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

GRANTEE ANNUAL REPORT

Project Number: **SM61237**
Project Name: **Washington State System of Care Expansion Implementation Grant**
Reporting Period: **October 1, 2012 – September 30, 2013**

Behavioral Health and Service Integration
Division of Behavioral Health and Recovery
PO Box 45330
Olympia, WA 98504-5330
360-725-3772

CHILDREN'S BEHAVIORAL HEALTH SYSTEM OF CARE IN WASHINGTON STATE

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ACKNOWLEDGEMENTS

The Washington State Systems of Care's (SOC) Year 1 (XI) Expansion Implementation Project was the result of family, youth and system partner efforts to infuse SOC values in all systems for children, youth and families. The individual, institutional, and system wide SOC commitment and efforts are represented in the project detailed in this document. The success achieved thus far was possible through the efforts of SOC contributors, technical support specialists, and reviewers. THANK YOU!

Contributors
Jeanette Barnes, SOC Family Lead, Behavioral Health and Service Integration Administration (BHSIA)/Division of Behavioral Health and Recovery (DBHR)
Jessica Bayne, BHSIA/DBHR
Eric Bruns, University of Washington
Tina Burrell, Substance Use Disorders, BHSIA/DBHR
Sarah Butzine, Office of Superintendent of Public Instruction (OSPI)
Gregory Endler, BHSIA/DBHR
Ron Hertel, OSPI
Alice Huber, SOC Principal Investigator, BHSIA/DBHR
Tamara Johnson, SOC Youth Lead, Youth N Action
Margarita Mendoza de Sugiyama, SOC Project Manager, BHSIA/DBHR
Carol Miller, Department of Health (DOH)
Maria Nardella, DOH
Mark Nelson, BHSIA/DBHR
Andrea Parrish, SOC Project Director, BHSIA/DBHR
Lin Payton, Children's Mental Health Supervisor, BHSIA/DBHR
Barb Putnam, Children's Administration (CA)
Monica Reeves, Developmental Disabilities Administration (DDA)
Christie Seligman, DDA
Kathy Smith-DiJulio, SOC Research Manager, BHSIA/DBHR
Jacob Towle, Juvenile Justice and Rehabilitation Administration (JJRA)
Community Mental Health Providers
Family and Youth Organizations
Regional FYSPRT Leaders
Regional Support Networks
SOC Workforce Development workgroup leads and participants
Washington Eastside & Westside Youth Evaluators

Technical Support
Bill Baney, Portland State University (PSU)
Dennis Dyck, Washington State University (WSU)
Dan Embree, PSU
Sybil Goldman, Washington State SOC Coach, National Technical Assistance Center for Children's Mental Health, Georgetown University
Ellen Kagen, Georgetown University
Randy Todd, BHSIA

Reviewers
Statewide Family Youth System Partners Round Table (FYSPRT)
Division of Behavioral Health and Recovery (DBHR)
Michael Paulson, Behavioral Health and Managed Care Office Chief
Lin Payton, Children's Mental Health Programs Supervisor

OVERVIEW

Year 1 of Washington State's System of Care

Washington State has made significant progress over the last year (Year 1) in meeting the goals established in its Strategic Plan. The plan, developed as a product of the System of Care (SOC) Expansion Planning Grant, was written with Washington State's unique situation in mind. Washington has been the subject of a class action lawsuit, known as "T.R. v. Quigley & Teeter" (formerly T.R. et al v. Dreyfus & Porter) which alleges inadequate availability of intensive home and community based services. The timing of this grant in relationship to the lawsuit provided the perfect foundation to begin system change. It provided necessary resources; included the focus population of class members outlined in the lawsuit; and encompassed values and principles shared by both the plaintiffs and the State.

The combination of the grant and the lawsuit provided the State a platform to make substantial system improvements in an environment which people were more accepting of change. Commitment to a System of Care approach allowed the State and plaintiffs' attorneys to mediate a proposed settlement agreement that was submitted to the court on August 29, 2013. The goals established in the Strategic Plan: promote the importance of family-driven, youth-guided care; create an avenue for instilling and sustaining SOC core values; and provide a foundation for establishing more effective community-based services, to better meet the needs of youth and families.

Goals of the Grant:

1. Infuse SOC values in all systems for children, youth and families
2. Ensure services are seamless for children and youth who are the population of focus
3. Build access and availability of home and community based services
4. Develop and strengthen workforce that operationalizes SOC values
5. Building strong data management systems to inform decision-making and ensure outcomes.

In November 2012, youth, family, and system partner representatives got together to identify and prioritize strategies for the first year that would assist the State in meeting the above listed goals. The status of implementing each of these strategies is below, in the Year 1- Strategies and Actions Steps section. Additionally, Washington made progress in each of the Infrastructure Development, Prevention, and Mental Health Promotion (IPP) areas, identified by SAMHSA as key components for effective change. The paragraphs below highlight some of the achievements made under these components during Year 1.

Policy Development:

A number of policy changes occurred over the first year to infuse SOC values in all systems. A governance structure was developed that provides a collaborative process for decision-making with families, youth and system partners at the local, regional, and state levels. To this end, in order to ensure equality of voice, the State awarded contracted with four family organizations to develop regionally based Family Youth System Partners Round Tables (FYSPRTs). Additionally, the State contracted with a statewide youth organization, Youth N Action, for involvement in activities at the state and regional level. Child-serving state agencies/administrations signed a cross-system Memorandum of Understanding (MOU) that guides efforts to: collaborate, including participating on the Statewide FYSPRT; 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. A copy of this MOU can be found in Appendix A. This appendix also includes the approved Washington State Children's Mental Health System Principles, found on page 60 that were developed in Year 1 and reflect

System of Care values. The adoption of these principles will drive system change as policies are developed and revised.

FYSPRT Organization Criteria, found in Appendix C-1, was also developed this year to assist Regional FYSPRTs' efforts to support organizations and communities interested in developing Local FYSPRTs. The Statewide FYSPRT adopted this criteria to ensure consistency in the development of Local FYSPRTs. It will be a resource document for a "Resource Tool Box" that will be completed in Year 2.

Other policy changes occurred as a result of legislation that further demonstrated improved readiness to change systems in Washington State. This legislation includes Engrossed Substitute House Bills 1519, 1336, and 1774 and Second Substitute Senate Bill 5732, which focus on increasing service coordination, developing performance measures, improving outcomes, and increasing the use of evidence-based, research-based, and promising practices. While some of the above referenced legislation focuses on adults, it was based on legislation passed in 2012 (Engrossed Second Substitute House Bill 2536) specific to children and youth. Additionally, this legislation applies to transition-age youth on Medicaid under the age of 21.

Workforce Development:
One of the most significant workforce developments improvements over the last year was the development of a new Washington Administrative Code (WAC). WAC 388-877A-0350, Recovery Support Services Requiring Program-Specific Certification—Wraparound Facilitation Services, became effective July 1, 2013. This WAC creates an avenue for non-traditional mental health providers to gain certification on a limited scope bases to provide Wraparound facilitation. This not only provides reimbursement opportunities to non-profit or other child-serving systems (such as a Boys and Girls Club or a family organization) but also improves their place at the table in coordination.

Another major achievement in Year 1 for Workforce Development includes the development and implementation of a Child Adolescent Needs and Strengths (CANS) Tool, specific to Washington State. This tool requires specific training and certification. At this time, 19 individuals are certified to administer a CANS assessment. CANS has been identified under the mediated Proposed T.R. Settlement Agreement, filed on August 29, 2013, as the statewide assessment tool for screening referrals to the Wraparound with Intensive Services (WISe) Program. Washington plans to have 250 individuals certified by the end of Year 2.

Since 2005, Washington State has been certifying Peer Counselors. This certification focused on providing peer support services to adults. However, over Year 1, a specific Youth and Family Training Curriculum was developed. This training curriculum provides an avenue for individuals who pass the Peer Counselor test to be able to work with youth and families in mental health and recovery services throughout Washington State as an agency affiliated Certified Peer Counselor. An evaluation of this training program is being conducted by University of Washington research faculty. A summary of the findings was completed for the initial stages. It can be found in Appendix C-5. This evaluation process will provide necessary information to identify the strengths and weaknesses of the training and to ensure on-going quality improvements to the training curriculum.

Financing:
In Year 1, additional funding was obtained from two sources, the Unified Federal Block Grant and State Appropriated Funds. Unified Block Grant funds were utilized for family and youth trainings, leadership development, and participation in policy-related activities as well as for the development and training of mental health providers in the CANS assessment tool. An appropriation of state funding was provided to broaden the availability of mental health first-aid training provided to teachers and education staff.

Washington State is anticipating the receipt of a significant amount of state funds in Year 2 as the result of the Proposed Settlement Agreement. These funds would be used on infrastructure and to support the commitments made in the agreement. Since the submission of this grant application, Washington State has been confident that the T.R. settlement agreement would provide the financial sustainability needed to maintain the system change outcomes made from this grant.

Accountability:
Significant efforts were made this past year to promote the importance of family-driven, youth guided care. These efforts contributed to the increased number of family and youth members on local, regional, and state work groups, advisory groups, and councils. The Statewide and Regional Family Youth System Partners Round Tables (FYSPRT) each established tri-leads, representing family, youth, and system partners, to ensure the authenticity of voice and equality in system-process and decision-making that affect children, youth and families.

Integral to FYSPRT activities, is to support leadership development of family, youth, and system partners. During the first year, 12 youth participated as evaluators for the Washington SOC Implementation Evaluation, under the guidance and training of the SOC Research Manager and SOC Youth Lead. This project afforded the opportunity for youth from the eastern and western part of the state to gain valuable knowledge and skills. Youth managed logistics, conducted 72 interviews, analyzed information, and presented survey results. The presentation on the survey process and results are detailed in the SOC Planning Grant Extension Final Report, and can be found in Appendix B.

The Reflection Section of this report (see page 22) presents the importance of family and youth, in their own voices, that further conveys the importance of their participation in system evaluation and assessment.

Partnership/Collaboration:
A number of partnerships formed during Year 1. In addition to the creation of the four Regional FYSPRTs, mentioned above, seven local FYSPRTs have created charters and are working towards full membership. The cross-system MOU of key system partners, also mentioned above, has heightened their level of involvement with one another and with the Regional FYSPRTs to improve a variety of mental health-related practices. Furthermore, over the past year, the State has been privileged to partner and collaborate in various arenas with three Sovereign Nation Tribes; Tulalip Tribe, Yakama Tribe, and Lummi Tribe.

Washington State also recently became a partner in the Building Bridges Initiative, after approval from the Statewide FYSPRT. Washington State has been integrating the Building Bridges Initiative into its work since 2010, through the creation of the Children's Long-term Inpatient Program Improvement Team (CLIP-IT). One of the unique factors in this effort is that it began in response to a request from a staff person at a Regional Support Network (RSN) to address problems between the residential and community treatment mental health systems for youth. The group composition includes RSN Children's Care Coordinators, CLIP Program Managers, CLIP and Division of Behavioral Health and Recovery (DBHR) administration personnel, and parents from the CLIP Parent Steering Committee. Several of these parents also serve on the Children's Mental Health Committee, another ongoing collaborative group. The overall CLIP-IT project has focused on improving the transition of youth into and out of our Children's Long-term Inpatient programs. There is no requirement from the state or the RSNs by contract or regulation to engage in this effort, but the group has sustained this statewide task based on positive experience of the work accomplished to date. An overview of CLIP-IT and Initial Outcome Indicators can be found in Appendix E.

Awareness:

Over the course of the last year, numerous presentations, events, meetings, and conversations have occurred with individuals across the state to promote mental health awareness. This promotion has occurred at the local, regional and state level and was developed or provided by the Behavioral Health and Service Integration Administration and other system partners such as the Juvenile Justice and Rehabilitation Administration, the Office of Superintendent of Public Instruction, the Department of Health. Additionally, a significant amount of promotion was done at the community level by Family Organizations, Youth Organizations, and through the Local and Regional FYSPRTs. Samples of the promotional materials created are provided in Appendix F.

MOVING FORWARD

Year 1 was an exciting time with many accomplishments. The majority of these accomplishments focused on creating the foundation and the infrastructure for implementation and integration necessary for the T.R. Settlement Agreement and for Year 2 and beyond. During Year 2, and the years to follow, Washington will continue to work towards meeting the goals outlined in this grant, in an effort to create a sustainable system that is grounded in SOC values and principles.

Leading statewide system change effectively, however, requires recognizing both the adaptive and technical aspects of our system, and tailoring our interventions in a sequential and appropriate manner. For Year 2, the state will utilize the same process it used in Year 1 to create priority strategies, including the rollout of Wraparound with Intensive Services (WISe) and the Child and Adolescent Needs and Strengths (CANS) tool. These strategies will serve as the Year Two Implementation Plan. They will build on the work accomplished in Year 1 that focused on technical aspects of system change. As is always the case, especially with lawsuits, we anticipate unforeseen circumstances to arise and will revise strategies as circumstances change, targets are met, new resources become available, and based on evaluation.

Year 2 strategies will continue to address technical work, such as the foundational elements, but will also begin to focus and develop our efforts in the area of adaptive change. This adaptive work will be critical to the successful roll-out of services outlined in the Settlement Agreement (set to begin in January 2014) and in the complex system-level changes needed for Washington State's mental health system to sustain SOC approach long-term.

YEAR 1 – STRATEGIES AND ACTION STEPS

The matrix below delineates the strategies and actions steps of focus during Year 1. The SOC Leadership team used this living document to assist in the tracking of progress in these priority areas. Tasks not yet completed will carry over onto the Year 2 priority list that will be developed in November.

Washington State System of Care Grant: Strategies & Action Steps (Highest Priorities for Year 1)

<table>
<tr><td>Strategy
1</td><td colspan="3">A governance structure established and put in policy based on SOC values that provides a process for local and regional state level decision making, with families, youth and system partners in leadership and decision making roles with state leaders
1. Develop and maintain cross system, high level governance structure inclusive of executive leadership, family, youth, and other system leaders
2. Develop and maintain: Finance, Cross System Initiatives, Workforce Development, Data Evaluation & Quality, and Governance workgroups associated W/Statewide and Regional FYSPRTs
3. Financing strategy developed for projected increase utilization of intensive services based on improved screening
4. Aligning funding sources to strengthen interagency collaboration, improved long-term outcomes, and establish systems to develop funding mechanisms for youth and families involved in intensive cross system services
Certification for limited scope agencies</td></tr>
<tr><td colspan="4">Plan 1</td></tr>
<tr><td colspan="2">A. Educate and advocate with SOC leadership at all levels</td><td colspan="2">Complete Date: 5/30/13_____</td></tr>
<tr><td>Tasks</td><td>1. Craft statement/explanation of SOC governance structure
2. Share the timeline and process of review with Chris
3. Share with Regional and State FYSPRT Leads for review and feedback
4. Share with Chris, Michael and Rebecca for review/feedback
5. Incorporate feedback into draft
6. Share with Jane for review via Chris
7. Final review by Regional and Statewide FYSPRT
8. Excusive Level Charter Accepted</td><td>1. Andrea
2. Kathy
3. Jeanette
4. Andrea
5. Kathy
6. Andrea
7. Margarita
8. Andrea</td><td>4/1/13
4/1/13
4/08/13
4/09/13
4/17/13
5/14/13
5/30/13
8/13/13</td></tr>
<tr><td colspan="2">B. Define and clarify leadership accountability at all levels (local, regional state)</td><td colspan="2">Complete Date: TBD</td></tr>
</table>

Tasks	1. **Draft** of leadership positions, roles and responsibilities: local, regional and state level 2. Present to SOC Management Team for input/feedback 3. Present to Regional and State FYSPRT for review and feedback 4. Integrate SOC Management and FYSPRT feedback 5. Share with Chris 6. Integrate language into FYSPRT Charter, contracts, SOC Governance Structures, MOUs 7. Create clear and consistent marketing message about SOC leadership structure and role of Regional and State FYSPRT 8. Set up meeting with RSN Contracts Manager and Children's Supervisor and FYSPRT Lead to determine timeline for inclusion of FYSPRT language into contracts 9. Concretize SOC Governance Structure into policy, contracts and legislation	1. Jeanette 2. Tamara 3. Jeanette 4. Kathy 5. Tamara 6. Andrea 7. Margarita 8. Andrea 9. Andrea	4/9/13 4/9/13 4/23/13 5/1/13 5/7/13 6/7/13 7/1/13 4/3/13 TBD

Strategy 2	Expand and support the development of local and regional Family Youth System Partners Round Table (FYSPRT) 1. Develop a SOC Community Learning Collaborative that supports and enriches family education and development 2. Work with regional and local FYSPRT's to leverage local funding such as Treatment Sales Tax and redirect resources to meet the needs of children, youth and families		
Plan 2			
A. Analyze the TA needs of each FYSPRT and create a coaching & TA Plan		**Complete Date: 5/1/13**	
Tasks	1. Draft list of TA needs 2. Review with FYSPRT leads 3. Propose monthly coaching call process for regional FYSPRT leads 4. Follow through on implementation: *location, meeting line, time, date…*	1. Tamara 2. Tamara 3. Tamara 4. Tamara	4/18/13 4/23/13 4/23/13 5/1/13
B. Identify and send three FYSPRT leaders to the 2013 Community Organizing Training		**Compete Date: TBD**	
Tasks	1. Present to SOC Leadership Team 2. Training logistics 3. Create application process for FYSPs to outline expectations, etc. 4. Review applications and determine list of participants 5. Invite participants via email	1. Andrea 2. Andrea 3. Andrea 4. Jeanette 5. Andrea	3/26/13 x 3/29/13 x 4/05/13 4/18/13 4/19/13
C. Assist FYSPRT identify and access a sustainable funding structure.		**Complete Date 8/15/13**	

Tasks	1. Research models of funding for review 2. Share with SOC Management Team 3. Share findings and rationale with SOC Finance Committee 4. Share with Regional and State FYSPRT for review and feedback	1. Eric 2. Eric 3. Andrea 4. Eric	5/28/13 5/28/13 6/30/13 8/15/13

Strategy 3	1) Support and Expand the existing youth advocacy groups such as (Youth N Action) that are operating statewide 2) Foster a statewide understanding of the value of family and youth peer-to-peer support partners, as well as family and youth advocacy organizations 3) Expand Transitional services a. Transitions from child mental health to adult mental health System b. CLIP Improvement Team an ongoing effort to CLIP programs, system managers and parents to improve transitions in and out of psychiatric residential treatment and reduce length of stay 4) Develop a workgroup of cross system partners to improve the transition between residential and to community care		
Plan 3			
A. Assist families and youth develop a consensus statement to help others understand the value and the need for peer-to-peer support and family/youth/adult advocacy.		**Complete Date: 11/30/13**	
Tasks	1. Compile research/examples of peer-to-peer support and youth, family and adult advocacy structures 2. Support Youth, Family and Adult Organizational Leadership Collaborative with the development of a consensus statement specific to role and value of peer to peer support across the lifespan 3. Present information to OCP, Peer Curriculum Group and FYSPRT 4. Integrate consensus statement into implementation plan(s) youth, family and adult peer to peer support and advocacy	1. Jeanette 2. Jeanette 3. Jeanette 4. Kathy	8/30/13 9/22/13 10/31/13 11/30/13
B. Support the development of relationships and partnerships with various youth, family and adult organizations		**Complete Date: TBD**	
Tasks	1. TBD (in development)	1. TBD	TBD
C. Reassess the needs and wants of family and youth, and role in leadership structure		**Complete Date: TBD**	
Tasks	1. Connect with SAMSHA to get guidance about the development of statewide family and youth guided consortium 2. Prepare proposal to SAMSHA for a statewide family networking grant 3. TBD (in development based on findings)	1. Tamara 2. Jeanette 3. TBD	5/1/13 12/31/13 TBD

Strategy 4	1) Families / Youth leaders and system partners involved in the development of evaluation and data collection method to ensure queries draw information necessary to indicate whether services and supports are based in the philosophy and approach of System of Care a. Review existing methods of monitoring and reporting and begin alignment with SOC values b. Evaluation and data collection training is provided for youth and families so they have the skills to effectively develop and administer evaluations as well as interpret the data 2) B) Prioritizing funding to support the development of an evaluation and data collection process that is based on the System of Care values and principles

Plan 4

A. Assist families and youth to understand evaluation and how it supports Systems of Care		**Complete Date: TBD**	
Tasks	1. Involve FYSPRTs in the evaluation process *(Kathy to outline what this means)* 2.	1. Kathy	9/01/13
B. Develop pathways to affect change in separating intake from evaluation data		**Complete Date: 4/23/12**	
Tasks	1. Determine who/what body has oversight for this function 2. Andrea will determine the "what"….	1. Andrea	4/23/13
C. Develop DQ Committee to evaluate what is done		**Complete Date: <u>Completed</u>**	
Tasks	1. Kathy	1. Kathy	Completed

Strategy 5	Implement a tri-chair workforce development plan. (infrastructure for SOC consortium) Refine details of strategy – make clear statement of strategy – principles of how we will do our work. Fundamentals of working in teams, providing evidence-based care 1) Provide training/education to leadership and staff from system partner and other child serving agencies on SOC principles and values. Workforce to implement a system of care 2) Develop a university, family and youth, and state co-led training institute to provide a sustainable training system to support SOC values, principles and expansion goals 3) Develop a cross-system workforce inclusive of families and youth to enhance family driven, youth guided, person centered recovery resiliency services and supports a. Parent and Youth Peers on local Review Teams: Provide structure and funding support to include parents and youth peers as part of

	regulatory inspections in CLIP programs. b. Leverage United Block Grant Funding to support SOC training c. Reallocate funding to support the training of all members of the workforce in the philosophy, values and principles of Systems of Care and Wraparound. d. Families and youth are seen as equitable partners to provide quality training, technical assistance and coaching based on their lived experience e. Training for family initiated Wraparound f. Provide a summer youth institute in collaboration with all system partners to bring youth advocacy/advisory groups together 1) Support CBT and Trauma Focused Cognitive Behavioral Therapy training for broad array of state's mental health clinical workforce 2) Develop and implement policy and procedures for a trained workforce 3) Develop a SOC training institute in partnership with and co-led by Family, Youth, University of Washington and DBHR a. Develop and implement policy and procedures to ensure workforce is trained b. Families and youth participate equally in workforce consortium decisions 4) Develop a state wide training institute to provide a sustainable training system to support SOC expansion and implementation

Plan 5

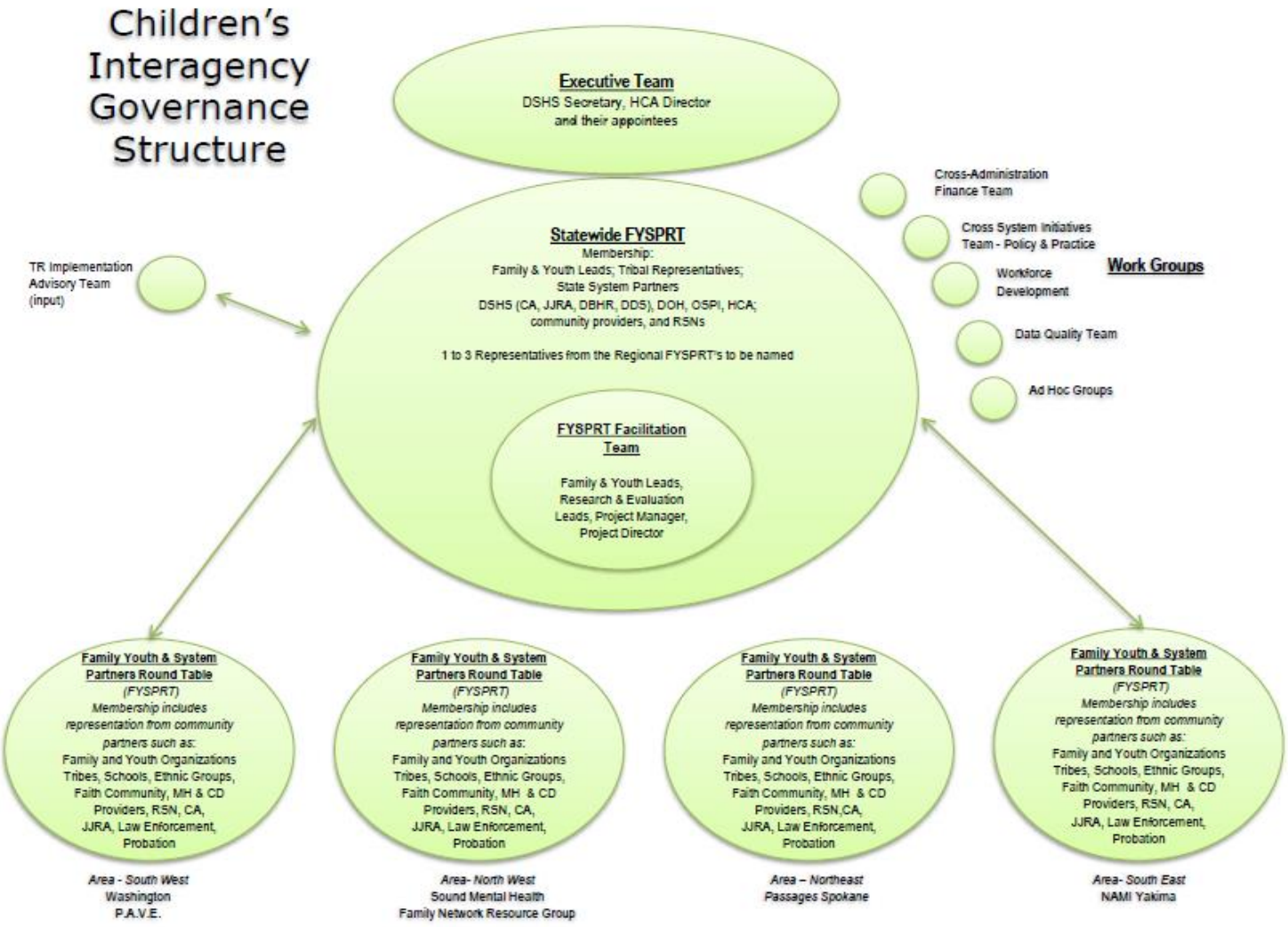
	Define the rules, non-negotiable, purpose, funding considerations, and parameters related to the training alliance	**Compete Date: TBD**	
Tasks	1. Define/identify tri-chairs.	Andrea, Eric (ask Becky)	8/15
	2. 2536 Report	Greg	11/30/2013
	3. Create a framework for making decisions re: training priorities and timelines. Develop criteria to be met – to include statewide rollout, plans for sustainability, e.g., ongoing support of coaching, training new hires, etc. Assure it is built on System of Care values and principles as well as goals for SOC expansion and TR agreement. Needs to address a gap identified by data indicating system goal not being met. Identify potential resources ($ and infrastructure) Address process and criteria for requesting training.	Margarita & Eric, Lin	8/15/13
	4. Create a plan for building an infrastructure within DBHR (for accountability, grant reporting) and define "permanent home/ownership."	Lin and Andrea	9/13/13
	5. Inform DBHR leadership of training/sustainability criteria. Solicit buy-in/support and executive sponsor. Codify the system of care training consortium in policies/procedures related to workforce development.	Andrea & Lin	2014

	6. Solicit TA re: other states' (MA, etc.).Create a TA Plan	Andrea W/Sybil at coaching	8/15/2013
	7. Create regional youth support leadership network to bring youth advocacy to scale within the local FYSPRT. Replicate beyond initial training.	Tamara	July 2014
	Identify and bring together a core training institute group (SOC Training Alliance).	**Complete Date: TBD**	
Tasks	First meeting May 6	Andrea	DONE
	Clearly define "co-lead/co-owned" and what that structure is.	**Compete Date: TBD**	
Tasks	Take FYSPRT co-leads, SOC management team to Georgetown Leadership Academy Fall 2013. Commitment of attendees will be to take learning back to their communities. Clarify expectations for follow-up post training with defined reporting structure. Describe the target communities; Send teams to support each other when they return home. Update Based on WSSOCLA	Andrea	8/2013
Task	WSU Collaboration- Develop an inclusive internal then external group to develop, this collaboration (TR must be public to move forward)	Andrea	8/2013
Task	Plans for roll out of : • Youth and Family Certified Peer Counseling Curriculum • WISe • CANS • FYSPRT leadership capacity and teamwork. • EBP/2536 • Youth Mental Health First Aid • TFCBT	Tri Chairs & Greg TR Team	

GOVERNANCE STRUCTURE

Over the course of Year 1, a significant amount of time was invested in developing a statewide governance structure that is consistent with System of Care values and principles. The development of the structure and the building of membership is arguably the greatest accomplishment achieved in Year 1. Each body is central in Washington's approach for creating a platform for family, youth and system partnership. The figure below depicts the Washington State Children's Behavioral Health Governance Structure.

The development of this structure took many forms prior to reaching the current structure below. This structure was included as a core criteria element in the proposed settlement agreement, filed with the court on August 29, 2013. The inclusion of this governance structure in the settlement agreement ensures inclusion and commitment of youth and family voice. Each body is described in more detail below.



The executive oversight, identified as the **Executive Team** in the Children's Interagency Governance Structure, is tasked as the entity to make decisions on direction taken related to meeting the systemic needs (i.e. the health/behavioral health/long-term care service integration initiatives) of children within its purview. The current version of the DRAFT Charter that is being developed for the Executive Team includes top executives from the Department of Social and Health Service, Health Care Authority, the

Office of Financial Management (OFM) budget and OFM policy, and SOC agency partners from Department of Health, Office of Superintendent of Public Instruction, and Tribal Leadership. The team will also include a Family Representative from the Statewide FYSPRT. The Executive Team's first meeting is scheduled in October 2013. The Executive Team will review and edit the DRAFT Executive Team Charter at that time.

The **Statewide FYSPRT**'s primary function is to take responsibility for statewide governance oversight of the Washington State Children's Behavioral Health System of Care (SOC) and the Recovery-Oriented Systems of Care (ROSCs) that is being developed in conjunction with State Adolescent Treatment Enhancement and Dissemination (SAT-ED). In collaboration with the SOC and SAT-ED Management Teams, the statewide FYSPRT will recommend strategies to provide Behavioral Health services and supports for children and youth as well as monitor and review both process and outcome indicators. The statewide FYSPRT provides leadership to influence the establishment and sustainability of SOC values and principles statewide. For a full description of the Statewide FYSPRT, see the Statewide FYSPRT Charter, found on page 16. Appendix C-3 contains a Roster of the current Statewide FYSPRT Members.

The **Regional FYSPRTs** developed in Year 1 include: the ***North West FYSPRT***- Sound Mental Health Family Network Resource Group, and the ***South West FYSPRT***- Washington PAVE, the ***North East FYSPRT*** - Passages Spokane, and the ***South East FYSPRT***- NAMI Yakima. Each holds a contract that formally establishes a partnership with SOC to expand family and youth leadership and decision making roles from policy to practice, and provide TA to communities to develop local FYSPRTs. The current Tri-Leadership Chairs for each Regional FYSRT can be found in Appendix C-4. Based on identified need, two additional regional FYSPRTs for Western Washington will be selected from an applicant pool of family-run organizations that respond to a Request for Proposals (RFP) in early 2014.

Local FYSPRTs are the result of community outreach, conducted by the Regional FYSPRTs. The communities and organizations that function as Local FYSPRTs provide 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 System of Care (SOC) project. The Local FYSPRTs also provide insight on long-term strategies in support of fully implementing and sustaining Washington State's Systems of Care approach.

The **Work Groups** identified in the Children's Interagency Governance Structure have been developed to operationalize the Washington Children's Mental Health Principles through the different system change initiatives occurring in Children's Behavioral Health. These initiatives include the implementation of the T.R. Settlement Agreement and Legislative directions. The work groups established are comprised of various representatives from cross-system partners, youth, families, and RSNs and service providers.

The **T.R. Implementation Advisory Team** will make recommendations through the Governance Structure to improve the coordination and delivery of Title XIX and WISe services to Class members.

As seen throughout the descriptions above, youth and family members are integral partners at all levels. Having the Statewide FYSPRT, the governing body for Washington's SOC grant, called out in the proposed settlement agreement was a huge step in moving the System of Care approach forward in Washington. The authority of the Statewide FYSPRT is outlined in the recently updated Statewide FYSPRT Charter that follows.

STATEWIDE FAMILY YOUTH SYSTEM PARTNERS ROUND TABLE (FYSPRT)
Children's Behavioral Health System of Care in Washington State
Charter

A Purpose

Primary Functions
The primary function of the statewide FYSPRT is to take responsibility for statewide governance oversight of the Washington State Children's Behavioral Health System of Care (SOC) and the Recovery-Oriented Systems of Care (ROSCs) being developed in conjunction with State Adolescent Treatment Enhancement and Dissemination (SAT-ED). In collaboration with the SOC and SAT-ED Management Teams the statewide FYSPRT will recommend strategies to provide Behavioral Health services and supports for children and youth as well as monitor and review both process and outcome indicators. The statewide FYSPRT provides leadership to influence the establishment and sustainability of SOC values and principles statewide. Statewide FYSPRT members support and track the five goals of the Washington State SOC:

1. Expand and increase the sustainability of an effective voice and meaningful leadership for families, youth and system partners.
2. Align funding to strengthen interagency collaboration and develop sustainable financing for intensive home- and community-based services, for youth and families, including recovery support services.
3. Establish the system of care as the mainstream delivery system to serve children/youth and their families.
4. Develop and strengthen a workforce that operationalizes both SOC and ROSC values.
5. Build a strong data management system to inform decision-making and track outcomes.

System of Care and Recovery-Oriented System of Care goals, values and principles are monitored to determine the degree of integration into institutional processes and behavioral health service delivery. Statewide FYSPRT responsibilities include:

- Engaging in quality improvement practices;
- Ensuring that project scope aligns with the agreed business requirements of key stakeholder groups;
- Providing input into children's behavioral health priorities, direction and approaches;
- Collaborating to accomplish project deliverables; and
- Providing work group oversight.

Authority
The statewide FYSPRT operates with the support of the SOC and ROSC Executive Teams and DBHR Management.

Communication Responsibilities

- Maintain communication with Executive Team, workgroups and Regional FYSPRTs.
- Provide timely progress reports to chain of command authorities for feedback and support.
- Annually review and update SOC fact sheet.
- Review State Adolescent Treatment-Enhancement and Dissemination monthly updates and semi-annual reports.

B Membership

Membership will include (current roster attached):

- the tri-chairs from each Regional FYSPRT,
- representatives from the System of Care and State Adolescent Treatment Enhancement and Dissemination management teams,
- representatives from partners in child-serving systems, including Juvenile Justice and Rehabilitation Administration, Developmental Disabilities Administration, Children's Administration, Office of Superintendent of Public Instruction, Department of Health, Health Care Authority,
- a tribal representative
- Children's Mental Health team supervisor

Members serve a term of one year upon their first appointment. To assure continuity of FYSPRT operations, members may serve one, two or three additional years following expiration of their first term.

Responsibilities of a Statewide FYSPRT Member
Members are expected to attend at least 10 monthly meetings per year.

It is intended that the Statewide FYSPRT leverage the experiences, expertise, and insight of key individuals, organizations, and departments that are committed to sustaining systems of care. Statewide FYSPRT members are not directly responsible for managing project activities, but provide support and guidance for those who do. Thus, individually, members will:

- Help move their respective part of the system towards system of care values and principles in workforce development, policies, practice, financing, and structural change.
- Provide progress reports to respective partner leadership for feedback and support.
- Bring individual and agency strengths in completing necessary tasks.
- Identify barriers/challenges and approaches to resolve issues.
- Identify strengths/initiatives/projects of existing system agencies that support systems of care.
- Educate other system of care partners.
- Develop problem-solving approaches for moving forward.
- Track demonstrations of success integrating SOC values and principles in activities/events.
- Gather SOC related activity information to submit for federal reporting in the TRAC System.
- Review outputs for compliance with requirements and expectations of key stakeholders.
- Provide assistance/support to Regional FYSPRTs.

Leadership
Tri chairs, one family, one youth and one system partner shall be elected from the membership. To assure continuity of leadership only one tri-chair will rotate off per year. The tri-chairs speak with one voice and alternate roles as leader, facilitator, and data lead.

C Meetings

Schedule
The Statewide FYSPRT will meet the 3rd Tuesday s of every month or as needed to track issues and the progress of the project's implementation and on-going statewide support to its stakeholders. Every other month the meetings will be held in a Regional FYSPRT location, rotating between the four regions.

Agendas
An agenda will be developed by the FYRSPRT tri-leads for regularly scheduled meetings, with input from FYSPRT members. At each meeting, a project status report will be given by the project manager to

the FYSPRT. Each member will provide a written update on any new or pending SOC activities from their respective organizations, work areas, and agencies. Those items requiring input/discussion will be placed on a meeting agenda.

Process

- Meetings will be open to whoever wants to attend. Non-members will have observer status. Requests for active participation will be directed to the appropriate regional FYSPRT.
- Meeting norms are attached. *(to be developed – e.g., begin and end on time, only one person talks at once, no cell phones……)*
- Decisions within regularly scheduled meetings will be by consensus. Quick action items between meetings will be made by an executive committee comprised of the SOC Management Team and the family lead from each regional FYSPRT. *(Executive Committees in Regional FYSPRTs might be comprised of the tri-leads and additional family, youth and system partner members, 1 each.)*

Accountability

The statewide FYSPRT is committed to open, transparent and public processes. Meeting notes will be distributed after each meeting to members and posted on the CMH System of Care website http://www.dshs.wa.gov/dbhr/childrensmentalhealth.shtml. Work products will be posted when formally adopted by the governance structure.

(Updated: August 8, 2013)

Contracts and MOUS

The System of Care Expansion Implementation Project's primary partners include family, youth, and system representatives that serve as leads and members on the *Statewide, Regional, and Local Family Youth System Partners Round Tables* (FYSPRTs). To ensure coordinated system of care efforts statewide contracts and memorandums of understanding (MOUS) have been established with family and youth organizations and intra and inter State agencies and administrations.

Central to the success and expansion of the SOC Project is resource support, provided by DBHR staff and other family support network providers, to develop localized Family Youth System Partner Round Tables (FYSPRTs). The desired outcome of the development of the FYSPRTs is a statewide network with increased family and youth voice founded in the values and principles of Systems of Care. The purpose of contracts and MOUS is to assist with the implementation of a consistent approach across local and state child/family service delivery systems to support systems of care (SOCs), with an emphasis on developing an infrastructure for state-level funding, policy and practice changes.

The SOC Year 1 Expansion Implementation Project's MOUs follow:

- MOUs were established in Year 1 with different DSHS administrations and divisions (Children's Administration, Developmental Disabilities Administration, Juvenile Justice & Rehabilitation Administration, and with the Research and Data Analysis Division).
    - These MOUS formally established a partnership and provide for evaluation, respectively meeting the stated goals in the Washington State SOC Expansion Implementation Grant
- An MOU was established in Year 1 between DSHS and Health Care Authority (HCA).
    - This MOU is a mutually supportive working partnership between four DSHS administrations (BHSIA; CA; DDSA; JJRA) and HCA related to community based mental health needs and service delivery systems for children and youth with significant emotional and behavioral health needs, and their families who are served by more than one administration in order to have ready access to the supports and services necessary to then to remain safely in their own homes and in their own communities.

The SOC Year 1 Expansion Implementation Project's contracts follow:

Governance Structure:

- Two contracts were established with other state agencies (the Department of Health and Office of Superintendent of Public Instruction)
    - The contracts for Year 1 formally established a partnership with DOH and OSPI in meeting the stated goals in the Washington State SOC Expansion Implementation Grant.
- Regional FYSPRT Contracts (North East FYSPRT/Passages; South East FYSPRT/ NAMI Yakima; North West FYSPRT /Sound Mental Health Family Resource Network; and South West FYSPRT / Pave Contract)
    - These contracts for Year 1 formally established a partnership with Passages Spokane, NAMI Yakima, Sound Mental Health Family Network Resource Group, and Washington PAVE as the Regional Family Youth System Partners Round Tables (FYSPRTs) to expand family and youth leadership and decision making roles from policy to practice, and provide TA to communities to develop local FYSPRTs which are stated goals in the Washington State SOC Expansion Implementation Grant.
    - The community outreach conducted by the Regional FYSPRTs in Year 1 successfully established seven Local FYSPRTs with others in varying stages of development.
    - The population concentration and geographic challenges experienced in the effort to expand Family Youth System Round Tables in the western part of Washington State brought about the decision to create two additional Regional FYSPRTs. A formal request

for proposals will be announced the 1st QUARTER of Year 2.

Youth Voice:

- Washington State University (WSU) Contract
  - This contract for Year 1 is for the Youth N Action placement and support to engage new youth for leadership mentoring; engage youth in peer to peer support work; and engage youth statewide in youth leadership in regional and statewide FYSPRTs.
- Passages Family Support Center Contract With Youth N Action
  - This contract is to support youth that participate on the NE FYSPRT to develop questions to be discussed at each NE FYSPRT meeting; advocated for youth friendly community-based services and youth co-occurring services; and advocate for youth peer specialists.
- Mason County 4-H Contract With Youth N Action
  - This contract is to provide leadership opportunities for youth. The contract deliverables/activities include Youth N Action leaders in partnership with Mason County youth staff meeting with youth groups to facilitate discussions to identify issues important to county youth and conduct training in public speaking to improve their leadership and advocacy skills to create better awareness around mental health related issues in Mason County.

Infrastructure Development and Evaluation:

- University of Washington Contract
  - This University of Washington Evidence-Based Practice Institute contract states the UW EBPI will conduct four trainings (1 in each region) for youth with follow-up coaching for the participating youth; consultation to expand Child and Family Teams/Wraparound and customization of its wraparound quality and fidelity measures, and co-develop a Washington State System of Care Training Collaborative.
- Portland State University Contract
  - This contract Portland State University will work with the UW, state, family and youth leaders to provide technical assistance in several areas such as, implementation of a cross system finance team and workforce development based on the PUS model of the SOC Institute Center for Improvement of Child and Family Services at PSU; training to expand knowledge of SOC for key local and state leaders on a state wide basis; and development of SOC for Washington State. Fiscal model development to identifying efficiencies in spending and care management practices.
- University Of Washington (UW) Evaluation Contract
  - This contract for Year 1 with the UW is to evaluate the Youth N Action Peer Curriculum Pilot.
- University Of Washington (UW) Wraparound Contract
  - This contract for Year 1 with the UW is to evaluate the continuing Wraparound Pilots that are in their 7th year. The data evaluated is to inform the protocols developed to implement Wraparound with Intensive Services (WISe).

Services:

- Kitsap Mental Health Agency EBP Contract
  - This contract for Year 1 with the Kitsap Mental Health Agency is for the Evidence Based Practice (EBP) Multi-Dimensional Treatment Foster Care
- Thurston/Mason RSN EBP Contract
  - This contract for Year 1 with the Thurston/Mason Regional Support Network is for the Evidence Based Practice of Multi System Treatment.
- Wraparound Services Contracts (Grays Harbor RSN, North Sound RSN, and South West Behavioral Health RSN)

- The contracts with the Grays Harbor, North Sound, and Southwest Behavioral Health Regional Support Networks (RSNs) continue their Wraparound Pilots that are in the 7th year. Pilot data is being used to inform development of the Wraparound with Intensive Services (WISe) role out. The sites will become future WISe providers.

Resource Development:

- Fab 5 Contract With Youth N Action
  - This contract Year 1 is for FAB 5 with Youth N Action for Youth Leadership Development.
- Capital Recovery Center Contract with Youth N Action
  - This contract Year 1 is for Capital Recovery Center with Youth N Action to support the Family & Youth Peer Curriculum Development
- DDA Contract with Informing Families/Building Trust (IFBT)
  - This contract Year 1 is to expand current DDA online resources for families of individuals with developmental disabilities to include systems of care and behavioral health information.

The activities and successes highlighted by SOC Leadership Partners from the Regional FYSPRTs, DOH, OSPI, UW, and DSHS Administrations follow in the Reflections Section of this report.

YOUTH REFLECTIONS

Youth Reflections in the expansion of the system of care of Washington State

"By three methods we may learn wisdom:

First, by *REFLECTION which is the noblest.*
Second, by imitation, which is easiest
Third by experience, which is the bitterest."

~Confucius

Youth involvement in the Washington State System of Care has exploded in the last year. It has not been super smooth but anything worthwhile doing isn't. It started off rocky because the resources and supports that were needed to do the work were not in place in the very beginning. Just as the Implementation grant was beginning, Youth N Action (YNA) underwent a major transition from University of Washington's – Division of Public Behavioral Health and Justice Policy to Washington State University's (WSU)– Office of Research. It was decided amongst YNA leadership that WSU would be a better fit to do the adaptive work of involving youth in the expansion of System of Care statewide. Due to this transition, it took six months to get the contracts executed and the resources available for the youth voice machine to get up and running. What is cool though is that even though there were no resources available the youth still stayed involved to the best that they could using natural supports and sheer passion.

#lesson 1 – Anything worth doing is worth waiting for

The 2012 planning year got everyone really excited and the above mentioned lag time created a challenge for youth especially. When youth get involved in a process they want to start working immediately and it is hard to explain the bureaucracy on a normal day but when the bureaucracy is slower than usual it is even harder. During that down time, 30 youth continued their work on the development and creation of the Youth and Family Certified Peer Counseling manual. They got together and created a pod cast called "The State of the Youth". They did several other key projects and were able to stay involved through sheer determination. I thought to myself, if this is what they can do without resources readily available, I can't wait to see what they can do with a fully functioning system of care in place.

#lesson 2 – Youth voice can't be stopped even if the contracting does

Youth involvement in the Washington State System of Care known locally as the "Family Youth System Partners Round Table(s)" really got going in March of 2013. It was incredible to see how much work they could really do when the right supports and services were in place. Five core leaders of Youth N Action who also serve as youth leaders in their regional FYSPRT(s) participated in the substance abuse-enhancement and dissemination grant, which reached out to rural youth and families struggling with mental illness and drug addiction. We engaged over 50 youth and their families in the local recovery oriented system of care learning collaborative(s). We hosted youth and family events and talked about youth and family involvement in the systems that serve them. No one around there ever heard of being asked what their opinion was about anything, let alone the services that they and their families needed. This was to be the first eye-opener of many eye-openers to come regarding youth and family involvement and building system partnerships. In this brief reflections paper, I will reflect on three of the incredible projects and partnerships that were developed over the last year. For a full list of the projects and engagement that the youth were involved in, please see the Activities Section below.

1. **Youth Driven Evaluation of System of Care Implementation**

The youth from all four regional Family Youth System Partners Round Tables participated in an evaluation that measured to what extent that each area was using the system of care values in their communities when they worked with youth and families. None of the youth knew what they were doing when they started. None of them knew what a rating tool was, what an evaluation was, or even what system of care values and principles were. This was a great opportunity to start teaching them about system of care while they were learning evaluation practices. The FYSPRT youth leaders were trained by Youth N Action and the SOC Research Manager in the areas of Customer Service, Professionalism, Evaluation techniques, System of Care values and principles, etc. They ended up learning a lot and 72 youth, families, system partners and community members were interviewed by youth who had learned new skills that will enhance any employment experience. The youth who participated in the evaluation were taught how to professionally represent themselves and were given all the tools they needed to do the

job, including a gift card to get the proper clothing. We respect youth culture and we respect the need for professionalism and it was sometimes a challenge to talk to youth about that when doing this particular project. All of the training in the world that we did with the youth could not stop the inherent stigma that was to face them in the professional world. When the youth called potential interviewees, some were treated like telemarketers and hung up on. Time management and learning how to write up the work that they did was also a challenge. In the end, it was a great experience for everyone involved and we got some really good ideas. Now we have a clear snap shot of where we are regionally and statewide and have a clear picture of where the gaps are and where the stars of system of care are shining.

#lesson3- meaningful youth partnerships make it work!

2. Youth Leadership Retreat

During the planning stages of the grant, the youth that we talked to indicated that there was a desperate need for involvement in Southwest Washington, which is one of the most rural areas and poverty-stricken areas of Washington State. We decided to hold a leadership retreat (and named it UP 2 US) in order to introduce identified youth leaders to the system of care and to each other so they could build natural supports and an informal network of care. From the beginning, youth, families and system partners wanted to learn together. An event that was only going to be for 15 people ended up being for 90 people and the systems themselves thought it was so important they paid for their participation! This is sustainability in action! Not just youth in action!

The planning was by youth for youth and again there were many lessons learned. We created a youth track and an adult track but made sure that they had plenty of opportunities to learn from each other. There was a behavior contract and not everyone did follow it but it was an opportunity to learn from each other and provide peer support when needed.

It was very complicated in getting everyone to the retreat. Some families and youth had not done anything together for a while and some were still really worried about the stigma of mental health. It was a huge deal to some families and youth just to show up at a public place at all and then we had to set the stage for a safe positive learning environment. This all happened with a comfort agreement and a heavy dependence on system of care values and principles. The evaluations were incredible and it is clear that people really enjoyed the retreat, learned a lot and will bring this information back to their communities. In fact, each community made a pledge and signed it committing to take what they learned at the retreat and bring it back to their communities.

#lesson4- youth leadership peer support and advocacy its UP2US

3. Youth and Family Certified Peer Counseling Training

This by far was the most difficult and intense project that the youth had to work on this year. The manual needed revisions and due to the late start of the contracts and the transition of Youth N Action moving from the University of Washington to Washington State University there were many barriers to overcome. There were internal and external barriers that became evident as we moved forward with this project. It was important and invaluable to have a supportive supervision and funding structure because at some times it seemed like the whole world was not prepared for a youth and family certified peer counseling training that could be used to enhance employment and be reimbursed by Medicaid. It happened though! And we have accomplished what no one thought we could through partnership and cross-system collaboration. Washington State piloted the first youth and family certified peer counseling training. Youth and family voice were a part of this project from the very beginning but in the last year pulled together to create an incredible project.

This project is a true reflection of what youth can do and families can do when they are given the opportunity, training and supports. The University of Washington evaluated the training and the evaluations were very high, competing and exceeding the national mean from wraparound and other evidence based practices. Considering we did not have a full staff or the full time we needed to get the work done this is pretty incredible.

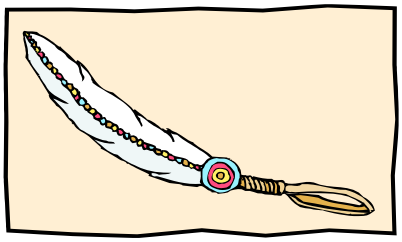
The youth involved in the project said things like "I never knew anything like this was happening!" "I cannot wait to go home and talk to my pastor about peer support." "This is going to help me get a job!" There was an excitement and a real life application that is hard to describe or measure in one report. I am looking forward to fine-tuning it and getting even more youth than the 16 involved in the next training.

#lesson5-youth and families CAN partner together!

Activities – The Highlight Reel

- 30 youth reviewed Certified Peer Counseling Manual and created a pod cast called "State of the Youth" (November 2012)
- Youth leaders from the NW FYSPRT presented digital story telling at the Latino Education Achievement Project (LEAP) conference (February 2013)
- Andres Arano is the youth tri-chair led for the NW FYSPRT started speaking at truancy workshops in King County with Youth N Action's Community Partner Unleash the Brilliance (2012-present)
- Five core leaders of Youth N Action and the regional FYSPRT(s) participated in the substance abuse-enhancement and dissemination grant, which reached out to rural youth and families struggling with mental illness and drug addiction.
- Over 50 youth and their families in their local systems of care were engaged in their local recovery oriented system of care learning collaborative
- System of Care Engagement evaluation
- Youth and Family Certified Peer Counseling Training
- Provide technical assistance around the state to youth organizations or people who want to start youth organizations based on the System of Care principles and values
- Engage youth in the state-wide FYSPRT
- Engage in the Port Angeles Learning Collaborative
- Bringing the leadership academy and youth voce to it to WA State
- Participated in TA visit from SAMHSA
- Student Support Conference
- Youth peer to peer event
- Develop rating tool for evaluation
- Youth leadership retreat
- Regional Support Network Administrator meeting

REFLECTIONS… A FAMILY LIAISON'S PERSPECTIVE…



Where we began…

Family and Youth movement in the efforts to provide venues for authentic family and youth voice has been challenging at best. With challenge comes growth and development, a structure by which family and youth hold equitable partnership in the decision making process.

In early 1988, the journey began with the Community Connectors Project, to fill a recognized need for connection between parents/caregivers for support. Families (mostly moms) involved in this project were those whom folks in the community turned to for support and information.

Where we are…

As the first year of the grant comes to a close, the expansion of local and regional FYSPRTs continues. The number of family/youth organizations, resources, and support groups increase, laying the bedrock for sustaining venues to grow leaders and bring stronger voice into the Children's Behavioral Health System Re-Design. The FYSPRT model has become the governance structure to ensure and support authentic Family, Youth, Community and System Partners voice, as well as equitable partnerships in all aspects of the planning and decision making process. The FYSPRT Model is a platform for family, youth and system partnership based on these values: Respect, Equity, Reciprocity, Partnership, Empowerment and Support.

What took place in between…

Steps have been taken to face the challenge of the shift in cultures to infuse/practice System of Care values and principles in ALL areas of systems work. A number of great successes were experienced during this first year:

- The identification of Family Youth System Partners Round Tables as the governance structure, overseeing the development and implementation of the TR Lawsuit
- Providing the opportunity for family, youth and system partners to participate in Georgetown's Leadership Academy held in Santa Fe, New Mexico.
- Washington State's System of Care sponsored a 3-day Leadership Academy in Federal Way, Washington. All 40 attendees are from Washington and are connected to or interested in becoming participants in local or regional FYSPRTs. This was a first for our state, and an exciting look into the future, as business practice continues to shift and cultures begin to comfortably intertwine. All made a commitment to become more involved as our Family Youth System Partners Round Tables continue to emerge, grow and develop statewide.
- Witnessing families and youth as equal partners throughout the planning process (i.e. family and youth representation on all workgroups and committees).
- Families and youth are recognized as viable partners in the development of curriculums, administration of assessment tools and evaluation development
- Families and youth are leading the development and organization of the Regional and community FYSPRTs.
- In September 2013, history was made as the first Family Youth Peer Counselor Training was held. A group of 27 family and youth participants led by four family and youth trainers successfully completed the training week. The development of the curriculum was a collaborative effort with representation and participation of families, youth, community, and system partners from across Washington State.
- A Community Survey is in the final stages of development and will be utilized by all local and regional FYSPRTs for the identification of needs of families, youth, community and system partners and the desired support and services to better meet those needs. The survey is another tool to be used to inform the design of services, service delivery and supports as Children's Behavioral Health Redesign.

- All FYSPRT members worked collaboratively to develop document describing the criteria, purpose and function of a FYSPRT. See Appendix C-1. With the completion of FYSPRT Criteria, communities are looking to already existing entities with the intention of expanding participation/membership to include families and youth as well as Community partners to become the local FYSPRT representing their respective communities.

Washington State continues to experience challenges in the hiring of a Youth and a Family Liaison. To address this, the SOC Management Team (following the FYSPRT approval process) contracted with one of the Regional FYSPRT Leads to work in partnership with the state's SOC Family Lead to provide TA and assist Regional as well as Local FYSPRTs with the continued growth of their respective FYSPRTs. Examples include the development of like webpages, flyers, and a uniform orientation presentation in order to inform communities about FYSPRTs. This presentation will include the model; the purpose; meeting dates and locations; how to become involved; as well as significant activities as the growth and development continues.

It is my belief one of the most significant legs of our journey has been facing the challenges of doing business differently along with the major culture shift it takes to include and recognize families and youth as equal partners in the WHOLE process (as leaders, writers, trainers/teachers, creators, account executives, providers, decision makers, administrators business owners, etc.) Another has been acknowledging how challenging it is for all parties involved to make the cultural shift from System Driven to Family Driven and Youth Guided Care and Practice and addressing the needs of all to maintain a 'balance of power'. There is a need for folks to recognize the broader skill base families raising children with complex needs or youth with complex needs, in addition to our lived experience with behavioral health, bring to the tables we join.

Authentic partnerships and acceptance; a work in progress…

Without exception, System of Care partners are bringing family-driven and youth-guided core values to the work being done collectively as well as individually within peer groups, agencies and systems in cross system efforts. Collectively, families, youth and systems partners have taken action to ensure family-driven and youth-guided approaches are created to embrace the authentic voice of families and youth through inclusion in all planning, programs, and decision-making process.

To date the membership on the Regional and Statewide FYSPRTs has increased and new members continue to join. Local FYSPRTs, which report to the Regional FYSPRT, continue to develop. It provides a venue to reach those Family, Youth and System partners living and working in the rural and frontier communities of the state.

It is my belief we are a work in progress. As we continue to move forward with the work, we'll see evidence of the positive growth and change together. Authentic acceptance and partnership relationships will develop as will the change in beliefs and perspectives because we'll grow to understand the perceived risks and fears of each other and discover the mutual ground we stand upon. We have learned that things come together when we persist and persevere; step outside our comfort zones, and hold fast to the belief this will work.

Vision for the future…
Where are we going from here?

Expansion of systems of care statewide with family-driven, youth-guided core values fully integrated in all activities and levels of the Children's Behavioral Health System and Governance Structure, which will review and approve funding, policy, program, practice and service-delivery design changes. The engagement with and involvement of Family and Youth as equitable partners on committees and workgroups such as; Finance, Cross System Initiative, Data Quality, Workforce Development and TR Implementation Team will continue to grow. We will

continue to experience success of engaging with families and youth through a growing partnership relationship with the SAT-ED grant participants, in the development of family/youth resource groups in the fashion families and youth want to come together in their respective communities. Plans for outreach continue being laid and implemented for engagement with families and youth who experience the system through avenues other than behavioral health.

Due to the dense population in two regions covered by Regional FYSPRTs a Request for Proposal (RFP) will be released targeting groups and organizations that are Family/Youth lead, to increase the number of FYSPRTs covering the Westside of Washington State. Utilizing the FYSPRT approval process, the RFP process will begin with a core group of family, youth and system partners collaborating to author the RFP. The plan is to have the RFP complete and distributed through an Evidence of Competition process by end of Year 2. This is one more indicator that the FYSPRT is a viable venue and effective process to garner the voice of Families, Youth and System Partners on Children's Behavioral Health Re-design in Washington.

The vast geography of Washington State and the remote locations of some families and youth served by our systems has been a significant barrier. Families and youth face challenges of meeting: travel needs, effective ways to communicate for many living in rural and frontier areas without access to technology, and ways to disseminate information and collect their authentic voice. We will continue the exploration of the use of already existing telehealth communication processes, as well as coordination of teams from organized FYSPRTs, to meet face to face with those who are in remote areas to garner their voice and discover ways to assist with connecting them with others across the state.

ADDITIONAL ACCOMPLISHMENTS and ACTIVITIES…

- 35 families attend/participate in Community Connectors Training
- 40+ families participate in development of Family/Youth Peer Counselor Curriculum
- FYSPRT Leads present at Washington State Behavioral Health Conference Consumer Roundtable
- Family, Youth and System Partners partner in FYSPRT presentation at COD conference
- SOC Family, Youth and Project Lead partner in FYSPRT Presentation at CASA Training
- Family Lead is part of TR Mediation Team
- Executive Leadership engaged in FYSPRT process
- Families partnering with SAT-ED for the continued development and growth of FYSPRTs
- Communication and decision making protocols being developed and reviewed
- Families and youth participating in CORE Teams on ACF and SAT-ED grants

PARTNER INVOLVEMENT/REFLECTIONS





NW Regional FYSPRT

2013 Overview

Since August 11, 2011 the NW Regional FYSPRT has been growing, changing and improving. This year we have added many (and lost a few) members; been able to create and affirm a charter, clarify our purpose and delineate our goals. 2013 Activities to date include hosting our regular regional and state FYSPRT meetings, as well as one youth reps only meeting and community outreach and recruitment efforts.

Our family, youth and professional tri-chair representatives have been chosen and we are proud and happy to welcome them onboard. Systems Tri-Chairs nominated were Melissa Mejias, SOC Director at NAVOS and Toby Bingham of Peninsula RSN in Kitsap County. Youth Tri-Chair Reps included Jessie S. of SMH, Kevon B. of YnA, Andreas S. of YnA. Family Tri-Chairs were Cathy Clem and Kim Thomas of SMH Family Resource and Support Groups. (LaTonya Rogers of King County Mental Health was also nominated but unable to participate as a Tri-Chair at this time.)

Sadly, right before this report, we lost our NW Regional Co-facilitator at SMH, Kim Thomas, as she moved on to a new position with a new agency. But we are happy to report we already have a new Family Representative Regional Co-facilitator, Kim Runge. And Kim Runge will be able to meet everyone at the **Leadership Conference September 30th through October 2nd**, where she will be attending in Kim Thomas' place. With our Charter and Tri Chair Structure in place, we are better prepared than ever to move forward with our work.

Outreach efforts to Education, Mental Health, Chemical Dependency, Social Services and Law Enforcement/Justice systems AND grassroots family, parent and youth organizations have been ongoing all year and have resulted in nine new members from four different counties in the past four months! New Systems reps from local education are coming forward this month, since school started, and it's exciting to see the new and renewed interest in our FYSPRT.

Through the End of 2013

As we continue our work, we have had offers from both Out of the Ashes and WA DADS for Technical Assistance and we have had lots of support from Sound Mental Health to help with meeting places, food, childcare etc., for youth and families at our Round Tables.

Our plans for September, October and November of 2013 are as follows:

- ***Saturday, September 28th*** - **Family Health and Safety Fair** in Auburn WA. This annual bi-lingual event includes giveaways for children and families and offers free healthcare screenings for many in our community who are otherwise without these services. We will be sharing a booth with Sound Mental Health Child & Family Services –South and will be contributing to a Raffle Prize to the event drawing and introducing more of our community to FYSPRT.
- ***Thursday October 17th*** – **Kinship Caregivers Introduction to Community Cafes** - This evening included both an introduction and invitation to Community Cafes in King County over the next few weeks for the purpose of determining a Community Needs Assessment. The SMH Consumer

Resource Room computers were made available for a demonstration on how to register for these events online and be entered in contest for a $50 gift card.

- ***Saturday, November 2nd*** - **Self Care Day for Mothers & Others**. This event is on the north/east side of King County and open to family members and professionals to attend together. Along with "pampering" of free chair massage and facials, there will be workshops on many aspects of Self Care and to raise awareness of the medical necessity of taking care of one's self. These include but are not limited to: improved financial management, relaxation techniques, finding & practicing a hobby, aromatherapy, etc. Lunch will be served and childcare provided.
- ***Wednesday, November 13th & Thursday November 14th*** – **Annual Thanks Feasts**. Building on Sound Mental Health's Family Groups' "Feasts of Thanks for Food, Family and Friends", this year we will invite families and systems folks from across the NW Region to attend one of the two feasts (one held in South King County and one in North/East King County).

Starting in 2014
Helping communities build their own local FYSPRTs.

A Year in Review

It has been a privilege and honor for Passages Family Support to continue over the past year the work of forming the Northeast Family Youth System Partners Round Table. We have built upon the work done in the previous contract cycle by casting a wide net for membership and begun vital conversations regarding the formation of local Family Youth System Partners Round Tables.

Our Work

We continue to have the leadership of a family member, a youth, and a system partner whom all also participate in the State FYSPRT. Continually seeking diversity and broad representation, we have added members from across all three populations including parent partners from outside of public mental health and system partners from diverse community organizations such as Empire Health and Washington State University. Additionally, we set a schedule for regular meetings with standard agenda items that show case the wonderful programs that are part of the NE Washington System of Care and that include dialogue based on questions posed by our youth members.

Three communities are in conversation with us regarding the formation of local FYSPRT's and the Spokane County Regional Support Network has become a supportive partner providing meeting space and administrative assistance. In September, the Tri-Leads were privileged to participate in the Washington State Leadership Academy.

Frontier Culture

Framing all we do in the NE FYSPRT is frontier culture that holds the basic tenant of local voice and local control. The values that define frontier culture crosswalk with the System of Care values and serve to strengthen and inform the work we do as part of the NE FYSPRT.

Looking Ahead

As we continue this work, we are cognizant of the progress made and the challenges inherent to adaptive change. We accept the challenge and embrace the difficult conversations as creating a sustainable platform for youth, family, and system partner voice in NE Washington is paramount to real and lasting positive system change.

It all begins with the roots of a tree in nature. It all begins with youth and family in systems of care.

What a treasure we have found this year in bringing Families, Youth and System Partners together to be a voice for the Southwest region of Washington State and the FYSPRTS round tables. Not only did we find some amazing Youth leaders, Systems Partners and Families, we have formed some alliances and friendships in moving the Systems of Care vision forward and making sure every voice is heard.

As we kept building our structure over this past year we found that the sustained and dependable meetings are growing and bringing in more families, youth and professionals to be a part of a hopeful future where all voices can be heard and can make a difference to benefit all. We are working hard to develop more connections with systems partners.

Rewards

We are especially proud of the wonderful work of the Cowlitz FYSPRTS that decided to take their vision for their community one step further and create "Club Youth." With the guidance of the FYSPRTS Tri-Leads, Jimmie Lundquist, Sue Tinny and Dawn Chavez and the Club Youth founding youth members , Club Youth was born and is now a thriving place for youth to find companionship, help and hope without judgment. They plan their future for fun and growth and inform their com- munity about youth with mental health issues. Already they have shared their journey with several other communities to develop more youth opportunities and support youth by making a video to get other communities involved. http://www.youtube.com/watch?v=GaDntHGC5OA

Growth

Through lessons learned this year we are planning on expanding the family, youth and sys- tem partners voice more extensively in many more communities. Taking the time to make sure every voice has meaning and helping our communities to develop their FYSPRT representation.

Southeast Washington FYSPRT

A Year in Review

NAMI (National Alliance on Mental Illness) Yakima is so pleased and proud to have the opportunity to support and facilitate the vital work of the Washington State System of Care's FYSPRT (Family Youth System Partners Round Table) efforts here in the Southeast region of the state. Over the past year, we have accomplished some wonderful things, enjoyed great beginnings, and look forward to the work to come.

Our Structure

As we engage in this exciting process of building sustainable, shared work and genuine voice among families, youth and their system partners, our Southeast WA region has found that a beginning structure of both local and regional FYSPRT meetings seems to hold great promise. As such, our region currently holds four localized FYSPRT meeting on a regular basis – in Yakima, Kittitas, and Benton-Franklin Counties, as well as in partnership with family and youth leaders from the Yakama Nation. In addition, those local meetings produced leadership teams that then participate in our region's quarterly FYSPRT meeting. A multi-member "Tri Lead" team from that regional body then represents the collective efforts of these groups at the state level.

The Way We Come Together … Lessons Learned

In our FYSPRT work, we continually strive to come together in that spirit of support, education and advocacy that serves as the foundation of NAMI Yakima and so many other allied family, peer and youth led organizations. As we seek to be transformative leaders and good stewards of the work entrusted to us, we are often reminded …

Learning to work together takes time, trust, and diligence … New ideas and ways of working can unintentionally lead to discomfort and misunderstanding … Change can be risky, frightening and perplexing, even – and sometimes especially – for those leading that change … And beyond all this … Change is necessary. Worthwhile. And happening every day.

Moving Forward

As we continue this work, we move forward with some good progress made and important lessons learned. Structurally, in the next year, NAMI Yakima will work to further grow and strengthen its local and regional Round Tables. In addition, we will be further extending our grassroots community organizing efforts into our sponsored counties not yet represented as well as helping to support and/or offer technical assistance to our regional and state partners.

SAT-ED Perspective

It was always the intent for the Family Youth System Partners Round Tables (FYSPRTs) to broaden their scope to include youth affected by co-occurring disorders and improve the statewide infrastructure for adolescent substance abuse treatment and recovery. A major step in that direction occurred this year with the strengthening of a collaborative relationship between the SOC and SAT-ED (State Adolescent Treatment Enhancement and Dissemination) grant activities. A **Memorandum of Agreement** was completed and signed between the SAT-ED project and the Statewide FYSPRT on October 8, 2013. More integrated behavioral health improvement efforts can grow from this partnership.

We are currently working to coordinate SAT-ED and SOC efforts to avoid duplication. The SAT-ED Project Director sends out Monthly Monitoring reports and Bi-Annual reports to the statewide FYSPRT and presents material at the monthly meetings when required for feedback and guidance. The SOC Research Manager adapted Beth Stroul's Implementation Assessment Tool to support its use in evaluating implementation of Recovery Oriented Systems of Care (ROSCs). At the community level, the development of a Youth ROSC is a part of the system of care building process of the SAT-ED model. ROSC development efforts are to assist in strengthening a coordinated network of care for youth based on existing community resources and supports, with the opportunity to identify potential new supports, and further educate and ready the community as system for Health Care Reform and Health Homes.

The State of Washington Department of Social and Health Services' Juvenile Justice & Rehabilitation Administration's (JJ&RA), Juvenile Rehabilitation (JR) serves Washington State's highest-risk youth. Youth may be committed to JJRA custody by any county juvenile court. The juvenile courts follow prescribed sentencing guidelines to determine which youth will be committed to JJRA. These youth typically have committed many lower-level offenses or have committed a serious crime. Juvenile justice in Washington State is governed by Title 13 RCW, The Juvenile Justice Act of 1977, which establishes a system of accountability and rehabilitative treatment for juvenile offenders.

A majority of juvenile offenders are retained in their home counties and receive services administered by the juvenile court; e.g., detention and/or probation. Youth committed to JRA are typically deep end youth that have committed serious crimes or have an accrued an extensive criminal history.

Two of JR's primary areas of focus are building Reentry and Transition services and expanding access to educational and vocational opportunities for our youth. JJRA's Reentry and Transition services include the opportunity to expand treatment services for our high risk youth who have complex co-occurring treatment needs. Currently in JR, 64% of youth in residential treatment programs and 71% of youth on community parole have been diagnosed with a mental health disorder, and 48% of youth in residential treatment programs and 46% of youth on community parole have been diagnosed with substance abuse or dependency disorders. JJRA's continuum of care blends very well with the System of Care effort. JJRA's continuum of care includes substance abuse and mental health treatment services, Reentry and Transition services, as well as our partnership with Regional Support Networks to support youth and family transition back to their home communities.

Juvenile Rehabilitation has implemented evidence-based and research-based treatment programs and interventions in its facilities for more than ten years, including cognitive-behavioral-treatment. During the previous 12 months we have also concentrated and prioritized innovative work on our risk and needs assessments to better serve our youth. JR has taken initial steps to assess our reentry process to increase efficiencies and assess current gaps in our system through a gap analysis vetted through JR's Reentry Task Force and other internal stakeholders. The Reentry Task Force developed JR's Reentry Strategic Plan which was supported through the FY 13 OJJDP Juvenile Offender Reentry Planning Grant.

We believe successful reentry begins at intake into our system, involves family and other natural supports, and must include educational transition, vocational training, employment, and other services in the community. We also believe that reentry and transition is a research-driven process that ends when the offender has been successfully reintegrated into his or her community as a law-abiding citizen and a positive, contributing member of their community. Ensuring a successful and seamless reentry for youth is critical to improve protective factors, and reduce risk factors and recidivism.

Our youth, particularly those with co-occurring disorders, encounter multiple obstacles upon reentry back to their communities, even with their investment in the skills they learn from participating in state of the art evidence-based treatments like Functional Family Therapy and Aggression Replacement Training. Budget reductions have made sustaining our aftercare service continuum difficult, and community resources and supports have also faced decreases and limitations. It is our agency's intent to continue to focus like a laser on improving reentry and transition services for all youth.

We continue our collaborative work with youth and families, and we support and integrate the principles of System of Care as we partner across systems with state and local partners, including the state child welfare agency, the Division of Behavioral Health and Recovery, mental health and substance abuse professionals, juvenile court administrators and prosecutors, county juvenile probation administrators, research organizations, the WA Office of Juvenile Justice, vocational rehabilitation, and legal advocates.

JJRA's Juvenile Rehabilitation continues to implement the following strategies and programs as it relates to Systems of Care:

Youth Voice: JRA has incorporated Youth Voice at various levels of the Administration to include:

- Governor's Partnership Council – Youth Subcommittee – meets 6 times yearly
- Monthly Youth Leadership Training and Youth Personal Development and Growth
    - These youth are both residential and parole youth; they provide input to School District Administrators, JRA Administrators, Community, Legislative and Law Enforcement Representatives, Judges, Researchers and Business Leaders
- Disproportionate Minority Contact and Confinement Focus and Work Groups and training for employees

Integrated Case Management: Children's Administration (CA) in collaboration with the Juvenile Rehabilitation and local communities continues with four implementation sites in the Skagit, Pierce, Okanogan and Thurston Counties. Through ICM, DSHS is partnering with local jurisdictions to help guide and support locally driven Multi-Sytem Collaboration and Coordination (MSCC) work. Resources have been developed to share amongst the implemenation sites as well as to help guide and support ICM work at the DSHS level.

A DSHS ICM Share Point site was developed and is maintained as a central location for all information pertaining to ICM work inside DSHS and the four implementation sites. This site includes resources from national experts on MSCC work and details the infrastructure set up in DSHS to implement and sustain ICM across the department. DSHS is also currently working on developing a tool kit to articulate how they have developed and implemented ICM work across the department and within local communities through the implementation sites. This tool kit is meant to serve as a guide for other communities in Washington State as they implement ICM practice as well as memorialize the work. Data is being gathered by DSHS's Research and Data Analysis (RDA) division as local sites begin to staff cases. This data will help tell the story of how youth and families are positively impacted by participating in ICM.

JR's 4 main objectives with a System of Care are:

1. Youth have access to mental health services prior to coming to JR which may ultimately prevent them from coming into JR.
2. Youth committed to JR with significant mental health issues may have the option of a Sentencing Alternative that will address their mental health issues, as opposed to incarceration.
3. The facilitation of the continuation of a youth's mental health/Wraparound Team involvement while a youth is incarcerated at a JR residential facilities.
4. Facilitation of a smooth transition back to the community, including mental health and substance abuse services, for those youth leaving JR residential facilities.

Children's Administration

Children's Administration (CA), Washington State's public child welfare system, has been an active and integral participant in the System of Care effort. How mental health needs of children and youth in the foster care system are identified and treated are critical in child welfare. CA participates extensively in co-funding programs with mental health to early identify and treat children and youth with intensive crisis and mental health needs.

CA has established a successful partnership with the University of Washington, Evidenced Based Practice Institute and the Division of Behavioral Health and Recovery and received a five-year grant from the federal Administration of Children, Youth and Families. This five-year grant provides infrastructure building dollars to design and provide trauma screening in child welfare and Evidenced Based Treatments in the mental health system.

The first year was designed to gather data and create a viable move forward plan for years two through five. In this first year's effort, we gathered information regarding the responsiveness of the mental health system, communication between systems and the mental health needs of children and youth in foster care. Focus groups were with front line social workers and supervisors in 27 child welfare offices. At the same time, a survey was given to mental health clinicians regarding mental health treatment and what clinicians need from social workers and care givers regarding the coordination of current information and child welfare planning, to optimize treatment planning. Based on the information that was vetted in a Learning Community environment, a go forward plan was devised. This tightly coordinated effort will help to enhance processes and mental health services for all children and youth in the foster care system.

CA also participated extensively in the Settlement Agreement for the TR vs. Dreyfus EPSDT lawsuit. We anticipate the new service set will be able to serve children and youth in the community rather than have them approach child welfare for services. CA participated in the design and will participate in the implementation of the new WISe program.

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

PREVENTION AND COMMUNITY HEALTH

Olympia, Washington 98504

Department of Health and Mental Health Integration
October 2013

Sitting within the Washington State Department of Health's (DOH) Prevention and Community Health Division, Office of Healthy Communities I feel as if I am on a ground swell of change. The wave is building in size with every effort added and those include agency and state administrative change, various state legislative bills, national mandates for health care reform, science, state initiatives for system change, and lawsuits all in the swell as drivers to that change. Systems of Care (SOC) in Washington, is part of that huge wave and I am happy to be part of the work.

My work started with a vision based on health equity and the 6 national performance measures within the Children with Special Health Care Needs Program—services and systems coordinate and communicate so that all children have a chance to reach their full potential. Healthy Communities and our Healthy Starts and Transitions Unit strives to develop systems that look at the whole person, all the systems around that child and future adult and to integrate mental health, primary care, and move prevention to a higher level. I have been working to connect people in communities to regional Family Youth System Partners Round Tables (FYSPRT). As our Community Asset Mapping project intertwines with new Medicaid changes, community resources and services grow and connect and mental health is included in that work. At the same time, DOH is incorporating behavioral health screening message into trainings to medical home primary care as part of practice change and improvement.

We wrote and received two grants. One to the Centers for Disease Control and Prevention to support a Collective Impact approach to build upon and coordinate current effort among partners that promote safe, stable nurturing relationships and environments for children and families. This includes work in our state on Frontiers of Innovation and early brain development. The other grant is for Early Childhood Comprehensive Systems and supports work on our Universal Developmental Screening Initiative. Less than 25 percent of providers use a screening tool at well-child visits. So many children do not receive early interventions. We will be integrating the work of these two grants as they are Collective Impact work and they will unify and connect systems. We are connecting efforts of HB1336 Task Force on Suicide Prevention and 2SHB 1163 on bullying and mental health awareness. We are integrating Adverse Childhood Experiences (ACES) work of local health with FYSPRTs—spreading the word throughout communities to help get services and families connected. These are exciting times for change and transformation in Washington State and DOH-SOC is in the middle of it all.

- Carol Miller

1. Changes made to your system(s) that values children, youth and families

As Systems of Care becomes a more known term across the various agencies, including schools, along with a growing understanding of how Adverse Childhood Experiences (ACEs) impact learning, schools are becoming more reliant on community partners to help them meet the needs of students so that students can become more tuned to learning and less tuned to survival and learning how to thrive. Schools are providing outreach to mental health and more rigorously adapting new policies, practices, programs, and approaches to better partner with children, youth, families, and community partners. Schools through an expansion of the Learning Assistance Program (LAP) are finding the ability to provide support services to students and their families to learn skills of resilience and to better navigate adversities in their lives. Training has been provided this past year on parent engagement strategies and moving from parent involvement to parent engagement to parent leadership to help other parents experiencing challenges either with the school system or with their children.

This past year, in order to facilitate a better understanding of Adverse Childhood Experiences, trainings were provided in 9 strategic locations across the state on how ACEs affect learning and health for students and families and to learn some strategies that help mitigate the effects of ACEs. Over 1000 people were trained. Much of this type of training and connection has been done under the umbrella of the Compassionate Schools Initiative which is also key in the development of the partnership education has with the Systems of Care.

Unfortunately, the Readiness to Learn (RTL) program was defunded as a statewide program by the legislature this past session. RTL was a key partnership component in this SOC work. The program continues to exist in the Learning Assistance Program however there is no concrete state-wide guidance for development. OSPI will continue to work on providing technical assistance for that as appropriate. However, OSPI has taken a lead in rolling out House Bill 1336 addressing the needs of troubled youth and is taking a focused look at students impacted by ACEs and are at risk of substance abuse, mental illness or suicide.

Student and Parent Engagement The Student Support Section at the Office of Superintendent of Public Instruction (OSPI) is now in our 2nd year of the VISTA program, and have welcomed our second VISTA member to build off the success of the first year. This person is charged with developing youth engagement strategies that can be launched in schools across the state to improve student voice and active participation. In the planning for next year is to build a firm link between the mental health youth advocacy group, Youth N Action with education groups that are focused on student engagement. We are also pursuing a path of using art as a vehicle for health and healing. The VISTA person in student support will be to build more capacity for OSPI to infuse more youth and family engagement throughout our agency and in schools across the state.

OSPI is working hard to include students in the design and delivery of professional development opportunities. For example, in the Washington Learning Connections Summit, the Readiness to Learn Program Training, and the 21st Century Program Directors Training, students and/or parents were

included on the school teams attending and presenting at the trainings.

Sustainability OSPI has seen the importance of the development of developing a system of care, community partnership, the value of actively including the actions and activities of youth and families in building a sustainable way for education to be influenced to meet the needs of the community. OSPI will continue to seek VISTA and AmeriCorps opportunities to provide continued focus on this work. They will help design processes and systems to expand our current "pockets of excellence" of student and family engagement in select programs and districts to an agency wide system. This expansion will take time but will be a continuing effort. They continue to enhance a toolkit of Washington school related student engagement resources. This toolkit will include tips, examples, and funding opportunities for effective, meaningful student engagement. The AmeriCorps VISTA member will also engage in grant writing, and will partner with OSPI colleagues to create an ongoing sustainability plan

1. Incorporated/adopted System of Care approaches to existing protocols

"Schools can't do it alone and even if they could, they probably shouldn't." More and more schools are opening their doors to communities and partner agencies to better understand their respective roles and invite them to play a role in educating children.. Communities continue to show substantial interest in helping shape the future citizens who will hold vital roles in their community. The local Family Youth System Partners Round Table (FYSPRT) groups provide a future pathway for schools to engage with their local counterparts in developing a cross system communication.

Actions/events conducted related to our SOC Goals

Through the Compassionate Schools Initiative, schools are creating space in their buildings for public mental health providers to be in the schools at regular times each week to address the needs of students who are eligible for mental health services, build relationships with schools for more accessible referral process and mostly, to better understand their respective roles in their specific missions – finding ways to better complement each other.

OSPI has provided more than 30 trainings/workshops/presentations to audiences ranging from 20 – 400. We continue to work with Educational Service Districts, local school and district staff, and students and families to infuse system of care principles as a way to develop a new paradigm of working together.

2. Dreams, hopes, and ideas for future SOC activities

With new legislation and new focus on education being a "whole child" activity, legislators, policy makers, agencies, and community members are looking for new and innovative ways to coalesce social, health, and education activities, to help our students leave school fully prepared for a successful adult life.

The Washington State Children's Mental Health Evidence Based Practice Institute (EBPI), located at the UW Division of Public Behavioral Health and Justice Policy, is a partner to support implementation of legislative mandates as well as other efforts to improve the state's system of care through use of evidence-based strategies and treatment practices. In the first year of Washington's statewide system of care implementation grant, the EBPI, working with partners from DSHS, provider agencies, families and youth, have undertaken the following activities, all of which support the core goals of the SOC implementation grant:

- With the Washington State Institute for Public Policy (WSIPP), Washington now has an inventory of evidence-based, research-based, and promising practices and services, that includes information about the diversity of applicable populations and cost-effectiveness of included services, to guide future decision making about use of EBPs statewide (see http://www.wsipp.wa.gov/rptfiles/E2SHB2536.pdf)
- UW developed a Promising Practice Application and review process to gather information about current practices in the state. DSHS distributed the application in November 2012 to solicit information from providers about current practices that may fit within the proposed definition of promising practices.
- Support for existing EBP efforts continue. For example:
    - The EBPI collaborates with Triple P America to host an open-enrollment training opportunity in Seattle for Washington State providers. The Washington State CBT-Plus initiative continues, with consultation for over 50 clinicians and supervisors held multiple times a month.
    - Training and coaching support as well as an outcomes evaluation for Multi-systemic Therapy (MST) in Thurston-Mason counties is ongoing.
- A workgroup has been convened around use of Psychotropic Medications with children in the Child Welfare system. The members have offered recommendations to Representative Ruth Kagi that will improve monitoring and prescription practices of Psychotropic Medications for CW youth.
- EBPI works with Children's Administration (CA) on the facilitation of EBP use for youths in CA including training, QA, consultation and fidelity tracking of EBPs for CA contracted agencies providing PCIT, MTFC, Project KEEP, SafeCare, and Incredible Years.
- An EBP workforce development effort continues at UW to include four courses offered annually on core EBP topics: Internalizing Disorders, Externalizing Disorders, Extreme and Complex Cases, and Evaluation and Research Methods. The workforce development project also includes a monthly lecture series at the UW School of Social Work, with most recent lectures including topics such as Gender Specific Interventions in Juvenile Justice, Treating Military Families, and a Provider Panel on Implementing EBPs: Successes and Challenges.

Priority activities for the work between DBHR and EBPI for FY2014 include:

1. **Gaps analysis of existing and needed EBPs statewide** to be aligned with the Wraparound with Intensive Services (WISe) program for youths with complex needs.
2. **Website development**:
    - UW EBPI pages are being refined for easier use and access by community stakeholders, legislative partners, and academic colleagues.
3. **Development of a cross EBP fidelity reporting system**
    - The EBPI will continue to build upon Evidence-Based Practice toolkit (http://ebproster.org/roster/toolkit-pbhjp.php), an online platform, as a mechanism in

which provider fidelity can be managed and fidelity reports can be generated. The toolkit will act as a centralized resource for managing fidelity information across programs, facilitates compliance and provision of technical assistance.

4. **Development of Certificate in EBPs for Children's Mental Health**
    - Workforce Initiative group met with the Professional and Continuing Education office about the development of a Certificate in EBPs for Children's Mental Health. The certificate would be a hybrid opportunity for current students and community practitioners.
    - EBPI Participation in the SOC Workforce Collaborative
5. **Collaboration between EBPI and C.A. on the development of training for Children's Administration Social Workers on EBP.**
6. **Adaptations of EBPs for Ethnic Minority Children, Youth, and Families**
    - The EBPI engaged in conversations with community stakeholders around providing support and technical assistance on adapting EBPs for cultural/ethnic minorities focused on increasing the delivery of EBPs in a culturally responsive way.

The resources and governance structure that have been brought to bear via the system of care statewide implementation grant will serve as primary supports to the development of implementation for "Wraparound with Intensive Services" (WISe) as well as other components of the TR settlement, such as expansion of EBPs and improvements in quality management and accountability. For example, working with the National Wraparound Initiative (NWI), and Eric J. Bruns, Ph.D., located at the UW School of Medicine, Division of Public Behavioral Health and Justice Policy, the SOC grant team has developed a plan to:

- Provide workforce development support for statewide rollout of Wraparound with Intensive Services (WISe),
- Develop and pilot test a quality assurance (QA) plan for WISe, and
- Connect WISe quality monitoring to the Washington State Children's Behavioral Health Data and Quality (DQ) team, including the Children's Behavioral Health Statewide Performance Evaluation initiative

Specific activities of the SOC implementation grant effort include:
UW and PSU Center for Improvement of Children's Services are the contractors developing in collaboration with DBHR a policy and procedures manual and training curricula for WISe that will be detailed in SOC Year 2 reports.

Finally, a quality assurance (QA) and outcomes measurement strategy for WISe is now being developed and readied for pilot testing in spring 2014 in initial adopter WISe agencies. The QA and outcomes measurement strategy for statewide WISe implementation will include empirically validated measures, methods, sampling approaches, analytic strategy, and reporting and communications strategies.

CULTURAL AND LINGUISTIC COMPETENCY PLAN

Over the course of Year 1, a number of statewide changes have occurred to government agencies in Washington State. These changes stem from the election of a new Governor and in turn, a newly appointed Secretary of the Department of Social and Health Services (DSHS). Both the Governor and the Secretary have put an added emphasis for state workers and the services we provide to be more culturally and linguistically competent. The State of Washington has developed timelines and work plans for the implementation of Executive Order 12-02 WORKFORCE DIVERSITY AND INCLUSION. Development of skills and capacity to work effectively with colleagues, customers, and stakeholders (Cultural Competence) were called out in the recent executive order as a key diversity objective for the state. Current activities include: (1) working with the DSHS Office of Diversity and Inclusion to evaluate what parts of the program can be scaled out to the rest of the state enterprise: (2) developing core enterprise principles and definitions of cultural competence in collaboration with the State Diversity Council; and (3) updating enterprise diversity training to cultural competency principles.

The Governor's Office of Financial Management has also updated the state's affirmative action planning and reporting process. Program enhancements include: (1) centrally generated availability and utilization data; and (2) increased focus on agency strategy review and development. As of October 15, all agencies, including DSHS, will submit new affirmative action plans identifying key gaps and prioritized strategies.

In addition to new affirmative action plans, each DSHS Administration has also developed individualized Cultural Competency Plan. The SOC Project Manager represents the Division of Behavioral Health and Recovery on the DSHS Cultural Competence Committee. In turn, the comprehensive plan in development by DSHS in collaboration with the Governor's Executive Order diversity and inclusion efforts also serves as the Cultural Competency plan for this grant.

In July of 2012, to build on the efforts of DSHS Administrations in the development of their Cultural Competency Plans, the DSHS Office of Diversity and Inclusion, in conjunction with the Cultural Competence Committee, created a Cultural Competency video and Cultural Competence Key Principles Poster (Appendix F). Additional materials were also developed for distribution statewide. To identify specific behaviors behind cultural competence principles, a second video entitled One Connection at a Time was produced that featured DSHS staff members expressing how they individually connect to co-workers different from themselves. In addition to the video (http://adsaweb.dshs.wa.gov/videos/diversity/OneConnection.wmv), large lobby-size posters that show some of the connections featured in the video were printed for display in each office and facility. These videos and posters remind employees that cultural competence is a journey that involves continuous learning about, understanding of and valuing differences, while respecting and connecting with others.

- Aidan and Bernice
  http://www.dshs.wa.gov/pdf/publications/24-422.pdf (English, 8-1/2" by 19")
- Eci and Kevin
  http://www.dshs.wa.gov/pdf/publications/24-424.pdf(English, 8-1/2" by 19")
- Colleen and Rick
  http://www.dshs.wa.gov/pdf/publications/24-425.pdf(English, 8-1/2" by 19")
- Suzanne and Margarita
  http://www.dshs.wa.gov/pdf/publications/24-426.pdf(English, 8-1/2" by 19")

Additionally, in September, DSHS Secretary Quigley sent out an agency-wide message on how embracing diversity and inclusion – being culturally competent – helps create the type of environment all employees want – one that makes the Department a great place to work and one that reflects the cultures of all families and communities served. The Secretary's message was sent as an introduction to the new

DSHS Mission Statement and Values (one of which includes Diversity). It was also timed in advance of an October scheduled unveiling of the new diversity video and posters at an event with the DSHS Secretary. Employees are encouraged to use the new cultural competence materials for office conversations and to supplement training venues. It is the expressed belief of agency leaders that working creatively and collaboratively, DSHS can lead the state in creating a dynamic, diverse and inclusive work environment that attracts, retains and benefits from the best talent and strengthens the organization to do the work of transforming lives.

The statewide activities and achievements described in the Reflections Section by Regional Family Youth System Partners Round Tables (FYSPRTs), state agency partners, and DSHS Administrations involved in systems of care endeavors are inclusive of the diverse populations served. The cultural competency efforts made in the production of videos and posters compliments the implementation of cultural competence and workforce diversity executive orders. The collaboration among state agencies with the Governor's Office and the State Diversity Council will provide the support needed to successfully implement a strong Social Marketing Plan for the System of Care Expansion Implementation Project.

SOCIAL MARKETING PLAN

As mentioned in the Year 1 Overview section, Washington State is in a unique situation with the T.R. v. Quigley lawsuit. The Proposed Settlement Agreement utilizes System of Care values, principles, and strategies as a foundation. This Settlement Agreement will be Washington's biggest sustainability mechanism. To this end, Washington determined that a single Communication Plan would better meet the needs of the State and allow a more systematic approach to change. Below you will find the initial draft of Washington's five-year Communications Plan. As stated in the plan on the following page, this document will continue to be modified and updated as needed. Because this document is written at a state level, much of the work done in Year 1 by our FYSPRTS and state partners, in the area of Social Marketing, was not captured in the document. Examples of this work can be found in Appendix F.

CHILDREN'S BEHAVIORAL HEALTH
5 YEAR PLAN — COMMUNICATIONS STRATEGY

PURPOSE AND BACKGROUND

The purpose of this project is to develop a communications plan to promote public awareness and engagement in improvements to the Children's Behavioral Health System.

There are a number of system change initiatives taking place across Washington State to improve the current Children's Behavioral Health System. Due to the interrelationship of these system change initiatives, this plan includes goals designed to meet a number of needs, such as grant requirements, legislatively driven statewide initiatives, and agreements in the T.R. v. Quigley Settlement.

Communication plays a critical role in the success of these initiatives. This plan will provide a framework for communicating how mental health services for children are improving, and how to engage stakeholders in planning, implementation, and communication. It will also help assure that the Washington State Children's Mental Health System Principles guide the management and delivery of mental health services and supports. These principles are:

- Youth and Family Voice and Choice
- Team-based
- Natural Supports
- Collaboration
- Home and Community-based
- Culturally Relevant
- Individualized
- Strengths-based
- Outcomes-based
- Unconditional

This plan will guide actions and timelines over the next five years to reduce duplication and ensure public information is:

- Current, accessible, and timely.
- Easily understood and helps each audience to support the initiatives, from the unaware to those fully engaged.
- Culturally and linguistically competent.
- Clear in explaining how all partners, including youth, families, communities, mental health providers, and other system partners, can participate in developing the system change initiatives.

TARGET AUDIENCES

Audiences include:

- DSHS staff
- Youth and Families
- Provider Agencies and Regional Support Networks (RSNs)
- Family Youth and System Partners Round Table- (FYSPRT) Members

- System Partners (Health Care Authority, School Districts, Department of Early Learning, primary care physicians, emergency room/hospital staff, etc.)
- Governor's Policy and Communications Offices
- Legislators
- Tribes
- Stakeholders and Advocates
- General Public

GOALS

Year 1 (July 1, 2013-June 30, 2014):

1. Increase awareness and understanding among key audiences about children's mental health conditions, the full continuum of mental health services and supports (prevention of mental illness to residential care), and the guiding values and principles.
2. Work with Regional Support Networks (RSNs), providers, and other child serving systems to identify youth likely to screen into Wraparound with Intensive Services (WISe) and how to refer to and work with the identified provider agencies.
3. Promote Systems of Care as Washington State's approach to providing mental health services to youth in our state, including engaging Youth, Family, Communities, and System Partners in all activities and decision-making.
4. Promote collaboration and coordination by providing clear information on all of the current initiatives that are working together to improve mental health services for youth and families (Evidence and Research Based Practice legislation, TR v. Quigley, Creating Connections, CLIP Improvement and System of Care).

Year 2 (July 1, 2014-June 30, 2015):

1. Communicate with Medicaid eligible individuals regarding the mental health service options available to them and increase awareness of how to access appropriate, effective mental health services.
2. Expand coordination and integration of services/supports with key system partners that work regularly with youth with complex needs.
3. Promote awareness with key audiences that improvements in children's mental health services are made with transparency and accountability.
4. Increase awareness with communities that Intensive Home- and Community-Based services and other Evidence and Research Based Practices (E/RBPs) are or will be available statewide to those in need.

Year 3 (July 1, 2015-June 30, 2016):

1. Increase awareness of mental health services offered by the Health Care Authority (i.e. the Health Care Reform medical plans, which include prevention and early intervention services), as well as those offered through RSNs (which consists of services that address moderate to intensive / acute mental health challenges).
2. Promote participation by youth, families, and communities in efforts to improve the quality and availability of effective mental health services, including the availability of E/RBPs across the state.

Year 4 (July 1, 2016-June 30, 2017):

1. Reduce stigma by promoting greater public understanding of children's mental health conditions and the benefits to children who receive effective services.

Year 5 (July 1, 2017-June 30, 2018):

1. Evaluate the effectiveness of communications strategies for Children's Behavioral Health improvements and revise as needed. Continue effective strategies for promoting project goals.

KEY MESSAGES:

1. Anyone can develop an emotional or behavioral health issue. There are services and supports that can help youth and their families be successful in overcoming these challenges.
2. The Behavioral Health and Service Integration Administration (BHSIA) is committed to creating a coordinated system of effective mental health services and supports that is easy for families and youth to navigate.
3. The best care is based on the youth and family's strengths, driven by the youth and family's individual needs, sensitive to each family's values and culture, and is provided in the community where the youth normally lives.

STRATEGIES:

BHSIA will use both formal and informal avenues, as well as various means of social marketing, to spread the key messages across Washington and reach our goals. The matrix below outlines the proposed strategies and products that BHSIA will use. Strategies for reaching our goals take into consideration available resources and implementation timelines for the different initiatives.

The success of this plan relies heavily on communication activities implemented by mental health providers, Regional Support Networks, local and regional Family, Youth, and System Partners Roundtables (FYSPRTs), and our system partners. Because of the critical role these partners play, regional FYSPRTs and the System of Care (SOC) grant's system partners will be required to develop their own communication plans to outline the products they will develop or use within their own systems or regions. The plans will identify how each SOC partner will contribute to the statewide goals. These plans will be included as appendices to updated versions of this statewide plan.

NOTE: This plan will continue to be revised as targets are met, as new resources become available, and as needed based on feedback and evaluation.

IMPLEMENTATION PLAN MATRIX

Year 1

Goal 1: Increase awareness and understanding among key audiences about children's mental health conditions, the full continuum of mental health services and supports (prevention of mental illness to residential care), and the guiding values and principles.

Messages:
- The Children's Behavioral Health System is improving.
- Collaboration and input is valued.

Strategy	Audience	BHSIA Lead / Content Provider	Product	Due Date	Status/ Comments
Awareness and Promotion	*Children's Team* *DSHS Communications* *Governing Body and IAT*	Jessica Bayne/ Children's Team	• Develop a flexible statewide communication/social marketing plan for outreach and education of the community, stakeholders, and youth and families, regarding changes to Children's Behavioral Health Services. ○ Approved by Governance Structure and TR Implementation Advisory Team (IAT).	Six months after final approval of agreement	In Progress
	Universal	Jessica Bayne/ Children's Team and DSHS Communications	• Review, update, and restructure the Children's Behavioral Health website to be more user-friendly and up to date, as well as provide a variety of resources for interested parties, across the knowledge spectrum. ○ Redesign Layout of Page ○ Remove old information and update relevant materials ○ Link to relevant resources ○ Develop a calendar of events ○ Use DSHS social media outlets and those of our partners to reach a broader audience.	Ongoing	Initial redesign and updating of material in progress
		Jessica Bayne	• Develop and maintain a listserv of individuals interested in receiving information and updates regarding children's mental health. ○ Send information and resources on an ongoing basis, including news coverage and reports about children's mental health.	8/28/2013 Ongoing	Completed (as of 10/8/13, there are 464 subscribers).
		Jessica Bayne/ SOC Team	• Promote Children's Mental Health Awareness Day Activities to increase community involvement ○ Refine and expand on activities completed in May 2013 to localize and disseminate educational materials	May 8, 2014	

			○ Research joining SAMHSA's National Children's mental health Awareness Day Campaign. ○ Coordinate with FYSPRTS to host Awareness Day activities across the state.		
		Lin Payton / Children's Team (Jessica Bayne)	• Develop presentation materials that provide: 1) a general overview of the system, and 2) the improvements being made through the system change initiatives. ○ Post an Avatar version of the materials to the website	12/31/2013 2/28/2014	

Goal 2: Work with RSNs, providers, and other child serving systems to identify youth likely to screen into Wraparound with Intensive Services (WISe) and how to refer to and work with the identified provider agencies.

Messages:
PENDING FEEDBACK

Strategy	Audience	BHSIA Lead / Content Provider	Product	Due Date	Status/ Comments
Outreach and Identification	*Youth and Families* *Mental Health Providers* *RSNs* *Child-Serving systems (i.e. DSHS Administrations, schools, primary care physicians, crisis teams, Fee for Service providers)* *Stakeholders*	Lin Payton	• Use a variety of methods (i.e. written materials, presentations, forums, etc.) to communicate to families, youth, and stakeholders about the nature and purpose of the WISe program and services, including who is eligible for the program, and how to gain access to the WISe program and services. ○ Include appropriate translations and other necessary accommodations ○ Provide Notice of settlement.	December 2013	Communication methods for Notice are in progress.
	RSNs *Mental Health Providers* *Other service Providers*	Lin Payton	Establish and provide education, training, and technical assistance to RSNs and current mental health providers, in the manner(s) identified by the RSNs and providers, on a uniform screening and assessment process for youth that may qualify for intensive services.	Prior to initial roll-out on 1/1/2014.	In progress

Goal 3: Promote Systems of Care as Washington State's approach to providing mental health services to youth in our state, including engaging Youth, Family, Communities, and System Partners in all activities and decision-making.

Messages:
PENDING FEEDBACK

Strategy	Audience	BHSIA Lead / Content Provider	Product	Due Date	Status/ Comments

Transparency and Accountability- Living our Values	*DSHS Staff* *Youth and Families* *FYSPRTS* *System Partners* *TR ITA*	SOC Team/ Children's Team	• Create and Promote an Interagency Governance Structure (including a charter) that provides a process for local, regional and state level decision making, with families, youth, and system partners in leadership and decision making roles with state leaders. ○ Develop and maintain materials related for: Finance, Cross System Initiatives, Workforce Development, Data Evaluation & Quality, and Governance workgroups associated with/Statewide and Regional FYSPRTs. Post materials on the website. ○ Continue the use of the TR vs. Quigley Implementation Advisory Team, as a communication mechanism between parties	Ongoing (Initial documents online by 12/31/2013)	Charter Completed Maintenance ongoing
	FYSPRTS	Andrea Parrish/ Children's Team	• Facilitate a conversation to analyze the TA needs of each FYSPRT in order to create and supply materials and coaching.	12/31/2013	
	System Partners	SOC Team/ Regional FYSPRTS	• Promote attendance to the Regional FYSPRTs' annual "Lessons Learned" Events	12/31/2013 Yearly Thereafter	
	DSHS Staff *Statewide FYSPRT and Governance Structure*	Andrea Parrish/ Jessica Bayne	• Review and approve communication plans from regional FYSPRTs and System Partners	3/31/2014	
	Youth and Families	Jessica Bayne/ FYSPRTS and the Children's Team	• Collaborate with youth and family organizations to test effectiveness of messaging and materials and make changes as necessary to: ○ Brochures ○ Web content ○ FAQ for families considering participation in wraparound	6/30/2014	

Goal 4: Promote collaboration and coordination by providing clear information on all of the current initiatives that are working together to improve mental health services for youth and families (Evidence and Research Based Practice legislation, TR v. Quigley, Creating Connections, CLIP Improvement and System of Care).

Messages:
PENDING FEEDBACK

Strategy	Audience	BHSIA Lead / Content Provider	Product	Due Date	Status/ Comments
Identity Development	*Universal*	Jessica Bayne/ FYSPRT Family Leads	• Develop a catch phrase/tagline that encompass the goals/principles of the improvements being made to the Children's Mental Health System	12/31/2013	
		Jessica Bayne/ Children's Team	• Develop Overview Brochure of system change initiatives – to pass out at meetings, place in child-serving agencies, provide to FYSPRTs, etc. ○ Post electronically on website	12/31/2013	

		Jessica Bayne / Children's Team	• Develop a "shell" presentation for use at conferences, to various committees, etc. to build interest and partnerships *(changes may be necessary to meet different audiences' needs).*	Shell by 12/31/2013 Presentations - Ongoing	
		Jessica Bayne/ Children's Team	• Develop a quarterly e-newsletter to be shared with interested stakeholders (sent to the listserv, posted on the website, and link shared on DSHS' Facebook and Twitter) ○ Highlight success stories ○ Promoting services that honor the values ○ Implementation progress	1st Edition by 12/31/2013	
		Lin Payton/ Greg Endler	Promote the Evidence/Researched Based Practice Services available in communities, as they are rolled-out, using a variety of avenues including the quarterly newsletter, presentations, community meetings, etc.	*Ongoing*	
		Andrea Parrish	• Develop and utilize a tri-led training institute (university, family and youth, and the state) to provide trainings on the system improvement initiatives.	6/30/2014	
		Lin Payton / Children's Team	• Develop, promote, and provide, workforce development materials and trainings on new services or current services that promote the System Change Initiatives, including : ○ Tools and technical assistance to providers in an effort to expand the availability of WISe and other E/RBPs ○ Family/Youth Peer Certification Training	Ongoing (WISe specific roll-out by1/2014)	

Year 2

Goal 1: Communicate with Medicaid eligible individuals regarding the mental health service options available to them and increase awareness of how to access appropriate, effective mental health services.

Messages:
PENDING FEEDBACK

Strategy	Audience	BHSIA Lead / Content Provider	Product	Due Date	Status/ Comments
Availability and Access	*Universal*	Jessica Bayne/ Lin Payton	• Update the Medicaid Benefits booklet to include a description of children's mental health services ○ Include the right to receive notice of action, request a hearing, and grievance protocols • Work with the CSOs to provide an informational document for Medicaid recipients upon eligibility.	Annually thereafter	

***Goal 2**:* Expand coordination and integration of services/supports with key system partners that work regularly with youth with complex needs.					
Messages: *PENDING FEEDBACK*					
Strategy	**Audience**	**BHSIA Lead / Content Provider**	**Product**	**Due Date**	**Status/ Comments**
System-Partnering	Local and state-level system partners	Andrea Parrish/ Children's Team	• Provide Technical Assistance related to the certification or wraparound facilitation services for limited scope agencies	Ongoing	
			• Implement HB 1336 regarding Youth Mental Health First Aid.	Ongoing	
			• Aligning funding sources to strengthen interagency collaboration, improved long-term outcomes, and establish systems to develop funding mechanisms for youth and families involved in intensive cross system services.	Ongoing	
Goal 3: Promote awareness with key audiences that improvements in children's mental health services are made with transparency and accountability.					
Messages: *PENDING FEEDBACK*					
Strategy	**Audience**	**BHSIA Lead / Content Provider**	**Product**	**Due Date**	**Status/ Comments**
Creating Belief in our System	*Universal*	Lin Payton/ DBHR Research team	Establish and distribute outcome measures to ensure that the services provided are effective and measure success.		
		Lin Payton/ DBHR Research team	• Measure and report annually the number of youth who are identified, screened, assessed and receive WISe, reported by PIHP/ Beginning November 15, 2014, and each year thereafter. ○ Defendants will provide the Court, the Plaintiffs, and the public with an Implementation Status Report that describes Defendants' progress	11/15/2014 Yearly thereafter	
		Andrea Parrish	• Local, Regional and Statewide FYSPRT Meetings: ○ Include quality assurance related items as a standing agenda item ○ Post approved Meeting Minutes to the website ○ Have chartered and convened the groups identified in the inter-agency governance structure.	7/30/2014	
Goal 4: Increase awareness with communities that Intensive Home- and Community-Based services and other Evidence and Research Based Practices (E/RBPs) are or will be available statewide to those in need.					
Messages:					

PENDING FEEDBACK

Strategy	Audience	BHSIA Lead / Content Provider	Product	Due Date	Status/ Comments
Outreach and Promotion	*Universal*	Greg Endler/ Children's Team	• Create and distribute a locator document/tool for finding WISe and other EBP mental health providers across Washington State	6/30/2015	

Year 3

Goal 1*:* Increase awareness of mental health services offered by the Health Care Authority (i.e. the Health Care Reform medical plans, which include prevention and early intervention services), as well as those offered through RSNs (which consists of services that address moderate to intensive / acute mental health challenges).

Messages:
PENDING FEEDBACK

Strategy	Audience	BHSIA Lead / Content Provider	Product	Due Date	Status/ Comments
System Understanding	*Universal*	Children's Team	• Disperse information on services: ○ Provided under various health plans ○ New under Health Care Reform ○ For youth transitioning to the adult system ○ For youth transitioning from a residential to a community setting.	6/30/2016	
Goal 2*:* Promote participation by youth, families, and communities in efforts to improve the quality and availability of effective mental health services, including the availability of E/RBPs across the state.					
Relationship Building	*RSNS* *Mental Health Providers* *Child-serving agencies*	Lin Payton/ Children's Team	• Develop a mechanism to provide cross-system training and technical assistance on the implementation of CANS and WISe for agencies and providers of child-serving agencies.	6/30/2015	

Year 4

Goal 1: Reduce stigma by promoting greater public understanding of children's mental health conditions and the benefits to children who receive effective services.

Messages:
PENDING FEEDBACK

Strategy	Audience	BHSIA Lead / Content Provider	Product	Due Date	Status/ Comments
Awareness & early intervention	*Universal*	Jessica Bayne/ Children's Team	• Share updates to a publicly accessible "data dashboard" quarterly that includes children's behavioral health measures of statewide performance (including each of the indicators for putative and actual	6/30/2017	

			Class members). ○ Post to the website, send to the listserv, include information in the quarterly newspaper		

Year 5

Goal 1: Evaluate the effectiveness of communications strategies for Children's Behavioral Health improvements and revise as needed. Continue effective strategies for promoting project goals.

Messages:
PENDING FEEDBACK

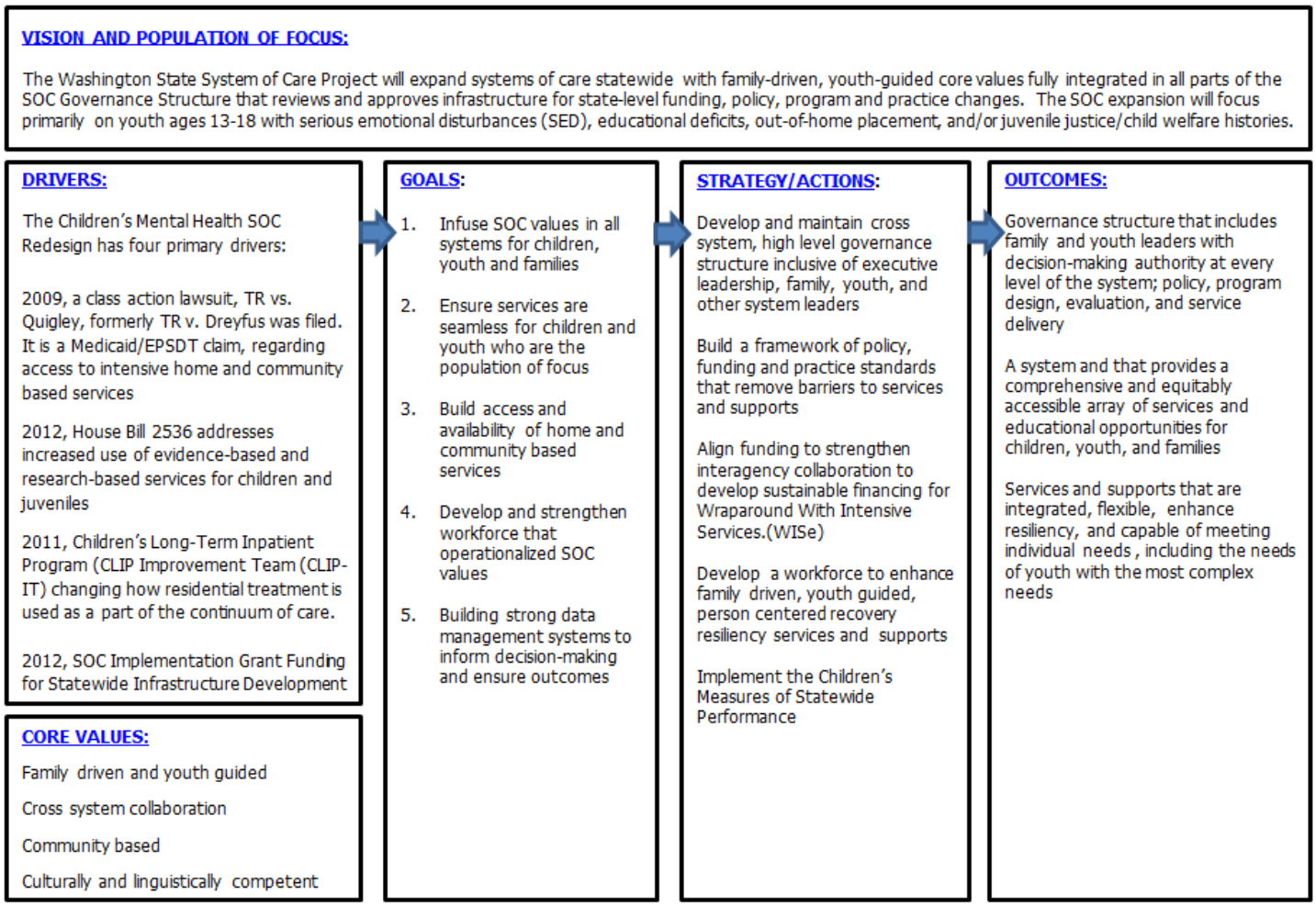
Strategy	Audience	BHSIA Lead / Content Provider	Product	Due Date	Status/ Comments
Evaluation	*BHSIA Staff*	Lin Payton	• Review and consider recommendations made in the "Lessons Learned" report on the Quality Service Reviews of WISe.		

SUSTAINABILITY APPROACH

Washington State has yet to complete a Sustainability Plan for this Grant. As mentioned throughout the report, a considerable amount of system change and sustainability will be a result of the T.R. v. Quigley Settlement Agreement. It was thought that the agreement would be finalized in Year 1 of the grant, but to date it has not yet been approved. A fairness hearing will be held on December 19, 2013, on the proposed settlement agreement that was filed on August 29, 2013. It is anticipated that it will be approved on that date, and will become final at this time. A copy of the proposed settlement can be found using the following link: http://www.dshs.wa.gov/pdf/dbhr/mh/cbhtrfullagreement.pdf. Once finalized, our sustainably approach will be refined into a Sustainability Plan.

For the reason mentioned above, Year 1 was spent on more global planning and strategizing. Some of this strategizing shows in the Logic Model below. This model provides a high-level guide to sustainability. The primary drivers shown are the system change initiatives that Washington is currently using to assure sustainability for system improvement to Children's Behavioral Health that is based on SOC values. The drivers have and will continue to be updated as our system moves through both the technical and adaptive changes necessary for system change. The outcomes have remained contestant to assure accountability and focus.

Washington State Systems of Care Project
Logic Model
Updated September 2013



As we move forward in Year 2, Washington will continue to refer to this logic model as we make decisions and plan the overarching strategies and action. We will develop next steps collaboratively each year with the various drivers to support the work at a regional and state level. All work and planning will reflect the WA State Children's Mental Health System Principles (page 60) that were agreed to by RSNs. They reflect the System of Care values and principles and have further solidified Washington's commitment to living these values by including them in the Proposed Settlement Agreement.

During Year 1, Washington accomplished a number of projects using this collaborative system-wide approach that help build the infrastructure that will assist the State in implementing the Proposed Settlement Agreement and sustaining System of Care. An example of this was the coordinated efforts made:

- In the development of Washington Administrative Code (WAC) 388-877A-0350, Recovery Support Services Requiring Program-Specific Certification—Wraparound Facilitation Services
- The Youth and Family Certified Peer Training offered in September
- Explore all aspects necessary to inform the development of a specific case rate code for Wraparound with Intensive Services (WISe)
- Preliminary coordination to create a tri-led training and workforce consortium, inclusive of family-led organizations, higher-education and DSHS

Alone these are major accomplishment. However, individually they are not sustainable. They all feed into the larger milieu in an effort to meet our goals to: Ensure services are seamless for children and youth who are the population of focus; Build access and availability of home and community based services; and develop and strengthen workforce that operationalizes SOC values. The wraparound certification is of no use without the ability to pay providers to offer the service. Additionally, without Youth and Family Peer Counselors, there would not be a workforce to provide the services. On that same note, if there are not proper training opportunities for the youth and family peer counselors, the services would not be as effective; in turn improved outcomes and successes for children would suffer.

The coordination of activities, like the example above, will be essential in Year 2 and over the course of the next five years as we implement the final Settlement Agreement, anticipated to begin January 1, 2014, and as we move toward an improved delivery system, grounded in System of Care. While we have touched on a number of aspects throughout the document that are essential to sustainability, below we provide more detail on a few of the current drives or key activities taking places that highlight sustainability.

Settlement Agreement:
Although the Settlement Agreement has not been finalized, we are confident that the major elements contained in the Proposed Settlement Agreement will remain intact. The Proposed Settlement Agreement provides good examples of how long-term sustainability has been a major focus of this agreement. Some specific elements include:

> *The Governance Structure,* developed under the SOC Planning Grant and year one of the SOC Implementation grant, being adopted by the State and the Plaintiffs. The following excerpts from the Proposed Settlement Agreement further delineate direction for this structure:
>
> > *1) Defendants will use a sustainable family, youth, and inter-agency Governance Structure to inform and provide oversight for high-level policy-making, program planning, decision-making, and for the implementation of this Agreement. An initial description of the Governance Structure is set forth in Appendix E. The Governance Structure can be modified using the process described in paragraph 95(b).*

2) The executive team of the Governance Structure will be used to make decisions about how its child-serving agencies meet the systemic needs of the plaintiff Class.

3) Defendants will engage family, youth and local community representatives through Family Youth and System Partner Round-Tables (FYSPRT) and other methods. The family, youth, and local community representatives will act as full partners5 in the governance committees and groups.

4) Defendants, with input from the Implementation Advisory Team, will make recommendations through the Governance Structure to improve the coordination and delivery of Title XIX and WISe services to Class members.

(Refer to the Governance Structure Diagram on page 14)

Demonstrating that the state has substantially complied with the *Exit Criteria,* on or about June 30, 2018, including the elements below. This list is not complete and is only intended to provide examples for sustainability.

a) Have adopted and are using consistent procedures statewide to identify putative Class members for possible eligibility for the WISe Program and Services;

b) Have adopted and are using the WISe access protocol statewide to identify, screen, assess, refer, and link Class members to WISe program and services;

c) Are providing the full WISe service array statewide;

d) Have adopted and are using consistent procedures to inform putative Class members and other stakeholders about the WISe Program, eligibility, and access;

e) Have adopted, and trained providers to use the WISe manual;

f) Have developed a WISe manual that describes the WISe Practice Model for practitioners and instructs providers on WISe documentation and operational requirements;

g) Require PIHPs to provide the WISe Program and services pursuant to amended PIHP contracts;

h) Are using CANS statewide to;
- *i. assess individual and family strengths and needs;*
- *ii. support clinical decision-making and practice; and*
- *iii. measure and communicate the outcomes of the WISe program.*

i) Established a range of estimated service utilization and are providing WISe statewide within that range;

j) Built statewide capacity to provide WISe services to all youth for whom WISe is medically necessary;

k) Have achieved improved outcomes for youth in the WISe program, as measured by improvements in CANS domain scores and/or relevant clinical items from the CANS; and

l) Provided education and training on identification and referral for youth to WISe using the Access protocol.

ESSHB 2536 Evidence-based and Research-based Practices:
Engrossed Second Substitute House Bill 2536 requires the Department of Social and Health Services (DSHS) and the Health Care Authority (HCA) to complete a baseline assessment of utilization of

Evidence-based and Research-based Practices (E/RBPs) in the areas of child welfare, juvenile rehabilitation, and children's mental health services. For children's mental health services, this assessment must include:

1) the number and percentage of encounters using these services that are provided to children served by regional support networks and children receiving mental health services through Medicaid fee-for-service or healthy options;
2) the relative availability of the service in the various regions of the state; and
3) to the extent possible the unmet need for each service.

Additionally, this legislation required a second report be submitted to the legislature that examines how to substantially expand the use of E/RBPs within the state-run systems, serving children and youth in Washington and to recommend Strategies, Timelines, and Costs for this effort. The use of E/RBPs has shown increases in wellness outcome measures.

Over the course of the last year, the child serving systems (Children's Administration, Juvenile Justice & Rehabilitation Administration, Behavioral Health and Service Integration Administration and Health Care Authority), have worked together in a cross-system collaboration to meet the legislative intent. At the same time, this group has been striving to find efficiencies, lessen duplication, and partner in initiatives that better serve the children and youth within Washington State. In the next year, and the years to follow, Washington will continue to work toward meeting the goals of this legislation in creating a unified and sustainable partnership that is based in SOC values and principles. The team will develop a workgroup, inclusive of family/youth, system partners, university and state partners, to work in identifying necessary changes, across all systems, to support an increase in the use of E/RBPs in all child-serving systems.

The work driven by ESSHB 2536 only established a baseline of current E/RBP use and provides a high-level framework for what would be needed in order to substantially increase the use of E/RBPs. It does not have any current implications on Policy and Protocols. The timing of this report, especially in relation to the lawsuit, may eventually work its way into protocol, procedure, and contracts as we move forward. Regardless of when new legislation is passed to implement the substantial increase, the partnerships built as a result of this legislation will continue.

SOC Implementation Funding- Leadership Academy Event:

In Year 1, SOC funding was used to conduct a 3-day Washington State SOC Leadership Academy, based on the Georgetown Leadership Academy. Implementation of a System of Care (SOC) approach requires strong and informed leadership to spur the necessary changes within systems, organizations, and in practice. There is a need for leaders with the commitment, energy, knowledge, and skills to operationalize and facilitate changes that improve behavioral health services. It is critical that youth, family, and system partner leaders, who are willing and able to step into the forefront of this complex set of issues, have opportunities to: increase confidence and expertise; share with and learn from other leaders; and to get the support they need in taking on this role.

This event created a core team of 40+ youth, family, and system and tribal partner from around the state that will lead in operationalizing SOC. They have enhanced knowledge and skills to serve as 'agents of change and innovation' in behavioral health services for youth and families. Additionally, each participant agreed to participate and provide leadership in Regional and Local Family Youth System Partner Round Tables (FYSPRT).

In Year 2, we will continue working with Ellen Kagen, and will work with Portland State University (PSU), to develop a curriculum to provide ongoing support and development of future leaders for family, youth and system partner across the State.

Request for Funding:
As is always the case, funding is necessary to develop and sustain systems. There is currently a significant gap in funding for sustaining these initiatives within the current funding structure. However, DSHS has put forth a request to the legislature for funding necessary to meet infrastructure and the cost for services outlined the Proposed Settlement Agreement for the period of July 1, 2014, through June 30, 2015. Primary focus areas of this request include:

- Funding for the implementation of proposed changes to service delivery;
- Funding of intensive home and community based services; and
- Coordination across child serving agencies.

DSHS also plans to maximize Medicaid/Title XIX, Children's Health Insurance Program, Unified Block Grant, and other funding for implementation of the Settlement Agreement and our current system change initiatives. It is anticipated that the legislature will sustain funding in years to come to meet the agreements made in the settlement. Once the court approves of the Proposed Settlement Agreement and the legislature approves a budget for the coming year, the Cross-System Finance Team will develop a more finite financial plan.

EVALUATION OVERVIEW

SAMSHA System of Care Implementation Year 1 Performance Assessment

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 of the System of Care project in Washington State. A major advantage of working with RDA is the DSHS Integrated Client Database (ICDB; see http://www.dshs.wa.gov/pdf/ms/rda/research/11/144.pdf). This data infrastructure facilitates the development and tracking of behavioral health measures for specific populations from the combination of medical and behavioral health service events and arrest charges, and in measuring key life outcomes such as employment, criminal justice involvement, and medical service utilization.

The first year of the evaluation has been dedicated to the development of appropriate measures of success for the Children's Behavioral Health system. The Children's Behavioral Health Data Quality Team continues development of measures in the following conceptual framework: Health, Home, Purpose, Community, Practice, and System. To enhance efficiency and increase sustainability over time, most indicators are constructed from data contained in ICDB.

Youth and Family Voice

Great care has been taken to ensure that behavioral health measures are reviewed by youth, families, providers and government partners at all levels and within all realms of the SOC governance structure. The measures are developed and proposed by the Children's Behavioral Health Quality Team, comprised of stakeholders across children's service systems, including state behavioral health, health care and medical, education, developmental disabilities, and juvenile justice. Proposed measures and indicators are shared with the statewide FYSPRT for review and feedback and to inform their policy work. They have also been systematically shared with other state data groups, including the Performance Indicator Workgroup (PIWG), which includes representation from local governing agencies and providers. This process of review and feedback of measures and analysis will continue throughout the life of the grant and has been put forth as a model for other measurement efforts in Washington State.

Children's Behavioral Health Measure of Statewide Performance.

The major product from these efforts is a dashboard for children's behavioral health, the *Children's Behavioral Health in Washington State: Measure of Statewide Performance*. [See Appendix D, Children's Behavioral Health in Washington State: Measures of Statewide Performance].

As part of the evaluation process, we are building the capacity to measure outcomes related to behavioral health system changes over time. Using this approach, data can be used for project management and continuous quality improvement in a universal way that is both family-driven and youth-guided. The dashboard provides a mechanism for accountability in Washington State that is both visible and transparent. Once completed with baseline data collected, reports will be regularly reviewed by the statewide FYSPRT and posted on the DBHR website for review by all members of the community. In addition, reports are shared with the DBHR Quality Improvement Committee.

Work Plan.

Once a sufficient set of these measures has been developed, years two and three of the evaluation (Phase II) will focus on the design and implementation of a series of more complex analyses to evaluate the impact of system changes over time using the indicators developed from administrative data. This will include a series of robust analyses with appropriate comparisons over time using sophisticated statistical approaches such as propensity score matching to ensure comparability of groups.

Once the evaluation moves into Phase II, we will be publishing the results of statistical analyses in the

form of presentations and policy briefs. Presentations will be practice relevant and made to key stakeholders, programs and policy audiences. These reports will be distributed widely among SOC stakeholders, and will be published on the RDA website, which is routinely accessed by policy makers, program administrators, providers, and researchers, both statewide and nationally: http://www1.dshs.wa.gov/rda/.

National Outcome Measures (NOMS)

A major component of children's behavioral health redesign in Washington State is the development of screening and assessment protocols, as well as new services for children and youth with serious emotional disturbance and corresponding intensive service needs. New services, Wraparound with Intensive Services (WISe), are planned to launch with a phased in approach starting in January 2013. The current plan is to begin collecting NOMS data with the phased implementation of a new program, Wraparound with Intensive Services (WISe), currently planned for January 2014. As part of WISe, a screening and assessment process that includes the Child and Adolescent Needs and Strengths (CANS; Lyons, Gawron, & Kisiel, 2005) will be implemented in two sites in January to identify the need for intensive services and gather information for treatment planning.

A proposal to extend the start of the NOMS data collection until July 2014 was approved by Washington State's Government Project Officer. This is consistent with the original project plan and application. The SOC Research Manager is engaged in assessing barriers and consulting with team members to develop an action plan. The proposal currently in discussions is that at least 10 youth referred for WISe per month in the two sites launching in January will be included in the NOMS assessment and data collection process.

Process Evaluation of Implementation of the System of Care Approach

The results of a youth-led process evaluation of the extent of implementation of System of Care throughout the state has just been completed and will be presented to the regional and statewide FYSPRTs in September and October. Recommendations were made for disseminating results and informing targeted improvements. It is expected that strategies and targets for improvement will be set by each regional FYSPRT. It is anticipated that the process evaluation will be repeated annually so that changes over time can be measured and data-driven improvement targets set.

Reference:

Lyons, J., Gawron, T., & Kisiel, C. (2005). Child and Adolescent Needs and Strengths: Comprehensive assessment for Illinois Department of Children and Family Services manual. Winnetka, IL: The Buddin-Praed Foundation.

APPENDICES

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Disability Services
Behavioral Health and Service Integration Administration
Division of Behavioral Health and Recovery
P.O. Box 45330, Olympia, WA 98504-5330

July 3, 2013

TO: Jane Beyer
Assistant Secretary

FROM: Chris Imhoff, LICSW
Director

SUBJECT: Cross System Initiatives Team – Memo of Understanding

In response to the TR litigation, the Cross System Initiatives Team (CSIT) has developed this document. The Cross System Initiatives Team – Memo of Understanding; was developed in collaboration with the Department of Social and Health Services (DSHS), Health Care Authority (HCA), the Department of Enterprise (DES) contracts specialists and the Attorney General's Office (AGO) legal staff. Please review the attached Memorandum of Understanding, sign, and forward to the other signatories.

Should you have any questions, please contact me at 360-725-3770, or you can contact Lin Payton, CSIT Workgroup Lead, at 360-725-1632 or via email at lin.payton@dshs.wa.gov.

Attachments:

cc: Lin Payton, CSIT Workgroup Lead

MEMORANDUM OF UNDERSTANDING

AMONG

WASHINGTON'S DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS):
BEHAVIORAL HEALTH AND SERVICE INTEGRATION ADMINISTRATION (BHSIA),
CHILDREN'S ADMINISTRATION (CA),
DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA),
ECONOMIC SERVICES ADMINISTRATION (ESA)
JUVENILE JUSTICE AND REHABILITATION ADMINISTRATION (JJRA),
AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)

AND

WASHINGTON HEALTH CARE AUTHORITY (HCA)

I. Background

Washington State has a longstanding commitment to improve the Children's Mental Health System. The development of this Memorandum of Understanding (MOU) is predicated on three significant initiatives which have recently added clarity and opportunity to reinforce the priorities of the effort to positively reshape the system for children and youth with significant emotional and behavioral health needs, and their families.

1. In 2009, *T.R. vs. Dreyfus & Porter*, a Medicaid federal class action lawsuit, was filed alleging children and youth with serious emotional disturbances in Washington State have insufficient access to intensive home and community-based services. In March 2012, the State signed an Interim Agreement committing to infrastructure development for a home and community based system of care which provides culturally responsive services and supports that are individualized, flexible and coordinated to meet the needs of the child and family.
2. In 2011, Washington was awarded a federal System of Care expansion planning grant to fund detailed system change planning from October 2011 through September 2012. A subsequent four-year implementation grant was awarded and provides additional funding and support for infrastructure change from October 2013 – September 2016.
3. In 2012, ESSHB 2536, Evidence-Based Practices (EBP) for Children and Juvenile Services directs evidence-based and research-based practices be identified and implemented for prevention and intervention services for children and juveniles in child welfare, juvenile justice and mental health.

II. Purpose

This MOU describes the mutually supportive working partnerships between BHSIA, CA, DDA, JJRA, ESA, and HCA as they relate to the community-based mental health needs and service delivery systems for children and youth with significant emotional and behavioral health needs, and their families, who are served by more than one administration in order to have ready access.

III. Agreements:

This Memorandum is entered into by the above named agencies consistent with the **WA Children's Mental Health Principles** (Appendix A):

1. Family and Youth Voice and Choice
2. Team based
3. Natural Supports
4. Collaboration
5. Home and Community-based
6. Culturally Relevant
7. Individualized
8. Strength Based
9. Outcome-based
10. Unconditional

These Principles provide a framework for the success of cross system work on behalf of children, youth and families served through the Medicaid funded behavioral health system and in compliance with the *T.R. vs. Dreyfus & Porter* Interim Agreement.

IV. The parties mutually agree that:

1. Working together cooperatively and collaboratively develops the best possible foundation for shared outcomes to be successfully achieved.
2. Planning will strive to balance mandates, interests and resources of participating agencies.
3. An integrated system of effective services and supports for treating children and youth with significant emotional or behavioral health needs must:

    a. Be based in organizations that are accountable for costs and outcomes.
    b. Be delivered by teams that coordinate medical, behavioral, and long-term services.
    c. Be provided by networks capable of addressing the full range of needs.
    d. Emphasize primary care and home and community based service approaches while reducing the need for institutional levels of care.
    e. Provide information regarding available services, supports and client rights.
    f. Provide access to qualified providers.
    g. Respect and prioritize consumer preferences in the services and supports they receive.
    h. Align financial incentives to support integration of care.

4. Specific activities for collaboration are:

    a. To set up practices and procedures consistent with the WA Children's Mental Health Principles and **WISe Program Model** (Appendix B) established under this MOU to guide inter and intra-agency efforts to collaborate and coordinate delivery of care in order to improve the effectiveness of services and outcomes for mutual children, youth and their families.

b. To require relevant local and regional representatives of the above named collaborating child-serving agencies and systems to be invited and to participate in Child and Family Teams (or care planning teams) for children and youth enrolled in Wraparound with Intensive Services.
c. To align funding sources, within funding restrictions, to strengthen inter- and intra-agency collaboration, support improved long-term outcomes, and sustain funding for Wraparound with Intensive Services.
d. To develop cross system training and technical assistance for the parties' respective staff and relevant stakeholders, including Washington Tribes, to address information sharing, the coordination of programs and services, enhancement of working relationships and increase the use of evidence-based practices across disciplines.
e. To develop data-informed quality improvement processes (utilizing the Measures of Statewide Performance) in order to strengthen and sustain the System of Care1 over time.
f. To increase youth and family participation in all aspects of policy development and decision making which will lead to increased relevance and system transparency.

V. Governance Structure

The interagency governance structure is intended to improve the coordination of access to intensive community-based mental health services and thereby improve both effectiveness of services and outcomes for youths and their families. Governance informs decision-making at a policy level that has legitimacy, authority, and accountability. (Appendix C)

The structure of the Children's Mental Health Governance will consist of chief operating bodies with clear roles and reporting guidelines:

1. Executive Team - The role of the Executive team is to provide leadership, problem solving and decision making regarding progress in implementing system-wide practice improvements, fiscal accountability and quality oversight.
2. Regional Family, Youth, System Partner Round Tables (FYSPRTs) identify local needs and develop a plan to bring those needs forward to the Statewide FYSPRT, with recommendations about how to meet those needs.
3. Work Groups comprised of but not limited to representatives from DSHS, HCA, Office of the Superintendent of Public Instruction (OSPI), Department of Health (DOH), Washington Tribes, youth and families, Regional Support Networks (RSNs), and service providers.

[1] A "system of care" (SOC) is an organizational philosophy and framework that is designed to create a network of effective community-based services and supports to improve the lives of children and youth with, or at risk of, serious mental health conditions and their families.

a. Cross Systems Initiatives Team - Policy and Practice - Works on behalf of the Governance structure to addresses cross system issues and initiatives through the facilitation and development of policies and procedures based on WA Children's Mental Health Principles.
b. Children's Behavioral Health System of Care (SOC) Data Quality (DQ) Team - The mission of the Team is to provide a forum for developing and refining data collection and management strategies related to screening, assessment, performance measurement and quality improvement relevant to children's behavioral health in Washington State. Reporting, outcomes evaluation, and other types of accountability activities are another aspect of the Team purpose. Working in an inclusive and transparent fashion the Team will assure integration of data activities across systems involving children, youth and families.
c. Children's Mental Health Cross-Administration Finance Team - A cross-system team to address the need of aligning funding sources, costs of expanding service capacity and improving cost effectiveness.
d. Workforce Development - Develops and strengthens a workforce that operationalizes the WA Children's Mental Health Principles and WISe Program Model.
e. Ad Hoc Groups (Office of Indian Policy; DSHS Indian Policy Advisory Committee, other administrations and divisions as needed).

VI. Period of Performance

This MOU will be reviewed every three years.

Signatories

All signatures are affixed on behalf of all programs and sub-divisions within each respective department. Each signatory agency is committed to implementing the systemic changes necessary to support an integrated system of care for children, youth and families in Washington.

Jane Beyer, Assistant Secretary
Behavioral Health and Service Integration
Administration

Bill Moss, Assistant Secretary
Aging and Long- Term Support
Administration

John Clayton, Assistant Secretary
Juvenile Justice and Rehabilitation
Administration

Jennifer Strus, ~~Acting~~ Assistant Secretary
Children's Administration

Evelyn Perez, ~~Acting~~ Assistant Secretary
Developmental Disabilities Services
Administration

Dorothy Frost Teeter, Director
Health Care Authority

David Stillman, Assistant Secretary
Economic Services Administration

MaryAnne Lindeblad
Medicaid Director

WASHINGTON STATE CHILDREN'S MENTAL HEALTH SYSTEM PRINCIPLES

- **Family and Youth Voice and Choice:** Family and child voice, choice and preferences are intentionally elicited and prioritized during all phases of the process, including planning, delivery, transition, and evaluation of services. Services and interventions are family-focused and child-centered from the first contact with or about the family or child.
- **Team based:** Services and supports are planned and delivered through a multi-agency, collaborative teaming approach. Team members are chosen by the family and connected to them through natural, community, and formal support and service relationships. The team works together to develop and implement a plan to address unmet needs and work toward the family's vision.
- **Natural Supports:** The team actively seeks out and encourages the full participation of team members drawn from family members' networks of interpersonal and community relationships (e.g. friends, neighbors, community and faith-based organizations). The care plan reflects activities and interventions that draw on sources of natural support to promote recovery and resiliency.
- **Collaboration:** The system responds effectively to the behavioral health needs of multi-system involved children and their caregivers, including children in the child welfare, juvenile justice, developmental disabilities, substance abuse, primary care, and education systems.
- **Home and Community-based:** Children are first and foremost safely maintained in, or returned to, their own homes. Services and supports strategies take place in the most inclusive, most responsive, most accessible, most normative, and least restrictive setting possible.
- **Culturally Relevant:** Services are culturally relevant and provided with respect for the values, preferences, beliefs, culture, and identity of the child/youth and family and their community.
- **Individualized:** Services, strategies, and supports are individualized and tailored to the unique strengths and needs of each child and family. They are altered when necessary to meet changing needs and goals or in response to poor outcomes.
- **Strengths Based:** Services and supports are planned and delivered in a manner that identifies, builds on, and enhances the capabilities, knowledge, skills, and assets of the child and family, their community, and other team members.
- **Outcome-based:** Based on the family's needs and vision, the team develops goals and strategies, ties them to observable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly. Services and supports are persistent and flexible so as to overcome setbacks and achieve their intended goals and outcomes. Safety, stability and permanency are priorities.
- **Unconditional:** A child and family team's commitment to achieving its goals persists regardless of the child's behavior, placement setting, family's circumstances, or availability of services in the community. The team continues to work with the family toward their goals until the family indicates that a formal process is no longer required.

WISe Program Model

A. Purpose of the WISe Program

The Washington State Division of Behavioral Health and Recovery WISe program is designed for providing comprehensive behavioral health services and supports for class members. The program 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; 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.]

B. Washington State Children's Mental Health Principles (Appendix A)

These Principles provide a framework for the success of cross system work on behalf of children, youth and families served through the Medicaid funded behavioral health system.

C. WISe Program Activities

Practice activities embrace WA State Children's Mental Health Principles employed within a statewide System of Care to the fullest extent feasible. Each individual case affords the child and family all of components 1-6 (below) over the course of treatment and transition.

- **Engagement:** Engaging families is the foundation to building trusting and mutually beneficial relationships between family members, team members, and service providers. Agencies involved with the child and family work to reach agreement about services, safety, well-being (meeting attachment and other developmental needs, health, education, and mental health), and permanency.
- **Assessing:** Information gathering and assessing needs is the practice of gathering and evaluating information about the child and family, which includes gathering and assessing strengths as well as assessing the underlying needs. Assessing also includes determining the capability, willingness, and availability of resources for achieving safety, permanence, and well-being of children.

- **Service Planning and Implementation:** Service planning is the practice of tailoring supports and services unique to each child and family to address unmet needs. The plan specifies the goals, roles, strategies, resources, and timeframes for coordinated implementation of supports and services for the child, family, and caregivers.
- **Teaming:** Teaming is a process that brings together individuals agreed upon by the family who are committed to them through informal, formal and community support and service relationships. Where medically necessary and/or with cross system involvement, a formal Child and Family Team will be used.
- **Monitoring and Adapting:** Monitoring and adapting is the practice of evaluating the effectiveness of the plan, assessing circumstances and resources, and reworking the plan as needed. The team is responsible for reassessing the needs, applying knowledge gained through ongoing assessments, and adapting the plan in a timely manner.
- **Transition:** The successful transition away from formal supports can occur as informal supports are in place and providing needed support. Transition to the most normalizing activities and environments is consistent with the principle of treatment at the least restrictive level and the system values of recovery and resilience.

D. Child and Family Team

The Child and Family Team (CFT) facilitates cross system coordination and drives the treatment planning process to ensure that services and supports are provided in accordance with the WISe Program. The role of the CFT is to:

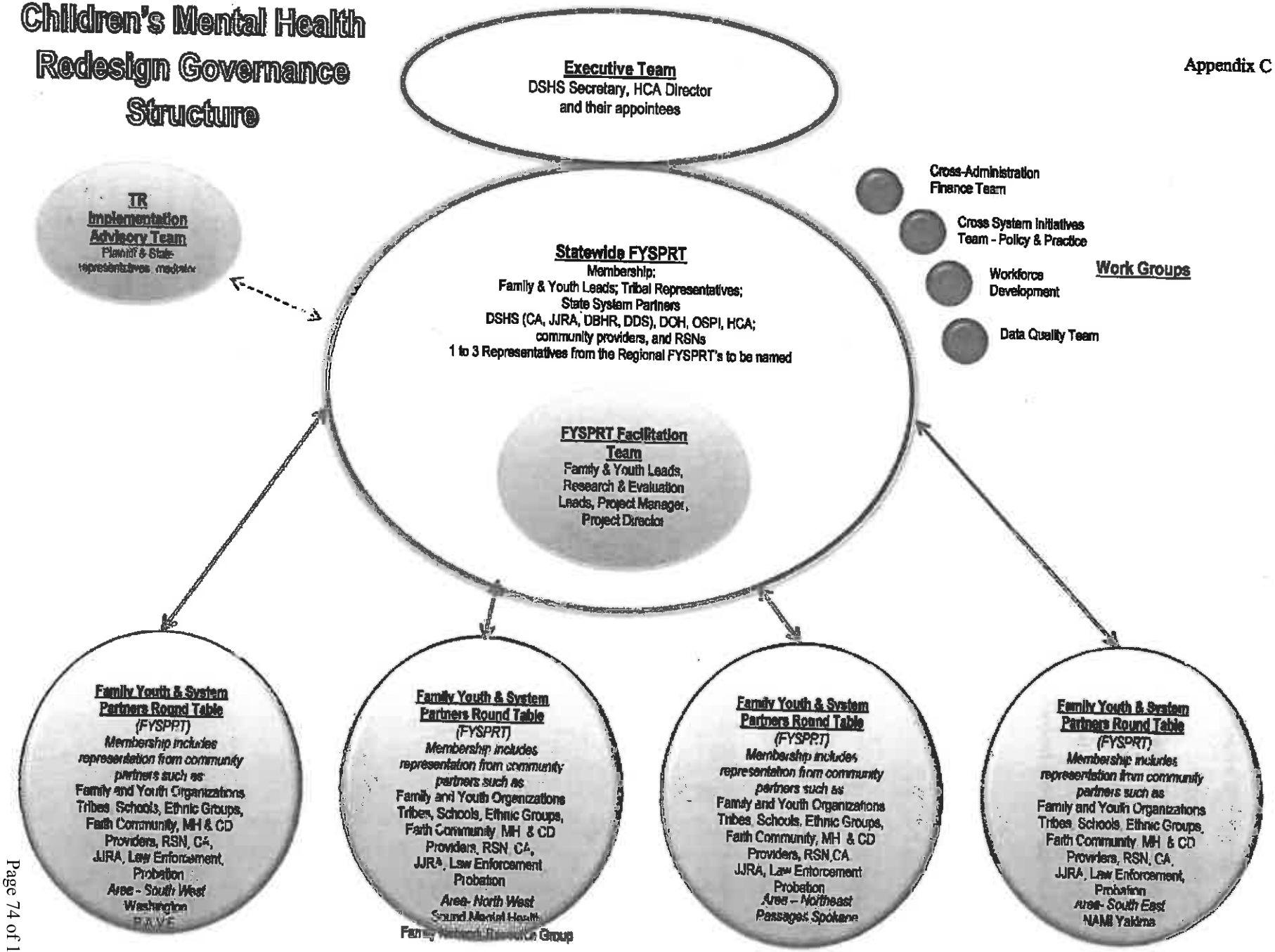
- Collectively develop a single, unified plan that addresses the needs and mandates of all the parties involved.
- Identify creative and nontraditional approaches, including formal and natural supports, for meeting the needs of the youth and family.
- Determine medical necessity for services provided under the Mental Health Individual Service Plan.
- Work together to resolve differences regarding service recommendations, with particular attention to the preferences of the youth and parent(s)/guardian(s).
- Have a process to resolve disputes and arrive at a mutually agreed upon approach for moving forward with services.

- Reconvene to consider the outcomes in relation to the services that have been provided and to make needed adjustments over time.

E. WISe Services

Defendants will provide the Medicaid covered mental health services to class members to include: (1) Mobile Crisis Intervention and Stabilization Services, (2) Intensive Care Coordination, and (3) Intensive Home and Community Based Services. In Washington, these services are referred to collectively as WISe, and are defined in Appendix A.

Children's Mental Health Redesign Governance Structure



Appendix B

SYSTEM OF CARE EXPANSION PLANNING GRANT
NO COST EXTENSION FINAL REPORT

In August 2012, Washington State requested a no cost extension to its System of Care Expansion Planning Grant. This extension was requested to more fully develop the State and Regional Family Youth System Partners Round Tables (FYSPRTs), including providing one-on-one organization support, technical assistance, forms and protocol development, and collaboration to plan and implement joint Statewide and Regional FYSPRTs meetings. Additionally, this extension was requested to evaluate progress on and commitment toward implementing system of care. The information below provides an overview of the work completed during the no cost extension period.

Statewide FYSPRT Development
The primary function of the statewide FYSPRT is to take responsibility for statewide governance oversight of the Washington State Children's Behavioral Health System of Care (SOC) and the Recovery-Oriented Systems of Care (ROSCs) being developed in conjunction with State Adolescent Treatment Enhancement and Dissemination (SAT-ED). The Statewide FYSPRT Charter can be found on page 16).

During the no-cost extension, tools were developed and processes put in place to aid FYSPRT members in completing contract deliverables and support access to and participation at meetings.

- A 12-month State FYSPRT meeting schedule was developed and distributed to members for placing on their calendars. Meetings alternated between DBHR Headquarters and Regional FYSPRT locations (see Appendix XX for the 2013FYSPRT Meeting Schedule)
- Web-based meeting locations (GoTo Meetings) were scheduled and SOC staff handled logistics to provide remote access to participants.
- Standardized forms were created for meeting agendas, meeting notes, and TRAC Reporting
- Developed a format/protocol for our Statewide FYSPRT partners to provide informational updates to the group.
- Established procedures and timelines related to sending out meeting notices and the related background information.
- Established a communication protocol for time sensitive requested feedback
- Reviewed and updated Statewide FYSPRT Charter
- Maintained a current FYSPRT membership list for distribution

Regional FYSPRT Development
The primary function of the regional FYSPRT is to be a working partnership among family, youth, community, and system partners; bringing broad perspective to build and strengthen relationships. Regional FYSPRTs also expand family and youth leadership and decision making roles, from policy to practice, and provide technical assistance (TA) to communities to develop local FYSPRTs.

- Each Regional FYSPRT completed their respective selection processes to fill the Family Youth System Partners Round Table Tri-lead positions
- Varying degrees of success was achieved by Regional FYSPRTs to establish regularly scheduled meetings for public posting.
- Outreach to communities and organizations to provide TA in rural and frontier locations
- Reviewed and updated Regional FYSPRT Charter
- Maintained a current Regional FYSPRT contact list for distribution

Evaluation: Youth Assess System of Care Implementation
As a result of the one-year extension of the System of Care Planning grant, Kathy Smith-DiJulio, SOC Research Manager, and Tamara Johnson, Youth N Action Program Manager/SOC Youth Lead, were able

to co-lead a project to assess progress on and commitment toward implementing system of care values, principles, services and supports in Washington State. Twelve youth from across the state interviewed 72 people. These interviews included youth and family members as well as providers and administrators from child-serving mental health, substance abuse, juvenile justice, developmental disabilities, schools, and child welfare systems.

To not re-invent the wheel, the group used Beth Stroul's *Rating Tool for Assessing Implementation of the System of Care Approach for Children, Youth, and Young Adults with Mental Health Challenges and their Families*. The interview method was selected to showcase youth capabilities and support them in engaging with involved people throughout the state. Interviewing also afforded the youth an opportunity to develop skills in business-like approaches to work, an introduction to use of data, and how to give effective presentations. Because this approach is unique, Beth Stroul invited the co-leads to describe the process during a Performance Webinar in April 2013.

Two trainings were held for youth to prepare them to conduct the interviews, one in Seattle and one in Yakima. During the trainings youth were introduced to the system of care approach, how to plan, schedule and conduct an interview and the rating tool. Six months later, they came together again in Seattle to: debrief the process; discuss what they learned; be introduced to principles for analyzing data; review the results; and formulate recommendations.

Youth shared the results with statewide and regional Family, Youth, System Partner Roundtables (FYSPRTs). Their presentation can be found below. Opportunities will be sought to highlight this work and engage in conversations about system of care expansion implementation. For example, an article about the process will appear in DBHR's FOCUS newsletter. In addition, all who were approached to be interviewed (whether they agreed or not) will be sent a summary of results.

The good news is that with only one year of statewide implementation under our belt, we are at a "moderate" level of implementation in each of the five assessed areas. This provides a solid baseline on which to improve. Each region will decide how to focus their improvement efforts in the coming year. In 2014, the youth will reconvene and plan their approach to assessment for a second year.

Next Steps

Statewide, Regional and Local FYSPRT development is an evolving process. Established protocols, tools, Charters, and guidance documents will to be reviewed annually to ensure continued effectiveness and to assess needs for process improvement. A resource tool kit, utilizing a number of documents created in during the no cost extension period, is in development to support outreach efforts to develop Local FYSPRTs throughout the state. Included in this tool kit, will be the Family Youth System Partners Round Table Organizational Criteria, found in Appendix C-1.

During Year 2, the Washington SOC Implementation Evaluation will be repeated and expanded by interviewing additional youth, family, and providers associated with services for children with behavioral health challenges. Ongoing support and guidance will be provided to the youth evaluators by the System of Care Youth Lead, Research Manager, and other Washington State Advance Practitioners recruited to provide technical assistance for the project.

System of Care Expansion Implementation

2013

Evaluators

- Andres Arano
- Kevon Beaver
- Allie Keranen
- Lonnie Ploegman
- Shelby Randall
- Evey Rund
- Kayla Schoonhoven
- Brendan Smith
- Alexander Stewart
- Brittany Stinett
- Kenji Stoll
- Tanner Suing

Process

- Training Youth
  - the system of care approach
  - how to conduct interviews
  - how to present self, manage time, paperwork, etc.
  - how to schedule interviews, where to conduct them
- Interviews
  - adult supports available to assist with logistics
- Training
  - debriefed the process, what was learned
  - discussed principles for analyzing data
  - reviewed results
  - formulated recommendations
  - developed and rehearsed presentations to statewide and regional FYSPRTs

Assessment Tool

Rating Tool for Community-Level Implementation of the System of Care Approach for Children, Youth, and Young Adults with Mental Health Challenges and their Families

Developed by Beth Stroul, National Technical Assistance Center for Children's Mental Health, Georgetown University

Designed to provide a snapshot of implementation of the system of care approach at a point of time.

Advantage: We didn't have to make one up
Disadvantage: It applies across the US so some items less relevant to Washington State.

Goal: Repeat annually to monitor progress

Assessment Tool

Explores implementation levels (0-4):

- **Little or No**
- **Some**
- **Moderate**
- **Substantial OR**
- **Extensive**

In 5 major areas:

- ✓ **A plan for the system of care approach**
- ✓ **Service delivery guided by system of care values and principles**
- ✓ **Services and supports based on the system of care approach**
- ✓ **System infrastructure based on the system of care approach**
- ✓ **Commitment to the system of care philosophy**

Sample

N=72

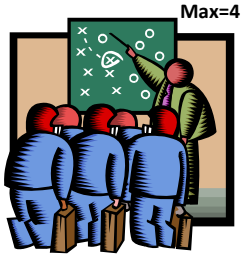
- **NW = 23**
- **NE = 13**
- **SW = 19**
- **SE = 17**

Roles

- **Agency Director or Manager for Children with Behavioral Health Challenges = 6**
- **Community or Regional Level Director or Manager of Services for Children with Behavioral Health Challenges = 15**
- **Family Organization Director or Leader = 12**
- **Youth Organization Director or Leader = 17**
- **Provider of services for children/youth with behavioral health challenges and their families = 13 (mh-5; jj-5; ed-6; case mgr-1, child welfare-1)**
- **Community or Regional Director or Manager of Services in a Partner Child-Serving System = 8**

Results

Strategic Plan **2**
Max=4



Principles **82**
Max=152

Results

Services **66**
Max=136

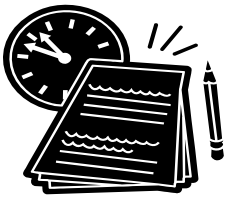
Results

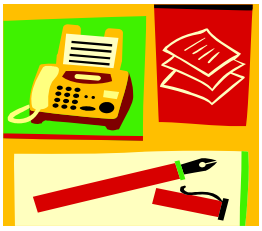
Infrastructure **23**
Max=48

Commitment **34**
Max=60

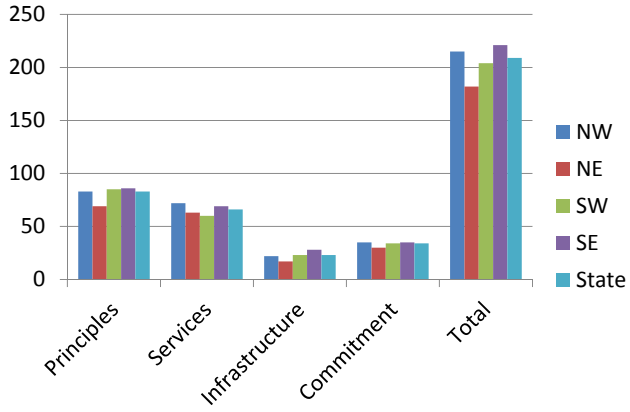
Results

Total **208** **Max=400 (indicates Moderate Level of Implementation)**





Results by Region



What we recommend

- Increased communication and collaboration at all levels
  - With youth
  - With families
  - Between agencies
  - With community and governmental organizations
- Social marketing
  - Knowledge about system of care is lacking in many areas
- Increase capacity for and availability of youth peer support
- Encourage and support development of local resources

What we ask

- Ask Regional FYSPRTs to look carefully at their data, set goals for improvement and report their plans to you
  - What about the scores?
  - Does the range of responses tell us anything?
  - What about unanswered or don't knows?
  - What do we want to work on in this region over the next year?
- Communicate results broadly
  - We're doing good and can make progress

We're  to participate!!!!

Discussion

Plans for next year

- Plan with FYSPRTs
- Work in teams
- Experienced youth conduct trainings


LIBERTY BUILDING
32 No.
3rd ST.

Appendix C-1

FAMILY YOUTH SYSTEM PARTNERS ROUND TABLE (FYSPRT)
ORGANIZATIONAL CRITERIA

The function of a FYSPRT is to be a working partnership among family, youth, and professionals to bring a broad perspective to build and strengthen relationships for identifying family and youth needs and creating options to address family and youth priorities. 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 System of Care (SOC) project. The FYSPRT provides insight on long-term strategies in support of fully implementing and sustaining Washington State's Systems of Care approach.

It is intended that a FYSPRT will leverage the experiences, expertise, and insight of key family, youth, and professionals that are committed to building a seamless Systems of Care for behavioral health services for Washington State children, youth and families. FYSPRT alignment with the Washington State principles requires the following:

- Tri-Leadership representing a family, youth, and system partner;
- Bring community, individual and agency resources to address local needs;
- Maintain a current membership list and have over half of which will be family and youth with a balance of participation by each ;
- Establish Date, Time, and Location for monthly meetings (distributed to SOC Management Team and regionally located FYSPRT and related family, youth, professionals, organizations; and posted on Statewide and Regional FYSPRT Webpages);
- Include meeting agenda items that reflect Washington State Principles, Regional Activities, and Statewide Information Sharing;
- Operationalize connection and participation with Regional/Local FYSPRTs;
- Report back from Local FYSPRT to Regional FYSPRT to Statewide FYSPRT;
- Provide feedback and recommendations for system improvement to Regional FYSPRT and SOC Management Team;
- Identify barriers/challenges and approaches to problem solve local cross system issues;
- Identify Technical Assistance (TA) needed to address FYSPRT needs;
- Identify resources/initiatives/projects of existing community and system agencies that support systems of care values and principles;
- Gather SOC related activity information to submit for federal reporting in the TRAC System, through Regional and Statewide FYSPRT reporting;
- Document activities supporting the system of care for state and federal reporting purposes and report quarterly to regional FYSPRTs;
- Help move our respective part of the work towards Washington State principles in community organization, workforce development, policies, practice, financing, and structural change; and
- Create a charter, modeled after the Regional FYSPRT Charter to outline roles, responsibilities, accountabilities, reporting relationships and other function alignment.

Appendix C-2

STATEWIDE FAMILY YOUTH SYSTEM PARTNERS ROUND TABLE
FYSPRT 2013 MEETING SCHEDULE
Call In – See GoTo Invitation Meeting #

Date	**Time**	**Location**
January 15th **Logistics: Andrea & Margarita**	2pm-4pm **GoTo 2**	DBHR- Lacey **Hood Conf. Rm.**
February 19th **Logistics: Cathy & Kim**	5pm-7pm **GoTo 2**	NW- Auburn **Sound Mental Health**
March 19th **Logistics: Andrea & Margarita**	2pm-4pm **GoTo 2**	DBHR- Lacey **Hood Conf. Rm.**
April 23rd SAMHSA on-site visit to Spokane – all Regional FYSPRT Reps & Leaders **Logistics: Becky & Danielle**	TBD **GoTo 2**	NE- Spokane **Spokane Co. RSN**
May 21st **Logistics: Andrea, Margarita & Kathy**	2pm-4pm **GoTo 2**	DBHR- Lacey **Hood Conf. Rm.**
June 18th **Logistics: Lori & Melissa**	5pm-7pm **GoTo 2**	SE- Yakima **Comprehensive Mental Health**
July 16th **Logistics: Andrea & Margarita**	2pm-4pm **GoTo 2**	DBHR- Lacey **Rainier Conf. Rm.**
August 27th **Logistics: Vicky & Jimmie**	4pm-7pm **GoTo 2**	SW- Kelso **Catlin Grange**
September 17th --***Cancelled*** **Logistics: Andrea & Margarita**	2pm-4pm **GoTo 2**	DBHR- Lacey **Rainier Conf. Rm.**
October 15th **Logistics: Cathy & Kim**	5pm-7pm **GoTo 2**	NW- TBD
November 19th **Logistics: Andrea & Margarita**	2pm-4pm **GoTo 2**	DBHR- Lacey **Rainier Conf. Rm.**
December 17th **Logistics: Becky**	5pm-7pm **GoTo 2**	NE- Spokane

Note: The 2013 FYSPRT Meeting Schedule will be updated as meeting arrangements are made.

Appendix C-3

WASHINGTON STATE SYTEM OF CARE EXPANSION IMPLEMENTATION GRANT
STATEWIDE FAMILY YOUTH SYSTEM PARTNERS ROUND TABLE (FYSPRT) MEMBERS

Name	Phone/Email	Position	Role	Agency
Danny Anderson	c/o ccox@lcsnw.org	Youth Representative	SE FYSPRT Co-Youth Representative	South East Regional FYSPRT
Andres Arano	(253) 876-5685 andresezko@gmail.com	Youth N Action Youth Representative	NW FYSPRT Co-Youth Representative	North West Regional FYSPRT
Pat Barkley	(360) 827-0962 pbarkley@wapave.org	PAVE PTI Southwest Coordinator	SW FYSPRT System Partner Representative	South West Regional FYSPRT
Jeanette Barnes	(360) 725-1313 Jeanette.barnes@dshs.wa.gov	Family Liaison, BHSIA/DBHR	SOC Family Coordinator	DSHS/DBHR
Becky Bates	(509) 892-9241 bbates@passagesfs.org	Passages Executive Director	NE FYSPRT Family Representative	North East Regional FYSPRT
Jessica Bayne	(360) 725-1291 baynejh@dshs.wa.gov	Children's Mental Health Programs Unit Communications Coordinator	SOC Communication Coordinator	DSHS/DBHR
Kevon Beaver	(206) 226-7535 Kevon.beaver@wsu.edu	Youth N Action Assistant	SOC Youth Lead Assistant	Youth N Action
Holly Borso	(360) 725-1687 borsohr@dshs.wa.gov	Mental Health Program Administrator	Wraparound and Licensing/Certification Workforce Development Co-Lead	DSHS/DBHR
Eric Bruns	(206) 685-2477 ebruns@u.washington.edu	UW Department of Psychiatry &Behavioral Sciences Associate Professor	SOC Management Team Member	University of Washington School of Medicine
Tina Burrell	(360) 725-3796 tina.burrell@dshs.wa.gov	Washington Recovery Youth Services Program Director	Substance Use Disorder(SUD) Services Representative	DSHS/DBHR
Cathy Callahan-Clem	(206) 459-6467 cathyc@smh.org	Sound Mental Health Family Support Network Coordinator	NW FYSPRT Co-Family Representative	North West Regional FYSPRT

Daryon Casady	c/o Connielee73@gmail.com	Youth Representative	SE FYSPRT Co-Youth Representative	South East Regional FYSPRT
Dawn Chavez	(360) 703-5618 Chavezd35@yahoo.com	Youth Representative	SW FYSPRT Youth Representative	South West Regional FYSPRT
Preston Cody	(360) 725-1786 Preston.Cody@hca.wa.gov	Healthcare Services Division Director	HCA Representative	Health Care Authority
Austin Cox	c/o ccox@lcsnw.org	Benton-Franklin Counties Youth Leader	SE FYSPRT Co-Youth Representative	South East Regional FYSPRT
Carolyn Cox	(509) 783-2085 ccox@lcsnw.org	Three Rivers Wraparound Family Support Coordinator	SE FYSPRT Co-Family Representative	South East Regional FYSPRT
Jackie Davidson	(509) 735-8681 jackied@gcbh.org	GCBH RSN Children's Mental Health Care Coordinator	SE FYSPRT Co-System Partner Representative	South East Regional FYSPRT
Julie de Losada	(360) 416-7013 Julie_de_Losada@nsmha.org	Children's Mental Health Policy &Programs Quality Specialist Coordinator	Western WA RSN Representative	North Sound Mental Health Administration
Jade Eriksen	c/o lorig@namiyakima.org	Youth Representative	SE FYSPRT Co-Youth Representative	South East Regional FYSPRT
Helen Fenrich	(360) 561-4753 hfenrich@tulaliptribes-nsn.gov	Tulalip Tribe IPAC Member	IPAC Representative	Indian Policy Advisory Council
Lori Gendron	(509) 453-8229 lorig@namiyakima.org	NAMI Yakima Executive Director	SE FYSPRT Co-Family Representative	South East Regional FYSPRT
Danielle Groth-Cannon	(509) 477-4544 dcannon@Spokanecounty.org	Spokane County RSN Children's Mental Health Care Coordinator	NE FYSPRT System Partner Representative	North East Regional FYSPRT
Ron Hertel	(360) 725-4968 ron.hertel@k12.wa.us	Student Mental Health &Wellbeing and Compassionate Schools Program Supervisor	OSPI Representative	Office of Superintendent of Public Instruction
Alice Huber	(360) 725-3739 alice.huber@dshs.wa.gov	Decision Support & Evaluation Office Chief	Principle Investigator	DSHS/DBHR
Carrie Huie-Pascua	(509) 574-2971 Carrie.Huie-Pascua@co.yakima.wa.us	Yakima Valley System of Care Director	Yakima System of Care Project Director	Yakima Valley System of Care

Tamara Johnson	(206) 219-2403 tamara.johnson@wsu.edu	Washington State University SOC Youth Lead	SOC Youth Lead	Washington State University
Jimmie Lundquist	(360) 430-1414 jimmielongview@aol.com	Cowlitz County Guidance Association Cares Family Lead	SW FYSPRT Co-Family Representative	South West Regional FYSPRT
Jill McCormick	(253) 565-2266 jmccormick@wapave.org	Washington Partnerships for Action Voices for Empowerment Grant Coordinator	SW FYSPRT Co-Family Representative	South West Regional FYSPRT
Brian McCracken	(703) 638-8884 Brian.mccracken@wsu.edu	Washington State University NW Youth N Action Lead	Olympic Youth N Action Lead	Youth N Action
Melissa Mejias	(206)298-9614 Melissa.mejias@navos.org	Navos Mental Health Solutions System of Care Director	NW FYSPRT System Partner Representative	North West Regional FYSPRT
Margarita Mendoza de Sugiyama	(360) 725-3810 sugiyma@dshs.wa.gov	Children's Mental Health Programs Unit Project Manager	SOC Project Manager	DSHS/DBHR
Carol Miller	(360) 236-3572 Carol.Miller@doh.wa.gov	Mental Health/SOC/ Developmental Screening Project Coordinator	DOH Representative	Department of Health
Dana Miller	(360) 590-0716 danam@ccsww.org	Catholic Community Services (title)	SW FYSPRT System Partner Representative	South West Regional FYSPRT
Tim Miller	(509) 961-2398 Tim.miller@millerrc.com	Yakima Valley System of Care Clinical Director	SE FYSPRT Co-System Partner Representative	South East Regional FYSPRT
Marilee Morley	c/o lorig@namiyakima.org	Yakima Youth Leader	SE FYSPRT Co-Youth Representative	South East Regional FYSPRT
Maria Nardella	(360) 236-3573 Maria.Nardella@doh.wa.gov	Children with Special Health Care Needs Program Manager	DOH Representative	Department of Health
Andrea Parrish	(360) 725-3772 Andrea.parrish@dshs.wa.gov	Children's Mental Health Programs Unit Program Manager	SOC Grant Director	DSHS/DBHR
Lin Payton	(360) 725-1632 paytol@dshs.wa.gov	Children's Mental Health Programs Unit Supervisor	Core Practice Model Workforce Development Co-Lead	DSHS/DBHR

Barb Putnam	(360) 902-7939 PUBA300@dshs.wa.gov	Well Being and Adolescence Services Supervisor	CA Representative	DSHS/CA
Monica Reeves	(360) 725-3422 reevems@dshs.wa.gov	Mental Health Crisis Services Program Manager	DDA Representative	DSHS/DDA
Kim Runge	(206) 459-6467 Kimr@smh.org	Sound Mental Health MIDD Wraparound Parent Partner	NW FYSPRT Co-Family Representative	North West Regional FYSPRT
Wilde Sage	(509) 294-7506 wildeasage@gmail.com	Passages/Youth N Action Youth Lead	NE FYSPRT Youth Representative	North East Regional FYSPRT
Dan Schaub	(360) 902-7752 Schaudl@dshs.wa.gov	Community & Parole Programs Administrator	JJ&RA Representative	DSHS/JJ&RA
Jessie Schutz	(253) 632-8920 jessieschutz@gmail.com	Sound Mental Health Young Adults & UTB Youth Representative	NW FYSPRT Co-Youth Representative	North West Regional FYSPRT
Christie Seligman	(360) 725-3448 Christie.seligman@dshs.wa.gov	Children's Intensive In-home Behavioral Support Program Manager	DDA Representative	DSHS/DDA
Kathy Smith-DiJulio	(360) 725-3778 Smithkl1@dshs.wa.gov	Decision Support & Evaluation Research Manager	SOC Research Manager	DSHS/DBHR
Connie Stalcup	(509) 853-8114 Connielee73@gmail.com	Yakama Nation NAMI Yakima Board Member	SE FYSPRT Co-Family Representative	South East Regional FYSPRT
Ken Taylor	(253) 205-0579 ktaylor@valleycities.org	Valley Cities CEO	Western WA Provider Representative	Valley Cities
Sue Tinney	(360) 353-9460 Sue.tinney@ccgacares.com	Lower Columbia Mental Health Center Wraparound Facilitator	SW FYSPRT System Partner Representative	South West Regional FYSPRT
Jacob (Jake) Towle	(360) 902-0788 Towlejd@dshs.wa.gov	Mental Health Program Administrator	JJ&RA Representative	DSHS/JJ&RA
Rick Weaver	(509) 575-4024 rweaver@cwcmh.org	Central WA Comprehensive Mental Health CEO	Eastern WA Provider Representative	Central WA Comprehensive Mental Health
Heidi Williams	(360) 878-8248 heidiw@ccsww.org	Family Preservation Services Director	Wraparound and Licensing/Certification Workforce Development Co-Lead	Catholic Community Services

Appendix C-4

REGIONAL TRI- LEADERSHIP CHAIRS
FAMILY YOUTH SYSTEM PARTNERS ROUND TABLES (FYSPRT)

North West Regional FYSPRT Counties: *Jefferson, Clallam, Kitsap, Pierce, King, Snohomish, Skagit, Whatcom, San Juan, Island*	**North East Regional FYSPRT** Counties: *Okanogan, Ferry, Stevens, Pend Oreille, Lincoln, Spokane, Adams, Grant, Chelan, Douglas*
Cathy Callahan-Clem (Co-Family) Sound Mental Health Family Support, Network Coordinator cathyc@smh.org 206-459-6467 Kim Runge (Co-Family) Sound mental Health Family Support Kimr@smh.org 206-459-6467 Andres Arano (Co-Youth) Youth N Action andresezko@gamail.com 253-876-5685 Jessie Schutz (Co-Youth) SMH Young Adults & UTB jessieschutz@gmail.com 253-632-8920 Melissa C. Mejias (System) Navos Mental Health Solutions Systems of Care Director Melissa.mejias@navos.org 206-298-9614	Becky Bates (Family) Passages, Executive Director bbates@passagesfs.org 509-892-9241 Wilde Sage (Youth) Passages/Youth N Action, Youth Lead wildeasage@gmail.com 509-294-7506 Danielle Groth-Cannon (System) Spokane County RSN Children's Mental Health, Care Coordinator dcannon@Spokanecounty.org 509-477-4544

South West Regional FYSPRT Counties: *Grays Harbor, Mason, Thurston, Pacific, Wahkiakum, Lewis, Cowlitz, Clark, Skamania*	**South East Regional FYSPRT** Counties: *Yakima, Kittitas, Klickitat, Benton, Franklin, Walla Walla, Columbia, Garfield, Asotin, Whitman*
Jimmie Lundquist (Co-Family) Cowlitz County Guidance Association Cares, Family Lead jimmielongview@aol.com 360-430-1414 Jill McCormick (Co-Family) Washington Partnerships for Action Voices for Empowerment, Family to Family Health Information Center Grant Coordinator jmccormick@wapave.org 253-565-2266 Dawn Chavez (Youth) Chavezd35@yahoo.com (360) 703-5618 Sue Tinney (Co-System) Lower Columbia Mental Health Center Sue.tinney@ccgacares.com (360) 353-9460 Dana Miller (Co-System) Catholic Community Services damam@ccsww.org (360) 590-0716 Pat Barkley (Co-System) PAVE PTI (email address) (360) 827-0962	Lori Gendron (Co-Family) NAMI Yakima, Executive Director lorig@namiyakima.org 509-453-8229 Carolyn Cox (Co-Family) Three Rivers Wraparound, Family Support Coordinator ccox@lcsnw.org (509) 783-2085 Connie Stalcup (Co-Family) Yakama Nation, NAMI Yakima Board Member Connielee73@gmail.com (509) 853-8114 Austin Cox (Co-Youth) Benton-Franklin Counties, Youth Leader C/O ccox@lcsnw.org Marilee Morley (Co-Youth) Yakima, Youth Leader C/O lorig@namiyakima.org Daryon Casady (Co-Youth) C/O Connielee73@gmail.com Danny Anderson (Co-Youth) C/O ccox@lcsnw.org Jade Eriksen (Co-Youth) C/O lorig@namiyakima.org Jackie Davidson (Co-System) GCBH RSN Children's Mental Health, Care Coordinator jackied@gcbh.org (509) 735-8681 Tim Miller, MA, LHMC (Co-System) Yakima Valley System of Care, Clinical Director Tim.miller@millerrc.com (509) 961-2398

1

PRELIMINARY EVALUATION RESULTS

WASHINGTON YOUTH AND FAMILY PEER SUPPORT TRAINING

Impact of Training and Technical Assistance (IOTTA) Surveys
Training Module Evaluation Forms
Knowledge Test

Hattie Quick and Eric Bruns
University of Washington, Evidence Based Practice Institute

Statewide FYSPRT Meeting, Burien WA
October 15, 2013

2

KNOWLEDGE TEST

Baseline Knowledge Test

(taken on 9.23.13)

Number of Correct Answers (out of 25)	Number of Participants	Percent
13	1	3.8
15	3	11.5
16	2	7.7
17	2	7.7
18	4	15.4
19	7	26.9
20	5	19.2
21	2	7.7
Total	**26**	**100.0**

Follow-up Knowledge Test

(taken on 9.27.13)

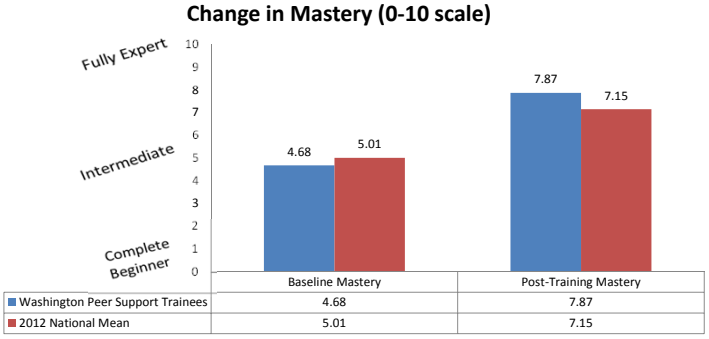
Number of Correct Answers (out of 25)	Number of Participants	Percent
16	1	4.0
17	2	8.0
18	1	4.0
19	8	32.0
20	3	12.0
21	4	16.0
22	5	20.0
23	1	4.0
Total	**25**	**100.0**

Average Knowledge Test scores, from pre- to post-training

RESULTS FROM THE IOTTA:
A STANDARDIZED MEASURE OF THE IMPACT OF TRAINING AND TECHNICAL ASSISTANCE

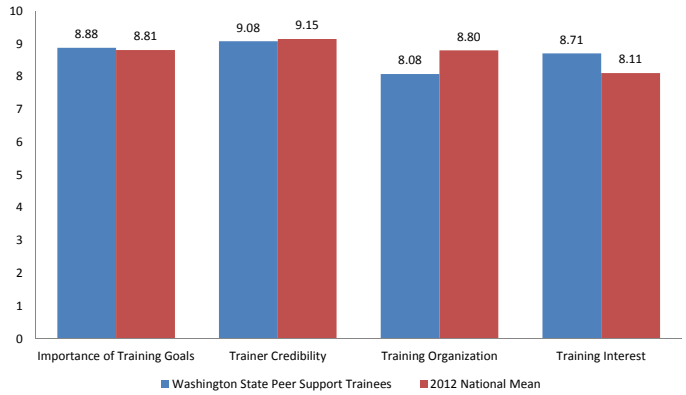
IOTTA RESULTS: CHANGE IN MASTERY

Training	Training Type	Number	Existing Mastery	Post-Training Mastery	Within Training Change	Current (Follow-up) Mastery
9/23/13	Introduction	26	4.50	--	--	--
9/27/13	Baseline	25	4.68	7.87	+3.19	--
2012 National Means	--	--	5.01	7.15	+2.14	7.04



7

PERCEPTIONS OF TRAINING QUALITY AND IMPACT (N=26; 0-10 SCALE)



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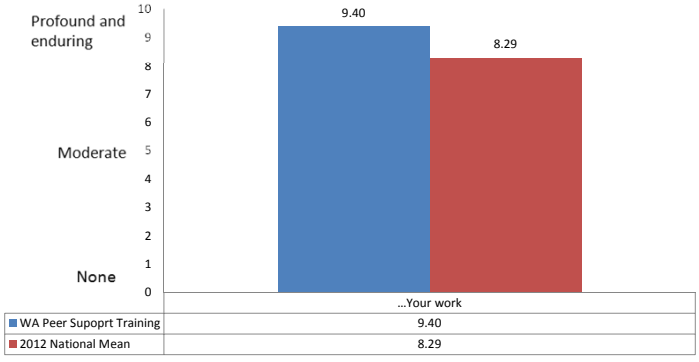
Level of impact of training on your work (0-10 scale)



9

TRAINING MODULE EVALUATIONS

10

Evaluation of Individual Modules Highest Scoring Modules (0-10 scale)

Highest Scores	Training interest		Importance of training goals		Overall impact	
	Module	*Mean*	*Module*	*Mean*	*Module*	*Mean*
1	26. Trauma informed care	**9.86**	26. Trauma informed care	**9.93**	26. Trauma informed care	**9.93**
2	23. Education and Employment	**9.38**	23. Education and Employment	**9.69**	25. Boundaries and Confidentiality	**9.67**
3	34. Family presentation – what we want you to know when working with families	**9.35**	24. Smart GOAL Review and documentation exercise	**9.67**	24. Smart GOAL Review and documentation exercise	**9.60**
4	17. Trauma informed care 18. Family Boundaries 20. Wellness planning overview 24. Smart GOAL Review and documentation exercise	**9.33**	18. Family Boundaries 19. Wraparound	**9.56**	15. Resilience and the family	**9.44**
5	33. Review and Study Tips	**9.32**	13. Safety	**9.52**	34. Family presentation – what we want you to know when working with families	**9.41**

Evaluation of Individual Modules
Highest Scoring Modules (0-10 scale)

Lowest Scores	Training interest		Importance of training goals		Overall impact	
	Module	*Mean*	*Module*	*Mean*	*Module*	*Mean*
1	2. Recovery and Resiliency	**7.35**	28. Wellness planning	**8.47**	32. Work Place Standards	**8.08**
2	7. Cultural Awareness Overview & Effective Communication	**7.38**	9. Group Facilitation	**8.48**	28. Wellness planning	**8.20**
3	4. Empowerment	**7.81**	6. Relationship Building & telling your story	**8.61**	9. Group Facilitation	**8.28**
4	1. Mental Health System and Race Overview	**8.15**	21. Spirituality and Family Culture	**8.67**	7. Cultural Awareness Overview & Effective Communication	**8.31**
5	10. Goal Setting – SMART GOALS	**8.19**	32. Work Place Standards	**8.68**	21. Spirituality and Family Culture	**8.33**

Comments from Trainees: Strengths

- Comfortable environment – fun prizes to help with fidgeting. (*Strengths*)
- Great presenters and good engagement. Great use of humor. (*Strengths*)
- Felt comfortable to share with the group. (*Strengths*)
- Group interactions, role playing, and exercises were great skills practice and attention grabbing. (*Strengths*)
- Learned a lot of new information that will be valuable as a peer counselor. (*Strengths*)
- Working in smaller groups was successful, especially on the breakout day. (*Strengths*)
- Feeling that participant voices were heard throughout the training and to help with the manual in the future. (*Strengths*)

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Comments from Trainees: Needs for Improvement

- Some participants were lacking the knowledge of concepts and these terms weren't always discussed. (*Challenges*)
- Sometimes the information was reviewed too quickly, but keeping momentum can also be a challenge. (*Challenges*)
- There were time limits that made it difficult to cover all of the material. Felt like we were always running out of time. (*Challenges*)
- A few activities needed more/clearer instruction before sharing with the group. The facilitation exercises were overwhelming and unclear. (*Challenges*)

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Needs for Improvement, cont'd

- Participants felt put on the spot to answer questions and participate. (*Challenges*)
- Would have liked to have the handouts to keep instead of trying to quickly write down notes. (*Challenges*)
- The length of the entire training was difficult to endure. (*Challenges*)
- Needed more awareness on the sensitivity of a topic and what stories/examples might trigger participants. (*Challenges*)
- PowerPoint wasn't always in sync with the presenter – difficult to follow. (*Challenges*)
- There were road blocks for interpreters. (*Challenges*)

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Recommendations

- Slides and handouts need to be edited for typos before training. (*Recommendations*)
- More activities and role playing would be helpful to practice vital skills. (*Recommendations*)
- The training needs more than 40 hours to cover the material. (*Recommendations*)
- Have a better time management system for the presenters. (*Recommendations*)
- Ask people to act out examples, instead of just talking through them, to be more visually stimulating. (*Recommendations*)
- More than one mic would be helpful. (*Recommendations*)
- Provide URLs and other pieces of information that might not be in the manual. (*Recommendations*)
- Have tissues in case certain pieces get too emotional. (*Recommendations*)

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Themes from Focus Groups: ***Strengths***

- Learned a lot: “right on the money”
- Diverse group of trainees
  - Made connections
  - “So great to be taught in a room of families and youths, not just adult consumers”
- Understand the job now
- Essential information, e.g., boundaries, safety, how to use your own story to engage, self-care, coping with tough situations, advocacy
- Great speakers, dynamic, well-organized and supported
  - “They had not just lived experience but also academic knowledge”
- Always engaging, never boring
- Content met the needs of a new peer support worker

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Themes from Focus Groups:
Needs for improvement

- Easy to get lost.
  - Need more time to cover all the topics OR cut back on content
- More time and explanation for role plays and group work
  - they felt stressful
- Less time on personal stories and more on essential skills
  - "sometimes you gotta focus on tools and skills"
- More needed on:
  - Resources likely to be available in the state and local communities
  - Wraparound and the role of peer support worker
  - Basing work on strengths
  - Engagement and family culture
- Integrate opportunities for review of key points

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Themes from Focus Groups:
Recommendations for the State

- More trainings
  - "I know 4 people off the bat who could do this training"
- Continuing education – intermediate and advanced trainings
- Clearly understood pathways to employment
- Internships or field placements with skill-based coaching
  - "Coaching is important"
- "Statewide network of peers so we can learn from each other"
- "Let us take the CPC test after the training"
- All agencies that do MH/SA should be required to hire peer support at all levels of the continuum
  - "It's in demand, it's effective, it's not available."
- Need to ensure all key roles of wraparound are funded in Wraparound with Intensive Services (WISe) – including peer support
  - "Peers should be paid – including youths. Don't say we wont be able to find people -- We can find people to do this work"
- Change the WAC so that peers can supervise peers (not just clinicians)

Children's Behavioral Health in Washington State

Measures of Statewide Performance

Goals • Outcomes • Indicators

SEPTEMBER 2013

NOTE: Preliminary data are for discussion purposes only. Measures are still under development.

This document presents indicators for monitoring and evaluating the performance of Washington State's system of care for children and adolescents with mental health and/or substance abuse problems. As a reflection of the intent to integrate and coordinate the efforts of all public systems on behalf of youth with behavioral health problems, this outcomes-based performance monitoring system is intended to be relevant to all children and youth with emotional and behavioral health needs served by Washington State DSHS and Health Care Authority.

The framework of goals, outcomes, and indicators presented here was developed by a diverse group of children's mental health stakeholders who are directly involved in the refinement and management of this ongoing effort. These stakeholders include family and youth advocates; representatives of DSHS child serving systems such as the Division of Behavioral Health and Recovery, Children's Administration, and Juvenile Rehabilitation Administration; representatives of provider organizations; and researchers from the University of Washington and the DSHS Research and Data Analysis Division. In addition, this outcomes-based performance monitoring effort was developed with input from Washington's network of regional Family, Youth, and System Partner Roundtables.

The initial number of performance measures was deliberately restricted to a small and manageable number of sentinel indicators of the performance of our public child serving systems. The six goals and respective outcomes were selected based on: (1) their ability to span youth and family, service, and system outcomes; (2) their alignment with the aims of legislative acts specific to children's mental health services (e.g., House Bill 1088); and (3) availability of relevant data. These performance measures represent a commitment to clear identification of priority outcomes; monitoring our collective, cross-agency performance; transparent sharing of information; evaluating major policy initiatives in children's mental health and cross-system service delivery; and basing policy and resource allocation decisions on objective measures. The intent is for data to be used for program development and management and for continuous quality improvement in a way that is both family-driven and youth-guided.

These measures were produced by the DSHS Research and Data Analysis Division in collaboration with • DSHS Division of Behavioral Health and Recovery • University of Washington Children's Evidence Based Practice Institute • Health Care Authority Youth 'N Action
DSHS Juvenile Justice and Rehabilitation Administration
DSHS Children's Administration
DSHS Developmental Disabilities Administration • Department of Health • Office of Superintendent of Public Instruction

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Children's Behavioral Health in Washington State

Measures of Statewide Performance

Goals • Outcomes • Indicators

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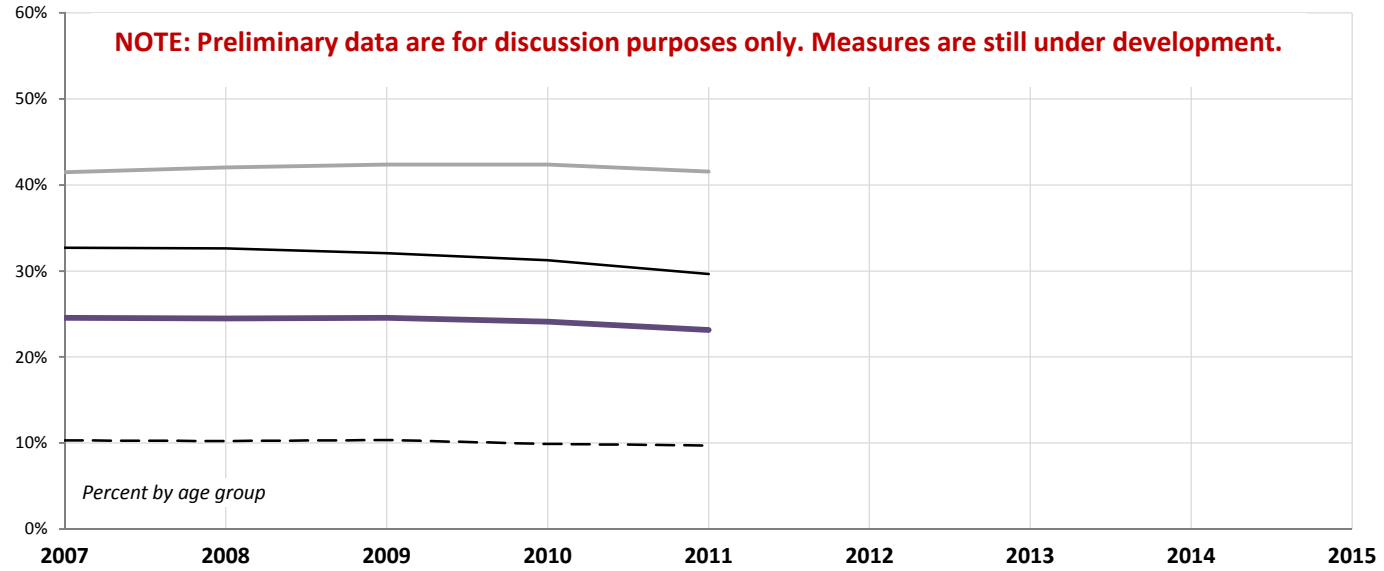
SEPTEMBER 2013

GOAL AREA: Health

OUTCOME 1.1

Children and youth experience less functional impairment



LEGEND

- All Ages
- 5 - 11 Years
- 12 - 17 Years
- 18 - 21 Years

INDICATOR

Number and proportion of children and youth with mental illness who have at least one functional impacts during the SFY, including criminal convictions, crisis encounters, suicidal behavior, overdose, multiple psychiatric ER visits, inpatient stays and/or substance abuse from administrative data sources.

SOURCE & POPULATION

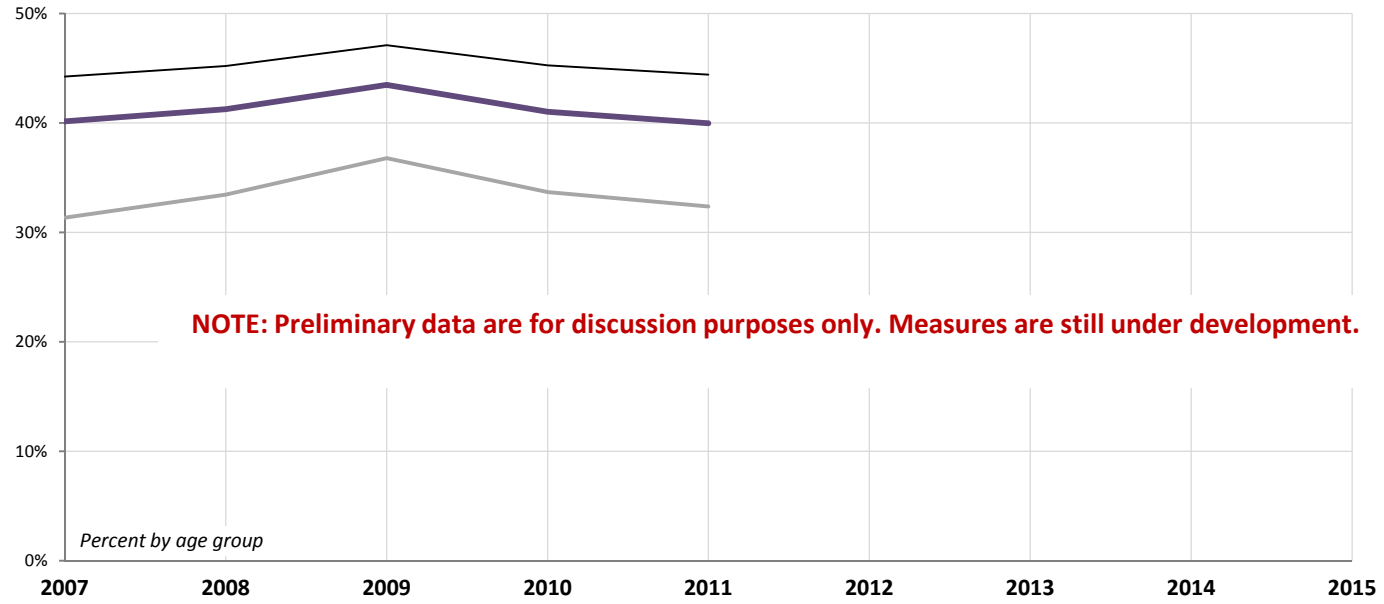
DSHS Integrated Client Database. Youth with Medicaid coverage.

STATE FISCAL YEAR	2007	2008	2009	2010	2011	2012	2013	2014	2015
Total youth with MI	91,491	91,953	96,449	105,490	115,564				
Number with functional impacts	22,456	22,512	23,672	25,442	26,737				
Percent with functional impacts	24.5%	24.5%	24.5%	24.1%	23.1%				
BY AGE: 5 - 11 YEARS									
Youth age 5-11 with MI	38,068	38,763	40,162	43,501	48,035				
Number with functional impacts	3,925	3,962	4,161	4,301	4,662				
Percent with functional impacts	10.3%	10.2%	10.4%	9.9%	9.7%				
BY AGE: 12 - 17 YEARS									
Youth age 12-17 with MI	41,327	40,525	42,049	46,004	50,376				
Number with functional impacts	13,512	13,226	13,480	14,369	14,945				
Percent with functional impacts	32.7%	32.6%	32.1%	31.2%	29.7%				
BY AGE: 18 - 20 YEARS									
Youth age 18-20 with MI	12,096	12,665	14,238	15,985	17,153				
Number with functional impacts	5,019	5,324	6,031	6,772	7,130				
Percent with functional impacts	41.5%	42.0%	42.4%	42.4%	41.6%				

GOAL AREA: Health

OUTCOME 1.2

Co-Occurring Disorders: Children and youth with mental illness and substance abuse [*screened and] treated if necessary for substance abuse



LEGEND

- All Ages
- 12 - 17 Years
- 18 - 20 Years

INDICATOR

Number and proportion of youth with mental illness and substance abuse as indicated by administrative data sources who are screened, identified, and/or treated for substance abuse during SFY [*CANS screenings to be added later].

SOURCE & POPULATION

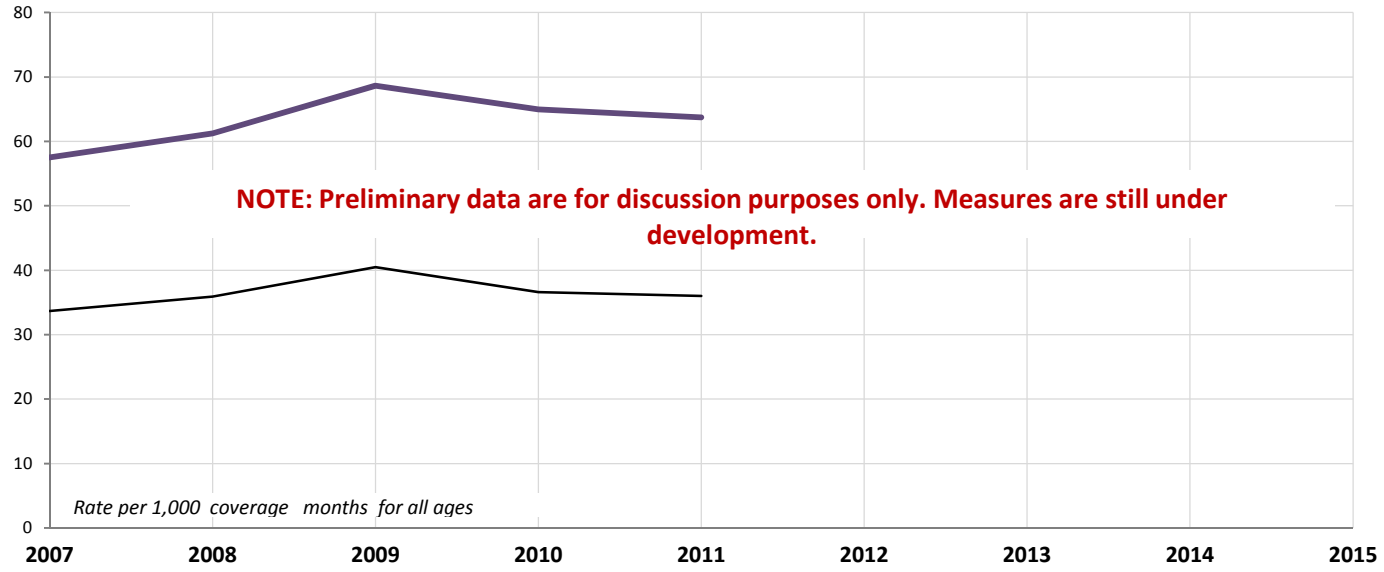
DSHS Integrated Client Database. Youth with Medicaid coverage.

STATE FISCAL YEAR	2007	2008	2009	2010	2011	2012	2013	2014	2015
Total youth with COD	8,523	8,659	9,257	9,977	10,611				
Number with SA treatment	3,421	3,574	4,026	4,094	4,243				
Percent with SA treatment	40.1%	41.3%	43.5%	41.0%	40.0%				
BY AGE: 12 - 17 YEARS									
Total with COD	5,812	5,759	6,011	6,334	6,700				
Number with treatment	2,571	2,604	2,832	2,867	2,977				
Percent with treatment	44.2%	45.2%	47.1%	45.3%	44.4%				
BY AGE: 18 - 20 YEARS									
Total with COD	2,711	2,900	3,246	3,643	3,911				
Number with treatment	850	970	1,194	1,227	1,266				
Percent with treatment	31.4%	33.4%	36.8%	33.7%	32.4%				

GOAL AREA: Health

OUTCOME 1.3

Children and youth with mental health problems use emergency rooms at same rate as those without mental health problems



LEGEND

- All Ages with MI
- All Ages no MI

INDICATOR

The use rate here is defined as the number of emergency department visits per 1,000 member months. Member months are the months all children had coverage under Medicaid or other forms of medical assistance such as SCHIP.

SOURCE & POPULATION

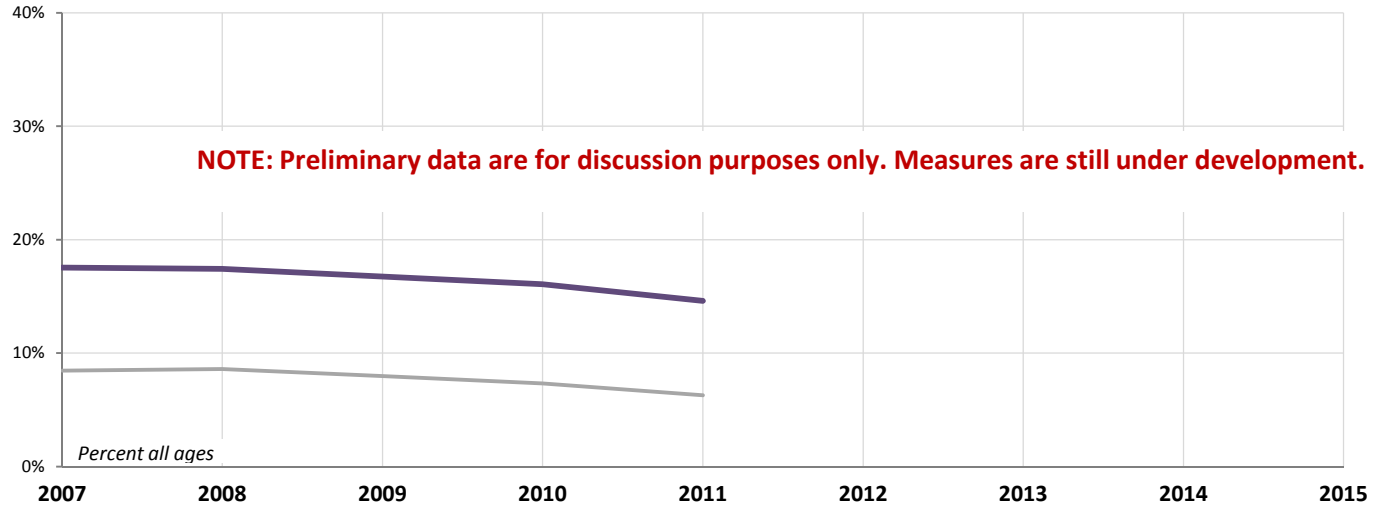
DSHS Integrated Client Database. Youth with Medicaid coverage.

STATE FISCAL YEAR	2007	2008	2009	2010	2011	2012	2013	2014	2015
Total youth	443,638	445,207	480,112	517,727	546,694				
Total youth with MI	91,491	91,953	96,449	105,490	115,564				
Youth with MI, rate of ER use	58	61	69	65	64				
Youth without MI, rate of ER use	34	36	40	37	36				
BY AGE: 5 - 11 YEARS									
Total youth	227,539	229,501	248,574	269,055	285,063				
Total youth with MI	38,068	38,763	40,162	43,501	48,035				
Youth with MI, rate of ER use	34	37	41	39	39				
Youth without MI, rate of ER use	25	27	31	28	28				
BY AGE: 12 - 17 YEARS									
Total youth	167,963	166,180	177,716	190,669	201,285				
Total youth with MI	41,327	40,525	42,049	46,004	50,376				
Youth with MI, rate of ER use	58	61	69	63	62				
Youth without MI, rate of ER use	34	36	41	36	36				
BY AGE: 18 - 20 YEARS									
Total youth	48,136	49,526	53,822	58,003	60,346				
Total youth with MI	12,096	12,665	14,238	15,985	17,153				
Youth with MI, rate of ER use	147	157	165	160	157				
Youth without MI, rate of ER use	90	94	100	95	92				

GOAL AREA: Health

OUTCOME 1.4

Children and youth demonstrate reduced involvement in criminal justice system



LEGEND

no MI and criminal justice

w/MI I with criminal justice

INDICATOR

Number and proportion of youth age 12-20 with mental illness who have any criminal justice involvement, including both arrests (felonies and gross misdemeanors) **and** convictions.

SOURCE & POPULATION

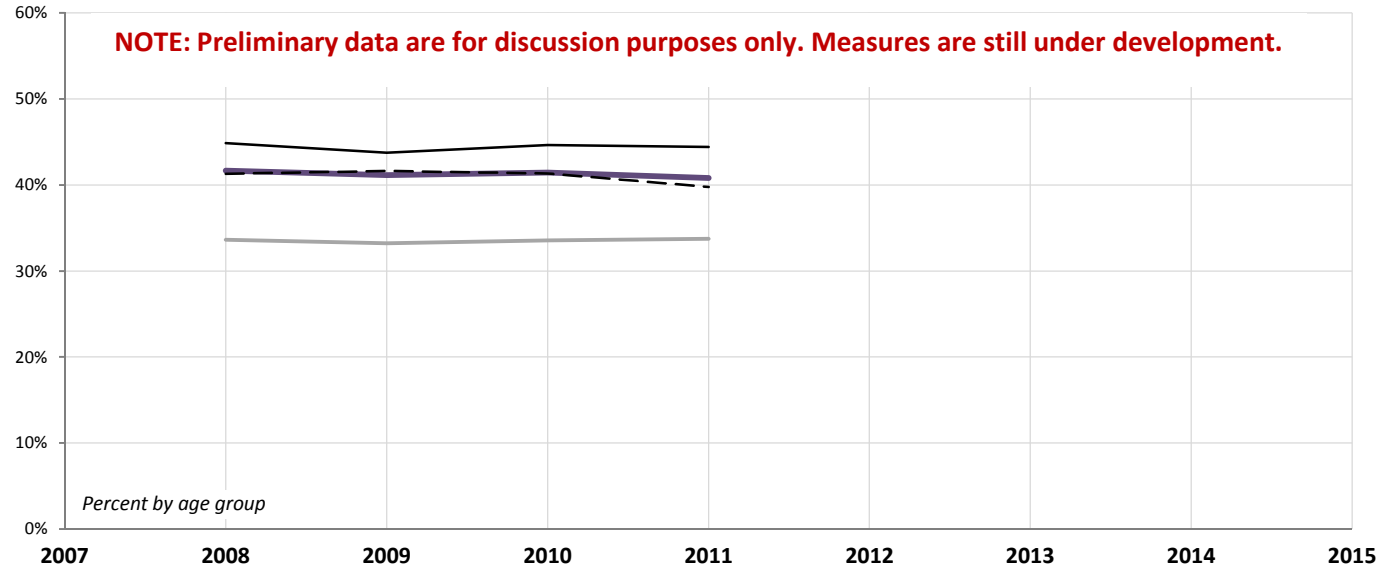
DSHS Integrated Client Database. Youth with Medicaid coverage.

STATE FISCAL YEAR	2007	2008	2009	2010	2011	2012	2013	2014	2015
Number without MI	162,676	162,516	175,251	186,683	194,102				
Number with MI	53,423	53,190	56,287	61,989	67,529				
Number w/o MI any criminal justice	13,775	13,992	13,965	13,669	12,203				
Number w/MI and any criminal justice	9,372	9,261	9,430	9,968	9,864				
Percent w/o MI with criminal justice	8.5%	8.6%	8.0%	7.3%	6.3%				
Percent w/MI and any criminal justice	17.5%	17.4%	16.8%	16.1%	14.6%				
BY AGE: 12 - 17 YEARS									
Number without MI	126,636	125,655	135,667	144,665	150,909				
Number with MI	41,327	40,525	42,049	46,004	50,376				
Number w/o MI any criminal justice	8,829	8,969	8,592	8,216	7,151				
Number w/MI and any criminal justice	6,854	6,564	6,363	6,682	6,552				
Percent w/o MI with criminal justice	7.0%	7.1%	6.3%	5.7%	4.7%				
Percent w/MI and any criminal justice	16.6%	16.2%	15.1%	14.5%	13.0%				
BY AGE: 18 - 20 YEARS									
Number without MI	36,040	36,861	39,584	42,018	43,193				
Number with MI	12,096	12,665	14,238	15,985	17,153				
Number w/o MI any criminal justice	4,946	5,023	5,373	5,453	5,052				
Number w/MI and any criminal justice	2,518	2,697	3,067	3,286	3,312				
Percent w/o MI with criminal justice	13.7%	13.6%	13.6%	13.0%	11.7%				
Percent w/MI and any criminal justice	20.8%	21.3%	21.5%	20.6%	19.3%				

GOAL AREA: Health

OUTCOME 1.5

Children and youth prescribed psychotropic medications are also receiving mental health treatment



LEGEND

- All Ages
- 5 - 11 Years
- 12 - 17 Years
- 18 - 21 Years

INDICATOR

Number and proportion of children and youth with mental illness who were prescribed medications in the SFY AND who have at least one recorded claim for mental health treatment or service during the same SFY.

SOURCE & POPULATION

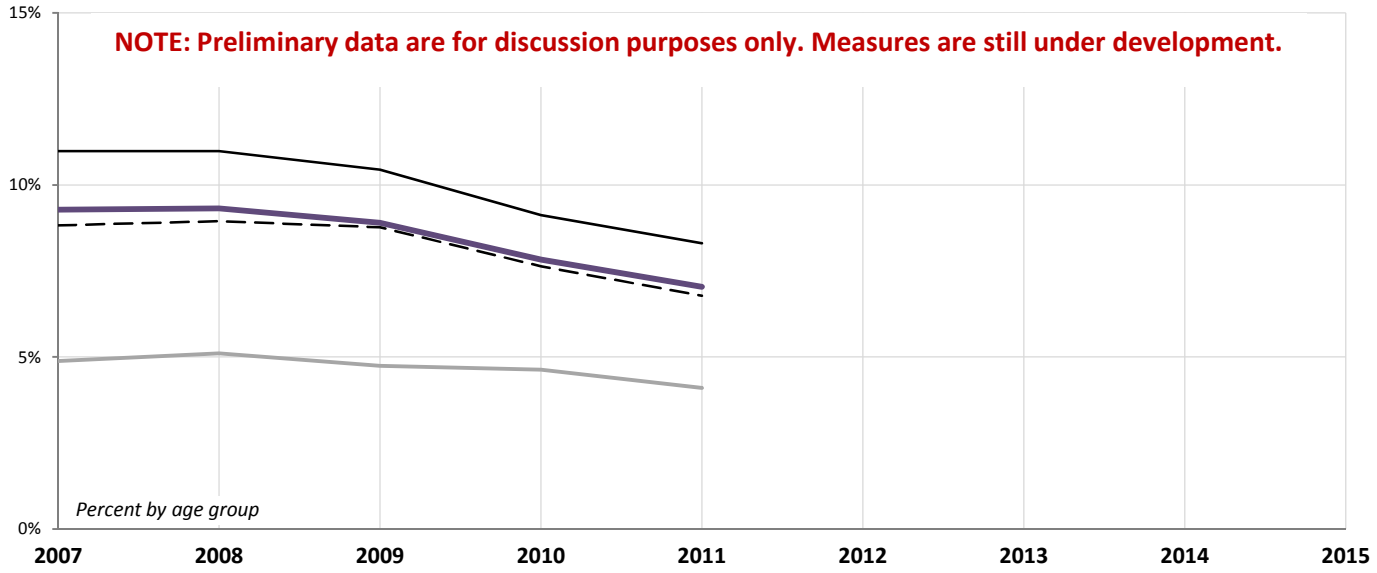
DSHS Integrated Client Database. Youth with Medicaid coverage.

STATE FISCAL YEAR	2007	2008	2009	2010	2011	2012	2013	2014	2015
Total youth with MI and Meds		42,929	45,962	49,150	52,510				
Number with MH Txt		17,881	18,903	20,368	21,429				
Percent with MH Txt		41.7%	41.1%	41.4%	40.8%				
BY AGE: 5 - 11 YEARS									
Youth age 5-11 with MI and Meds		17,559	18,213	19,344	20,680				
Number with MH Txt		7,251	7,581	7,996	8,224				
Percent with MH Txt		41.3%	41.6%	41.3%	39.8%				
BY AGE: 12 - 17 YEARS									
Youth age 12-17 with MI and Meds		18,709	19,977	21,346	23,117				
Number with MH Txt		8,390	8,741	9,532	10,266				
Percent with MH Txt		44.8%	43.8%	44.7%	44.4%				
BY AGE: 18 - 20 YEARS									
Youth age 18-20 with MI and Meds		6,661	7,772	8,460	8,713				
Number with MH Txt		2,240	2,581	2,840	2,939				
Percent with MH Txt		33.6%	33.2%	33.6%	33.7%				

GOAL AREA: Health

OUTCOME 2.1a

Children and youth stay in their own homes



LEGEND

- All Ages
- 5 - 11 Years
- 12 - 17 Years
- 18 - 21 Years

INDICATOR

Number and proportion of children and youth with mental illness who have any incidence of an out-of-home treatment service or stay in a SFY.

SOURCE & POPULATION

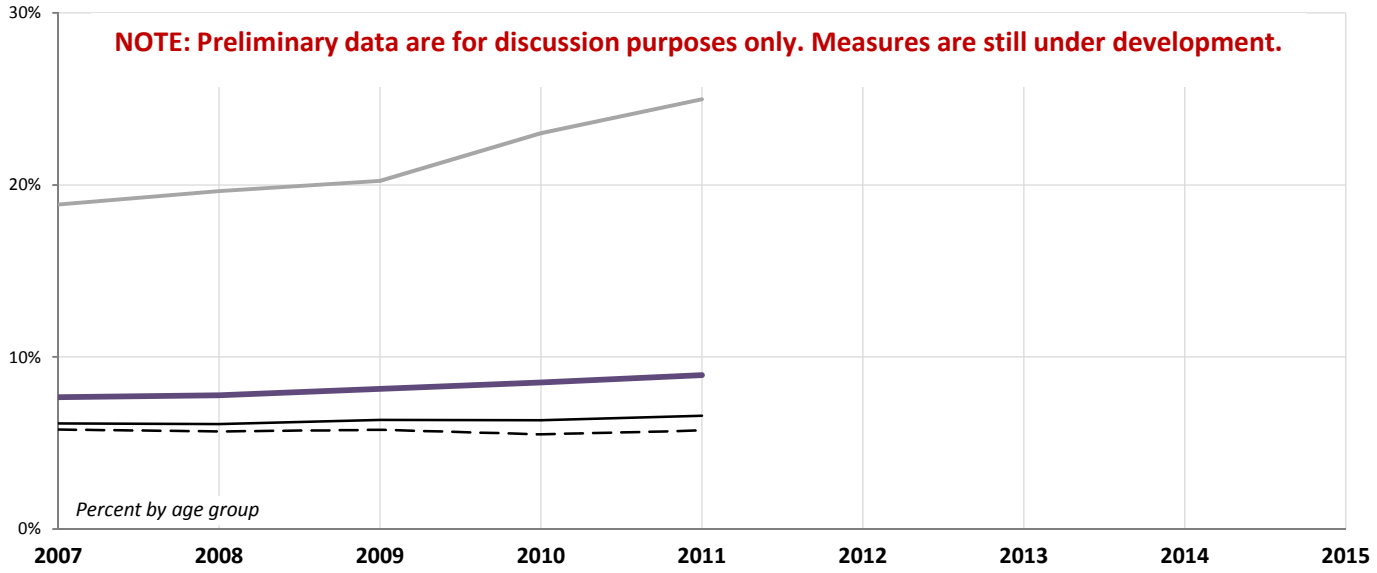
DSHS Integrated Client Database. Youth with Medicaid coverage.

STATE FISCAL YEAR	2007	2008	2009	2010	2011	2012	2013	2014	2015
Total youth with MI	91,491	91,953	96,449	105,490	115,564				
Number with MH out of home	8,490	8,565	8,587	8,263	8,140				
Percent with MH out of home	9.3%	9.3%	8.9%	7.8%	7.0%				
BY AGE: 5 - 11 YEARS									
Youth age 5-11 with MI	38,068	38,763	40,162	43,501	48,035				
Number with MH out of home	3,361	3,468	3,521	3,323	3,255				
Percent with MH out of home	8.8%	8.9%	8.8%	7.6%	6.8%				
BY AGE: 12 - 17 YEARS									
Youth age 12-17 with MI	41,327	40,525	42,049	46,004	50,376				
Number with MH out of home	4,538	4,450	4,391	4,199	4,182				
Percent with MH out of home	11.0%	11.0%	10.4%	9.1%	8.3%				
BY AGE: 18 - 20 YEARS									
Youth age 18-20 with MI	12,096	12,665	14,238	15,985	17,153				
Number with MH out of home	591	647	675	741	703				
Percent with MH out of home	4.9%	5.1%	4.7%	4.6%	4.1%				

GOAL AREA: Health

OUTCOME 2.1b

Children and youth have appropriate housing



LEGEND

- All Ages
- 5 - 11 Years
- 12 - 17 Years
- 18 - 21 Years

INDICATOR

Number and proportion of children and youth with mental illness who have any incidence of homelessness or housing instability in a SFY.

SOURCE & POPULATION

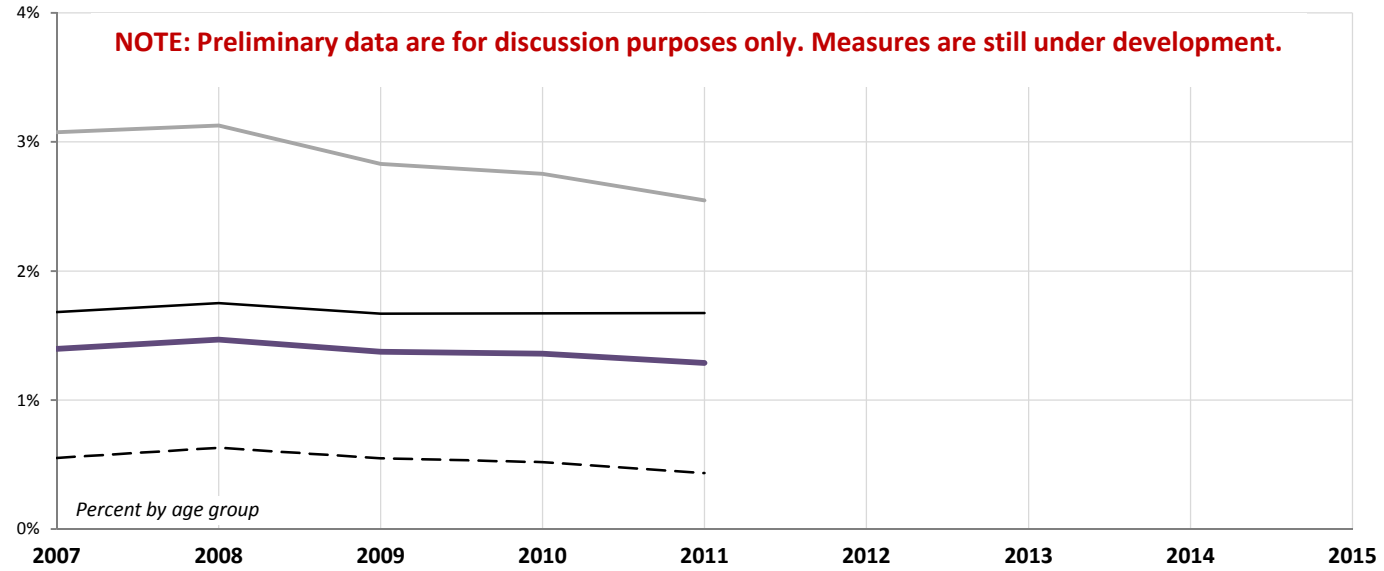
DSHS Integrated Client Database. Youth with Medicaid coverage.

STATE FISCAL YEAR	2007	2008	2009	2010	2011	2012	2013	2014	2015
Total youth with MI	91,491	91,953	96,449	105,490	115,564				
Number with MH homeless	7,019	7,158	7,860	8,983	10,346				
Percent with MH homeless	7.7%	7.8%	8.1%	8.5%	9.0%				
BY AGE: 5 - 11 YEARS									
Youth age 5-11 with MI	38,068	38,763	40,162	43,501	48,035				
Number with MH homeless	2,199	2,200	2,314	2,398	2,749				
Percent with MH homeless	5.8%	5.7%	5.8%	5.5%	5.7%				
BY AGE: 12 - 17 YEARS									
Youth age 12-17 with MI	41,327	40,525	42,049	46,004	50,376				
Number with MH homeless	2,539	2,471	2,664	2,907	3,313				
Percent with MH homeless	6.1%	6.1%	6.3%	6.3%	6.6%				
BY AGE: 18 - 20 YEARS									
Youth age 18-20 with MI	12,096	12,665	14,238	15,985	17,153				
Number with MH homeless	2,281	2,487	2,882	3,678	4,284				
Percent with MH homeless	18.9%	19.6%	20.2%	23.0%	25.0%				

GOAL AREA: Health

OUTCOME 2.2

Children and youth have fewer inpatient stays



LEGEND

- All Ages
- 5 - 11 Years
- 12 - 17 Years
- 18 - 21 Years

INDICATOR

Number and proportion of children and youth with mental illness who have used the following inpatient services at least once during the SFY: Children's Long-term Inpatient (CLIP), State Hospital, or Community Psychiatric Inpatient.

SOURCE & POPULATION

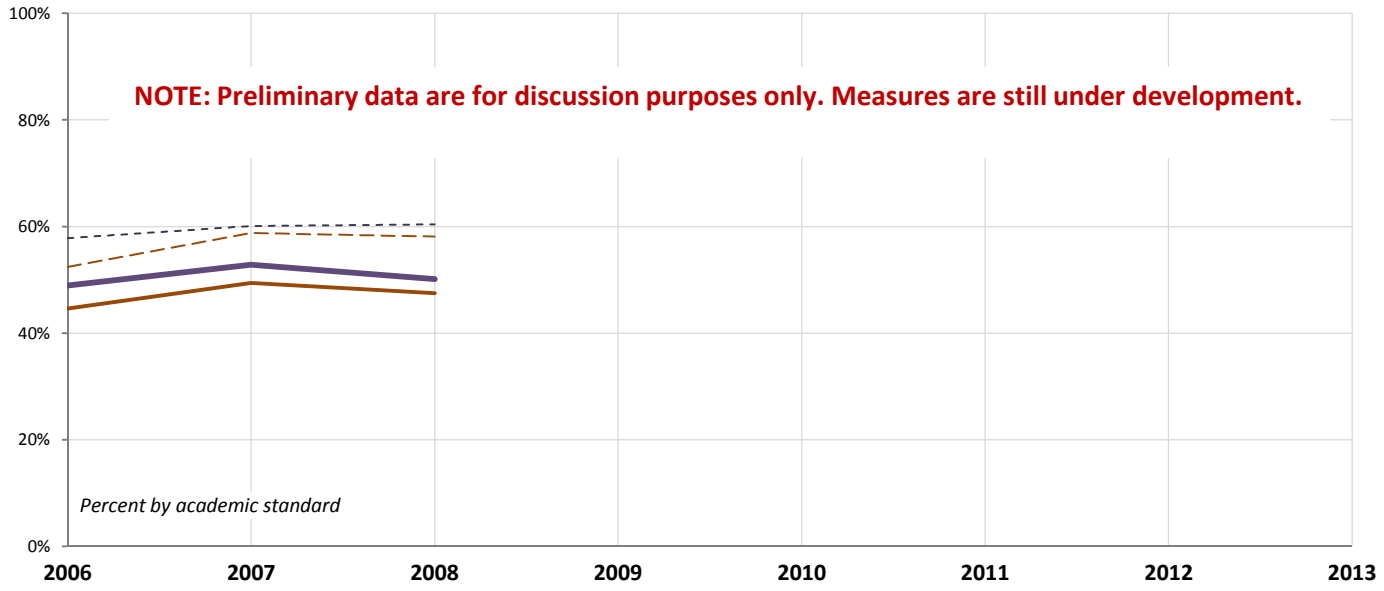
DSHS Integrated Client Database. Youth with Medicaid coverage.

STATE FISCAL YEAR	2007	2008	2009	2010	2011	2012	2013	2014	2015
Total youth with MI	91,491	91,953	96,449	105,490	115,564				
Number with MH IP use	1,277	1,350	1,325	1,435	1,488				
Percent with MH IP use	1.4%	1.5%	1.4%	1.4%	1.3%				
BY AGE: 5 - 11 YEARS									
Youth age 5-11 with MI	38,068	38,763	40,162	43,501	48,035				
Number with MH IP use	210	244	220	226	208				
Percent with MH IP use	0.6%	0.6%	0.5%	0.5%	0.4%				
BY AGE: 12 - 17 YEARS									
Youth age 12-17 with MI	41,327	40,525	42,049	46,004	50,376				
Number with MH IP use	695	710	702	769	843				
Percent with MH IP use	1.7%	1.8%	1.7%	1.7%	1.7%				
BY AGE: 18 - 20 YEARS									
Youth age 18-20 with MI	12,096	12,665	14,238	15,985	17,153				
Number with MH IP use	372	396	403	440	437				
Percent with MH IP use	3.1%	3.1%	2.8%	2.8%	2.5%				

GOAL AREA: Purpose

OUTCOME 3.1a

3rd grade children are successful in school



LEGEND

- No MI met Reading standard
- w/MI met Reading standard
- No MI met Math standard
- w/MI met Math standard

INDICATOR

Number and proportion of youth with mental illness who meet 3rd Grade standards on state standardized tests: 1. Assessment 2006-2008 refers to WASL, WABA, and WAMO. 2. Denominator excludes unexcused absence, refusal, no booklet, enrolled but not tested, incomplete, invalidated and tested out of grade level. 3. Calculation excludes excused absences, not enrolled during testing window, partially enrolled, medical exempt, previously passed and LEP exempt.

SOURCE

DSHS Integrated Client Database, INVEST Education Database.

STATE FISCAL YEAR	2006	2007	2008	2009	2010	2011	2012	2013
Total w/MI attempting 3rd grade Reading	4,680	4,964	5,011					
Total w/o MI attempting 3rd grade Reading	20,896	21,845	22,566					
Total w/MI attempting 3rd grade Math	4,734	4,992	5,041					
Total w/o MI attempting 3rd grade Math	20,952	21,873	22,601					
Reading								
Number w/MI met 3rd grade Reading standard	2,287	2,620	2,513					
Number w/o MI met 3rd grade Reading standard	12,083	13,122	13,626					
Percent w/MI met 3rd grade Reading standard	48.9%	52.8%	50.1%					
Percent w/o MI met 3rd grade Reading standard	57.8%	60.1%	60.4%					
Math								
Number w/MI met 3rd grade Math standard	2,110	2,468	2,394					
Number w/o MI met 3rd grade Math standard	10,976	12,854	13,140					
Percent w/MI met 3rd grade Math standard	44.6%	49.4%	47.5%					
Percent w/o MI met 3rd grade Math standard	52.4%	58.8%	58.1%					

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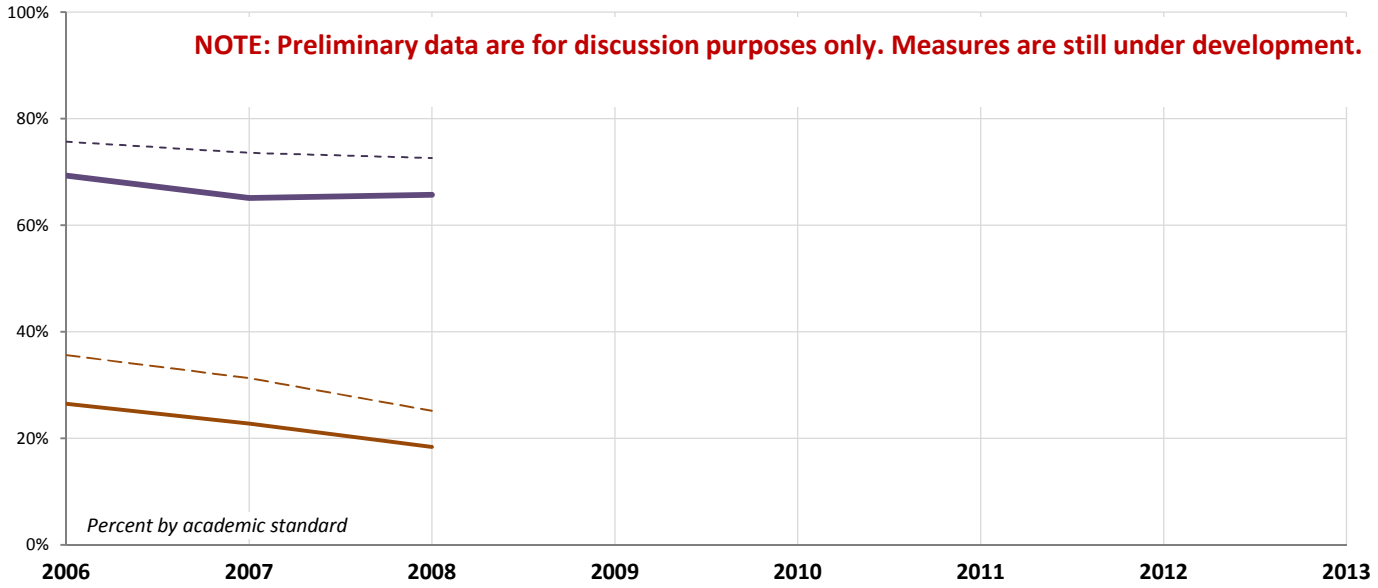
GOAL AREA: Purpose

OUTCOME 3.1b

10th grade youth are successful in school



LEGEND

- No MI met Reading standard
- w/MI met Reading standard
- No MI met Math standard
- w/MI met Math standard

INDICATOR

Number and proportion of youth with mental illness who meet 10th grade standards on state standardized tests.

Notes: 1. Assessment 2006-2008 refers to WASL, WABA, and WAMO.

2. Denominator excludes unexcused absence, refusal, no booklet, enrolled but not tested, incomplete, invalidated and tested out of grade level.

3. Calculation excludes excused absences, not enrolled during testing window, partially enrolled, medical exempt, previously passed and LEP exempt.

SOURCE

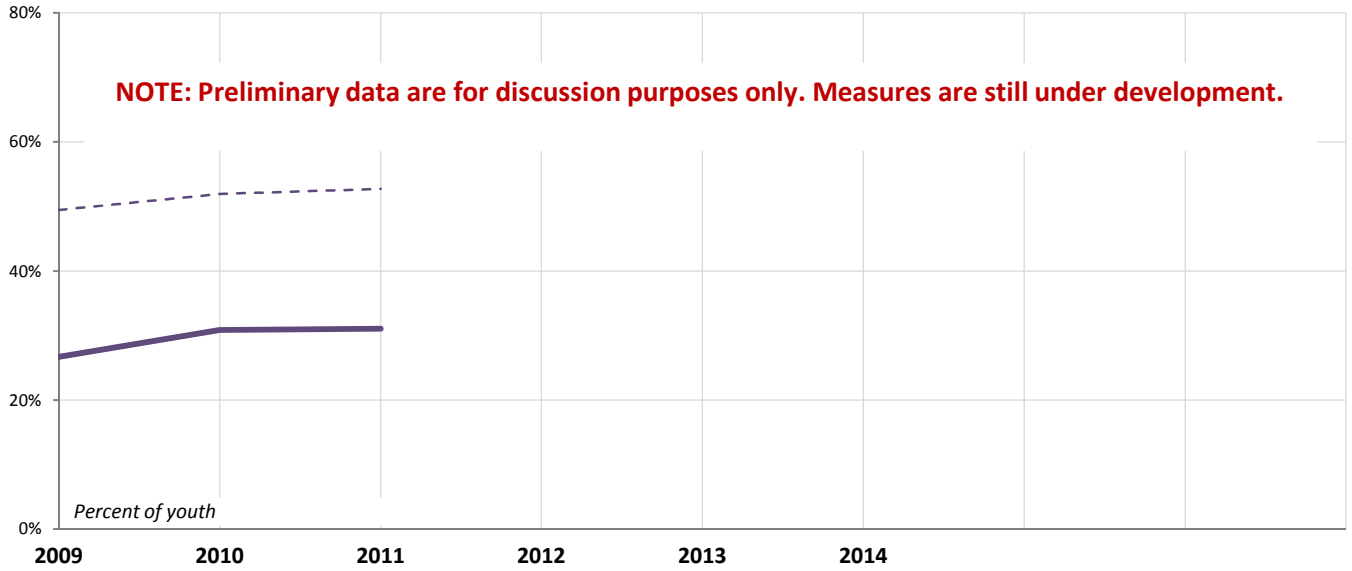
DSHS Integrated Client Database, INVEST Education Database.

STATE FISCAL YEAR	2006	2007	2008	2009	2010	2011	2012	2013
Total w/MI attempting 10th grade Reading	3,932	5,214	5,943					
Total w/o MI attempting 10th grade Reading	13,637	18,450	21,421					
Total w/MI attempting 10th grade Math	3,653	5,881	7,395					
Total w/o MI attempting 10th grade Math	13,298	21,932	28,091					
Reading								
Number w/MI met 10th grade Reading standard	2,723	3,392	3,907					
Number w/o MI met 10th grade Reading standard	10,321	13,571	15,552					
Percent w/MI met 10th grade Reading standard	69.3%	65.1%	65.7%					
Percent w/o MI met 10th grade Reading standard	75.7%	73.6%	72.6%					
Math								
Number w/MI met 10th grade Math standard	968	1,342	1,357					
Number w/o MI met 10th grade Math standard	4,737	6,865	7,086					
Percent w/MI met 10th grade Math standard	26.5%	22.8%	18.4%					
Percent w/o MI met 10th grade Math standard	35.6%	31.3%	25.2%					

GOAL AREA: Purpose

OUTCOME 3.2

Children and youth are successful in school



LEGEND

- No MI who graduate
- w/MI who graduate

NOTES

Number and proportion of youth with mental illness who graduate on time. Total youth are first time freshmen who received DSHS or HCA services during SFY/AY 2006. 2007, and 2008 respectively. Year of expected graduation is based on year entering 9th grade. For example, youth entering 9th grade for the first time in AY 2006 had a 2009 expected year of graduation.

SOURCE

DSHS Integrated Client Database, INVEST Education Database.

	YEAR OF EXPECTED GRADUATION								
STATE FISCAL YEAR	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**			
Total youth	25,797	26,296	25,579						
Total youth with MI	6,980	6,752	6,345						
Total youth without MI	18,817	19,544	19,234						
Successful Graduation									
Number who graduate	11,162	12,233	12,111						
Number with MI who graduate	1,861	2,084	1,969						
Number without MI who graduate	9,301	10,149	10,142						
Percent who graduate	43.3%	46.5%	47.3%						
Percent with MI who graduate	26.7%	30.9%	31.0%						
Percent without MI who graduate	49.4%	51.9%	52.7%						

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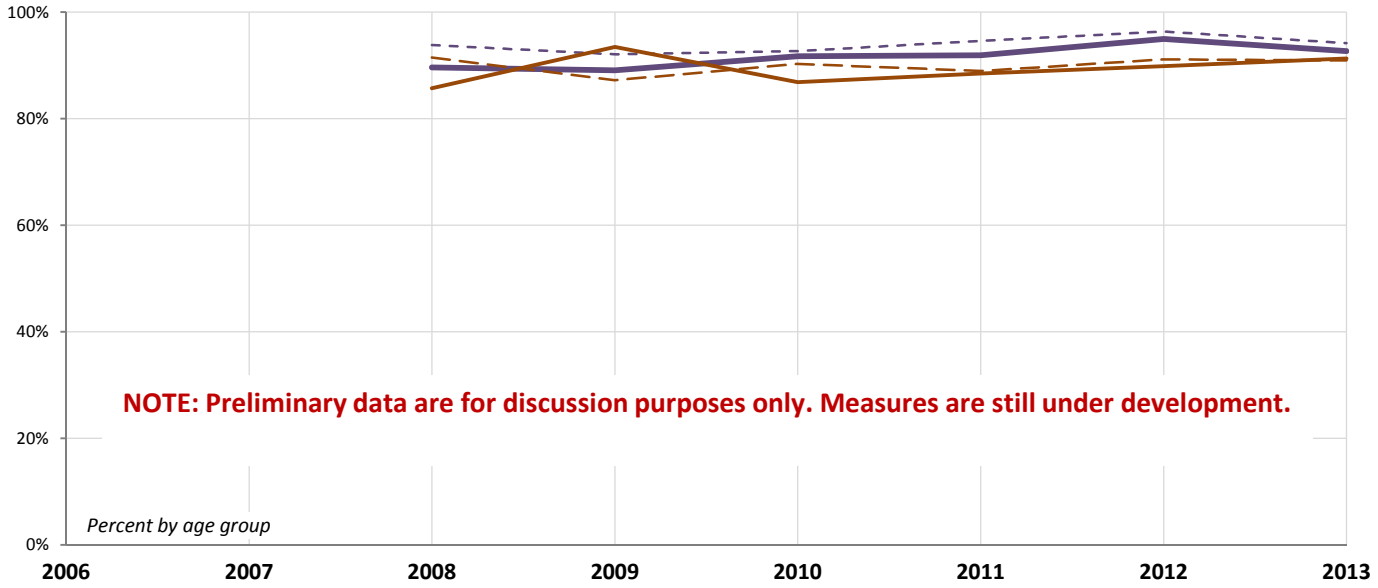
GOAL AREA: Practice

OUTCOME 5.4a

Services are culturally and linguistically competent



LEGEND

- 0 - 5 years
- 6 - 12 years
- 12 - 17 years
- 18 - 20 years

INDICATOR

Number and proportion of youth consumers [age 13-20] or adults/guardians [age 0-12] who strongly agree or agree that staff are sensitive to their cultural/ethnic background.
Source: SAMHSA Mental Health Statistical Improvement Program Consumer Survey.

SOURCE

SAMSHA Mental Health Statistical Improvement Program Consumer Survey.

BY AGE: 0 - 5 YEARS	2006	2007	2008	2009	2010	2011	2012	2013
Number of youth in this age group			81	76	82	37	82	86
Number (parents) saying strongly agree or agree			76	70	76	35	79	81
Percent (parents) saying strongly agree or agree			93.8%	92.1%	92.7%	94.6%	96.3%	94.2%
BY AGE: 6 - 12 YEARS								
Number of youth in this age group			425	468	458	284	539	478
Number (parents) saying strongly agree or agree			381	417	420	261	512	443
Percent (parents) saying strongly agree or agree			89.6%	89.1%	91.7%	91.9%	95.0%	92.7%
BY AGE: 13 - 17 YEARS								
Number of youth in this age group			223	243	237	136	304	265
Number saying strongly agree or agree			204	212	214	121	277	241
Percent saying strongly agree or agree			91.5%	87.2%	90.3%	89.0%	91.1%	90.9%
BY AGE: 18 - 20 YEARS								
Number of youth in this age group			56	46	61	26	59	46
Number saying strongly agree or agree			48	43	53	23	53	42
Percent saying strongly agree or agree			85.7%	93.5%	86.9%	88.5%	89.8%	91.3%

Technical Notes

POPULATION: Children ages 5-21 who had at least one month medical coverage (Medicaid, SCHIP) during the state fiscal year (SFY) who have an identified mental health problem. For the education measures, no medical coverage restriction has been applied.

Mental health problem: In the current or past SFY, any mental health diagnosis, prescription or service recorded in administrative data. The following diagnostic categories are included: Psychotic, Bipolar, Depressive, Anxiety, Adjustment, and ADHD/Conduct/Impulse. The following medication classes are included: Antipsychotic, Antimania, Antidepressant, Antianxiety, and ADHD. Mental health services include DBHR contracted community inpatient or outpatient, state hospital or children's long-term inpatient (CLIP), and Children's Administration Behavioral Rehabilitation Services (BRS).

Substance abuse problem: In the current or past SFY, any substance-related diagnosis, service, or arrest.

Co-occurring disorder: Presence of both a mental health problem and substance abuse problem during the same 2-year period.

Criminal Justice involvement: The presence of EITHER (1) any arrest for a felony or gross misdemeanor during the SFY, as recorded in the Washington State Patrol databas OR, (2) activity recorded in the Washington State Instiute for Public Policy (WSIPP) recidivism database that indicates a disposition associated with criminal activity (conviction, detention, JRA referral, deferral, or diversion).

DATA SOURCES:

Integrated Client Database
INVEST Education and Social Services Database

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September 2013

CONTRIBUTORS

Jeanette Barnes • Eric Bruns • Tina Burrell • Hathaway Burden• Sarah Butzine • Traci Crowder • Raetta Daws • Alice Huber • Tamara Johnson • Rebecca Kelly • Barb Lantz • Barbara Lucenko • Michael Luque • Carol Miller • Lin Payton • Dan Schaub • Monica Reeves • Kathy Smith-DiJulio • Jacob Towle • Teresa Vollan

Appendix E

CLIP IMPROVEMENT TEAM
OVERVIEW

In September, 2010, several RSN Children's Care Coordinators expressed some concerns regarding coordination and treatment planning with some of the CLIP Programs. (CLIP is Children's Long Term Inpatient Program, Washington's 91-bed mental health inpatient system comprised of the three child units of the State Hospital and three contracted Psychiatric Residential Treatment Facilities). As a result, DBHR initiated a full day work session in November, 2010 that began to systematically address several key areas of treatment coordination between CLIP, the RSN's and community, and families of CLIP youth. Participants included RSN Children's Care Coordinators, CLIP Program Managers, CLIP and DBHR administration personnel, and parents from the CLIP Parent Steering Committee, several of whom also serve on the quarterly Children's Mental Health Committee.

This group met again in May 2011, August 2011, and in February, 2012. The group has focused on common concerns related to the admission process, discharge planning, family inclusion, integrating the national "Building Bridges" initiative, transition to the community, and reduction in length of stay. The groups separated into four subgroups that brainstormed solutions to issues raised in these areas. The subgroups were composed of representatives of each of the above group participants. The subgroups appointed representatives to help collate the work of the meeting. This work resulted in assignment of solutions to CLIP timelines that modeled the life of a case, and were divided into Access, Preadmission, Admission, Treatment, Discharge/Planning and Transition, and Community Aftercare. In August, 2011 the work of separating these solution ideas into the following three areas began:

- What can we do now with no extra funds?
- What can we do later without money?
- What can we do later if additional funding is provided?

After collating the work of the August meeting, in February 2012 the reconvened group reviewed this product utilizing different teams, with feedback to the timelines and suggested changes. These teams then focused on the Do Now activity needed to achieve the goal, who will be involved and by when it should be completed.

In May, 2012 the CLIP Improvement Team (CLIP IT) reviewed what we can "Do Now" with specific implementation recommendations from the small groups and approved the vast majority of action items. The group reviewed the suggestion that CLIP IT pilot the Building Bridges Self-Assessment Tool in Washington's CLIP system, and explored adopting it system wide as a regular quality measure. A workgroup has met to establish needed steps to carry this out, and added a youth currently in treatment to the group to obtain youth feedback into needs for implementation. The "Do Now" steps have been agreed practices across the different system CLIP IT participants and are consistent with national Building Bridges and System of Care principles, and are now in the implementation phase. The August, 2012 the CLIP IT team reviewed current action steps and is focusing on improvements in joint child and family treatment planning meetings. Washington State has now formally joined the national Building Bridges Initiative movement.

The benefit of this process has been that it is a joint, collaborative exercise that is producing shared goals for specific improvements between CLIP programs, family members using CLIP, our RSN partners and DBHR. Future steps involve methods to properly involve youth, child welfare and other system partners involved with the CLIP system in this effort. The CLIP Improvement Team 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.

Mark Nelson, CLIP Program Administrator

CLIP IMPROVEMENT TEAM
INITIAL OUTCOME INDICATORS
April 2013

The CLIP Improvement Team is an effort that began in November, 2010 and is described in other materials. The overall project has focused on improving the transition of youth into and out of our Children's Long Term Inpatient programs, a combination of 47 child and youth beds as part of the state hospital, and 44 beds in three PRTF's operated by non-profit mental health centers or stand-alone programs. One of the unique factors in this effort is that it began in response to a field RSN request to address problems between the residential and community treatment mental health systems for youth. There is no requirement from the state or the RSN's by contract or regulation to engage in this effort, but the group has sustained this statewide task based on positive experience of the work accomplished to date.

Some initial accomplishments of this project that have been observed since the inception of the CLIP Improvement Team are:

- Increased evidence of family, RSN and community mental health participation in CLIP treatment found in annual CLIP Inspection of Care audits.
- Involvement of CLIP youth in treatment in CLIP Improvement Team effort.
- Reduction in Average Length of Stay for CLIP from 328 days in Fiscal Year 2011 to 258 days in Fiscal Year 2013 to date.
- Change in CLIP Policies and Procedures, reducing initial maximum certification time frame and maximum re-certification time frames in half. This changed over 20 years of the previous service limit standards.
- Time of service expectation, by CLIP IT agreement, is now described as a "three to six month" treatment intervention.
- Establishment of structured Pre-Admission planning meetings before CLIP admission, clearly involving parents, hospitals, community mental health, and the CLIP program in clarifying expectation of treatment, length of stay, family involvement and discharge plan.
- Initial efforts to engage system partners utilizing this resource in the CLIP IT mission.
- Formal request to Washington's System of Care Family Youth System Partners Round Tables to approve Washington as a national Building Bridges Initiative member.
- Elimination of the CLIP waiting list (length of time to admission after referral) as a Governors Management Accountability and Performance indicator, due to meeting expected targets for over two consecutive years.
- Increase in discharge rates over the past 4 years, reduction in number of youth on waiting list across the past calendar year.

Appendix F

AWARENESS EFFORTS AND SOCIAL MARKETING

Numerous presentations, events, meetings, and conversations were held over the last year, all across the state, which promoted mental health awareness. It occurred at the local, regional and state level. A small number of these promotional materials are provided as a sample of the array of materials developed.

In addition to the samples provided below, youth representing various areas of the state, created a number of promotion and awareness videos. Links to some of these videos are below:

- http://www.youtube.com/watch?v=_Lh-1O6E8W4
- http://www.youtube.com/watch?v=lYU782q6ulM
- http://www.youtube.com/watch?v=cz5yn_JH0hw
- http://www.youtube.com/watch?v=iJlK7HBJ1Xg
- https://docs.google.com/file/d/0Bxvt4bsK-CTvTk5CMEJzODVsZTg/edit?usp=drive_web&pli=1

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
P.O. Box 45010, Olympia, Washington 98504-5010

August 27, 2013

Dear Teammate:

Over the last many months, we've engaged in a process to better define the mission and values that best resonate with the DSHS team. We all know new Missions and Values roll out with each DSHS Secretary, and that typically they reflect the views of the Secretary more than those of the 17,000 other members of the DSHS team. We tried to take a different approach by both soliciting the views of the Executive Leadership Team, and asking them to solicit the views of their teammates within their Administrations. This does not mean that we got to hear from everyone, but I think this process was more broad-based than in the past.

The Mission we landed on, "Transforming Lives", ties each of our Administrations together. And we recognize that we don't do this on our own. We facilitate our clients efforts, often in partnership with community organizations. Equally, many of us work to support those who more directly "transform lives."

We also settled on five core values:

- Honesty and Integrity
- Pursuit of Excellence
- Open Communication
- Diversity and Inclusion
- Commitment to Service

If I've had a chance to chat with you directly, you have no doubt heard me discuss these values. Because I have not had the opportunity to chat with everyone, I plan to drop you emails from time to time discussing my perspective on what these value mean for DSHS, and the perspectives I hear when meeting with your teammates across the state.

In this email I'd like to touch on Diversity and Inclusion and what it means to take an active role in creating the type of environment we all want. I also know I'm close to the end of what you may feel you have time to read so I'd just like to ask you to watch the video clip in the link below, and ask yourself what it means for you. If you know of a teammate who does not have regular access to a computer, please share this note with them.

Thanks for all of your hard work.

Kevin W. Quigley
Secretary

http://www.upworthy.com/one-easy-thing-all-white-people-could-do-that-would-make-the-world-a-better-place-5

Key Principles

The Department welcomes, values, and supports cultural competence and embraces respect for the individual differences of our employees and clients. Our interaction with all segments of society must be transparent and reflective of our commitment to excellence.

We Are …	Our Commitment …
ACCOUNTABLE...	Recognizing the impact of our approach, decisions, and actions on ourselves, coworkers, stakeholders, and those we serve.
AMBITIOUS...	Striving to enhance our cultural responsiveness by asking "What are we doing well?" and "What can we do better?"
COLLABORATIVE...	Working cooperatively to promote a culturally competent environment in which everyone has the opportunity to contribute.
INCLUSIVE...	Embracing different races, ethnicities, cultures, identities, orientations, abilities, communication styles, values, world views, problem-solving approaches and thinking styles.
RESPECTFUL...	Welcoming, responding to, accepting, and valuing differences among co-workers, stakeholders, and those we serve.
RESPONSIVE...	Learning, growing, and adapting to changes in our surroundings, professional relationships, and the needs of those we serve.
STRENGTH BASED...	Offering the training, resources, and support needed to build on existing strengths.

Washington State Department of Social & Health Services
DSHS 24-410 (7/12)

The State of Washington

Proclamation

WHEREAS, the benefits of prevention and effective, comprehensive treatment of mental health and substance abuse disorders are significant, and people recover successfully in Washington's communities as well as around the nation; and

WHEREAS, in 2011, 2.3 million people aged 12 or older received specialty treatment for a substance use disorder and 31.6 million adults aged 18 or older received mental health services, according to the *2011 National Survey on Drug Use and Health*; and

WHEREAS, we must encourage relatives, co-workers and friends to implement preventive measures, recognize the signs of a problem, and guide those in need to appropriate treatment and recovery support services; and

WHEREAS, on January 1, 2014, as a result of the Affordable Care Act, more than 11 million uninsured individuals with behavioral health needs will become eligible for affordable insurance coverage for their treatment needs; and

WHEREAS, to help more people achieve and sustain long-term recovery, the U.S. Department of Health and Human Services (HHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), the White House Office of National Drug Control Policy (ONDCP) both support and acknowledge the essential importance of recovery;

NOW, THEREFORE, I, Jay Inslee, Governor of the state of Washington, do hereby proclaim September 2013 as

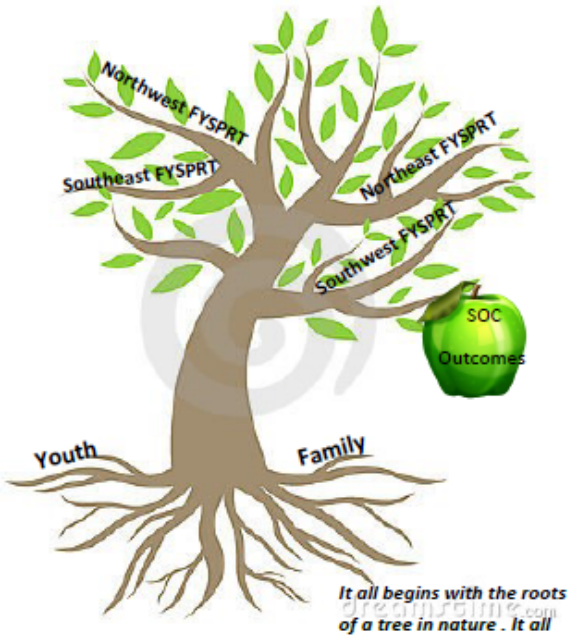
National Recovery Month

in Washington, and I urge all people in our state to join me in this special observance.

Signed this 8th day of August, 2013

Governor Jay Inslee

Southwest Region Family, Youth and System Partner Roundtable Statewide Meeting August 27, 2013 Catlin Grange 205 Shawnee St. Kelso Wa.



It all begins with the roots of a tree in nature . It all begins with youth and family in systems of care.

4:30 PM Dinner coordinated, prepared and served

by Club Youth of Cowlitz County.

5:00 PM FYSPRTS Southwest Statewide Meeting

Directions going North I-5 exit 40 , Turn Right at the stop sign onto N. Kelso Ave. Turn Right onto Redpath St. Turn right onto N. Pacific Ave. , Turn right onto Shawnee St. Go about 2 Blocks on the Left.

Directions going South I-5 exit At exit 42, take ramp right and follow signs for Sparks Drive

Turn left onto Sparks Dr. Turn right onto Pacific Ave N. Turn left onto Shawnee St

For those of you that will miss this wonderful dinner !

1. Please join my meeting, Tuesday, August 27, 2013 at 5:00 PM Pacific Daylight Time.
https://www2.gotomeeting.com/join/924659346

2. Use your microphone and speakers (VoIP) - a headset is recommended. Or, call in using your telephone.

Dial +1 (267) 507-0008
Access Code: 924-659-346
Audio PIN: Shown after joining the meeting

Meeting ID: 924-659-346

CLIP Parent Training Weekend

September 20-22, 2013

Free to you!
WA State provides this training in collaboration with the CLIP Parent Steering Committee!

WHO	**Parents/caregivers who have a child in a CLIP program or are waiting for admission**
WHEN	***September 20, 21, and 22, 2013.*** ***Starts Friday by 6pm – ends Sunday 12pm.***
WHERE	**Dumas Bay Retreat Center, Federal Way, WA** 3200 Southwest Dash Point Road Federal Way, WA 98023-2340 (253) 835-2000 **Overnight accommodations and food provided with registration.**
WHAT	**This training is designed and presented by the CLIP Parent Steering Committee; (former CLIP Parents and/or CLIP Advocates).**

What can I learn from this training?

- **How other families have been in similar situations!**
- **How to identify my child's and family's strengths**
- **Ideas for coping with and preparing to prevent crises**
- **Self-care ideas/Preparing for transition home**

Notes: This is for adults only – visits with your children are encouraged before or after the training event at their CLIP facility if nearby. Bathrooms are shared; rooms private. If you prefer a roommate, please indicate that on your registration. Preference is given to parents/caregivers who have not attended a training previously. Attendance at complete training is required.

Registration Due by: Friday, September 6th, 2013

Questions? Contact the CLIP office at (206) 298-9641.

SE WA Regional FYSPRT
Saturday, June 8, 2013
2:00 – 4:00 p.m.
Three Rivers Wraparound
3321 W. Kennewick Avenue, Suite 150
Kennewick, WA

Snacks
Acronym Bingo
Introductions
FYSPRT Overview – Q&A
Current Issues
Legislative & Policy – Session Report
Statewide Updates
Local Updates
Next Steps

See you soon!
More info & to RSVP:
NAMI Yakima
509.453.8229
melissas@namiyakima.org

Prepared for:
SE WA Regional FYSPRT, June, 2013 - LJG

10am - 6pm, Monday - Friday, SEPTEMBER 23-27 2013

GREAT WOLF LODGE Grand Mounds, WA

INTERESTED IN BECOMING A WASHINGTON STATE CERTIFIED YOUTH OR FAMILY PEER COUNSELOR?

Applications Due August 16th 2013

CERTIFIED PEER COUNSELOR TRAINING OPPORTUNITY

When:

September 23rd - 27th 2013

Monday - Friday

Class Time:

10:00am - 6:00pm

Where:

Great Wolf Lodge Resort - Grand Mounds, Washington

Lodging, breakfast, lunch and dinner will be provided to all training participants throughout the training

Applications must received by August 16th 2013

A Youth or Family Certified Peer Counselor is a person who has lived experience with behavioral health challenges and recovery, who uses their skills as a peer counselor and personal story to help their peers discover resources, advocacy, communication and empowerment to support them in their journey of recovery and resiliency.

Successful Applicants Must:

- Complete the Washington State Peer Counselor Application attached to this flyer via email, mail or fax to the contact information to the left (please write "Youth and Family" at the top of your application to ensure review for this training)
- Be able to participate fully in the 40 hour and not miss more than 3 hours of the course
- Be committed to working with youth and families who are struggling with behavioral health challenges.
- Be grounded in your recovery for at least two years
- Be at least 18 years old or older

CONTACT INFORMATION

Applications must be submitted via the following contact information by August 16th, 2013

Mail to: Youth N Action - 901 Fifth Avenue Suite 2900 Seattle, WA 98104

Fax: 206-448-1336

Email: Elizabeth.Jetton@wsu.edu

For Questions Call: 206-219-2403

Washington State Department of Social & Health Services
DBHR Division of Behavioral Health and Recovery

Washington State University Spokane

HOSTED BY

Youth N Action with support from: DSHS - Division of Behavioral Health and Recovery, DSHS - Regional Support Networks, Washington State University and The System of Care: Family, Youth and System Partner Round Tables

Youth N Action hosts:
Southwest Washington
Youth Leadership and Peer Support Retreat 2013

For youth and supportive adults involved in the System of Care in Southwest Washington

June 23rd – 25th 2013

Great Wolf Lodge Grand Mound Washington

20500 Old Highway 99, SW
Phone: 360.273.7718

Please join us for 2 nights and 2 days of fun, interactive learning and advocacy for youth in your community.

This event is brought to you by Youth N Action a for youth by youth Washington State Youth Advocacy Program that's been supporting youth leaders in the system of care since 1999

LEARN ABOUT YOUTH LEADERSHIP, ADVOCACY AND PEER SUPPORT!

MEET NEW FRIENDS AND ALLIES FROM DIFFERENT COMMUNITIES ALL OVER SW WASHINGTON!

SPEND 2 NIGHTS AT THE GREAT WOLF LODGE RESORT

FOR MORE INFORMATION:

206-219-2403
ELIZABETH.JETTON@WSU.EDU

June 23rd Opening Program and Live performances hosted by:

Washington State Department of Social & Health Services
DBHR Division of Behavioral Health and Recovery

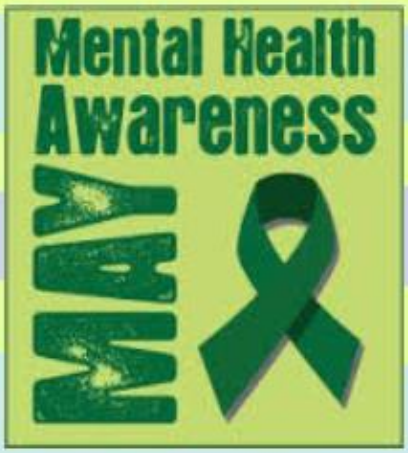
THURSTON COUNTY WASHINGTON SINCE 1852

CLALLAM COUNTY 1854

esd 113

PAVE

WASHINGTON STATE UNIVERSITY SPOKANE



- **What:** Mental Health Fair
- **Where:** First Lutheran Church 418 N Yelm Street Kennewick, WA 99336
- **When:** May 29th from 5pm to 7pm

Benton /Franklin County Family Youth System Partner Roundtable Invites you to Celebrate "Mental Health Awareness"

Join us for a fun family friendly event!

May is Mental Health Awareness Month

there will be games, food, prizes and lots of information on local resources.

So come check it out!

- For further information please contact Carolyn Cox (Family Support Coordinator) at (509)783-2085 or ccox@lcsnw.org

World Suicide Prevention Day

Everyone Plays A Role in Suicide Prevention ...What Will Your Role Be?

September 10th, 2013
1:00-3:00pm
Comprehensive Mental Health Auditorium
402 S 4th Ave
Yakima, WA 98902

Learn about local prevention resources and tools to help those in crisis!

Professional Speakers will include:

- YSPP- Youth Suicide Prevention Program
- NAMI Yakima-National Alliance on Mental Illness
- Comprehensive Mental Health
- School Representative
- Yakima Police Department
- Memorial Hospital Emergency Room Department
- YVSOC Yakima Valley Systems of Care

Sponsored by:
YSPP-Youth Suicide Prevention Program, Yakima County Youth Suicide Prevention Coalition, NAMI Yakima-National Alliance on Mental Illness, & Comprehensive Mental Health

For more information contact Celisa Hopkins at (509) 833-9631 or celisa@yspp.org

Program for homeless youth looks to become better known

By ARLA SHEPHARD
SHELTON LIFE

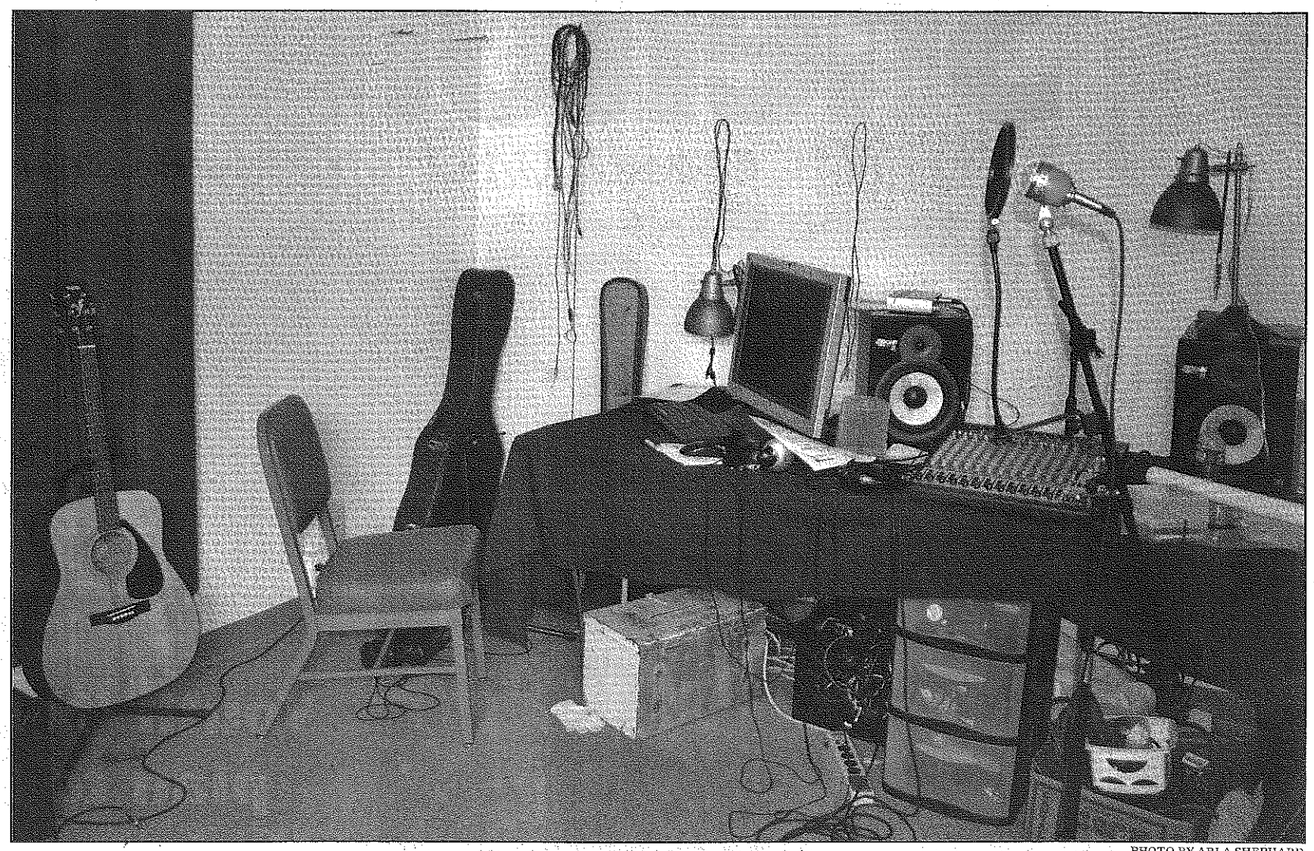


PHOTO BY ARLA SHEPHARD

Many Mason County youth can take advantage of the recording studio provided for them at the Youth Empowerment Strategies (YES) building on Fourth Street in Shelton. YES is looking for a more permanent home to offer a one-stop shop for youth resources.

By the time KeAndra Radchenko was 12, she was already into party drugs, such as Ecstasy, Ketamine and GHB.

Radchenko's mother was in and out of jail and had done drugs all of Radchenko's life. Radchenko, now 18, started smoking marijuana at 8 and cigarettes at 9.

When her mother got into harder drugs, so did Radchenko, who often found herself homeless and sleeping on couches and in the streets of Shelton.

Whenever she needed to find something to do to keep her mind off things and occupy her time, however, she turned to Youth 'N Action.

Youth 'N Action is a statewide youth advocacy program that empowers young people between the ages of 14 and 24, offering them opportunities to become advocates in the Legislature, mentor and learn technical skills and training.

For many years, the Mason County branch of Youth 'N Action ran a computer lab, recording studio and other recreational programs for youth out of the old National Guard Armory on Franklin Street in Shelton.

Now, the program, operating under the umbrella of the nonprofit Youth Empowerment Strategies (YES), is located temporarily in Mason County's old Public Works building across from the Mason County Courthouse, where quarters are cramped.

The program, along with Youth Empowerment Strategies, wants to involve more youth in its projects and engage further with the larger Mason County community.

"Most people don't know about us," said Brian McCracken, youth director for Youth 'N Action. "We're probably a little more quiet and humble than we should be."

The program, funded by a grant from the federal Substance Abuse and Mental Health Services Administration, is working toward becoming more financially sustainable, McCracken said.

That means more efforts to raise money, such as this Friday's youth-run carnival fundraiser, from 3 to 7 p.m., Aug. 23, at Kneeland Park in Shelton.

The carnival, like many of Youth 'N Action's endeavors, is entirely planned by the program's youth leaders to give them leadership skills and foster a sense of ownership in the program. Youth leaders can also get paid.

When Radchenko's father died two years ago, she decided to give up drugs and devote more of her time to Youth 'N Action.

She is now a youth leader, advocating for youth issues in Olympia and talking with her peers one-on-one to help them through tough situations.

"I can't even begin to tell you the number of homeless youth or youth addicted to a substance there are in Shelton," Radchenko said. "There is an abundance. I like to help other people out. Nothing helps my emotional state and mentality, like being able to say, 'Hey, I helped someone out today.'"

Radchenko is still homeless, living in her car or sleeping on the couches of friends, along with her fiancé. Both are finishing up their high school diplomas or the equivalent GED, and Radchenko's fiancé has been accepted into Olympic College.

Fifty percent of Mason County's homeless population is people under 21, according to figures from Youth Empowerment Strategies.

In the 2010-2011 school year, 10 percent of students qualified as homeless. In the 2009-2010 school year, the Shelton School District had the ninth-highest number of homeless students out of 295 districts in the state, according to YES figures.

SEE YOUTH | 10

ON THE COVER

Youth 'N Action youth director Brian McCracken works with homeless and other at-risk Shelton youth to feel empowered by helping them to gain a voice in the Legislature, mentor, and obtain vocational skills and training. Youth 'N Action operates a computer lab and recording studio for youth under the umbrella of Youth Empowerment Strategies on Fourth Street in Shelton.

photo by Arla Shephard

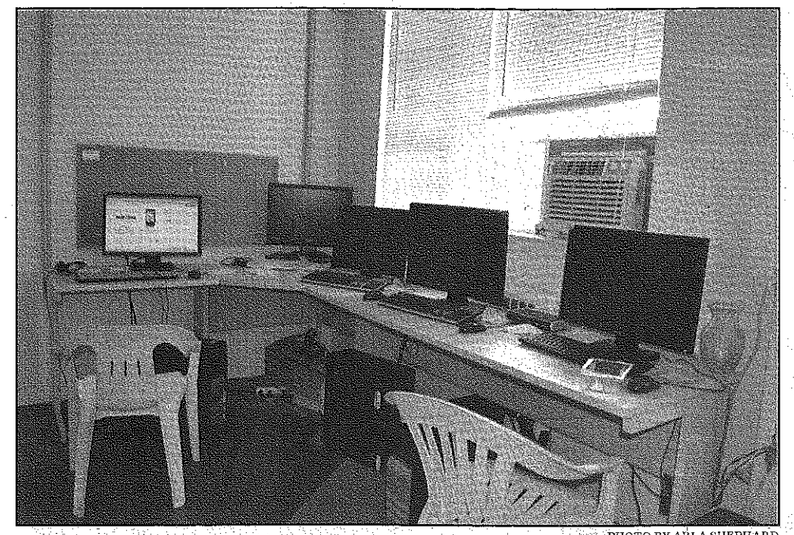


PHOTO BY ARLA SHEPHARD

The Youth 'N Action computer lab is available for youth to use during business hours at the Youth Empowerment Strategies (YES) building on Fourth Street in Shelton. Homeless teen KeAndra Radchenko, 18, credits Youth 'N Action for bolstering her confidence by entrusting her as a youth leader, where one of her duties is overseeing the computer lab.

UPCOMING FUNDRAISER

What: Carnival to benefit youth programs

When: 3 to 7 p.m., Friday, Aug. 23

Where: Kneeland Park in Shelton

Cost: Admission is free, games and food have varied costs

YOUTH | FROM 3

Mason County has no youth homeless shelter.

Youth Empowerment Strategies offers a program called HOST, where families can volunteer to take in a homeless youth while they pursue their high school diploma or learn job and life skills.

In addition to Youth 'N Action, Youth Empowerment Strategies also offers other youth-oriented programs that connect youth with job training, media arts skill-building opportunities and support for youth released from juvenile detention.

Youth Empowerment Strategies started in Mason County in 2010 after Save Our County's Kids (SOCK) handed over the operation of the computer lab, recording studio and bike shop in the National Guard Armory.

When the Mason Transit Authority purchased the armory in 2006 to renovate the facility for a new transit and community center, YES had to move to its current location on Fourth Street.

While the transit authority's plans for the armory include space for many of the recreational activities that YES had previously operated in the old building, YES is uncertain it will be able to afford rent in the new space, said YES director Michael Diamond.

YES is looking into other partnerships, while also continuing to work with the transit agency to ensure that there is a place somewhere in Mason County for consolidated youth programs, Diamond said.

"We want to be a hub of resources," he said. "We want to have a place for youth to feel empowered."

The need for youth programs in Mason County is huge, said McCracken, who also works with Thurston County's Youth 'N Action program.

"In Thurston County, there is a little more assumed support for youth and social programs, because that's the culture of Olympia," he said. "There are lots more programs there and so it's easier to direct youth to the services they need."

However, in Mason County, McCracken said he's noticed that youth have more of an entrepreneurial drive.

"There is a strong do-it-yourself spirit," he said. "The Mason County youth have a lot of initiative. For instance, our youth leader Maricha LeCount is a good example. She's never organized a fundraiser before, but she's doing our carnival."

Right now, there are five regular members of Youth 'N Action, although many more youth drop by to use the computer lab or record music in the recording studio, McCracken said.

"Some of the youth that use that stuff, it's not that they don't have the knowledge, it's that they don't have the resources," he said. "It's great to have that in the community."

During the school year, and when there are planned events, attendance to Youth 'N Action tends to rise, McCracken said.

"That's OK to have different levels of involvement," he said. "Some people would rather do an open mic and some would rather go to Olympia."

McCracken offers weekly poetry workshops and supervises other digital media projects that youth members decide to pursue.

He's eager to see the program continue to grow.

"We think that Mason County and Thurston County have the financial resources and the human resources to be able to invest in youth in the community," McCracken said. "These youth, should they stick around, they are the future leaders of the community."

Radchenko credits Youth 'N Action for giving her work and entrusting her with responsibility, both of which boosted her confidence.

"They gave me a shot even though I wasn't the most trustworthy person at the time," she said. "They don't look down on everybody ... If you prove yourself, you end up in higher positions, just like the real world. You work your way up. I hope more people give this group a shot." ■

FOR MORE INFORMATION

For more information about Youth Empowerment Strategies, visit http://www.youthempowermentstrategies.org or call 432.5836.

ELKS | FROM 5

come to a home is much more easy for parents than having to drive to Children's Hospital in Seattle."

The Shelton Elks Lodge also supports scholarships for local youth; recent Shelton High School graduate Vanessa Gilbert earned $8,000 in scholarships from the local, state and national Elks organizations to attend Stanford University.

Shelton Elks also visit the State Veterans Home in Retsil the second Sunday of each month to play Bingo with veterans and donate items such as books, globes, socks and magazines.

The lodge also supports various other programs for veterans nationally.

In addition to support for youth, each December, the Shelton Elks hosts a Christmas party for families in need, where youth receive Christmas stockings, a visit with Santa, food and a chance to win prizes such as bicycles and game consoles.

Proceeds from the Margaritaville fundraiser will benefit the annual holiday party.

"Typically, we receive a $2,500 grant from the Elks National Foundation for the Christmas party, but we're looking to make this event bigger than last year," Thompson said.

The Shelton Elks also regularly donate to the Community Kitchen, local food bank and the 40 et 8 veterans organization.

All of the Shelton Elks events, fundraisers and programs are open to any member of the public.

Anyone 21 or older may join — weekly events include pinochle on Monday, dinner and a meeting on Wednesday, Bingo on Thursday and country and rock dancing on Friday.

Every second and fourth Saturday of the month, the Shelton Elks Lodge also hosts dinner and ballroom dancing.

"As you become more involved, we definitely become a family," Thompson said.

The Elks began 1868 as a social club known as the Jolly Corks, made up of a group of thespians from New York City.

Shortly thereafter, the club changed its name and adopted various service roles. Now, there are Elks lodges in more than 2,000 American cities and towns, as well as in current and former U.S. territories.

The Shelton Elks Lodge was built in 1971 by its members on land donated by Shelton resident Tom Savage. In 1984, club members began construction on an upper level.

The lodge is one of the few in the country that has never had a bank loan or mortgage, Kramer said.

For more information on the Shelton Elks, visit http://www.sheltonelks2467.com. For more information about the national organization, visit http://www.elks.org/. ■

LETTERS

Continued from page A-4

Look to LDS's website for truth on Mormons

Editor, the *Journal*

I have just read a notice in this week's *Mason County Journal* that invites the community to a presentation at a local church on Sunday which offers to "provide clarity" regarding the subject, "What do today's Mormons actually believe?"

As I write this, two days prior to the event, I have no way of knowing what information will be given, however, the notice states that a panel of former members of The Church of Jesus Christ of Latter-day Saints will provide the information.

I'd like to remind the public that there are official websites available that do provide "clarity" on what the members of The Church of Jesus Christ of Latter-day Saints (Mormons) believe. Alternatively, if you are not looking for information, but just want a lovely lift to your day, watch the brief videos found at Mormonchannel.org. The music and presentations found there are inspiring to a variety of beliefs and denominations. As a decades-long member of the Mormon faith and a follower of Jesus Christ, I also belong to the largest women's organization in the world — the Relief Society. I recommend the two-minute music video found at that website that is titled "Daughters of God." It features the diversity of members of the Mormon faith.

If you want detailed, transparent information regarding The Church of Jesus Christ of Latter-day Saints, notice that all of the church's magazine articles, scriptures, videos and text from their semiannual world-wide church conferences are posted on lds.org for anyone to view. I invite you to learn about the religion from practicing Mormons. I remind you and your readers that it is best to gather information on any subject from a variety of sources — both official and anecdotal — before you form an opinion.

According to official statistics, there are 538 LDS (Mormon) congregations in the state of Washington. There are three congregations of the church in Shelton and one in the Allyn-Belfair area. (Source: www.mormonnewsroom.org/facts-and-stats, Dec. 31, 2012).

Andrea Densley
Shelton

Youth 'N Action makes big difference

Editor, the *Journal*

"There is a place where the sidewalk ends, and before the street begins ..." — Shel Silverstein

The place where the sidewalk ends; in my mind, this is a metaphor for a place where people can go when they have nowhere else to go. It is a refuge for lost people, lost souls. This is the purpose of Youth 'N Action (YNA). We are there; in that nowhere place between the end of the sidewalk and beginning of the road, ready to help the weary travelers that get lost there.

When a troubled youth comes to YNA, they find a group of people who have experienced the same things that that youths are trying to escape. They find young people who have seen the same sights, felt the same way and know in that instant that these people will listen to them. The members of YNA have been on the other side, the "drug" side, the "life on the streets" side, the depression side and they have come back from it. These youth see other youth who have recovered and improved their own lives, and they think, "If they can do it, I can do it."

Youth 'N Action has helped many of these youths to find their way. We are here to support those youths that come our way looking to get out of their desperate situations and turn their lives around. And we have watched as, time and again, these youths have pushed through and beat the odds. Their success has been inspirational to the members of YNA, and we have decided that it is time to share that inspiration with the rest of the community. I would like to share one of our success stories with you now.

"I was 8 years old when my mom introduced me to prescription pills. After that, I started doing other drugs and I stopped going to school. Through the years, I was homeless off and on. This led me to start doing heavy drugs. When I started the heavy drugs, I become homeless on a more regular basis. This was my life up until Sept. 12, 2011. That's when I started dating a girl who just happened to be one of the youth leaders of Youth 'N Action. When we started dating, I decided to clean up. I stopped doing drugs, started looking for a job and enrolled in the Gravity Program run by Mason County Youth Programs to get my GED. I also joined Youth 'N Action. When I joined, I thought I was just doing it to make my girlfriend happy. I didn't realize that the people in YNA had similar stories to mine, of drugs and recovery. I discovered kindred spirits in these people — people who had been through what I went through and were working to help others who still hadn't found their motivation to get clean and sober, but needed and wanted help all the same.

"Cleaning up had been a struggle for me. I felt alone because my girlfriend had been clean for years, and she makes it look so easy. But when I found YNA, it became easier, because the others in Youth 'N Action showed me that I wasn't alone. They struggled with it, too. But they were doing it, and this made me realize that if I keep trying, I will succeed. Having them around gave me a sense of community and helped me understand that I want to help others, too. I want to help them recover."

This young man chose to remain anonymous, feeling that his story would have more of an impact that way. And I agree. Because this isn't just his story; it's all of our stories. They may not have happened the same way, but they had the same ending; an ending of recovery and resilience, confidence and belief. And hope.

For more information, email masonyna@gmail.com or visit 410 N. Fourth St. We meet every Thursday at 3 p.m. You can also call or text Brian McCracken at 703-638-8884 or look us up on Facebook.

Maricha LeCount
Youth leader, Youth 'N Action
Shelton

Thanks to Rep. Drew MacEwen

Editor, the *Journal*

My thanks to Rep. Drew MacEwen for telling it like it is in regard to the Belfair bypass in his editorial "Can you afford the Belfair Bypass?" In 2005, Rep. Kathy Haigh told me her vote for the gas tax increase was predicated on a promise that the increase would result in a Belfair bypass. MacEwen spells out succinctly what happened to that tax money. If I have another chance, I won't be voting for another gas tax increase to improve roads and bridges in King County.

Fool me once shame on you, fool me twice, shame on me.

Stan Walster
Grapeview