth N Action provided certification testing for peers who took the forty hour Youth and Family Certified Peer Counselor Course. Twenty three out of twenty eight passed the exam! Approximately ten individuals who took the first Youth and Family Certified Peer Counseling in 2013 are currently working in the field as peers. Please see *Appendix A* for



the summary of evaluations from both of the trainings. The evaluations show the hard work, dedication and benefit in creating and providing these trainings.

**Have barriers to youth involvement been identified? If so, how are they being addressed?**

Through work with the FYSPRT youth, several barriers to youth involvement have been identified including:

- Overcoming the stigma regarding youth involved in multiple systems.
- Assessing and addressing gaps in communication between youth, adults and policy makers.
- Forming, storming and norming new team members at DBHR and integrating them into to all of the work that has already gone into providing technical assistance to the youth and organizing the FYSPRTs.
- Taking on too many projects with competing deadlines.
- Developmentally not being in a place where they are representatives of authentic youth voice statewide.
- A need for local youth groups and youth involvement at local levels to communicate community needs to the state.
- Educating system partners.

The culture and changes at the state has also been a barrier to effectively involving youth in systems change. When deadlines are changed and decisions need to be made quickly, this creates a huge challenge to get authentic youth input on policies and decisions. Planning ahead and more effective communications mechanism for both parties will help to address this.

The culture of the state is not always conducive to youth involvement; although this has changed during this grant there are still barriers to address. Many budgetary meetings occur during times youth are not available due to school or work. High level budgetary meetings do not include youth or System of Care staff serving as liaisons to youth voice. When youth voice is present, it is often from only a few represented communities and there is a tendency to get the same youth at the table. The SOC Leadership Academy that we are adapting to Washington State will address some of the technical assistance around the difference between advocacy and leadership at the local level and building local youth involvement connected to the WISE role out communities will support and engage additional youth.

Though implementation of the Certified Peer Counselor Training for Youth and Families was largely a huge success (see *Appendix A* for more information) there were some challenges that arose that included:

- Finding subject matter experts to train on the material who do not work for the state.

- Peer manual approval and finalization has been challenging, as it is a collaborative effort between many people who come with different perspectives at the various levels within the approval process.
- The peer training can only be provided to youth who are 18 years or older. Moving forward we would like to find a way to train young people who are 16 and older.

Overall System of Care budget development is an area that continues to be a challenge in getting youth actively involved. There are several systematic barriers to having youth involved in the state budget planning committees that include:

- Meetings are held during school times.
- Youth are not involved in high level state budgeting.
- There is a high learning curve for youth.
- The youth lead for System of Care is involved in creating the budget for SOC however more needs to be done to include youth at the regional and local levels.

## **VII. Social Marketing/Public Education Campaign**

**Has your social marketing/public education plan been completed or revised since the last report? Describe any changes.**

The social marketing plan has not yet been completed. The draft was distributed to FYSPRTs at the end of 2013 but completing it was put on hold at that time, in large part because the *T.R. et al v. Kevin Quigley and Dorothy Teeter* Settlement Agreement required a number of tasks related to social marketing. We feel that we need a single communication plan for all work related to Children's Behavioral Health in order for the system changes we are working towards to be sustainable. The social marketing aspects related to the settlement will be more clearly defined in the implementation plan that is due to the court on August 1, 2014. Once the implementation plan is approved, we will revise and finalize our Children's Behavioral Health Communication Plan.

**Who were your targeted key audiences this period? What were your key messages and strategies and how did you select them?**

From January through June 2014, we focused primarily on Regional Support Networks (RSNs), mental health providers, system partners, and families of youth with intensive mental health needs as our key audience. Messaging and strategies were almost exclusively related to developing and preparing to implement the *T.R. et al v. Kevin Quigley and Dorothy Teeter* Settlement Agreement. The Settlement Agreement was developed using the System of Care values and principles as the foundation. It calls for a collection of services, referred to as Wraparound with Intensive Services (WISe), to be delivered to youth in need of intensive mental health services. The Agreement also calls for the use of a governance structure that has youth, families, and system partner involvement at all levels. Meeting these requirements in a consistent manner across

Washington State creates a need for the audiences identified above to make both technical and adaptive changes to how they provide services and how they communicate. Significant time and effort was put into educating and collaborating with these audiences over time to develop a manual that will assist our state in implementing a statewide program that is consistent with the SOC values and principles and still works within a Managed Care setting.

The development of this manual (found at the following link: <http://www.dshs.wa.gov/pdf/dbhr/MH/WISe.manual.6.12.14.pdf>) will serve as a primary source of information for the WISe program and will serve as the basis for all other informational material that will be developed.

**Share some of your campaign successes since the last report.**

The most significant campaign successes from January through June 2014 resulted in a published WISe Manual and community mental health awareness events.

The development of the manual took an incredible amount of effort. In the end, the manual published creates a framework we feel can be achieved in a Medicaid Managed Care setting that infuses our values and principles into practice.

Four community mental health awareness events occurred within Washington State that were planned by youth leaders from various regions in Washington. The youth collectively developed two stigma-reducing slogans that were used in an effort to make a statewide impact while still considering the needs of different communities. Youth engaged the public using various methods (field day, BBQ, conducting surveys, etc.) to promote mental health awareness. Informational sheets and conversation materials were distributed as well as promotional materials such as green ribbons, t-shirts, dog-tags, Frisbees, lanyards, sunglasses, etc. Promotion of the community events varied by location: some handed out flyers prior to the event, put it on the radio, posted it on Facebook, and reached out through partners and established groups. These community events occurred in public locations and varied based on the youth's interests as well as what they felt would work well within their communities. Not only did these events bring attention to the public about mental health for those unaware or with only a basic understanding, it also provided the youth leaders the opportunity to showcase their leadership skills in creative and meaningful ways. These youth-led events provide opportunities for youth leaders to engage other youth and families in communities. The events spark interest and create a desire to learn more and get more involved. The Youth-Guided section of this report provides further information regarding these activities.

**What efforts have you made in planning for the next National Children's Mental Health Awareness Day?**

Efforts have been made to begin planning for next year's National Children's Mental Health Awareness Day. A Campaign Committee is being developed. The make-up of the

committee will include youth, family and system partners from across the state. This committee will lead the planning of the statewide and community-level awareness efforts. We have been in contact with the national campaign to be notified when next year's message is announced. The campaign committee has begun strategizing ideas for the type of events we would like to do and are waiting on the national message before we send out a "Call for Art" from youth around Washington State, in an effort to better align the state with the national messages that are being promoted. Additionally, funds had been set aside in the carry-over budget to purchase digital cameras and video equipment in an effort to capture and promote mental health awareness in more engaging ways. Approval for carry-over funds was not received in time to utilize this equipment in May. Our Campaign Committee, however, is making efforts to do outreach during September for Recovery Month, and plans to utilize the equipment at that time, as well in our strategies for the next awareness day campaign.

**Have barriers to the implementation of the public social marketing/ public education efforts been identified, and if so, how are they being addressed?**

The largest barrier we have faced in the implementation of our social marketing efforts is our inability to fully utilize social media. This has created a significant impact on our ability to communicate and get information out to individuals across Washington. The Washington State Department of Social and Health Services (DSHS) have policies that prohibit its employees from using Facebook, Twitter, and other social media outlets on state computers. While the central DSHS office does have one employee in their communications office that maintains a single DSHS Facebook and Twitter account that staff can request information get posted to, it does not have the impact we would like to see. For example, our announcement about improving intensive mental health services for youth due to the TR settlement agreement received only two "likes".

- 1) An effort is underway to revise DSHS policies. It is our hope that once the policy is finalized, staff (or at a minimum, staff in communication positions) will be able to utilize social media as a communication tool to engage the public.
- 2) Additionally, work is being completed by our partners across the state to take advantage of social media. DSHS has contracted with Youth N Action, through Washington State University, to develop a website and corresponding social media accounts for the Statewide Family, Youth, and System Partner Round Table (FSYPRT). Having an entity outside DSHS maintain the sites will allow our stakeholders to receive more specific/relevant information. Additionally, the sites can be maintained without the same level of public disclosure concerns that DSHS holds.

Another challenge we have faced is doing social marketing that is relevant statewide to the various types of communities our state holds, including the ability to engage urban and frontier communities; communities with many resources to those with little to no resources or even exposure to mental health.

- 1) To address this challenge, effort was put in to designing community events to take place across Washington for the 2014 mental health awareness campaign. Promotional material was purchased and distributed statewide, using key

messages developed by youth and voted upon by the FYSPRTs. These materials allowed for a consistent message to go out across the state, yet the method in which communities were engaged varied based on the community.

- 2) Additionally, a Campaign Committee is being developed to more thoughtfully develop strategies to effectively communicate with communities across the state.

**Has the national campaign team helped you this period and if so, how?**

The events this year focused on strengthening community partnerships. The events were largely youth-driven and tailored to what they felt would work for their communities. Therefore, the national campaign team was not utilized during this period. However, we intend to better engage with the national campaign team in the upcoming year and have already been in touch with them to find out about next year's campaign focus so that we can better align with national efforts.

## **VIII. Evaluation**

**Describe how the evaluation (both local and national) is being implemented. Are there any areas of concern or difficulty in implementing the evaluation? What steps are being taken to address these areas?**

The Division of Behavioral Health and Recovery has contracted with the Research and Data Analysis (RDA) division of DSHS to serve as the primary evaluator in the System of Care initiative in Washington State. A major advantage of working with RDA is the DSHS Integrated Client Database (ICDB), a data infrastructure which allows us to track behavioral health and other service measures, as well as key outcomes such as school success, criminal justice involvement, and medical utilization for specific populations using administrative data. The ICDB has been a primary resource in developing measures of success for the Washington State Children's Behavioral Health system.

RDA is making every effort to ensure consistency in measurement across populations and systems of care, as well as leveraging other work to enhance measurement. An example of this is a parallel development of behavioral health measures for the subpopulation of children in foster care with behavioral health needs. This is being developed as part of a grant from the Children's Bureau (ACF #90C01103/01) entitled *Creating Mental Health Connections for Children and Youth in Foster Care*.

Staff members from the DSHS Children's Administration are part of the Children's Behavioral Health Data and Quality Team (DQT) and have been part of this conversation. Another major enhancement has been the addition of education measures, which was made possible through collaborative work with the education agencies within Washington State and a grant from the Department of Education. Education outcomes are critical for children and youth with behavioral health needs, yet the barriers in accessing this data is often insurmountable. Challenges, risk factors and education outcomes for

these youth were demonstrated in a policy brief on this topic: *Behavioral Health Needs and School Success* (Kohlenberg et al., 2013). RDA addressed data sharing barriers and leveraged the resulting knowledge and education measures, which have now been added to our *Measures of Statewide Performance*.

This measurement development work has been in collaboration with the DQT, with review and feedback by youth, families, providers, and government partners at all levels and within all realms of the SOC governance structure. Measures are conceptualized by the DQT, developed by RDA, and then they are reviewed and refined within the context of the DQT team. This has often led to discussions that lead to major changes in how the system measures are presented. Additional measures are still under development.

Recent discussions with the DQT and FYSPRT, along with feedback from SAMHSA during a SAT-ED grant site visit, has led to the expansion of these measures to include youth with substance abuse needs, as well as those with co-occurring disorders. RDA is currently in the process of adapting the current measures to these new populations, updating the format to allow for each denominator to be displayed in a meaningful way, and developing new measures that specifically address the needs of this broader population.

One of the challenges in evaluating behavioral health efforts is ensuring that the necessary data is collected in a timely manner and with sufficient data quality. As we roll out our new Wraparound with Intensive Services (WISe) program—an important enhancement to our system of care—the evaluation team has put substantial effort into refining data collection processes and piloting the electronic data system that will store clinical screening and assessment data that will be used to track improvements in children’s outcomes, and ultimately feed back into quality improvement processes.

We also have been in communication with the national evaluation team from Westat; we participated in a call with the Westat national evaluation team in March of 2014 and understand they will be conducting interviews and surveys with key members of the Washington SOC team as part of the national evaluation.

**How are the results and data being disseminated, with whom, and how is it being used for policy development?**

We have been discussing evaluation efforts and the importance of evaluation and data with FYSPRT partners, as increased understanding in these areas can enhance contributions from all groups. We have regularly shared progress updates regarding the development of new measures for our *Children’s Behavioral Health in Washington State: Measures of Statewide Performance* with our Statewide FYSPRT, and solicited feedback. The evaluation work surrounding our developing system of care has been specifically designed to be embedded into and to enhance ongoing quality improvement processes surrounding the programs and policies that underpin SOC for children in Washington with behavioral health needs, and thus contribute to their future sustainability.

- The National Outcomes Measurement System (NOMS) data that are being

collected on children in our new Wraparound with Intensive Services (WISe) program will be summarized and reviewed by program staff in the early phases of implementation, so that lessons learned can be fed into quality improvement efforts.

- As part of the implementation and evaluation, we are also developing a broader Quality Assurance Plan for WISe services which will incorporate data from clinical screens and assessments, administrative data on services provided, and survey and interview data, to assess the implementation of WISe and the outcomes for children with substantial mental health needs being served by our system. The execution of this plan will be used to track progress in implementation, to identify system strengths and weaknesses, and to improve the quality and uniformity in the provision of WISe across the state in the months ahead.
- Any reports or policy briefs resulting from this grant will be posted on the RDA internet site, which is used as a major resource for policy makers, administrators, and other researchers across the country: <http://www.dshs.wa.gov/rda/>.
- Our developing set of measures – the *Children’s Behavioral Health in Washington State: Measures of Statewide Performance* –allows program and department leadership as well as the public to see how children with mental health and substance use disorders are faring, and in which areas are most in need of improvement. The current set of measures that is publicly available resides on the DBHR internet site and is available for Regional Support Networks, health plans, providers, and state administrators to use for planning and to track system progress:  
<http://www1.dshs.wa.gov/pdf/dbhr/MH/Childrens%20Behavioral%20Health%20Measures%202014.pdf>

**Have barriers to the implementation of the evaluation efforts been identified and how are they being addressed? Have you been able to work with your national evaluation liaison to address these barriers?**

One challenge to enhancing our system of care is understanding the intersecting needs of children with both mental health and substance use disorders in our system and how best to meet the needs of this complex population. To address this challenge, the evaluation team is using our ICDB to better understand how children with mental health needs only compare to those with substance use disorders only and those with co-occurring disorders, and are building new measures to help understand how the system of care is or is not meeting the needs of these groups. We have begun with a data-focused review of these populations, including detailed behavioral health characteristics such as diagnoses, past services and medications (see Lucenko et al., 2013).

We shared information about our evaluation work with staff from the national evaluation team at Westat on a call in June 2014, and discussed the possibility of us assisting with some of their evaluation tool pilot testing needs.

**How has the evaluation contributed to sustainability efforts within your community?**

Our system of care governance structure – the Family, Youth, and System Partner Round Tables (FYSPRT) is being fortified by evaluation work. The FYSPRTs are just beginning to use a survey tool at the end of each meeting that provides feedback to FYSPRT leadership to improve FYSPRT processes. The survey tool asks family, youth, and system partners who participate in the round tables about their satisfaction with the meetings, the inclusion of various voices at the table, and the progress of the group in moving towards its goals. Such ongoing feedback will refine the functioning of the FYSPRTs and enhance sustainability.

As articulated above, our SOC evaluation efforts have also focused on developing ongoing quality improvement processes that will outlive this grant and contribute to future sustainability of our evolving system of care. Both RDA and DBHR plan to sustain the measures developed under this grant for use in the evaluation of new programs, tracking outcomes over time for the Children’s Behavioral Health system, and for conducting robust and carefully designed research studies.

## **IX. Technical Assistance and Training**

**Describe training activities which have occurred in your community since the last report.**

- The WISE Training Manual was developed and training in WISE and CANS was provided across the state for four early adopter communities. To view the manual, click the following link, <http://www.dshs.wa.gov/pdf/dbhr/MH/WISE.manual.6.12.14.pdf>.
- YNA is leading a follow-up evaluation in 2014 after establishing a base line with the successful youth led Process and Procedure for SOC Implementation Evaluation project last year.
- FYSPRT Tri Leads, state partners, RSN leaders and others met for two separate day long technical assistance and training meetings to update and create additional documents to streamline the infrastructure and processes of the governance structure.
- The System of Care Technical Assistance Team met with the two newly established FYSPRT’s May 14, 2014 and June 30, 2014. These meetings provided technical assistance and support to these new contractors.

**How were these training activities used? Who completed these training activities? Were they effective in meeting community goals?**

See above

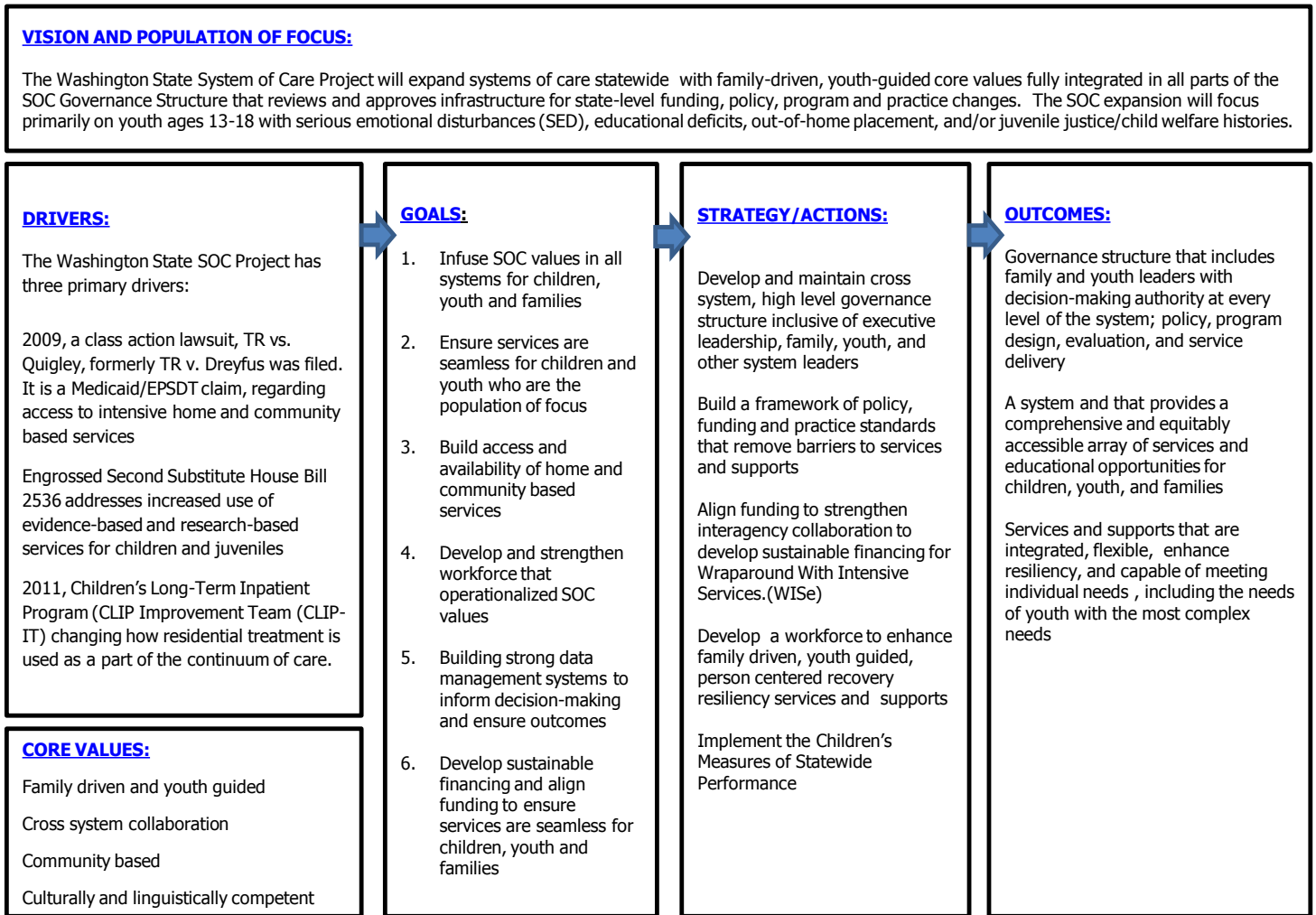


## X. Sustainability

**Has your sustainability plan been developed/revised during this period? If so, please describe and provide rationale.**

Yes, we have updated the drivers to assure sustainability for system improvement to Children’s Behavioral Health and to reflect new legislation. A goal was also added to address the need for sustainable financing. The updated Logic Model is shown on the next page.

### Washington State Systems of Care Project Logic Model Updated 2014



The *T.R. et al v. Kevin Quigley and Dorothy Teeter* Settlement Agreement are the assurances that the SOC goals will be sustained. The Washington State Systems of Care Project was and remains based on the needs addressed by the 2009 class action lawsuit. It is a Medicaid/EPSDT claim, regarding access to intensive services provided in home and community settings. We have chosen not to develop an additional sustainability plan as we believe this document provides clear and accountable direction that supports and sets into the infrastructure of DBHR the goals of the WSSOCP. The leadership of DBHR has provided clear direction and focus that the Settlement Agreement is the document that the SOC team will be working from to address sustainability as well as the focus of work products. The Settlement Agreement was written from a cross-system perspective with several members of the SOC team. Click this link to view the Settlement Agreement:

<http://www.dshs.wa.gov/pdf/dbhr/MH/TR%20full%20agreement.pdf>

Below are key components of the Settlement Agreement and how these aspects are being implemented to ensure sustainability. A few additional elements are also included at the bottom of this section that address sustainability but are not a part of the agreement.

### The Governance Structure

Developed under the SOC Planning Grant and the first year of the SOC Implementation Grant, the governance structure has been adopted by the State and the Plaintiff attorneys and is outlined in the Settlement Agreement. The governance structure provides a collaborative process for decision-making with families, youth and system partners at the local, regional, and state levels. The state awarded contracts to six communities to develop Regional Family, Youth, System-Partner Roundtables (FYSPRTs). In addition to participating on the Statewide FYSPRT, child-serving state agencies/ administrations also signed a cross-system Memorandum of Understanding (MOU) that guides efforts to: collaborate; require relevant local and regional representatives to participate in Child and Family Teams; align funding sources; develop cross-system training; develop data-informed quality improvement processes; and increase youth and family participation in all aspects of policy development and decision making. The FYSPRT provides leadership to influence the establishment and sustainability of Washington State Children's Behavioral Health System Principles in service delivery to children, youth, and families throughout the implementation of the WSSOCP. See the Children's Interagency Governance Structure in *Appendix C*.

### WISe Program Model

Through the Settlement Agreement, Wraparound with Intensive Services (WISe) was developed. The WISe program model is Washington's approach to providing comprehensive behavioral health services and supports for class members. The service array includes intensive care coordination, intensive treatment and support services, and crisis outreach services, provided in home and community settings, based on the individuals' needs and the developed plan. A WISe Manual has been developed and

serves as the basis for outlining the program, as well as developing policies and procedures. With the rollout of the WISE model, these services will be available in every county throughout the state within 5 years. The outcome monitoring and evaluation requirements in this agreement provide the necessary assurances to sustain this key service.

The program manual provides the broad principles that inform and guide the management and delivery of mental health services and supports; describes the treatment and support activities that care providers undertake; governs how services are coordinated among systems and providers; outlines processes for screening and referral (including the requirement to use the Washington version of the Child and Adolescent Needs and Strengths assessment tool), prescribes the means to measure and account for outcomes; provides relevant feedback to managers and clinicians so as to continuously improve system and service quality; and ensures cost-effective use of resources.

### Workforce Development and Training

The Workforce Development Workgroup developed a Workforce Collaborative that is co-led by youth and families, state systems, and partner universities to develop sustainable local and statewide education, training, coaching, mentoring, and technical assistance to support agencies. This collaborative is currently named the Workforce Collaborative. DBHR/DSHS and Washington State University (WSU) has entered into an agreement through which they will jointly administer a sustainable training, evaluation and education collaborative. This collaborative will focus on the Child and Adolescent Needs and Strengths (CANS) Assessment and Wraparound with Intensive Services (WISE) model for children and youth. The Workforce Collaborative and its coordination will be administratively housed within WSU Spokane's Public Health Research Institute and the Health, Policy and Administration Department. The outcome of the Workforce Collaborative that supports sustainability of the SOC goals is to improve family/youth engagement with behavioral health policy, planning, and service delivery through training, resources, and workforce development for child mental health services providers, stakeholders and DBHR/DSHS. Additionally technical assistance will be provided to support the ongoing coaching and implementation needs after trainings.

### Additional Elements to Support Sustainability

- The state SOC Team and the Yakima Valley SOC Team meet on an ongoing basis. The Yakima Valley SOC is integrating their team members into the FYSPRT in Yakima and will be taking leadership roles on this FYSPRT.
- Legislation passed in 2012, Engrossed Second Substitute House Bill 2536, addresses increased use of evidence-based and research-based services for children and juveniles.
- 2011, Children's Long-Term Inpatient Program (CLIP Improvement Team (CLIP-IT) is changing how residential treatment is used as a part of the continuum of care.

**Describe how you meet match requirements and how you document the use of match funds. Have you adhered to requirements of the Office of Management and Budget (OMB) Circular A-133 related to Federal Audits?**

Match funds are identified with billing submitted by contracted partners for payment. OMB requirements are met.

**List percentages of your match funds which come from the following public or private sources in the table below:**

The percentages below reflect the match requirement of:

<u>Source</u>	<u>Percentage</u>	<u>Cash Match</u>	<u>In-Kind</u>
Child Welfare	9.9	0	9.9
Mental Health	0.6	0	0.6
Education	11.3	0	11.3
Juvenile Justice	9.6	0	9.6
Substance Abuse	0.6	0	0.6
Health	11.3	0	11.3
Foundations	0	0	0
Other (Please Describe)			
<b>TOTAL</b>	100%	0	9.9

## **XI. Lessons Learned**

**Please describe lessons learned or accomplishments your community has experienced this reporting period that you would like to share with others.**

1. Statewide FYSPRT members continues to collaborate to develop, refine, and implement infrastructure and processes of the Governance Structure. During the reporting period, Statewide FYSPRT members volunteered and participated in ad hoc workgroups to further streamline and develop important documents and processes to ensure smooth communication and structure within the Governance Structure and with the communities of Washington State.
2. “The only thing that is constant is change” – Heraclitus. Even through multiple changes in the Statewide FYSPRT membership and Children’s Behavioral Health Team, Systems of Care continues to prevail and move forward. The Children’s Behavioral Health Supervisor, also a Statewide FYSPRT member, accepted and is transitioning into a new position. The Southeast FYSPRT contract lead and Tri Leads all transitioned out of their FYSPRT roles. System Partners from the Northwest and Southwest Regions are no longer Statewide FYSPRT members. The WSSOCP has also gained many new Statewide FYSPRT members to keep the project moving forward. The Southeast FYSPRT has a new contract lead and all new Tri Leads. Two new staff joined the Children’s Behavioral Health Team

- and the Statewide FYSPRT membership, a Family Liaison and a Youth Liaison to further the collaboration and participation of youth and families at the local, regional, and statewide FYSPRT levels. Two new Regional FYSPRTs have joined the Statewide FYSPRT and are working in their regions to add Tri Leads. “The only way that we can grow is if we change.” – C. JoyBell C.
3. The Washington State Systems of Care Team has worked tirelessly over the last 2 years to get where we are but there is still a lot of work that needs to be done.

**Are there any other areas that you would like to work on in the future? Is there a plan in place for your community to address this/these area(s)?**

The items listed below are part of the year 2 Strategic Plan that we would like to continue focusing our efforts towards during the remainder of Year 2. You can also see *Appendix B* for a full copy of the plan.

1. Begin providing training through the established workforce development collaborative.
2. Incorporate feedback from the Washington Youth and Family Peer Support Trainings into future trainings.
3. Creation of a Statewide Family Organization.
4. Provide additional leadership training to Statewide FYSPRT membership.
5. Increase family and youth participation in all aspects of policy development and decision-making for the WISE model.
6. Develop a FYSPRT Toolkit to assist and support Local FYSPRT development.
7. Further integration of Systems of Care and Substance Abuse Treatment Education and Dissemination in the Local, Regional and Statewide FYSPRT membership and meetings.
8. Establish a baseline for evaluation of the FYSPRTs.
9. Evaluate effectiveness of the family and youth specific peer training curriculum.
10. WISE training evaluation.
11. Develop sustainable funding structure to support community, family and youth participation.

## **Appendices**

## Washington Youth and Family Peer Support Trainings September 2013 and June 2014

### Summary of Evaluation Results to Date

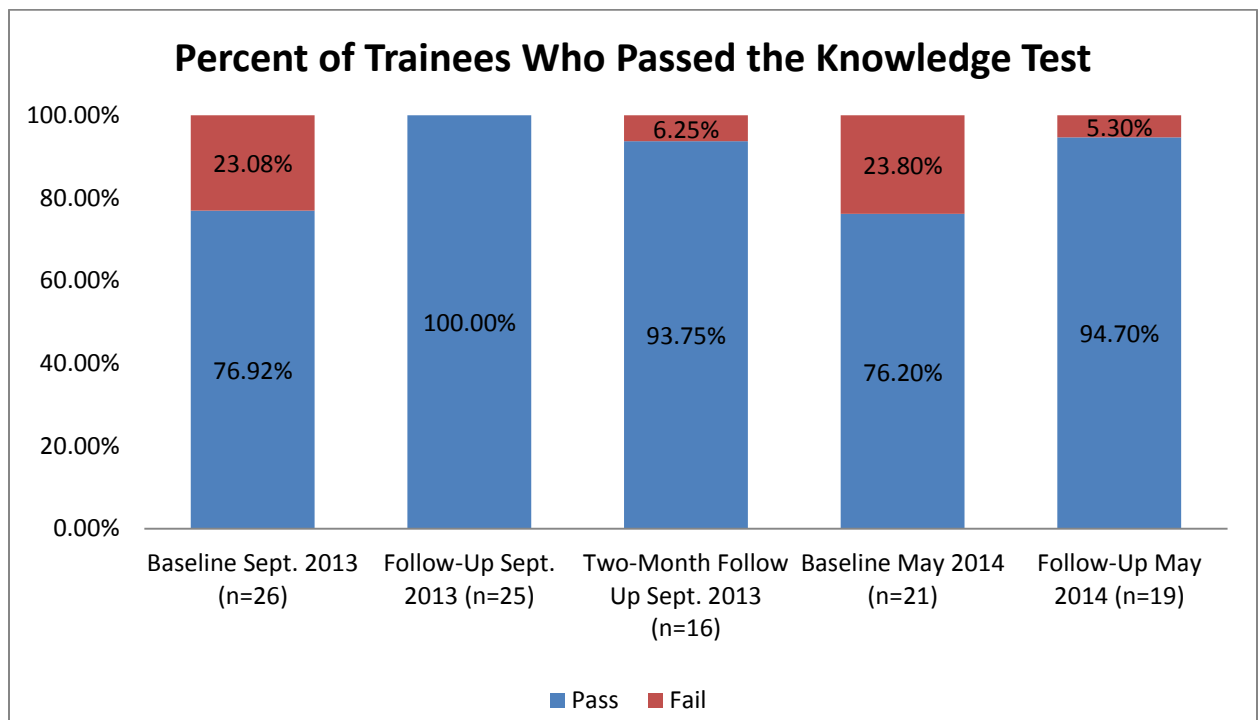
Alyssa Hook, Hattie Quick, MSW, & Eric J. Bruns, Ph.D.

University of Washington Evidence Based Practice Institute and National Wraparound Initiative  
June 10, 2014

#### Primary Evaluation Questions:

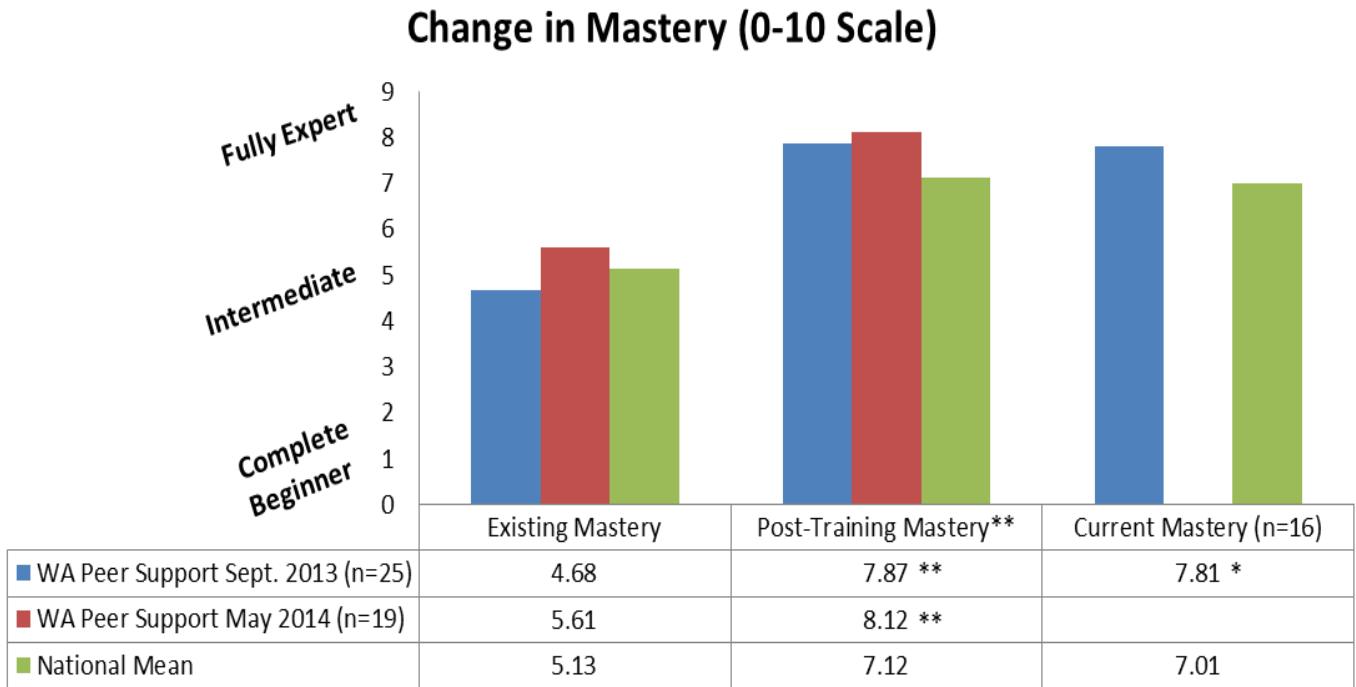
1. Do trainees demonstrate knowledge gains and pass the Certified Peer Counselor knowledge test?
2. Do trainees experience increases in mastery of skills and subject matter?
3. Do trainees perceive trainings to be relevant, valuable, well-organized, and likely to improve their skillful practice with youth and families?
4. What individual training modules are viewed as best developed and least well-developed?
5. What are trainees' overall perceptions of the strengths and needs for improvement?

#### 1. KNOWLEDGE (Sept 2013 and May 2014 cohorts)



Of the trainees who completed the knowledge test in 2013 at all three time points, it is evident that knowledge increased from pre- to post-training, but decreased slightly at the two-month follow up time point. For the training in 2014, only a small percentage of participants did not pass the post-training test. In order to pass the knowledge test, a trainee is required to score at least 75% of the questions correctly. For the 2013 training, the knowledge test had 25 questions (19 out of 25 to pass) and for the 2014 training, the test had 20 questions (15 out of 20 to pass).

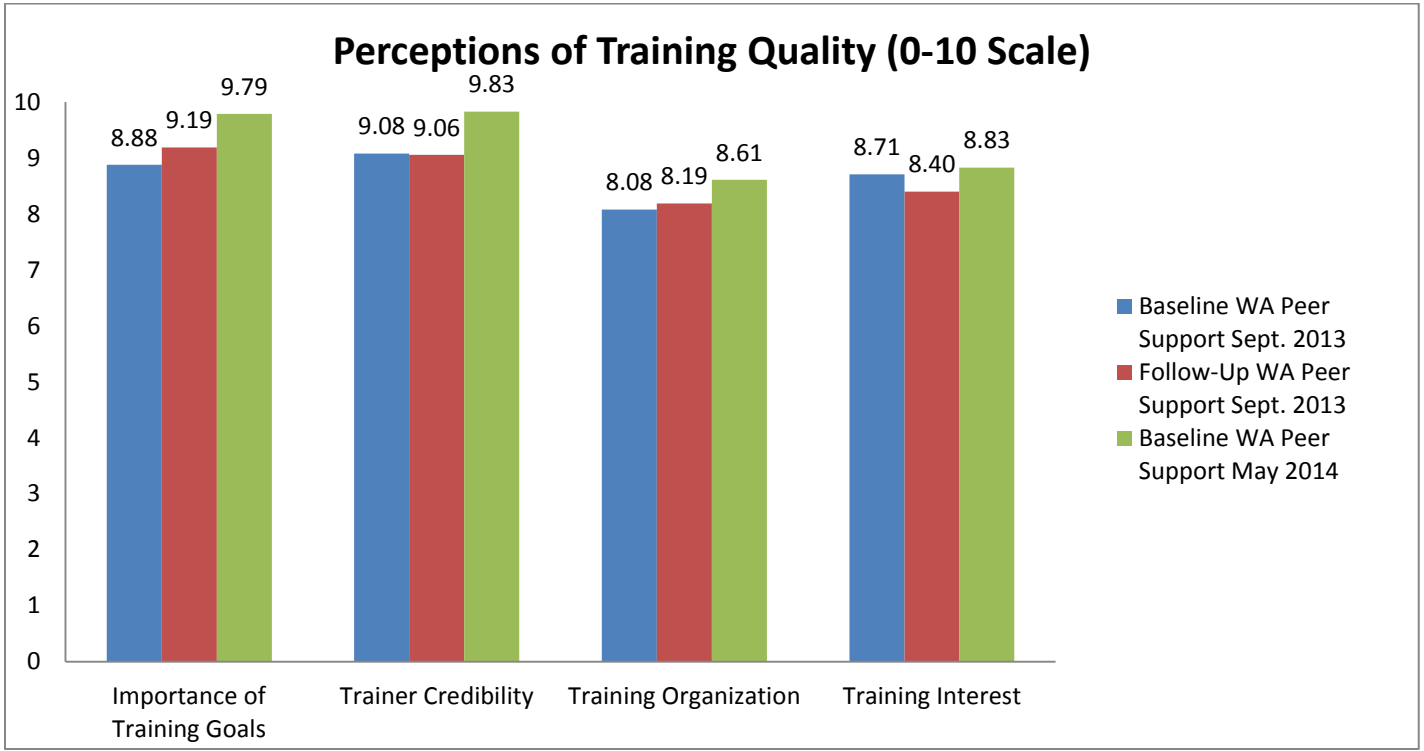
## 2. INCREASE IN MASTERY (Sept 2013 and May 2014 cohorts)



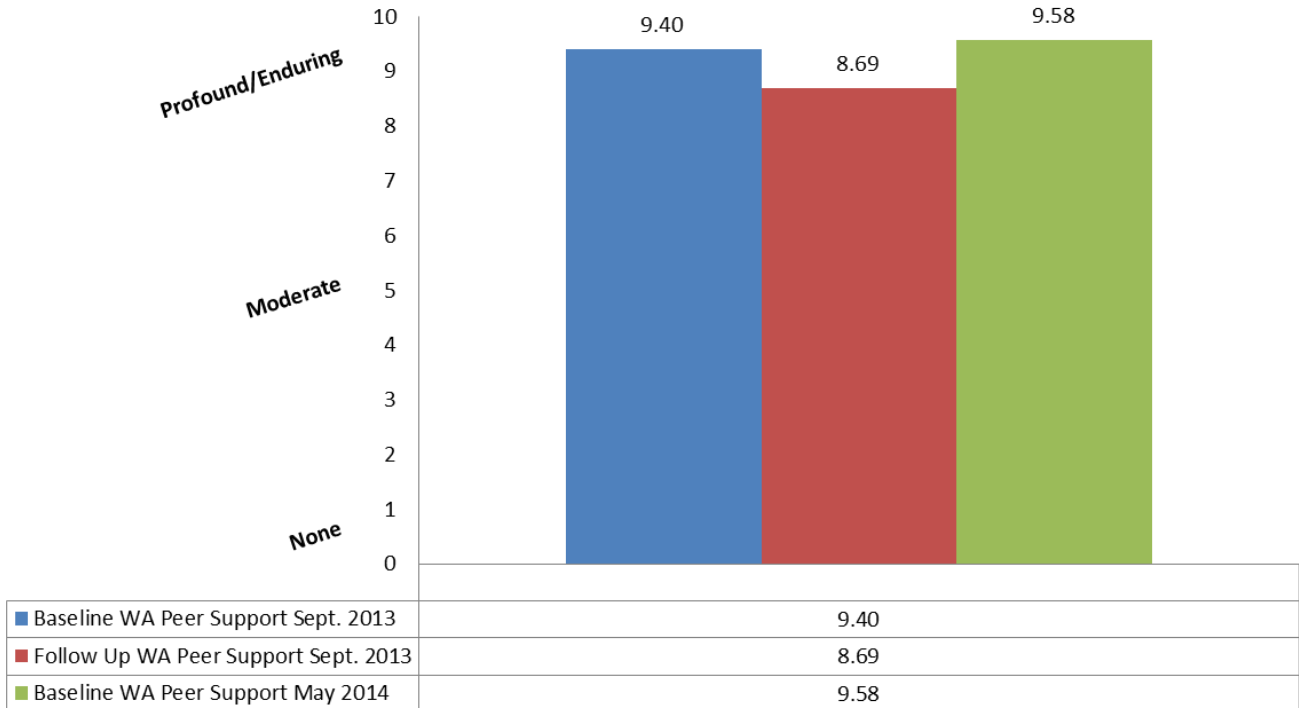
Results from the standardized Impact of Training and Technical Assistance (IOTTA) measure show that participants in both Washington State Youth and Family Peer Support Training events (Sept 2013 and May 2014) demonstrated greater increases in self-reported mastery from pre- to post-training of the content than for our national sample of trainings assessed via IOTTA. Participants in the Sept 2013 cohort showed stability in self-reported mastery as assessed 2 months after the training.



### 3. PERCEPTIONS OF TRAINING IMPORTANCE, RELEVANCE, QUALITY, and IMPACT (Sept 2013 and May 2014 cohorts)



### Level of Impact of Training on Your Work (0-10 Scale)



#### 4. EVALUATION OF TRAINING MODULES (May 2014 cohort)

##### Highest Scoring Modules

Highest Scores	Module	Training Interest	Importance of Training Goals	Overall Impact
		<i>Mean</i>	<i>Mean</i>	<i>Mean</i>
1	Youth: Trauma Informed Care (Day 4, n=9)	9.78	10.00	<b>10.00</b>
2	Youth: Self-Care (Day 4, n=8)	10.00	9.75	<b>9.75</b>
3	Youth: Boundaries (Day 4, n=9)	9.56	9.89	<b>9.56</b>
4	Family: Self-Care (Day 4, n=9)	9.44	9.89	<b>9.44</b>
5	Strengths (Day 1, n=21)	9.14	9.48	<b>9.38</b>

##### Lowest Scoring Modules

Highest Scores	Module	Training Interest	Importance of Training Goals	Overall Impact
		<i>Mean</i>	<i>Mean</i>	<i>Mean</i>
1	Family: Employment (Day 4, n=8)	8.25	7.88	<b>7.63</b>
2	Family: Spirituality (Day 4, n=8)	8.50	8.25	<b>8.13</b>
3	Message of Hope (Day 1, n=21)	8.65	9.05	<b>8.19</b>
4	Ethics (Day 3, n=17)	8.65	9.53	<b>8.65</b>
4	Wraparound (Day 3, n=18)	7.89	9.28	<b>8.65</b>
5	Supports & Community Building (Day 3, n=19)	8.79	9.06	<b>8.78</b>

## 5. FEEDBACK AND RECOMMENDATIONS FROM TRAINEES (May 2014 cohort)

### Strengths:

- Information was thorough, interesting, and presented in organized way. (*n=18*)
- The trainers were dynamic, passionate, and knowledgeable on the topics. (*n=17*)
- Learned many applicable skills, e.g. self-care, active listening, empathy, understanding one's strengths, cultural knowledge, and boundaries. (*n=17*)
- The activities and discussions helped build rapport and relationships with other trainees. (*n=15*)
- The training was interactive, which helped maintain energy. (*n=8*)
- The information was powerful and motivational. (*n=6*)
- The modules were well prepared and structured, and information was presented at an appropriate pace. (*n=5*)

### Challenges:

- The length of the training – it was difficult to sit for so long and maintain focus. (*n=14*)
- Some instructions/modules were confusing, and directions were given too fast. (*n=6*)
- We received a lot of information in a short period of time, and couldn't dive deeper into each of the topics. (*n=5*)
- It was hard to abide by the schedule and also maintain formal breaks. (*n=4*)
- The Wraparound exercise was confusing, and directions were unclear. (*n=4*)
- Would have liked to have more breaks, snacks, and coffee. (*n=4*)
- The facilities were hot and uncomfortable. (*n=3*)
- Needed a better explanation of the acronyms used at the beginning of the training (e.g. Wrap, WISE, etc.). (*n=2*)
- We bounced in and out of the manual and that was difficult to keep up with. (*n=1*)

### Recommendations:

- More snacks/water throughout the day to keep energy up. (*n=8*)
- The training should be longer than 40 hours, too much information. (*n=5*)
- More staff involvement for exercises (maybe have them model the Wraparound training exercise). (*n=4*)
- Talk more about youth needs rather than parent needs. (*n=3*)
- Practice knowledge in small groups as a way to use skills and get to know each other better. (*n=2*)
- Allow more time/means for networking, maybe have everyone write down their contact info to share with one another. (*n=2*)
- Time to engage in self-care together, e.g. take a walk as a group during one of the breaks. (*n=2*)
- More hands on exercises. (*n=2*)
- Use manual at home as a supplement. (*n=1*)

## Washington State System of Care Project: Strategies and Tasks Year 2

### WSSOCP Goals:

- 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.

Strategy 1:	Workforce Development					
<b>A. Workforce Plan across roles</b>						
<b>Tasks:</b>	<b>TR</b>	<b>EBP</b>	<b>Outcomes</b>	<b>Lead</b>	<b>Due Date</b>	<b>Completed</b>
i. Support the development and refinement (based on evaluation and feedback) of the WISE training curricula specific to Providers, Community members, and Affinity Groups	X			Jessica	7/1/2014	
ii. Establish a workforce development collaborative	X	X	X	Andrea/Tina	7/1/2014	
<b>B. Youth and Family Peer Support</b>						
<b>Tasks:</b>	<b>TR</b>	<b>EBP</b>	<b>Outcomes</b>	<b>Lead</b>	<b>Due Date</b>	<b>Completed</b>
i. Youth and Family Peer Training	X			Andrea/Tamara	9/30/2014	
ii. Convene Youth and Family Peer Support Curriculum Development Workgroup				Tamara/Patty	9/30/2014	
<b>C. Leadership</b>						
<b>Tasks:</b>	<b>TR</b>	<b>EBP</b>	<b>Outcomes</b>	<b>Lead</b>	<b>Due Date</b>	<b>Completed</b>
i. Family Organization Leadership Event and Follow Up Plan	X			Jeanette/Patty	9/30/2014	
ii. Youth Leadership Event and Follow up Plan	X			Andrea/Lorrin/Tamara	9/30/2014	
iii. WA State SOC Leadership Academy Event and Follow Up Plan	X			Andrea/Tamara	9/30/2014	
iv. Increase family and youth participation in all aspects of policy development and decision-making for the WISe model	X			Lorrin/Patty	Ongoing	

<b>Strategy 2: FYSVRT Development (TA and Support)</b>							
<b>A. Education and Outreach</b>							
<b>Tasks:</b>		<b>TR</b>	<b>EBP</b>	<b>Outcomes</b>	<b>Lead</b>	<b>Due Date</b>	<b>Completed</b>
i.	TR education and it's place in the continuum of care	X			Jessica	Ongoing	
ii.	FYSVRT Development Materials (Orientation Packet and Toolkit)				Kris/Jessica	9/30/2014	
<b>B. Infrastructure Development</b>							
<b>Tasks:</b>		<b>TR</b>	<b>EBP</b>	<b>Outcomes</b>	<b>Lead</b>	<b>Due Date</b>	<b>Completed</b>
i.	Identify youth, family and system partner leaders (each region)	X			Kris	Ongoing	
ii.	Establish Monthly calls with FYSVRT Tri-Leads	X			Patty	4/30/2014	4/21/2014
iii.	Establishment of Technical Assistance Team	X			Andrea	5/30/2014	5/14/2014
iv.	Establish capacity and consistency in governance structure for the Regional and Statewide FYSVRT	X			Kris	Ongoing	
v.	Capacity Building of local and regional FYSVRTs through FYSVRT Contracts	X			Kris	Ongoing	
vi.	Integration of SUD in FYSVRT and WSU Contracts			X	Kris/Andrea	9/30/2014	
<b>C. FYSVRT Process Evaluation</b>							
<b>Tasks:</b>		<b>TR</b>	<b>EBP</b>	<b>Outcomes</b>	<b>Lead</b>	<b>Due Date</b>	<b>Completed</b>
i.	Development of a Process Evaluation for FYSVRT meetings	X			Kathy	9/30/2014	
<b>Strategy 3: Communication and Outreach</b>							
<b>A. Overall System Change Efforts</b>							
<b>Tasks:</b>		<b>TR</b>	<b>EBP</b>	<b>Outcomes</b>	<b>Lead</b>	<b>Due Date</b>	<b>Completed</b>
i.	Updates related to system change and current priorities (including opportunities for input) - ex: BHOs, integration efforts with SUD	X	X	X	Jessica	Ongoing	
<b>B. WISE related</b>							
<b>Tasks:</b>		<b>TR</b>	<b>EBP</b>	<b>Outcomes</b>	<b>Lead</b>	<b>Due Date</b>	<b>Completed</b>
i.	Develop individualized outreach and communication plans re: WISE and settlement agreement for each community	X			Lin/Jessica	Ongoing	
ii.	WISE Training/Implementation	X			Lin/Lorrin/Patty	7/1/14 - Ongoing	

<b>C. Mental Health Awareness</b>						
<i>Tasks:</i>	<i>TR</i>	<i>EBP</i>	<i>Outcomes</i>	<i>Lead</i>	<i>Due Date</i>	<i>Completed</i>
i. Education around mental health to communities through a variety of approaches				Jessica/Lorrin	Ongoing	
<b>Strategy 4: Quality Assurance</b>						
<b>A. Performance Monitoring for Children's Behavioral Health</b>						
<i>Tasks:</i>	<i>TR</i>	<i>EBP</i>	<i>Outcomes</i>	<i>Lead</i>	<i>Due Date</i>	<i>Completed</i>
i. NOMs Collection, Entry and Analysis				Kathy	Ongoing	
ii. SOC Evaluation Team with RDA	X			Kathy	Ongoing	
<b>B. Peer Support Evaluation</b>						
<i>Tasks:</i>	<i>TR</i>	<i>EBP</i>	<i>Outcomes</i>	<i>Lead</i>	<i>Due Date</i>	<i>Completed</i>
i. Evaluate effectiveness of the Family/Youth Specific Peer Training Curriculum				Tamara/ Eric	9/30/2014	
<b>C. Youth-Led SOC Process Evaluation</b>						
<i>Tasks:</i>	<i>TR</i>	<i>EBP</i>	<i>Outcomes</i>	<i>Lead</i>	<i>Due Date</i>	<i>Completed</i>
i. Conduct a system of care implementation assessment				Kathy/Tamara	9/30/2014	
<b>D. WISE/TR Evaluation</b>						
<i>Tasks:</i>	<i>TR</i>	<i>EBP</i>	<i>Outcomes</i>	<i>Lead</i>	<i>Due Date</i>	<i>Completed</i>
i. WISE Training Evaluation	X			Greg/Eric	Ongoing	
ii. QA Plan Development	X		X	Kathy/Eric	7/31/14	
<b>Strategy 5: Finance</b>						
<b>A. Sustainability</b>						
<i>Tasks:</i>	<i>TR</i>	<i>EBP</i>	<i>Outcomes</i>	<i>Lead</i>	<i>Due Date</i>	<i>Completed</i>
i. Fiscal Mapping SOC and SAT-ED	X			Tina/Andrea	Ongoing	
ii. Decision Package for T.R.	X			Andrea	8/31/14	
iii. Develop funding structure to support community, family and youth participation	X		X	Tina/Andrea	Ongoing	
iv. Contracts for SOC System Partner Contracts	X		X	Kris	9/30/2014	
v. Sustainability Plan				Tina/Andrea	9/30/2014	

# Children's Interagency Governance Structure

