Substance Abuse and Mental Health Services Administration

STATE ADOLESCENT TREATMENT ENHANCEMENT AND DISSEMINATION

BI-ANNUAL REPORT FORMAT

(FOR PILOT SITES: Illinois, Iowa, Oklahoma, Kentucky, Louisiana, Maine, Montana, Washington, and New York)

Reporting Period: 05/01/13 – 09/30/13	**Date Submitted: 10/29/13**
Completed By: Tina Burrell	

Section I—Grantee Information

- CSAT Government Project Officer: Melissa Rael, MPA RN BSN, Captain – USPHS, Senior Program Management Officer

- Federal Grantee Number: 1U79TI024265

- Project Name: Washington Recovery Youth Services (WA-RYS)

- Grantee Organization: Washington State Department of Social and Health Services, Division of Behavioral Health and Recovery

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- Date of Report: 10/15/13

I, **Chris Imhoff**, who is the Authorized Representative for **WA DSHS/ Division of Behavioral Health and Recovery** has reviewed and approved this annual report for submission to SAMHSA on **October 25, 2013**.

Section II—Current Staffing and Staff Changes

Alice Huber, who was our PI, has resigned from DBHR. Her last day with the Division is October 15, 2013. Michael Langer, DBHR Chief, will be the new PI for the SAT-ED project. An email indicating this staff change was emailed to our CSAT GPO on October 10, 2013.

Section III— Project Narrative

The Washington State Recovery Youth Services (WA-RYS) program is a treatment model that supports existing publically funded Substance Use Disorder treatment for adolescents 12 to 18 years old. This program works to enhance services by targeting key areas that have been shown to provide better outcomes for adolescents who are receiving care and their families/caregivers. The targeted areas are providing evidence-based practices that have demonstrated positive outcomes for the population served, by increasing family involvement, providing care coordination, and increasing opportunity for recovery supports and activities to assist with prolonged recovery engagement.

WA-RYS offers family-centered, evidence-based practices with the inclusion of adolescents and families/caregivers in the development of policy and practice of the model. This model is attentive to the context of culture and community, recognizing that these elements are central to the development of successful service delivery systems. The success of this model is based on the involvement of youth and their families/caregivers, their care providers and community partners, and their collective willingness to provide feedback to each other and the state to further develop the program model.

The WA-RYS model provides service enhancement at the individual level as well as the community level. For the individual youth and family receiving services, the model includes the implementation of evidence-based assessment, The Global Appraisal of Individual Needs (GAIN-I) and an evidence-based practice, The Adolescent Community Reinforcement Approach and Assertive Continuing Care (A-CRA/ACC).

The model funds a full-time care coordinator to assist the youth and family/caregivers with linkage to additional services when indicated, such as primary care, mental services, and recovery support services and activities. There is a limited amount of funding to assist with the coordination and purchase of Recovery Support Services when identified as needed, such as basic needs, educational support, vocational training, transportation (e.g., bus passes), which are not covered by another federal or state funding source.

At the community level, the development of a Youth Recovery Oriented System of Care (ROSC) is a part of the system of care building process of this 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 a system for Health Care Reform and Health Homes.

Primary Provider Sites

The WA-RYS program is available at two primary sites: True North/ESD113 in Aberdeen, Washington and True Star Behavioral Health Services in Port Angeles, Washington.

True North Student Assistance and Treatment Services, Aberdeen,
Grays Harbor County, Washington
True North Student Assistance and Treatment Services/ Educational Service District 113 has provided prevention, intervention, and treatment services in Thurston, Mason, Lewis, Grays Harbor, and Pacific counties since 1999. True North provides outreach, prevention, screening, assessment, intervention, and treatment services to youth. Treatment services for youth include individual, outpatient and intensive outpatient groups, and continuing care, as well as intensive case management services. Co-occurring services are integrated into the youth's treatment as appropriate and include screening of mental health needs, case management, and coordination with mental health providers.

True Star Behavioral Health Services, Port Angeles, Clallam County, Washington
True Star Behavioral Health Services has been providing adolescent Substance Use Disorder treatment for over 16 years and providing co-occurring mental health disorder treatment services for the past 7 years. True Star Behavioral Health provides the following services: assessment, referral, intensive outpatient groups, outpatient groups, individual and family counseling, detention-based groups, substance abuse seminars, and linkage with medication management services. True Star Behavioral Health Services is part of Clallam County Juvenile and Family Services.

Direct Services/Program Participants

The goal is for fifty youth to participate in in the WA-RYS program at each site, each year with three hundred individual youth and their families/caregivers receiving services over the course of three years.

In Year 1 of the project, with direct services starting in January 2013, a total of 69 youth entered into the program.

WA-RYS Participant Demographics

October 1, 2013

	Total		True North (Grays Harbor)		True Star (Clallam)	
Gender	N	Percent	N	Percent	N	Percent
Male	38	55.1%	25	71.4%	13	38.2%
Female	31	44.9%	10	28.6%	21	61.8%
Total	**69**	**100.0%**	**35**	**100.0%**	**34**	**100.0%**

SOURCE: Discretionary Services GPRA data from WA's SAT-ED Program.

	Total		True North (Grays Harbor)		True Star (Clallam)	
Age	N	Percent	N	Percent	N	Percent
12	0	0.0%	0	0.0%	0	0.0%
13-14	12	17.4%	4	11.4%	8	23.5%
15-16	38	55.1%	22	62.9%	16	47.1%
17-18	19	27.5%	9	25.7%	10	29.4%
Total	**69**	**100.0%**	**35**	**100.0%**	**34**	**100.0%**

SOURCE: Discretionary Services GPRA data from WA's SAT-ED Program.

	Total		True North (Grays Harbor)		True Star (Clallam)	
Race/Ethnicity	N	Percent	N	Percent	N	Percent
White	47	75.8%	20	64.5%	27	87.1%
Black	5	8.1%	4	12.9%	1	3.2%
Hispanic	7	11.3%	6	19.4%	1	3.2%
Asian/PI	0	0.0%	0	0.0%	0	0.0%
Amer. Indian/AN	3	4.8%	1	3.2%	2	6.5%
Other	0	0.0%	0	0.0%	0	0.0%
Total	**62**	**100.0%**	**31**	**100.0%**	**31**	**100.0%**

SOURCE: Washington State administrative data. Data lag in linkage processes yields some missing data, resulting in the smaller Ns here.

The priority population is COD and/or youth involved in multiple systems such as child welfare and juvenile justice. In Year 1 of the project, 36.5% receiving services were identified with a co-occurring disorder and 39.7% involved with the legal system.

WA-RYS Participant Characteristics at Intake

October 1, 2013

Co-Occurring Mental Health Disorder	Total		True North (Grays Harbor)		True Star (Clallam)	
	N	Percent	N	Percent	N	Percent
Yes	23	36.5%	10	32.3%	13	40.6%
No	40	63.5%	21	67.7%	19	59.4%
Total	**63**	**100.0%**	**31**	**100.0%**	**32**	**100.0%**

SOURCE: Washington State administrative data. Data lag in linkage processes yields some missing data, resulting in the smaller Ns here. COD defined as any WA-RYS participant whose administrative records reflect a mental illness-related diagnosis, procedure, prescription, or treatment between 3 and 27 months prior to WA-RYS admission, i.e. 24-month look back period shifted by three months due to data lag.

Arrested or Convicted in Baseline Period	Total		True North (Grays Harbor)		True Star (Clallam)	
	N	Percent	N	Percent	N	Percent
Yes	25	39.7%	6	19.4%	19	59.4%
No	38	60.3%	25	80.6%	13	40.6%
Total	**63**	**100.0%**	**31**	**100.0%**	**32**	**100.0%**

SOURCE: Washington State administrative data. Data lag in linkage processes yields some missing data, resulting in the smaller Ns here. Arrested or Convicted in Pre-Period defined as arrested or convicted between 3 and 27 months prior to WA-RYS admission, i.e. 24-month look back period shifted by three months due to data lag.

Primary Substance	Total		True North (Grays Harbor)		True Star (Clallam)	
	N	Percent	N	Percent	N	Percent
Alcohol	8	14.8%	4	14.8%	4	14.8%
Amphetamines	9	16.7%	4	14.8%	5	18.5%
Marijuana	31	57.4%	19	70.4%	12	44.4%
Other	6	11.1%	0	0.0%	6	22.2%
Total	**54**	**100.0%**	**27**	**100.0%**	**27**	**100.0%**

SOURCE: Global Appraisal of Individual Needs data from WA's SAT-ED Program. Data lag in GAIN updates, resulting in smaller Ns here.

Age at First Use	Total		True North (Grays Harbor)		True Star (Clallam)	
	N	Percent	N	Percent	N	Percent
0-9	7	13.0%	6	22.2%	1	3.7%
10-14	41	75.9%	18	66.7%	23	85.2%
15-17	6	11.1%	3	11.1%	3	11.1%
Total	**54**	**100.0%**	**27**	**100.0%**	**27**	**100.0%**

SOURCE: Global Appraisal of Individual Needs data from WA's SAT-ED Program. Data lag in GAIN updates, resulting in smaller Ns here.

Program Objectives The overall objective of the project is to improve health outcomes for adolescents. Success will be achieved via 1) increased rates of abstinence; 2) enrollment in education, vocational training, and/or employment; 3) social connectedness; and 4) decreased juvenile justice involvement.

In Year 1, a comparison of our intake and three month follow-up data from the Global Appraisal of Individual Needs (GAIN) indicates that youth in the WA-RYS program are making measurable progress toward recovery. The percentage of youth "in recovery" – that is, housed in

the community, abstinent and without substance problems in the past month – doubled between intake and three-month follow-up. After three months in the program, youth also report increased levels of social support and self-efficacy, increased participation in drug-free activities, and decreased contact with peers who use substances or engage in other risky behaviors. Note that due to data lag in the availability in GAIN extracts (extracts updated quarterly by Chestnut Health Systems; last update July 31, 2013), the number of individuals represented in this set of analyses is relatively small and results may change significantly as more participant data is incorporated.

Selected GAIN Performance Measures:
Intake & 3-Month Follow-Up
October 1, 2013

	Total			True North (Grays Harbor)		True Star (Clallam)	
	Percent at Intake	Percent at 3-Month Follow-Up	Rate of Change	Percent at Intake	Percent at 3-Month Follow-Up	Percent at Intake	Percent at 3-Month Follow-Up
In Recovery: Housed in community, abstinent and no substance problems in past month	36.0%	72.0%	+100.0%	28.6%	57.1%	38.9%	77.8%
High Self-Efficacy: Indicates confidence about resisting relapse in different situations	52.0%	76.0%	+46.2%	57.1%	71.4%	50.0%	77.8%
High Social Support: Indicates high levels of social support from friends and family	84.0%	92.0%	+9.5%	71.4%	85.7%	88.9%	94.4%
Drug-Free Activities: Percent of days in past 90 that youth engages in a formal drug-free activity	19.2%	27.4%	+42.9%	17.1%	6.0%	19.9%	35.7%
High Social Risk: Youth hangs out with people who use alcohol/drugs, fight, do illegal activities, etc.	44.0%	32.0%	-27.3%	28.6%	28.6%	50.0%	33.3%
	N=25			**N=7**		**N=18**	

SOURCE: Global Appraisal of Individual Needs data from WA's SAT-ED Program. Sample is restricted to WA-RYS participants with completed GAIN intakes and 3-month follow-ups, with non-missing items at both time points.

DEFINITIONS:
In Recovery: A person is considered "in recovery" if that person had no use, abuse or dependence problems during the past month while living in the community and is analogous to the DSM-IV concept of early full remission.
High Self-Efficacy: High scores on this scale indicate the individual's confidence about resisting relapse in different situations.
High Social Support: High social support indicates more sources of social support identified by the respondent including professionals, family, friends, school mates or work colleagues.
Drug-Free Activities: Percent of days in past 90 that youth engages in a formal drug-free activity
High Social Risk: Respondent reports hanging out socially with people who are involved in drug use, getting drunk, fighting, illegal activities, etc.

Selected GPRA Performance Measures: Intake & 6-Month Follow-Up

GPRA performance measures examined between intake and six-month follow-up in year 1 of the WA-RYS program also indicate progress towards recovery, although some challenges remain. In parallel to the GAIN findings, youths report substantial increases in abstinence from alcohol and illegal drugs and substantial decreases in criminal justice involvement. Their level of social connectedness remains approximately unchanged, with more than 8 of 10 youth reporting past-30-day interactions with family or friends who are supportive of recovery at both time points.

While there is an apparent decline in the rate at which WA-RYS participants are currently employed or in school, we believe that this decline reflects almost entirely the timing of many of the six-month follow-up assessments during summer break. The GPRA questionnaire does not appear to instruct clinicians on how to capture the status, "enrolled but on summer break"; this is an item which could be improved in future revisions of the Discretionary Services GPRA tool. Some clinicians in the WA-RYS program reported these youths' educational status (TrainingProgram) as "other" and then identified the youth as being on summer break in the free-response follow-up question (TrainingProgramSpec). Where this was the case, youth are considered "currently employed or attending school" for the purposes of these analyses. But we believe some WA-RYS youth on summer break at follow-up cannot be identified in the GPRA data, resulting in the misleading decline in the proportion of youth currently employed or attending school at six-month follow-up.

After six months in the program, stable housing in the community remains a challenge for some WA-RYS participants. The rate of those housed in the community declines from 91.3% at intake to 65.2% at six-month follow-up. Of the 8 who are not housed in the community at the six-month follow-up, **5 are in residential treatment**, and 3 are living in unstable settings (tent, motel room, shelter).

From the Care Coordinators working directly with the youth, it was shared that those 5 youth that were referred to and participating in residential treatment, did not identify residential care as "stable housing" when completing the GPRA interview. However, the housing status for these 5 families had not changed, and remains stable.

For the 3 families truly in unstable housing situations, the Care Coordinators continue to work with these families/caregivers to link with housing options available in their community; low-income housing (housing authority) as well as private options for low income housing. However, as an example one of these families, a single father who has been living with his son, daughter and pet in a motel for the past two year declined further assistance to seek more stable housing. Based on report, it seems that the father views the motel as an apartment, although the son "does not like the situation since their prior living situation was in a grandparents home where more privacy was.

Selected GPRA Performance Measures: Intake & 6-Month Follow-Up

October 1, 2013

	Total			True North (Grays Harbor)		True Star (Clallam)	
	Percent at Intake	Percent at 6-Month Follow-Up	Rate of Change	Percent at Intake	Percent at 6-Month Follow-Up	Percent at Intake	Percent at 6-Month Follow-Up
Abstinence from Use: Did not use alcohol or illegal drugs in past 30 days	47.8%	78.3%	+63.6%	14.3%	71.4%	62.5%	81.3%
Housing Status: Had a permanent place to live in the community	91.3%	65.2%	-28.6%	85.7%	71.4%	93.8%	62.5%
Employment/Education: Were currently employed or attending school	100.0%	82.6%	-17.4%	100.0%	57.1%	100.0%	93.8%
Criminal Justice Involvement: One or more arrests in past 30 days	17.4%	4.3%	-75.0%	0.0%	0.0%	25.0%	6.3%
Social Connectedness: Past 30 days interaction with family or friends supportive of recovery	87.0%	82.6%	-5.0%	71.4%	42.9%	93.8%	100.0%
	N=23			**N=7**		**N=16**	

SOURCE: Discretionary Services GPRA data from WA's SAT-ED Program. Sample is restricted to WA-RYS participants with completed GPRA intakes and 6-month follow-ups, with non-missing items at both time points.

DEFINITIONS:
Abstinence from Use: A person is considered abstinent if for the past 30 days he or did not use alcohol or illegal drugs.
Housing Status: A person is considered "Housed" if for most of the time in the past 30 days they: (a) "Own/Rent Apartment, Room, or House"; (b) Live in a "Dormitory/College Residence"; or (c) Live in "Someone else's apartment, room, or house." Note that at follow-up, of the 8 individuals not "housed", 5 were in residential treatment, 1 was living on the street or in a shelter, and 2 reported "other."
Employment/Education: A person is considered currently employed or in school if enrolled in school or a job training program either full- or part-time (including on summer break) OR if employed full- or part-time. Note that a decline on this measure could reflect youth being out of school during the summer months.
Criminal Justice Involvement: A person is considered involved in the criminal justice system if she/he was arrested 1 or more times in the past 30 days.
Social Connectedness: A person is considered socially connected if in the past 30 days the person had an interaction with family and/or friends that are supportive of his/her recovery.

Dissemination Sites- YEAR 2

In year two of the project five additional sites will participate in the project. The sites are Skagit County, Spokane County, Walla Walla County, a treatment agency from Lewis County and the state Juvenile Justice and Rehabilitation Administration. Community based treatment agencies

from each of the sites received training in A-CRA from Chestnut Health Systems on September 15-17 in Yakima WA. Three of the sites, Skagit County, Spokane County and Walla Walla County will participate in a six month facilitated Youth ROSC Community Learning Collaborative. The System of Care Institute with Portland State University will facilitate the Learning Collaborative.

Evaluation Plan The WA-RYS program evaluation is being conducted by the Research and Data Analysis (RDA) Division of the Department of Social and Health Services (DSHS), in collaboration with BHSI. The WA-RYS program evaluation period is three years. The first two years of evaluation efforts focus on identifying baseline characteristics for WA-RYS participants and communities, monitoring the implementation of WA-RYS treatment services, and identifying changes in participants' substance use and other key outcomes over time. Measures developed will ultimately be used in an outcome evaluation (see Attachment 1).

The University of Washington Institutional Review Board (IRB) review for the program evaluation has been completed.

Washington Recovery Youth Services Disparities Analysis Plan The Research and Data Analysis (RDA) Division of Washington's Department of Social and Health Services (DSHS) will analyze available data to identify adolescent (12-17) behavioral health disparities in Washington State relevant to the SAT-ED grant program. This analysis will include three components: (1) Estimated rates of alcohol and drug use; (2) Estimated rates of alcohol and drug abuse and dependence; and (3) Adolescent substance abuse treatment penetration. For each component, described in greater detail below, variation across demographic subgroups and across counties will be tabulated where possible. RDA plans to prepare a short policy brief on the results of this analysis, such that the results are useful both for SAT-ED grant and for Washington State more broadly. The analyses may be extended in the future to parallel measures of mental health disparities, and/or to disparities in treatment outcomes such as educational or juvenile justice outcomes.

Adolescent Alcohol and Drug Use**.** RDA will use available survey data to document rates of alcohol and drug use for adolescents 12 to 17 in Washington State, as well as across demographic subgroups. Key indicators of alcohol and drug use will include: any alcohol use in past month; binge drinking in past two weeks; any marijuana use in past month; use of marijuana on ten or more days in past month; any use of other illicit drug in past month; use of illicit drug on ten or more days of past month. Data will come from the Healthy Youth Survey (HYS), administered annually to 6^{th}, 8^{th}, 10^{th}, and 12^{th} graders in a probability sample of Washington State's public schools. Rates will be tabulated for the Washington's adolescent population as a whole, as well as by gender, age sub-group, race/ethnicity, and language spoken in the home. (LGBT status is not available in these survey data.) Data will be reweighted to demographic control totals to account for nonresponse bias. Where possible, the statewide HYS results will be compared to parallel indicators from the National Survey of Drug Use and Health (NSDUH).

Adolescent Need for Substance Abuse Treatment Services**.** RDA will also tabulate rates of need for alcohol and drug abuse treatment services for adolescents 12 to 17 in Washington State, for adolescents in the state as a whole, by demographic subgroups, and across counties. The statewide estimate will reflect the most recently available multi-year National Survey on Drug Use and Health (National Survey on Drug Use and Health) estimate of alcohol and drug abuse and dependence for

adolescents in Washington. As NSDUH is a national survey, its sample size is not large enough to produce sub-state estimates. As such, the statewide estimate from NSDUH will be combined with available information on demographic variation in alcohol and drug abuse treatment need from Washington's administrative data, in order to produce estimated rates of drug abuse and dependence across demographic subgroups (gender, age sub-group, race/ethnicity) and across counties. (LGBT status is not available in administrative data.) Note that because the demographic variation in need captured by administrative data partially reflects differential rates of services received, this approach will somewhat underestimate disparities in alcohol and drug abuse and dependence. County-by-county comparisons will demonstrate how counties receiving the service enhancements under the SAT-ED grant differ in levels of treatment need relative to other counties in Washington State.

Adolescent Substance Abuse Treatment Penetration**.** RDA will examine how the provision of publicly funded substance abuse treatment services in Washington compares to levels of need, for adolescents in the state as a whole, across demographic subgroups, and across counties. The number of adolescents who received any substance abuse treatment services over a recent 12-month timespan will be tabulated, and these numbers compared to estimated rates of substance abuse and dependence in the same demographic subgroups and counties. These comparisons will help to determine the size of unmet need in Washington State, and how this rate varies across the state and within demographic subgroups

Required Activities: State/Territorial/Tribal-Level Infrastructure Development Measures

1. State/Territory/Tribe created, enhanced, and/or continued an interagency workgroup to improve the statewide infrastructure for adolescent substance abuse treatment and recovery with membership including, but not limited to, representatives from: State-level mental health, education, health, child welfare, juvenile justice, Medicaid agencies, and youth and family members.

   For the WA-RYS project, DBHR is working with the interagency workgroup, the statewide Family Youth and System Partner Roundtable (FYSPRT) to improve the statewide infrastructure for adolescent substance abuse treatment and recovery. The state wide FYSPRT has representatives from state-level mental health, education, health, child welfare, juvenile justice, education, Medicaid agencies, and youth and family members.

   FYSPRTs were created under the SAMHSA System of Care (SOC) planning grant focused on youth with serious emotional health issues involved with multiple systems. It was always the intent for the 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 8th, 2013. More integrated behavioral health improvement efforts can grow from this partnership.

The WA-RYS 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 membership on the **statewide FYSPRT** includes:

Name	Position	Agency
Tamara Johnso	Washington State University **SOC Youth Lead**	Washington State University
Kevon Beaver	Youth 'N Action **Assistant**	Youth 'N Action
Becky Bates	Passages Executive Director	North East Regional FYSPRT
Wilde Sage	Passages/Youth 'N Action **Youth Lead**	North East Regional FYSPRT
Danielle Groth-Cannon	Spokane County RSN Children's Mental Health Care Coordinator	North East Regional FYSPRT
Lori Gendron	NAMI Yakima Executive Director	South East Regional FYSPRT
Connie Stalcup	Yakama Nation NAMI Yakima Board Member	South East Regional FYSPRT
Carolyn Cox	Three Rivers Wraparound **Family Support Coordinator**	South East Regional FYSPRT
Marilee Morley	Yakima **Youth Leader**	South East Regional FYSPRT
Austin Cox	Benton-Franklin Counties **Youth Leader**	South East Regional FYSPRT
Daryon Casady	**Youth Representative**	South East Regional FYSPRT
Danny Anderson	**Youth Representative**	South East Regional FYSPRT
Jade Eriksen	**Youth Representative**	South East Regional FYSPRT
Jackie Davidson	GCBH RSN Children's Mental Health Care Coordinator	South East Regional FYSPRT
Tim Miller	Yakima Valley System of Care Clinical Director	South East Regional FYSPRT
Cathy Callahan-Clem	Sound Mental Health Family Support **Network Coordinator**	North West Regional FYSPRT
Kim Runge	Sound Mental Health Family Support **(title)**	North West Regional FYSPRT
Andres Arano	**Youth Representative**	North West Regional FYSPRT
Melissa Mejias	Navos Mental Health Solutions System of Care Director	North West Regional FYSPRT
Vicky McKinney	Washington Partnerships for Action Voices for Empowerment **Family Lead**	South West Regional FYSPRT

Jimmie Lundquist	Cowlitz County Guidance Association Cares **Family Lead**	South West Regional FYSPRT
Dawn Chavez	**Youth Representative**	South West Regional FYSPRT
Sue Tinney	Lower Columbia Mental Health Center Wraparound Facilitator	South West Regional FYSPRT
Dana Miller	Catholic Community Services	South West Regional FYSPRT
Pat Barkley	PAVE PTI Southwest Coordinator	South West Regional FYSPRT
Helen Fenrich	Tulalip Tribe **IPAC Member**	**Indian Policy Advisory Council**
Maria Nardella	Children with Special Health Care Needs **Program Manager**	**Department of Health**
Carol Miller	Mental Health/SOC/ Developmental Screening **Project Coordinator**	**Department of Health**
Preston Cody	Healthcare Services **Division Director**	**Health Care Authority**
Ron Hertel	Student Mental Health &Wellbeing and Compassionate Schools **Program Supervisor**	**Office of Superintendent of Public Instruction**
Christie Seligman	Children's Intensive In-home Behavioral Support **Program Manager**	**DSHS/DDA**
Monica Reeves	Mental Health Crisis Services **Program Manager**	**DSHS/DDA**
Barb Putnam	Well Being and Adolescence Services **Supervisor**	**DSHS/CA**
Dan Schaub	Community & Parole **Programs Administrator**	**DSHS/JJ&RA**
Jacob (Jake) Towle	Mental Health **Program Administrator**	**DSHS/JJ&RA**
Tina Burrell	Washington Recovery Youth Services **Program Director**	DSHS/DBHR/SUD
Carrie Huie-Pascua	Yakima Valley System of Care Director	Yakima Valley System of Care
Holly Borso	Mental Health Program **Administrator**	DSHS/ADSA
Heidi Williams	Family Preservation Services Director	Catholic Community Services
Lin Payton	Children's Mental Health Programs Unit **Supervisor**	DSHS/DBHR
Ken Taylor	Valley Cities CEO	Valley Cities
Rick Weaver	Central WA Comprehensive Mental Health CEO	Central WA Comprehensive Mental Health

Julie de Losada	Children's Mental Health Policy &Programs **Quality Specialist Coordinator**	North Sound Mental Health Administration RSN
Eric Bruns	UW Department of Psychiatry &Behavioral Sciences **Associate Professor**	University of Washington School of Medicine
Kathy Smith-DiJulio	Decision Support & Evaluation **Research Manager**	DSHS/DBHR
Andrea Parrish	Children's Mental Health Programs Unit **Program Manager**	DSHS/DBHR
Jeanette Barnes	Washington State University **Family Liaison**	DSHS/DBHR
Margarita Mendoza de Sugiyama	Children's Mental Health Programs Unit **Project Manager**	DSHS/DBHR
Jessica Bayne	Children's Mental Health Programs Unit **Communications Coordinator**	DSHS/DBHR

This roundtable structure of convening and communication was chosen based on youth and family feedback. In addition to the statewide FYSPRT, there are four regional FYSPRTs which report to the statewide group. Local FYSPRTs are under development and they will report to regional FYSPRTs. Regional FYSPRT leads presented to the Youth ROSC Learning Collaborative in Port Angeles and Aberdeen. Port Angeles is considering having the LC transition in to a local FYSPRT in Year 2 of the project.

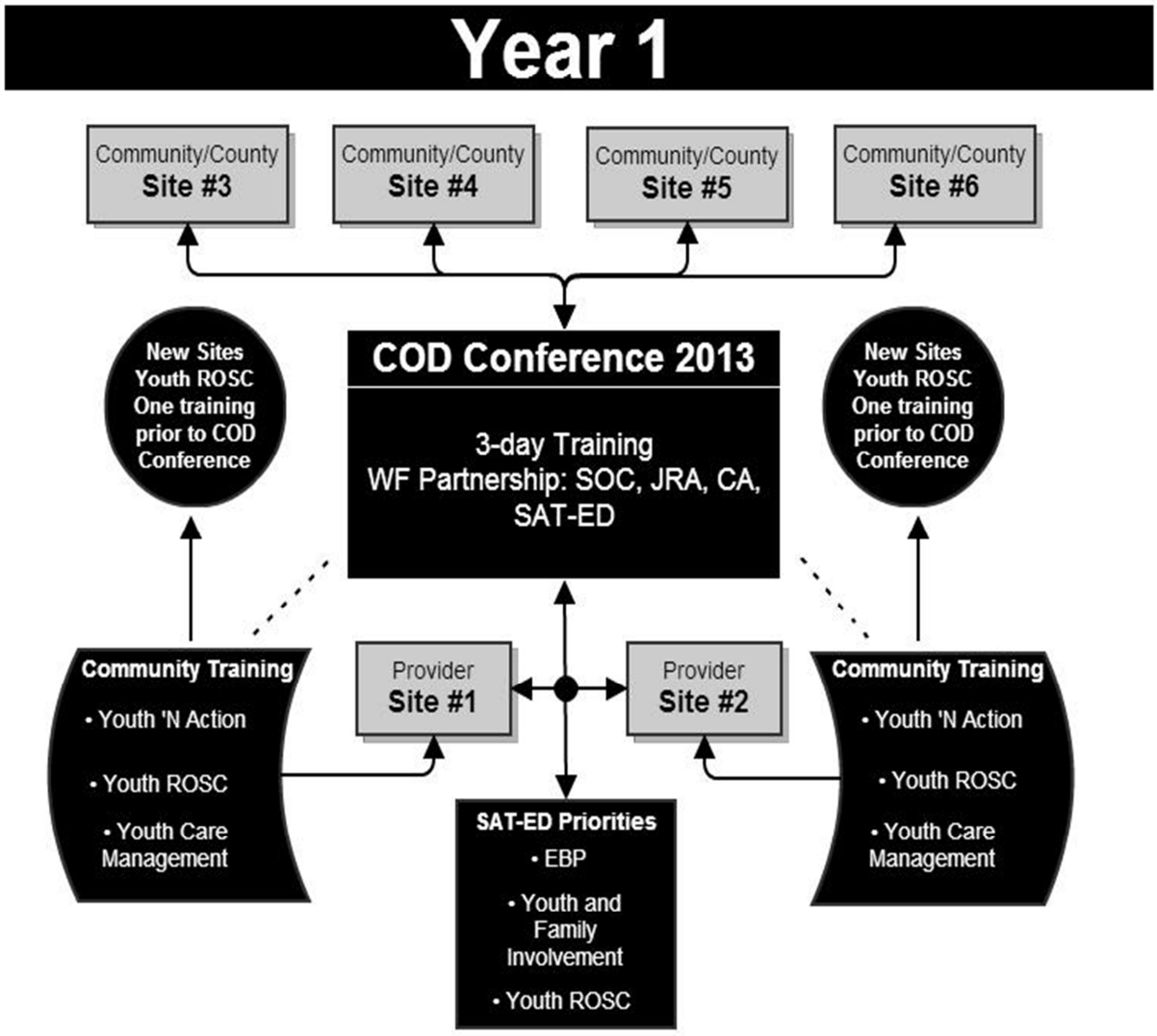
2. State/Territory/Tribe developed and signed memoranda of understanding between SAT-ED awardee agency and each child-serving state agency identified in the SAT-ED Request for Application.

   A **Memorandum of Agreement** was completed and signed between the SAT-ED project and the Statewide FYSPRT on October 8th, 2013. A copy of the MOA was emailed to our GPO on October 8th, 2013. The FYSPRT has representation from each child-serving agency identified in the SAT-ED RFA: state-level mental health, education, health, child welfare, juvenile justice, education, Medicaid agencies, and youth and family members.

   A **Memorandum of Agreement** with each the Year 2 sites, Skagit County, Spokane County, Walla Walla County and Juvenile Justice and Rehabilitative Administration. Copies of the MOAs were sent to our GPO.

3. State/Territory/Tribe has a statewide multi-year workforce training implementation plan for:
   a. training the specialty adolescent behavioral health (substance use disorder /co-occurring substance use and mental disorder) treatment/recovery sector.
   b. other child-serving agencies.

As required in the grant, the state developed a multi-year training project to broaden the use of the WA-RYS program. For a visual overview, the Year 1 Workforce Training Plan included:



Trainings were provided for the two primary sites staff, system partners, and community members; youth and family events were held at each site. (see Attachment 2 & 3 for training flyer examples). Towards the end of Year 1, Year 2 sites received a full day Youth ROSC training in their community. A-CRA training was provided to five Year 2 outpatient agencies by Chestnut Health Systems on Sept 15 – 17, 2013 in Yakima WA.

In year 2 of the project, the workforce training and dissemination model is similar to year 1 with five additional sites participating; statewide webinars will be developed and offered in the later part of Year 2 and in Year 3 of the project.

Trainings and events held in Year 1 included:

NWATTC Trainings								
Learning Collaborative								
Port Angeles					Aberdeen			
Date	Time	Location	# of Participants		Date	Time	Location	# of Participants
1/25/2013	10-2:00	County	13	1	1/24/2013	9-1:00	True North	8
3/1/2013	10:30-12:30	County	11	2	3/5/2013	9:30-1:00	True North	10
5/2/2013	10:00 - 1:00	Red Lion	17	3	5/3/2013	10:00 -1:00	True North	12
5/30/2013	10:00 - 1:00	Red Lion	17	4	5/31/2013	10:00 - 1:00	True North	14
6/27/2013	10:00 - 12:00	Red Lion	24	5	7/10/2013	10:00 - 1:00	True North	10
7/30/2013	10:00-12:00	Red Lion	18	6	8/14/2013	2:00 - 4:00	True North	12
9/26/2013	10:00-12:00	Red Lion	8	7	9/23/2013	2:00 - 4:00	True North	9
Total			**108**		**Total**			**75**
Youth ROSC Trainings								
Date	Time	Location	# of Participants					
3/29/2013	10:30-2:30	Aberdeen	ROSC Comm	24				
4/26/2013	10:30-2:30	Port Angeles	ROSC Comm	54				
8/5/2013	9:00 to 4:00	Skagit	ROSC Comm	30				
8/23/2013	9:00 to 4:00	Walla Walla	ROSC Comm	32				
9/4/2013	9:00 to 4:00	Spokane	ROSC Comm	40				
Total				**180**				

ACRA Training					**COD statewide conference**			
Date			# of Participants		Date	# of Participants		
Nov-12	Seattle	ACRA Year 1	11		Sep-13	23		
Sep-13	Yakima	ACRA Year 2	21					
Total			**32**		**Total**	**23**		

DBHR Trainings								
Date	Time	Location	# of Participants					
7/26/2013		Bremerton Community College	19					
9/15/2013	8:30-4:00	Yakima Conference Center	42					
Total			**61**					

SITE Events/ Activities								
GHC Youth and Family EVENTS					**GHC Community Events**			
Date	Time	Activity	# of Participants		Date	Time	Activity	# of Participants
3/28/2013	6-8 pm	ROSC Family Event	15		8/7/2013	6:00 - 8:00pm	Community Recovery Event	190
3/29/2013	5:00 -7:00pm	Youth w YNA	10					
6/ 22,23, 24		Youth and Family Leadership TrainingGreat Wolf Lodge	8		8/7/2013	10:00am - 11:30	Mark Lundholm/ GHC Juvenile Detention Center	32
8/7/2013	1 - 3:00pm	Youth Recovery Event	70					
8/8/2013	6:00 - 7:30	Mark Lundholm Youth and Family	10					
Total			**113**		**Total**			**222**
Port Angeles Family Events								
Date	Time		# of Participants					
4/25/2013	6-8 pm	ROSC Family Training	63					
June 22,23, 24		Youth and Family Leadership Training Great Wolf Lodge	10					
8/29/2013		Family Recovery Event	76					
Sept 23-27		Peer Counseling - Youth	8					
Total			**157**					

In Year 1, a total of 35 trainings and events were offered. 939 attendees participated in the SAT-ED sponsored trainings and events. **The estimated unduplicated count of participants is 640.**

Highlights from Year 1, 63 youth and family members attended the first family event sponsored by True Start Behavioral Health Services on April 25, 2013. 190 community members attended a Community Recovery Event on August 7, 2013 in Aberdeen, WA sponsored by True North.

4a. State/Territory/Tribe has multi-source supported treatment and recovery system for adolescents with substance use and/or co-occurring mental health disorders.

DBHR contracts directly with residential providers and with counties for outpatient

services for substance use disorder treatment. Funds are state and federal. Some counties support local adolescent treatment initiatives through local sales taxes. Washington State does not identify standards for or credentialing of COD services; funds are not directly available for COD treatment services. This issue will be reviewed during the course of the grant.

4b. State/Territorial/Tribal agencies collaborate on providing comprehensive continuum of services; examples might include braiding/blending funding, coordination of benefits, eliminating double billing, etc.

In Year 2, the Cross Systems Finance team will review outcomes from the financial mapping project to identify potential areas for collaboration on service provision.

4c. Using award funds (including time for state coordinator or results of financial mapping), how has the State/Territory/Tribe made any changes in the degree to which federal and state funds are: 1) linked or braided for different services, 2) coordinated to avoid duplication, and/or 3) expanded or protected against cuts.

This activity would be reviewed after the completion of a financial mapping project. We are also working to coordinate SAT-ED and SOC efforts to avoid duplication, where possible.

5. State/Territory/Tribe identified how current federal and state funds are expended to finance treatment and recovery supports for adolescents with substance use and/or co-occurring mental health disorders by:

a. Starting a financial map.

A Financial Services Workgroup was convened in 2012. This group was re-named the Cross Systems Financial Team in November 2012. The team includes representation from administrations under the Department of Social and Health Services, juvenile justice, child welfare, mental health and substance abuse, and from Health Care Authority, the state's Medicaid authority. During January through March 2013 initial interviews and fiscal data was gathered related to behavioral health services across agencies, for both mental health and substance use disorder in DSHS by Portland State University (see Attachment 4, 4.1 & 4.2). Meetings were convened by PSU to present Washington State fiscal and program information regarding children's behavioral health and related services to the finance team and to a national consultant, Shelia Pires. As noted on the Attachment 4.2, aside from the Juvenile Justice and Rehabilitation Administration (formerly known as JRA), no other administrations are funding SUD services from their budget and refer youth in need of services to the services budgeted under DBHR. However, from this preliminary work, the project director needed additional fiscal data from JJ&RA for the baseline report; this work was recently completed. SFY10 was selected by the fiscal department as the best year to review for this project.

The project director requested and was granted Technical Assistance for the work on the Fiscal Mapping project. A technical assistance call was provided on September 6, 2013 to provide guidance for the next step of the mapping project. Based on the first TA call, initial tasks were identified. Once the **narrative report** is completed the next steps will be initiated. See Attachment 5, DBHR SFY2010 Fiscal Baseline Report.

b. Completing a financial map.

The DBHR Fiscal Department has prepared the fiscal data for the baseline report. The project director is working on a narrative overview on the status of purchasing services in WA and next steps for Year 2 of the project. This work will be guided by potential purchasing decisions made by our legislators in the upcoming legislative sessions. Once the initial narrative with the fiscal baseline report is reviewed and approved at DBHR, it will be submitted to our GPO.

c. Other (please specify).

DBHR will utilize the fiscal map report and the mapping process to assist in identifying ways to create fund sources for Recovery Support Services (e.g. peer support, recovery coaching) for youth and families. Such services are not currently covered for youth and families with a primary diagnosis of substance use disorder (SUD). These services are only available to youth with a primary mental health diagnosis. We believe that youth and families with SUD should have access to such care as do youth and family with a primary diagnosis mental health diagnosis.

Funds from the SAT-ED project are dedicated to support two FTE Care Coordinator positions. Funds for Recovery Support Services can be utilized, when no other fund source is available, to support youth and families involved in the WARYS project. (See Attachment 6 for RSS Guidelines) Based on identified need in Year 1, there is a compelling interest to have such services sustained at the completion of the project.

In Year 1 of the project, over 65% of the youth involved in the project were identified in need of *individualized* Recovery Support Services. Individualized recovery services provided through this project must be linked to a youth's Recovery Care Plan. In our program, **all** enrolled youth and their families have access to *group* Recovery Support Activities, such as Family Nights and youth and family alcohol and drug free group activities. Preliminary analyses indicate that **all** enrolled WA-RYS youth have also received at least one individualized Recovery Support Service. The most common types of Recovery Support Services received by WA-RYS youth are alcohol and drug-free social/recreational activities (received by 37.8% of WA-RYS youth), basic needs support (received by 55.6% of WA-RYS youth), recovery coordination (received by 46.7% of WA-RYS youth), and transportation support (e.g., bus passes, received by 40.0% of WA-RYS youth).

	Number of Youth	
Recovery Support Services	**N**	**Percent**
Alcohol-/Drug-Free Activities	17	37.8%
Basic Needs Support	25	55.6%
Educational Service Support	10	22.2%
Employment Support	3	6.7%
Family Support	1	2.2%
Pre-employment Support	2	4.4%
Recovery Coordination	21	46.7%
Transportation Support	18	40.0%
	N=45	

SOURCE: Washington State administrative data. Data lag in linkage processes yields some missing data, resulting in the smaller Ns here.

In Year 1, from February 1 through September 1, the project funded a total of 381 individual Recovery Support Service activities.

Recovery Support Service (RSS) Category	RSS Services Provided (2-1-13 through 9-1-13)
Alcohol and Drug Free Social Recreational Activities	178
Basic Needs Support	77
Pre-Employment Services	2
Employment Services	6
Family Support	1
Recovery Coordination	54
RSS Educational Services	21
Transportation	42
Total RSS Services Provided	**381**

Source: Treatment and Assessment Report Generation Tool. Run date, September 15, 2013.

6. State/Territory/Tribe completed a Year 3 financial map and conducted comparison with Year 1 financial map to document:

    a. The increase of public insurance (Medicaid/CHIP) resources used to provide treatment/recovery services for adolescents with substance use and co-occurring substance use and mental disorders.
    b. The redeployment of other public financial resources to expand the continuum of treatment/recovery services and supports.

The review of the Year 1 financial map will be compared with the Year3 fiscal map by the completion of the project to review for items a and b listed above.

7. What has the State/Territory/Tribe done related to the learning laboratory?

    a. How has the State/Territory/Tribe done it?

To assist with creating a "learning laboratory" for this project, DBHR contracted with the Northwest Addiction Technology Transfer Center (NWATTC) to facilitate a Learning Collaborative at each of the primary sites.

The Learning Collaborative included:

- Face-to-Face Learning Sessions
- Technical Assistance and Consultation – Consultant/Coaching services were provided to the two primary sites to assist them in integrating EBPs, and coordinated care management and ROSC principles into their services.

The Learning Collaborative (LC) started in each of the primary site locations, Aberdeen and Port Angeles, in January 2013 and ran through the end of September 2013. Seven face-to-face learning sessions were held in each community. For dates and number of participants in attendance, see the table for Question #3, under NWATTC trainings. See Attachment 7 for LC meeting notes.

On September 15, 2013 in Yakima WA, DBHR brought together **42** SAT-ED project participants from seven different counties for a training on Year 1 activities and outcomes; representatives from our two primary sites, Clallam County and Grays Harbor County and representatives from our new SAT-ED Year 2 sites, Skagit County, Spokane County, Walla Walla, Juvenile Justice and Rehabilitation Administration (JJ&RA) and an agency from Lewis County were all brought together for the SAT-ED project overview training.

During this all day training, members from each of the primary sites provided a presentation on outcomes from their Learning Collaborative, thus transferring knowledge and lessons learned in Year 1, to the new Year 2 sites. In *October 2014*, representatives from all sites participating in the SAT-ED project will convene again, with each site providing presentations to each other on the work completed during their own Learning Collaborative. We anticipate that such training will take place again the last year of the project. In addition, feedback from Year 1 and Year 2 Learning Collaboratives (our learning laboratories) will further inform the development of statewide webinars that will be offered in Year 3 of this project.

One unexpected highlight from the September 15 training happened afterwards. One of the community representatives who attended from Walla Walla County was so enthused about the material presented that one week after the training called together a Community Forum. 25 community members attended. The purpose of the forum was to identify what Recovery Support Services would benefit their community. Recovery Coaching and other youth and family Peer to Peer supports were identified.

b. What were the results?

NWATTC collected GPRA results on these sessions. However, the NWATTC entered the GPRA data under their NWATTC account in Services Accountability Improvement System (SAIS) and not under our SAT-ED account. This data entry error was reported to our GPO who is looking to see how we can resolve this mistake. GPRA outcomes will be provided when data is available.

In addition to GPRA surveys, the DBHR SOC Research Manager adapted Beth Stroul's Implementation Assessment Tool to support its use in evaluating design and implementation of Recovery Oriented Systems of Care (ROSCs). This allowed us to capture a baseline of ROSC services based on the opinions of the LC members. We will follow up and re-administer this tool at the end of the project. 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 and emphasized during the LS sessions. ROSC development efforts are intended 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.

In Port Angeles, the participants that came together for in the LC are currently considering transitioning the LC work into a local FYSPRT. As a local FYSPRT the group will be able to provide local information to their regional FYSPRT, allowing them to continue focus on local service improvement and at the same time advocate for service improvement at a regional and state level. Highlights from the 7 month LC partnership in Port Angeles included increased collaboration between the community based treatment agency and the local school district. This need identified by member of the LC. The local high school and the True Star Behavioral Health Services worked to design a summer course for credit retrieval for youth participating in the SAT-ED program.

In Aberdeen, the one of the highlights from their LC partnership was increased collaboration with the Grays Harbor Juvenile Court. Based on the discussion and interest of the members of the LC, the focus of work was to increase partnership with the Juvenile Court. In reviewing county data during one of the LC session, it was noted that Grays Harbor has an extremely high number of youth on At- Risk Youth Petitions for truancy; higher than the most populated county in our state. There was an interest in learning more about this sub-population and how to better support these youth and families. With approval from the Juvenile Court Judge, an anonymous questionnaire was drafted. This survey is to voluntarily collect information from these youth who are on At-Risk Youth Petitions and their families/caregivers to identify what services and supports would be of interest and of use to them. The questionnaire, called a "Community Needs Assessment" has been approved by the court and will be distributed in early October 2013 (see Attachment 8, for the Needs Questionnaire).

In Year 2 of the project, a Learning Collaborative will be offered as part of the workforce development plan for the three new counties participating in the project. Year 2 LC facilitation will be provided by the Systems of Care Institute (SOCI), housed at Portland State University's Center for Improvement of Child and Family Services.

SOCI will provide technical assistance, consultation and on-going support to 3 regional Learning Collaboratives (LC) in the Washington around the development of a local Youth Recovery Oriented System of Care (ROSC). The 3 sites in the Washington include Walla Walla, Spokane and Skagit Counties. The local LC will be based on the goals and outcomes identified by the community and directly linked to WA-RYS project. The membership of the LC will consist of the following stakeholders: youth and families, systems partners, and community members who are interested in the development of the model and willing to volunteer from four to eight hours a month during in the LC process.

SOCI will dedicate staff to support a facilitated process for planning, implementation, and program improvement. In support of the LC process, SOCI will help facilitate community specific outreach events to raise awareness among system partners. SOCI will also collaborate with DBHR staff and local leadership to design a four to six 90 minute e-learning modules. Session content will include cross system information on state initiatives to improve behavioral health services for youth and mental health, substance abuse and alignment.

PSU will convene planning sessions for the Youth ROSC Learning Collaboratives with lead at the new sites the first week of November 2013. Start dates for the LC will be determined by the counties.

Allowable Activities: State/Territorial/Tribal-Level Infrastructure Development Measures

8a. State/Territory/Tribe completed map of statewide workforce, which includes all or some of the following variables: education level, number of continuing education and college level credits in youth and/or family related areas, certification and/or endorsement to work with an adolescent population, certification in evidence-based practices, and types of eligibility for insurance reimbursement.

1. What did the State/Territory/Tribe do?
2. How did the State/Territory/Tribe do it?
3. Provide common dimensions used.

DBHR completed 2012 Behavioral Health Treatment Provider Survey. This survey was available online and sent to providers on December 18, 2012. The deadline to submit responses was March 2013**. 90% of the publically funded** mental health and substance use disorder treatment providers responded to the survey. The survey collected information on the use of evidence-based practices in services to children and adolescents, quality improvement efforts, and staffing demographics. Responses were due to DBHR at the end of March. DBHR is currently working on an overall outcome report.

For the WA RYS project, outcomes from this survey will be used to create a baseline report of the statewide workforce. For the EPB results, data which identifies how many agencies offer at least one EBP has already been compiled. The next step is to review the staffing information which includes gender, race/ethnicity, highest degree educational degree and Department of Health certification or licensure. We can also review number of staff trained in trauma informed care and number of youth agencies that offer population specific services (e.g. Native American, African American, and GLBTQ). This work is scheduled to be completed by December 15, 2013 and will serve as our baseline report. This work will assist in developing SAT-ED funded training webinars and other statewide trainings sponsored by DBHR.

DBHR has scheduled another Behavioral Health Treatment Provider Survey in 2015. Information from this report will allow from DBHR to measure increase of use in EBPs throughout the state for youth services.

8b. Describe the changes in the workforce within the State/Territory/Tribe.

1. Has it had challenges? If so, please describe.

DBHR will review workforce changes in late 2015.

9a. State/Territory/Tribe prepared faculty in appropriate college and educational settings to deliver curricula that focus on adolescent-specific evidence-informed treatment for substance use disorders.

1. What did the State/Territory/Tribe do?
2. How did the State/Territory/Tribe do it?
3. What were the results?

The WA-RYS project has an interest in working with the Washington State Consortium of Alcohol and Substance Abuse Educators (WACASE). WACASE has representation from college deans or professors who are currently teaching course work to prepare students to become certified as a Chemical Dependency Professional (CDP). In Washington State, a person must be a CDP or CDP trainee to provide substance use disorder treatment.

The proposed project is to develop a training module based on the elements identified in this SAT-ED project and other developing practices such as implementing evidence-based assessment and evidence-based practices, principles and values of Recovery Oriented Systems of Care (ROSC), increasing care coordination, peer supports and increasing youth and family involvement. The goal is that this training module will be embedded in community college course work specific to adolescent counseling and course work for students seeking certification as a Chemical Dependency Professional in Washington State.

Negotiations on this project are anticipated to start during Year 2.

9b. State/Territory/Tribe collaborated with institutions of higher learning to increase the number of individuals prepared to be adolescent substance use disorder treatment professionals.

4. What did the State/Territory/Tribe do?
5. How did the State/Territory/Tribe do it?
6. What were the results?

Washington State did not select this allowable activity.

10. In addition to meetings or trainings reported elsewhere, how many other events did the State/Territory/Tribe hold per year?

a. What did the State/Territory/Tribe do?
b. How did the events have impact?

This infrastructure measure will be monitored and updated over the course of the cooperative agreement; meetings and trainings will be included when indicated.

11. State/Territory/Tribe developed or improved State/Territorial/Tribal standards for licensure, certification, and/or accreditation of programs, which provide substance use and co-occurring mental disorders services for adolescents and their families by:

a. Reviewing adolescent substance use disorder and/or substance use disorder with co-occurring mental health disorder provider licensure standards.

b. Revising adolescent substance use disorder and/or substance abuse disorder and co-occurring mental health disorders provider licensure standards.
c. If yes, what were the changes?

DBHR did not select this allowable activity. However, on November 8, 2012, the Division of Behavioral Health and Recovery sent out the following letter and information to providers and stakeholders, and posted information on the DBHR website.

> The Department of Social and Health Services, Division of Behavioral Health and Recovery, together with tribes and stakeholders have been working on drafting new rules that will establish administrative standards and support the program specific requirements for the licensing and certification of behavioral health agencies that provide chemical dependency, mental health, and problem and pathological gambling service. I am pleased to share with you a completed draft of these rules.
>
> This draft represents countless hours of staff and stakeholder time. We could not have gotten to this point without the tremendous effort of all those that have been involved. These new rules will replace the current chapters or sections of WAC which regulate chemical dependency, outpatient mental health, and problem and pathological gambling programs. The intent of these changes is to:
>
> 1) Reduce administrative burden by:
>
> a. Allowing those agencies that serve multiple populations to have:
>
> i. A single set of administrative rules with which they must comply.
> ii. A single set of administrative policies.
> iii. A single clinical record for each client served.
>
> b. Removing rules that are only applicable to specific payment sources.
> c. Removing rules for which other entities are responsible for oversight, such as the Department of Health.
> d. Creating a consistent language and structural platform for behavioral health services.
> e. Allowing for the development of limited scope agencies.
>
> 2) Improve client care by:
>
> a. Allowing agencies to serve a client using a single integrated treatment plan.
> b. Updating standards for hiring staff who have unsupervised contact with children.
> c. Requiring agencies to have an internal quality management process that addresses the clinical supervision and training of clinical staff.
>
> Under the Behavioral Health Administrative rules, agencies providing chemical dependency, mental health, and problem and pathological gambling services will be required to become licensed as a Behavioral Health Agency. The agency will then be able to choose which specific services they want to be certified to offer. An agency may choose to provide as many, or as few, services as they have the capacity to provide. For example, a Behavioral Health Agency may decide that they want to offer: all available services; a mix of chemical dependency, mental health, and problem and pathological gambling services; or a single service such as Chemical Dependency Assessments, Mental Health Wraparound Facilitation, or Problem Gambling Treatment. In any of these circumstances, the only rules that would apply are the behavioral health administrative

rules and the program specific rules for the services the agency offers. Agencies will not be required to comply with rules that apply to services outside the scope of the agency.

During the course of the project, DBHR will monitor the number of agencies providing who move towards to providing more integrated treatment services and select to be certified in both substance uses disorder (SUD) treatment and mental health services over the next three years.

In Year 1 of the project, prior to finalizing the rule making for BEHAVIORAL HEALTH SERVICES ADMINISTRATIVE RULES CHAPTER 388-877 WAC, there were 127 outpatient agencies certified to provide SUD services and 56 agencies with dual certification/licensure for SUD and mental health services for adolescents. At the end of Year 2 of the project, DBHR will provide an updated count of agencies with dual certification/licensure.

12. State/Territory/Tribe developed and/or improved State/Territorial/Tribal standards for licensure, certification, and/or credentialing of adolescent and family substance use and co- occurring mental disorders treatment counselors by:

a. Reviewing adolescent substance use disorder and/or substance use disorder and co-occurring mental health disorder counselor credentialing requirements.
b. Revising adolescent substance use disorder and/or substance use disorder and co-occurring mental health disorder counselor credentialing requirements.
c. Developing or adopting endorsement for adolescent substance use disorder and/or substance use disorder and mental health disorder counselors.
d. Developing or adopting a credential for adolescent substance use disorder and/or substance use disorder and mental health disorder counselors.
e. If yes to any above, what did they do and how?

Please note that this measure focuses on the individual clinician, rather than the programmatic structure, which is the intent of measure #11 above.

Washington State did not select this allowable activity.

13a. State/Territory/Tribe continued existing family/youth support organizations to strengthen services for youth with or at risk of substance use disorders and or/or co-occurring problems.

The WA-RYS project contracted with Youth ‘N Action to assist with Youth Engagement and Leadership development. We anticipate that they will participate in all three years of the project. YNA members consulted with the members of the community to identify strengths and weaknesses. This work will guide YNA continued contribution in Year 2.

YNA shared the following information:

TRUE STAR – Port Angeles – Clallam County
Youth 'N Action Consultation

Overview of youth involvement in the community

What are the strengths?	What are the challenges?	What are the opportunities?
The youth enjoy coming to the program	Multi-generational patterns	Starting peer driven self-help groups
Staff are advocates within the local youth serving system	Increasing family involvement	Really strong local 12 step programs
Youth feel connected and are a part of something	Lack of role models and health role models	Two teen centers
They are "helpers" when given the opportunity	Financial Challenges and poverty	Churches
(Under the SAT-ED project) recovery support services can be offered.	Boredom, as reported by the youth in the program	Beautiful location, natural resources – hiking, skiing opportunities
The program is starting self-help groups that are open to anyone to come to	History of traumatic events	Community offers true leadership qualities
Very talented youth in our community	Youth in need of co-occurring services	Working to build a system of care, will assist us in pulling existing resources together, and look for new ones not currently identified
Starting youth support groups that are open to anyone	Very difficult childhoods	Increase communication about needs, opportunities, successes and challenges
Work closely with the truancy court and diversion, and probation.	Staff spend a lot of time on the phone with teachers who don't understand recovery, or how to support/advocate recovery for youth	Empowering the youth and families; providing more guidance and structure
Youth can be very supportive of each other		Create opportunities for hope
		Establish a youth alumni group; mentoring group
		Beautiful landscape and natural resources – skiing,
		To pull things together – resources and different groups

True North, Aberdeen, Grays Harbor County
Youth 'N Action Consultation

Overview of youth involvement in the community

What are the strengths?	What are the challenges?	What are the opportunities?
Youth are committed	No solid recovery community for youth	To develop youth leadership
The program and staff provide consistency for the youth	Recovery still looked at poorly in the community by other youth (not cool)	Develop peer to peer support
The program is offered in their own environment, the program offers school based services, in addition to having outpatient treatment office	Youth need better access and more opportunities for drug free recreational activities	Youth and families to provide feedback to the agency, and other youth serving agencies.
Staff are good at engaging youth in the program	Community perception of recovery is that recovery is "treatment" and a consequence of getting caught and not an opportunity to change your life for the better.	Reduce stigma
Counselors have been with the program for a number of years, little staff turn over	Socioeconomic challenges have been persistent over the years and getting worse	Social Marketing of the development of a Recovery Oriented System of Care in Aberdeen and neighboring communities
	Have had a difficult time engaging families, agency has attempted multi times with no results	Social Marketing of Recovery to the community.
	Multi-generational family use	
	History of traumatic events	
	Transportation	

Clallam County Youth Meeting, as submitted by YNA:

On August 29, 2013, Tamara Johnson the Statewide Director of Youth N Action and 8 Youth Leaders from YNA met with youth from Clallam County to facilitate a discussion to identify the challenges they face in their community as young people in recovery and how they can address the unique needs of youth in Clallam County. Approximately 30 young people between the ages of 13 and 27 attended the meeting which was held in Port Angeles.

The youth brainstormed challenges they faced in staying in recovery. Finding fun sober activities in their community and "breaking the generational chains" of addiction were two common themes that kept getting brought up. Often when youth are sober they feel like there is "nothing to do." They stated that being in treatment is difficult because people don't understand how they feel and often people are close minded when it comes to identify with them. Youth also find it challenging to stay sober when all of their friends are using drugs and judge them or think "it's stupid" that they aren't. It makes it "scary" for them to be themselves because they don't feel accepted by their peers anymore and feel isolated. One young person said that, "Everyone is getting loaded outside of treatment so it makes it hard to stay sober." Another youth voiced that, "You grow up with the same people and then when you want to make the change and your friends don't you don't know what else to do so you go back to it."

The motivation to be clean came from different places for the youth. Most of them shared that family was a big motivator. A couple youth said that they don't want to end up like their family and that they want to "set a good example" for their younger siblings. Seeing their friends die from an overdose has also helped them to develop a desire to be clean. Another youth said that, "I stay clean because I don't like being high anymore and I work a lot." Again, this comment reflects the need to have something to keep the youth busy.

The youth shared that the best things about the treatment they are currently receiving is that it "is keeping me clean, keeps me busy" and "gives me a reason to stay clean." They also said that treatment teaches them a "different way" and that it lets them know "that there are people that are there for me if I choose that path." While there are some positive things about treatment many of the youth felt like their treatment was also lacking. **The biggest thing they feel treatment doesn't provide is sober activities and fun things they can do to take up their time in place of doing drugs**. A youth expressed that "*Treatment needs to be about more than treatment; it should be about what youth can do sober.*"

During the meeting the youth were given the opportunity to participate in a Pongo poem exercise. The Pongo poem exercise is an interactive poetry writing activity that helps young people to express themselves, particularly when it comes to difficult or challenging experiences. 5 of the youth elected to read their poems out loud and several more left their poems so that they could be read and shared later.

Moving forward three things were identified as needs by the youth. One need identified is to start a Youth N Action chapter in the community. This would help youth organize and would provide a place for sober youth to come together to advocate and to support each other by participating in fun activities. Secondly, another need is to have youth trained to be certified peer specialists. Many of the youth at the meeting expressed a desire to be able to give back and help other young people who are struggling with addictions. When the youth participated in the poem exercise they got a taste of what it's like to share their stories and where they come from. Lastly, creating individual digital stories can created and shared with system partners, families, and providers is definitely a need that was identified.

Where I Come From

Poems by Clallam county youth

I'm from a street where …
The mountains meet the sea

I'm from faith in ….
Your parents are your only creator

I'm from a long line of people who...
Are set in their ways

I'm from confusion about…
My purpose on this earth

I'm from laughter over…
Our mistakes in the past

I come from …
A place no one should call home

I'm from love, and I know that because…
That's what they tell me

I'm from fear, especially when I think about….
I think about my subconscious

I come from a long line of….
Dreamers… not 'doers'

I come from…
Love at the wrong time

And I wish my life would become…..
Preserved in the minds of future generations

That's where I'd like to be from.

I'm from a street where …
Where drug addicts roam looking for their next fix

I'm from faith in ….
The angels above

I'm from a long line of people who...
Hurt and deceive

I'm from confusion about…
The meaning of life

I'm from laughter over…
Small, simple things

I come from …
A broken home

I'm from love, and I know that because…
My family hasn't given up on me

I'm from fear, especially when I think about….
My past

I come from a long line of….
Believers

I come from experiences like….
Working father with never ending love

And I wish my life would become…
Godly and whole

That's where I'd like to be from.

13b. State/Territory/Tribe created new family/youth support organizations to strengthen services for youth with or at risk of substance use disorders and/or co-occurring problems.

> *Washington State did not select this allowable activity**.** However, there may be interest in developing local FYSPRTs at the two community based provider sites. Updates in this area will be included and reported on when indicated.*

13c. Identify other things that the State/Territory/Tribe has done to promote coordination and collaboration with family/youth support organizations (e.g., hold Family Dialogue meeting at a state level).

Members of Youth 'N Action (YNA) members attended, participated in and presented at the Learning Collaborative sessions, to further support youth lead advocacy. Port Angeles is interested in starting a local YNA chapter.

13d. Existing family/youth support organizations for families of adolescents with substance use disorders within the State/Territory/Tribe coordinated or collaborated with other existing family/youth support organizations at the national, state, and/or local levels.

DBHR with funds from the SAT-ED project supported 18 youth and family/caregivers to attend the Youth 'N Action "Youth Leadership, Advocacy and Peer Support Retreat held on June 22, 23 and 24 in Chehalis, WA.

From the YNA Retreat outcome report: "Youth N Action designed a 3 day experiential youth learning, networking and planning event that included live entertainment, expertly developed and youth friendly workshops, adult support training, work group sessions, expert panel presentations, community mapping and closed with a commitment from each community to get connected and help build youth leadership, advocacy and peer support in their community. All with the intention of doing this in a targeted region to bring together a network for SOC youth leaders and peer support in SW Washington.

This event was grassroots developed in the values of system of care. It began as a technical assistance request from the Southwest Family Youth and System Partner Roundtable (FYSPRT) who were interested in training youth in leadership, advocacy and peer support. The family members and system partners from that region wanted an adult track on how to support the youth in these 3 areas. Originally YNA had funding to support a group of 15 across 2 counties, additional funding was given from youth and family serving programs across 6 counties and the retreat grew to **90 youth, family members and system partners** in just 2 months. The organizations did not only provide the resources for these youth and families to attend but their commitment went further. A representative from each organization showed up to participate and engage with families and youth throughout the retreat."

The full YNA Retreat report is submitted as a separate document (see Attachment 9).

14. The number of people newly credentialed/certified to provide substance use and co-occurring substance use and mental health disorders practices/activities, which are consistent with the goals of the cooperative agreement. List and describe the credential/certificate received

in the last six month period.

Washington State did not select this allowable activity.

15. The number of policy[1] changes completed as a result of the cooperative agreement. If policy changes were finalized[2] during the last six month period, then please list and describe them.

Washington State did not select this allowable activity. However, policy development will be monitored during the course of the cooperative agreement. If policy changes are initiated, updates will be provided on bi-annual reports.

16. The number of financing policy[3] changes completed as a result of the cooperative agreement. If financing policy changes were finalized[4] during the last six month period, then please list and describe them.

Washington State did not select this allowable activity. However, this will be monitored during the course of the cooperative agreement. If changes are initiated, updates will be provided on bi-annual reports.

Required Activities: Local Community-Based Treatment Site-Level Infrastructure Development Measures

17. Site name and date of contract for each site.

Clallam County for True Star Behavioral Health Services
Contract date: 11/01/2012 – 09/30/2015

Grays Harbor County for True North Student Assistance and Treatment Services/ESD113
Contract date: 11/01/2012 – 09/30/2015

18. Type and date of contract for each evidenced-based practice (EBP).

Chestnut Health Systems, for training and certification on evidence-based assessment and an evidence-based practice.

Global Appraisal of Individual Needs (GAIN-I)
Adolescent Community Reinforcement Approach and Assertive Continuing Care (A-CRA/ACC)
Contract date: 11/05/2013 – 09/30/2015

19. Type and dates of each EBP training staff attended.

[1] "Policy" is defined as "a statement by government of what it intends to do or not to do, such a law, a regulation, a ruling, a decision, an order or a combination of these." (Source: Birkland, Thomas A. [2011] *An Introduction to the Policy Process: Theories, Concepts, and Models of Public Policy Making*. [3rd ed.] Armonk, N.Y: M.E. Sharpe, p. 203)
[2] "Finalized" is defined as "enacted or promulgated for use" (e.g., interim final guidelines).
[3] See footnote #1.
[4] See footnote #2.

- A-CRA training, November 6-8, 2012 in Seattle, WA
- A-CRA training, September 15-17, 2013 in Yakima, WA
- GAIN on-line training January 2013
- GAIN on-line training March 2013

20. Type and number of currently employed staff certified as proficient in providing each EBP.

True North Student Assistance and Treatment Services
Katie Cutshaw, GAIN Local Trainer
Amber Goings, Certified GAIN Administrator
Sean Philbrick, Certified GAIN Administrator

Katie Cutshaw, A-CRA Clinical Supervisor
James Crea, A-CRA Basic Clinical Certification
Amber Goings, A-CRA Basic Clinical Certification
Sean Philbrick, A-CRA Basic Clinical Certification.

True Star Behavioral Health Services
Joanne Tisch, Certified GAIN Administrator
AJ Teel, Certified GAIN Adminisrtrator

Juli Leonard Buchmann Certified in A-CRA Clinical Supervisor
Jaymie Doane, A-CRA Basic Clinician Certification

21. Type and number of currently employed staff certified as proficient in training other local staff on how to provide each EBP.

True North Student Assistance and Treatment Services
Katie Cutshaw BA, Clinical Supervisor, GAIN Local Trainer

22. Describe how you are defining and operationalizing family/youth involvement in the implementation of the EBPs.

Youth and family involvement in the implementation of the model is critical and is operationalized in a variety of ways: individual feedback to the provider site on the model, providing family/caregiver activities where youth and families have the opportunity provide feedback as a group, invitations to the monthly Learning Collaborative sessions, and tracking the number of family/caregiver and youth sessions provided.

In Year 1 youth and family had the opportunity to participate in a local six-month Learning Collaborative (LC) to review and provide feedback on the development of the model. The Learning Collaborative was facilitated by the Northwest Addiction Technology Transfer Center (NWATTC).

In Year 1 of the project, Youth 'N Action provided consultation to the provider sites on increasing engagement strategies for youth involvement. They provided Leadership Development training for 12 youth in each community. Through this training one of the goals is

to increase individual advocacy while also promoting youth and family participation in policy and program development.

Optional Activities: Local Community-Based Treatment Site-Level Infrastructure Development Measures

23. Number of evidenced-based assessments completed and number with each of three levels of meaningful use:

a. Electronically transferring data into electronic medical or billing records.
b. Using data to generate clinical decision support (e.g. diagnosis, treatment planning and placement recommendations), and
c. Program planning (e.g., profiling initial needs at intake, reducing unmet needs within 3 months, identifying and reducing health disparities in unmet need by gender, race or other target groups).

- In Year One, True North completed 39 assessments with *three levels* of meaningful use.

- In Year One, True Star completed 35 assessments with *two levels* of meaningful use, meeting criteria b and c.

24. Number of assessed youth and type (Medicaid, CHIP, Other Federal/State, Other Private) of insurance actually billed.

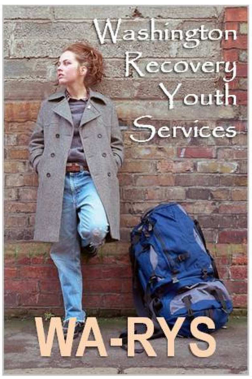
- True North: 25 GAIN assessments were billed April through September 2013.
  - Medicaid/Title XIX: 15
  - State: 10

  True North Total Assessments in Year 1: 39
  - Medicaid/Title XIX: 26
  - State: 13

- True Star: 18 GAIN assessments were billed April through September 2013.
  - Medicaid/Title XIX: 9
  - State: 2
  - Private Insurance: 7

  True Star Total assessments in Year 1: 35
  - Medicaid/Title XIX: 18
  - State: 6
  - Private Insurance: 11

- **WA SAT-ED Year 1 Total: 74 Assessments**
  - Medicaid/Title XIX: 44
  - State: 19
  - Private Insurance: 11



Washington Recovery Youth Services (WA-RYS)

Overview of Monitoring and Evaluation Activities in Washington State

Bridget Lavelle, PhD and Barbara A. Lucenko, PhD

In collaboration with Tina Burrell, MA, and Kathy Smith-DiJulio, PhD, Behavioral Health and Service Integration Administration. Funded by the State Adolescent Treatment Enhancement and Dissemination Grants, Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, Grant Number 1U79TI024265-01.

Overview. Washington Recovery Youth Services (WA-RYS) is a project designed to enhance treatment and recovery services for youth (ages 12 to 18) in Washington State with a diagnosed substance use disorder. The project is being carried out by the Washington State Behavioral Health and Service Integration Administration (BHSIA), in partnership with other members of the state adolescent substance abuse treatment community including youth, families, and treatment providers. Under the grant, two community-based substance abuse treatment facilities in Washington State are implementing a standardized assessment tool (Global Appraisal of Individual Needs; GAIN), an evidence-based treatment (Adolescent Community Reinforcement Approach; A-CRA), and an expansion of recovery support services. Broader initiatives will disseminate lessons learned and improve the youth substance abuse recovery system statewide. The WA-RYS program evaluation is being conducted by the Research and Data Analysis (RDA) Division of the Department of Social and Health Services (DSHS), in collaboration with BHSI. The WA-RYS program evaluation period is three years. The first two years of evaluation efforts focus on identifying baseline characteristics for WA-RYS participants and communities, monitoring the implementation of WA-RYS treatment services, and identifying changes in participants' substance use and other key outcomes over time. Measures developed will ultimately be used in an outcome evaluation.

Research Questions and Hypotheses. In addition to the primarily descriptive analyses in years 1 and 2, an outcome evaluation is planned for the final year of the grant, which will attempt to address three primary research questions. Specifically, compared to similar youth receiving non-WA-RYS substance abuse treatment services in Washington State:

1) Are WA-RYS participants more likely to display indicators of successful treatment (e.g., initiation, engagement, retention, completion)?

2) Are WA-RYS participants more likely to experience a reduction in juvenile justice involvement?

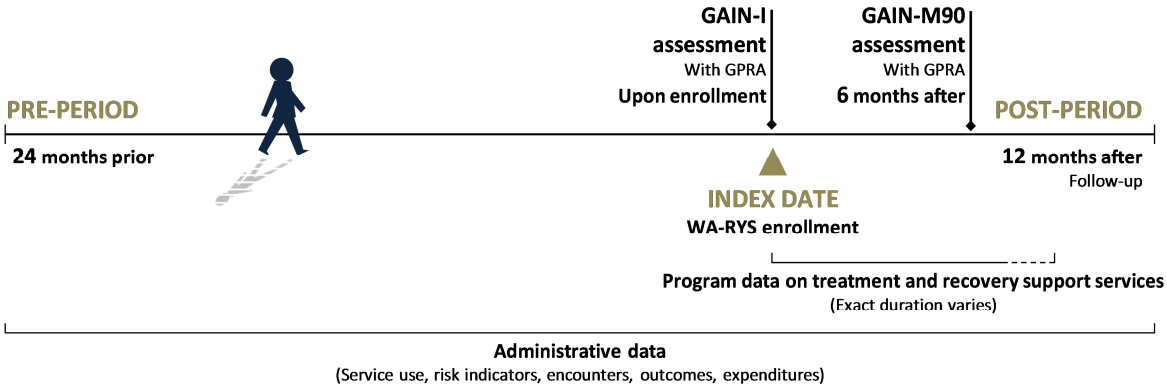
3) Are WA-RYS participants more likely to improve on educational outcomes (e.g., school enrollment, unexcused absences)?

We hypothesize that, during the 12 months following enrollment, WA-RYS participants (compared to similar youth in the state receiving non-WA-RYS substance abuse treatment services) will be:

(H1) more likely to display indicators of successful treatment (e.g., fewer drop out of treatment prior to completion),

(H2) more likely to experience a reduction in juvenile justice involvement, and

(H3) more likely to improve on educational outcomes (e.g., greater reductions in unexcused absences).



Local Study Design. The program monitoring component of the evaluation is tracking WA-RYS participants from the point of WA-RYS enrollment and throughout their time in the program. WA-RYS participants are being linked to social and health services information to identify baseline characteristics at WA-RYS enrollment ("index date") and approximately 24 months prior to enrollment (pre-period). Characteristics include demographics, substance abuse and mental health history including presence of co-occurring disorders, housing/homelessness, health and social service use, and juvenile justice involvement. In year three of the grant, the outcome evaluation will examine treatment, juvenile justice, and educational outcomes using a quasi-experimental design and WA-RYS program data combined with detailed social and health service data. Youth receiving WA-RYS services will be matched to a comparison group of similar DSHS youth receiving substance abuse treatment services through DSHS, but not under the WA-RYS program. Outcome measures will be constructed primarily from administrative data that will be available for both WA-RYS and comparison youth.

Data Collection Methodology & Instrumentation. Several data sources are being used for the program monitoring and evaluation. WA-RYS program data identifying participants and service use include:

- EBTx, a web-based data system used by clinicians to enter data on the details of each A-CRA treatment session with WA-RYS youth;
- WA-RYS recovery support service data, from DBHR's administrative data systems; and
- GAIN-ABS, a web-based data system used by clinicians to record youth self-reports on a range of topics including recent substance use; mental health; environment and living situation; and school, work and financial status. Also includes supplementary items from the GPRA Discretionary Services Client-Level Tool. Data is collected at WA-RYS enrollment and periodically throughout youths' time in the WA-RYS program.

In addition, a range of data is available from the DSHS Integrated Client Database (http://publications.rda.dshs.wa.gov/1394/), including social service use (e.g., TANF, child welfare), medical and behavioral health diagnoses and services, arrests and convictions (misdemeanor and felonies), and housing/homelessness. Data may also be available from the DSHS INVEST database for examining WA-RYS impacts on youths' educational outcomes.

Current Status. RDA has made the following progress on the WA-RYS evaluation.

- Program data are being collected and RDA is monitoring for data quality issues.
- Descriptive analyses have used early program data to identify characteristics of participants at baseline and changes in key indicators over time.
- A full evaluation plan has been developed and received IRB approval.

Plans for Dissemination. The semi-annual reports are reviewed with the WA-RYS program personnel, and disseminated to SAMHSA/CSAT grant officers and to BHSI and DBHR program administrators. The final evaluation will be disseminated widely to local program administrators and stakeholders, and published on RDA's website http://www.dshs.wa.gov/rda/. Results may be presented at a local or national conference and submitted for publication in a peer-reviewed journal.

ROSC—Partnering For Success

MARCH 29, 2013
ROSC TRAINING

YOUTH RECOVERY AND RESILENCY ORIENTED SYSTEMS OF CARE TRAINING

10:00 REGISTRATION
10:30-2:30 PRESENTATION
(LUNCH WILL BE PROVIDED)

WHERE: **GRAYS HARBOR COUNTY**
PUBLIC HEALTH & SOCIAL SERVICES
2109 SUMNER AVE.
ABERDEEN, WA 98520

What is ROSC?

True North Treatment Center has been awarded a three year grant to assist youth and families that struggle with alcohol and substance use, develop long-term pathways to healthy living. You are invited to join community members in a training to learn about efforts that are being proposed and how you can make a difference.

Who should attend?

- School Principals
- Teachers
- Counselors
- Community Leaders
- Health Care Workers
- Law Enforcement
- Interested Community
- Parents and Caregivers

Participants will learn:

- What Youth Resiliency and Recovery Oriented System of Care (ROSC) is.
- How ROSC will help to promote health and prevent relapse.
- How ROSC will benefit your community.

Register

To Register go to: https://www.thedatabank.com/dpg/423/mtglistproc.asp?formid=ROSC&caleventid=19356

For more information contact: **eday@esd113.org**

Northwest (HHS Region 10) ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

True North

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

TRUE STAR BEHAVIORAL HEALTH

CLALLAM COUNTY JUVENILE & FAMILY SERVICES

Washington State Department of Social & Health Services

DBHR Division of Behavioral Health and Recovery

Northwest (HHS Region 10) ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

For more information contact: Patty Bell
pbell@co.clallam.wa.us 360-565-2631

To Register go to:
www.thedatabank.com/dpg/423/mtglistproc.asp?formid=ROSC

PRESENTS :

YOUTH RECOVERY ORIENTED SYSTEMS OF CARE

FAMILY NIGHT APRIL 25TH 6:00-8:00 PM

CLALLAM COUNTY JUVENILE & FAMILY SERVICES

What is ROSC ?

True Star Behavioral Health Services has been awarded a three year grant through Washington State DBHR and SAMHSA to assist youth and families that struggle with alcohol and substance use.

You are invited to join in a training to help develop long term pathways to healthy living for the youth and families of Clallam County.

Learn about efforts that are being proposed and how YOU can make a difference.

Learn how your participation & support is essential !

YOUTH & FAMILIES WILL LEARN:

what is a youth resiliency and recovery oriented systems of care (ROSC)

how ROSC will help promote health and prevent relapse

how ROSC will benefit your community

Portland State University Center for Improvement of Child and Family Services

Sponsoring Agent: Washington Department of Social and Health Services

Project: System of Care Technical Assistance

April 2013

Introduction

Founded as the Child Welfare Partnership in 1993, Portland State University's (PSU) Center for Improvement of Child and Family Services integrates research, education, and training to advance the delivery of services to children and families across multiple systems. The Center works with agencies and community partners to promote a service system that protects children, respects families, and builds community capacity to address emerging needs. The Center coordinates multi-disciplinary training and consultation initiatives designed to promote sustainable systems changes across child welfare, mental health, education, juvenile justice, and other systems serving children and their families. The Center provided consultation and technical assistance to Washington State specific to the development of a sustainable finance model, which aligned services and supports for children and families at the state and local levels.

The development of a finance model to fund services and supports was requested as part of the TR Lawsuit settlement with the state of Washington. The initial phase of the design process necessitated soliciting feedback and collecting data from key system stakeholders including Division of Behavioral Health and Recovery, Children's Administration, Juvenile Rehabilitation Administration, Health Care Authority, and Medicaid.

It was important to capture accurate correct information and data germane to the design and development of an integrated finance model. PSU, in partnership with leadership from Washington's Cross-System Finance Team, created a series of questions to guide informational interviews with key stakeholders (*Attachment 4.1*). Questions were shared with stakeholders prior to the interview to allow them time to gather requested finance data and feedback from colleagues. PSU met with stakeholders from the various units/departments for 1 hour interviews over a 2-day period. Information and raw data gathered was entered into a spreadsheet for analysis and review (*Attachment 4.2*). In addition, interviewees were asked to provide specific information regarding population and financing data related to their programs.

Overview

PSU reviewed the data and feedback gleaned from the informant interviews and categorized the information into four key areas:

- Needs of Population
- Services and Support

- Provider Network / Service Array
- Systems of Care Values in Service Array

PSU shared these areas for consideration if they prove useful as the state moves to systematically operationalize the objectives of the TR lawsuit.

Needs of the Population

The utilization rates seem to be rising for all the system stakeholders with the exception of Behavioral Rehabilitation Services (BRS) services. In addition, the acuity level was noted as rising due to increased efforts to keep children in lesser levels of care combined with additional support services wrapped around the individual. In addition to higher rates of acuity at the lesser levels of care, increased complexity of needs where found in children and youth accessing services at all levels. This seems to be a universal theme noted by all interviewed. When asked about anticipated changes in the populations served, respondents expected an increased number of children and youth entering the system with complex needs. A number of respondents linked the pending healthcare transformation underway, associated with the Affordable Care Act, as impacting the number of children with complex needs, requiring services at such a high rate. As the needs of children become more complex, informants described that the system needs to be more responsive and provide other types of care in order to adequately meet the needs children and youth. For instance, it was noted that many youth are placed in community-based programs with less reliance on residential or out-of-community placement. Hard data about the specific needs of children and youth in relation to services were difficult to track based on the existing reporting system. The exception was Juvenile Rehabilitation Administration (JRA), which was able to demonstrate a higher level of need in relation to services.

Services and Supports

Overall, all respondents identified the need for a greater balance of service array between community-based and more restrictive services. Though common among all services, the disparity between community-based and restrictive services differed based on the specific system. For instance, JRA noted the need for more community-based options, whereas, Division of Behavioral Health and recovery (DBHR) highlighted the lack of residential or acute care services compared to other states. When asked about the average length of stay (ALOS) in placement, systems had a common range of 10-15 months. When queried about the system-specific priorities or mandates, responses varied. A number of informants framed services and supports as a way to move a client to a less restrictive level of care; whereas, a portion of the group identified services as prevention-based or proactive with a focus on early intervention. Universal across all respondents was the desire for more youth and family guidance to help shape and inform the service array.

Provider Network / Service Array

Informants were asked to share the type of provider network and service array specific to each system. All informants included the use of licensed and/or formally recognized providers. Related, and a

common theme among respondents, was the inability of providers to recognize and/or utilize natural or informal supports. The formal or licensed community providers utilized by the various systems were thought to be unprepared to effectively offer the services and supports needed to meet the complexity and acuity level of those referred. All noted the need to recognize and adequately fund the natural and or/informal supports to better meet the needs of the communities served. Additionally, it was noted the participant "head count" financing structure serves as a deterrent to develop, deliver and fund a needs-driven service array. When asked about the level of culturally and linguistically responsive service array, all informants cited explicit language to support culturally competent practice; however, a lack of support (*practical/structural/institutional*) to effectively implement cultural responsive practice was noted by a large number of respondents.

Systems of Care (SOC) Values in Service Array

Respondents were asked to share how the SOC principles and values were infused into the existing service array. Universal among respondents, with the exception of DBHR, was the limited ability to fully integrate youth and family voice into the service delivery model. Though respondents noted youth and family as involved and/or engaged at certain points within the serve delivery model, all expressed a desire to strengthen or augment current structures to fully and formally integrate youth and family voice at all levels of the service delivery model. Respondents described barriers to fully integrating youth and family voice, including issues of confidentiality, accessibility, structural support, formal channels, or understanding the role of youth and family voice in the development of a service array based on SOC values.

As a state, all respondents noted that serving diverse populations and communities is a challenge. Universal among those interviewed was the desire to develop and fund a more effective and responsive service array to support the various communities. As previously mentioned informants universally remarked on a strong and unwavering commitment to culturally responsive practice. An area for growth and development shared by respondents was the need for more accurate data points to help inform the development and implementation of a sustainable and relevant culturally and linguistically responsive practice model. In support of this stated commitment was the passage of HB 2536, noting the need to implement evidence-based, research-based and/or promising practices specifically tailored to meet the needs of diverse communities. The question many respondents shared was how the stated goals of HB 2536 would be operationalized.

<u>Considerations</u>

Based on informant interviews and data provided, the following considerations are offered to support the development of a sustainable finance model that aligns services and supports for children and families at the state and local levels.

Shared Data Systems

A primary struggle for many informants was the limited ability to capture comparable data. The indicators and metrics used were often specific to the system in question. This lack of shared data

points made it difficult to aggregate information and necessitated manually untangling information to obtain comparative data. Establishing shared data systems and metrics would lead to common indicators and foster greater cross-system collaboration and comparison.

Youth and Family Voice

All those interviewed noted the need to strengthen youth and family voice within the SOC framework. This is not only at the practice and local level, but also at the systems and state level. It would prove useful to have a formal structure in place that fully integrates youth and family voice at all levels of the service delivery model. Though this youth and family voice may manifest itself differently based on the system in question (child welfare, mental health, juvenile justice), it is critical their voice is formally recognized to ensure that the services and supports that are available correspond to the strengths, needs and values of youth and families within the communities served.

Early Interventions

A number of respondents noted the lack of prepared providers to effectively meet the needs of child and families at the community level. An area to consider is the need for an increase of early intervention services and the development of a local/statewide prevention framework to reduce the number of children needing BRS services. Related is the consideration to fund training and workforce development strategies to ensure community-based providers are well-equipped to effectively support children and families.

Service Array Design

Current supports available to children and families are based on services versus needs. In essence, needs of the child and family must fit within the standing service model. An area to consider is funding a service array based on the needs of children and families versus the existing institutional and/or system structures. This shift includes expansion to fund and recognize informal or natural supports. Expanding the definition of service providers to include informal service providers, family/youth, and natural supports will enhance the standing service array and lead to a delivery model that corresponds to the needs of those served.

HB 2536

The anticipated influence of HB 2536 on service delivery systems was recognized by all those interviewed. It remains a question as to how the goals and objectives associated with HB 2536 will be operationalized at the local and state levels. As the process unfolds, maintaining a clear, concise and open dialogue among those impacted by HB 2536 specific to EBPs (including community stakeholders) will ensure desired outcomes are achieved.

Please contact William Baney, Portland State University Center for Improvement of Child and Family Services, at baneyw@pdx.edu or 503.725.5914 for more information and/or questions.

Systems of Care Financing Questions

Name(s):

Category A: System Specific: Expenditure and Utilization	
A1	For the youth with mental health needs in your system, the 2008 TR proxy data shows that X number (refer to TR proxy data) of children and youth had a mental health need and one or more functional indicators. • Is this consistent with what you know about the population now? • If not, what is different, and what has impacted this over the last four years (impacts such as budget cuts, eligibility changes, funding changes)? • What do you anticipate to be changes in the population over the next several years (impacts such as budget cuts, eligibility changes, funding changes)? How many children and youth (0-20) does your system serve total in a year?
A2	How many children and youth do you serve who have substance use disorders? • What are the demographics of these youth? • Of the youth identified with a substance use disorder, what percentage receives chemical dependency treatment services? • What are the diagnostic/functional indicators that lead to referral for any type of chemical dependency treatment?
A3	**These questions are to be completed on the attached spreadsheet (two tabs, one for each fiscal year):** How much is spent by your system on mental health, substance use/abuse, and other related treatment for the populations of focus by funding source (i.e. GFS, Title 19, 4e, etc.) for state fiscal years 10 and 11? How much is spent by your system on mental health and other related treatment for the population outside of the proxy by funding source (i.e. GFS, Title 19, 4e, etc.) for state fiscal years 10 and 11? **Examples include**: EBPs, RBPs, PPs, and services as shown on the spreadsheet: screening, assessment and evaluation, outpatient therapy, medical management, home-based services, day treatment/partial hospitalization, crisis services, mobile crisis and response and stabilization services, behavioral aide services, behavioral management skills training, substance abuse treatment services, therapeutic foster care, therapeutic group homes, residential treatment centers, crisis residential services, inpatient hospital services, case management services, school-based services, special services for youth in juvenile justice system, special services for children/youth in child welfare system, after school and summer programs, youth development activities, respite services, wraparound services/process, family support/education, transportation, mental health consultation (for early childhood and other programs), therapeutic nursery/preschool, supported independent living services, related training and workforce development activities. What is the proportion of these expenditures to the overall funding? Please provide a brief description of these mental health and chemical-dependency related services, indicating which are evidence-based, research-based, and promising practices.

A4	What is the average length of stay in your system's out-of-home/residential placements or treatment (excluding foster care)?
A5	How would you describe the balance of expenditures between home and community-based services as compared to more restrictive out-of-home or residential care for your system?
A6	What system mandates or priorities are you trying to meet by spending money on these services?
A7	What outcome do you need to achieve for your system's service population that is not currently being provided?

Category B: Systems of Care Strategies	
B1	Who are the providers providing the services as described above? Please describe challenges you experience with provider availability and readiness to provide the services you need.
B2	Explain any efforts to improve the cultural and linguistic responsiveness of the service array (see section C)?
B3	How do you support family and youth participation in the system-level design and feedback? What funding source(s) do you use for this activity?

Category C: Culturally & Linguistically Responsive Service Array	
C1	To what degree is the service array driven by family- and youth- voice and choice?
C2	How does the service array reflect the needs of a diverse population?
C3	To what degree does the service array reflect the principles of equal access/non-discriminatory practices?
C4	How is the service array reflective of cultural and linguistic competence regarding evidence-based practices, research based, and promising practices (as defined in HB 2536)?
C5	To what degree does the service array incorporate unique culturally relevant services and supports?

Washington State Financial Interview Data

DBHR	JRA	HCA (1)	HCA (2)	BRS
A1a. For the youth with mental health needs in your system, the 2008 TR proxy data shows that X number (refer to TR proxy data) of children and youth had a mental health need and one or more functional indicators) Is this consistent with what you know about the population now?				
Response: There is a belief that there is an increase in eligible youth. The number has increased (at the top of the pyramid) due to the economic times between 2008 and now and stressors to family. There are more families without insurance so they qualify.	Response: Yes - increase. **Criteria:** Any youth within JRA that has a qualifying DSM IV diagnosis (chemical dependency and other specific behavior disorders are excluded), or psychotropic medications, or suicidal/homicidal. The total JRA population is going down (addressed at the local level), but the youth with complex needs are going up. 2010 72% 2011 72% 2008 64 % Average age of 15/16 years	Response: Yes, it seems logical. This is the first time gathered.	Response: Have not seen the proxy data.	Response: Yes, it is, but the BRS numbers since 2008 have been reducing. If data were run in 2011&2012 there would be less. The number reduces about 100 kids per year due both to redesign and budget issues.
Notes: *The rates seem to be rising for all respondents with the exception of BRS, rates have gone down but acuity seems to be going up.*				
A1b. If not, what is different, and what has impacted this over the last four years (impacts such as budget cuts, eligibility changes, funding changes)?				
See A1a.	Response: There are fewer kids total but more kids with complex needs. Less children coming in but those coming in have higher level of need.	-	-	Response: 2008, BRS population went from 1800 to 1400 due to program redesign (refocus of resources) to funding reductions; more of an in - home approach to services; front end services less of a disruption on the child and less of a need for out of home care.
Notes: *Consistent theme throughout interviews was the complexity of needs found in children and youth accessing service/supports. Many note how ill prepared service providers are in response to the level of complexity/acuity.*				
A1c. What do you anticipate to be changes in the population over the next several years (impacts such as budget cuts, eligibility changes, funding changes)?				
Response: With health care reform, more families will be eligible. No budget cuts anticipated. Also hopeful that there will be additional funding to serve kids via RSNs (RSN rate via	Response: There is a possibility of budget cuts. Last years cuts caused release of non-serious kids. Although the population is going down,	Response: There will be an increase in TR children because of the current socio-economic conditions. We should	Response: There are more people going into managed care. We are expanding our managed care enrollment. Uncertain about how that	Response: The trend of reduction of resources and/or distribution of resources will continue. Could result in fewer kids in

legislature). There is also an increase in the focus on transition age youth – this population is increasingly unemployed or underemployed. This group will have more stressors and more needs. Medicaid dollars may decrease.	the kids that are there have an increased level of complex needs. The structure is changing from residential services to community based care – finances don't necessary support this. Lost the lowest level of parole for budgetary purpose alone – trying to get this back.	be measuring/ projecting this every year.	will look.	BRS due to more front-end services and the linkage to the system transformation efforts within other child and family serving systems.
***Notes**: Respondents anticipated greater numbers of children and youth in need of services to meet complex needs. Increased level of early interventions may result in fewer children needing BRS services.*				
A1d. How many children and youth (0-20) does your system serve total in a year?				
-	Response: FY 2009 legislative FY 2010= 2,158 served (could be repeat or intake in a prior year; all served e-days). FY 2011 = 1,833. May increase if the lower level of children remain on parole after release from residential settings.	Response: Medicaid serves 1 out of 3 children in the state of Washington and most are in managed care (95%). There is a small group with high level of needs not in managed care.	-	Response: 1,400-1,600 kids depending on what service you are looking at. 6,500 youth are in foster care on any given day – 1,500 in BRS. 12-15 % of out of home population. It is difficult to map out on a fiscal year broken down on a monthly basis
***Notes:** Changes in levels of service (community based parole with JRA) impact the overall numbers; less reliance on residential services.*				
***Sheila**: In addition to asking about how many served in a year, consider asking how many served at any given time.*				
A2a. How many children and youth do you serve who have substance use disorders?				
-	Response: FY 2010, 215 kids participated in SA services. FY 2011, 233 kids participated in SA services. There could be more, but the need exceeds the service. (Need screened-in services). Intensive out and inpatient	?	-	Unknown
A2b. What are the demographics of these youth?				
-`	-	?	-	Can't Track Difficult to find the data; know the system has children with substance abuse disorders
***Notes:** JRA noted higher level of need in relation to services; other respondents found it difficult to track numbers.*				
A2c. Of the youth identified with a substance use disorder, what percentage receives chemical dependency treatment services?				

- -	-	? ?	- -	Can't Track Difficult to find the data; know the system has children with substance abuse disorders
Notes:				
A2d. What are the diagnostic/functional indicators that lead to referral for any type of chemical dependency treatment?				
-	-	-	-	-
Notes:				
A3a. How much is spent by your system on mental health, substance use/abuse, and other related treatment for the populations of focus by funding source (i.e. GFS, Title 19, 4e, etc.) for state fiscal years 10 and 11?				
See Attachment 1	See Attached Grid			
Notes:				
Sheila: *1. What "other related treatment?"* *2. Some systems, like Medicaid, can give you expenditures by type of service, which is what you want. If they can't give it to you by type of service, they can at least break it into larger service categories of IP psych, PRTF, RTC/group, TX fc, crisis stab beds, and home/cb services. A gross total dollar amount doesn't tell you much*				
A3b. How much is spent by your system on mental health and other related treatment for the population outside of the proxy by funding source (i.e. GFS, Title 19, 4e, etc.) for state fiscal years 10 and 11?				
See Attachment 1	See Attached Grid			
Notes:				
Sheila: *1. What does" outside the proxy" mean?* *2. Wraparound = process, not a service* *3. Youth support?*				
A3c. What is the proportion of these expenditures to the overall funding?				
See Attachment 1	See Attached Grid			
Notes:				
A3d. Please provide a brief description of these mental health and chemical-dependency related services, indicating which are evidence-based, research-based, and promising practices.				
See Attachment 1	See Attached Grid			
Notes:				
A4. What is the average length of stay in your system's out-of-home/residential placements or treatment (excluding foster care)?				
Response: CLIP= approximately10 months but is going down. Needs	Response: FY2010 – 45 weeks,	NA	Response: RTC kids are moved to DBHR because	Response: BRS is 14-15 months. Foster care

confirmation. Not sure about the number for acute/in-patient hospitalization. FY2011 $8.1 million and FY2012 $7.5 million. *Suggestion to include or look at the acute hospitalization and substance abuse rates and numbers.*	FY2011 – 44 weeks.		RSNs pay for the placement.	unknown (guess 7-8 months)
Notes: *Overall rate of out of home/residential placement range from 10-15 months*				
Sheila: Probably need to break this down by: IP psych hospital, PRTF, residential tx centers, tx group homes, tx foster care, and crisis stab beds. CW may also know how long a child stays across these placements (i.e. same child moving from one to another). In one state I worked with, the ALOS in any one ranged from 9 months to 18 months, but the ALOS across placements was closer to 4 years.				
A5. How would you describe the balance of expenditures between home and community-based services as compared to more restrictive out-of-home or residential care for your system?				
Response: In general, compared to other states there are fewer beds for residential care and acute care (91 total) CLIP beds. It is difficult to estimate the balance of beds between different systems. It is a balance between more/less community services vs. residential services.	Response: The vast majority of the budget for JRA is spent on institutional placements. We need to shift the balance to community-based.	NA – No placements provided	-	Response: 15% in –home; 52% TFC, 48% group home
Notes: *Each system notes need for greater balance of service array between community based and more restrictive. JRA expressed need for more community based options, whereas, DBHR noted fewer residential/acute care beds compared to other states. Speaks to desire for service array based on needs of child/youth /family versus system structures.*				
Sheila: *You should be able to get this from your question above re % of dollars spent by service type by % of children served by service type*				
A6. What system mandates or priorities are you trying to meet by spending money on these services?				
Response: EPSDT, SOC Grant priorities and operationalizing system of care value, TR lawsuit, 1915B Waiver, fund the current RSN system. Improve the behavioral health outcomes of youth and adults.	Response: Reduce recidivism – committing another crime (or commit only a lower crime) and returning to the JRA system. Decrease homelessness, community parole for all youth. Better connection with community.	Response: Prevention, early identification of key indicators that are potential risk factors for daily living and education. Those with more serious conditions are referred to the RSN structure of services.	Children have access to medical care. 2008 due to HB 1088 which expanded benefits; significant efforts to expand access for children with mental health services specifically for children that do not qualify; for those needing services, recognizing not receiving from RSN, changed number from 12-20 visits, prior authorization process; expanded who could provide services to children; psychiatrists, licensed folks appropriate	Response: Stabilize youth behaviors and safety to move the youth to less restrictive placements. 46 % leave BRS services, 32.5 permanency plan (average of last 5 years)

			medications, second opinion program; receiving appropriate medications and not being over-medicated; partner access line (PAL) booklet for practitioners; Seattle Psychiatric Hotline to receive calls from practitioners.	
Notes: *Priorities and/or mandates vary. Some respondents framed services/supports as a vehicle to move individual to lesser level of care, whereas, others are focused on proactive or prevention based service array. Are all services linked into the same framework of prevention or maintaining a fragmented service delivery system.*				
Sheila: *You might ask whether they have any outcome data on these services.*				
A7. What outcome do you need to achieve for your system's service population that is not currently being provided?				
Response: Youth and family voice & leadership, family access to the system that is consistent and equitable. Relevant, effective services to the community (formal and informal). A cohesive System of Care that is collaborative and family friendly. Accountable spending and knowledge of service cost. Needs focus vs. service focus.	Response: Connecting youth with community resources. Improve placement options and decrease homelessness, lack of school involvement and unemployment.	Response: Guidance on process about what particular supports and services match a particular child and condition. Lack of screening and assessments. Fewer than 38% are being seen for a well-child screen. Well-child visit is only provided every-other-year. Need to understand data about prevalence of mental health conditions and the experience of the population within the system.	Response: Need staff and resources to assess and map out data to figure that out. We also need to understand the needs of the population and why they aren't accessing the benefit.	32.5% achieve permanency. Goal is to increase permanency. Youth from one provider to the next 33.6 %;
Notes: *Many respondents expressed desire/need for greater input and guidance from youth/family to accurately develop a service array that is germane to the communities served.*				
B1a. Who are the providers providing the services as described above?				
Response: Community Mental Health Agencies that RSN's contract with (DBHR licensed). Designated Mental Health Professionals. Contracted Psychiatric Residential Treatment facilities. State Hospital. Residential	Response: JRA FTE staff, contracted providers: residential and community based, contracted psychiatric providers inside the institutions. SA services are	Response: In the managed care contract, we recognize all licenses practitioners both private and community mental	Response: All licensed providers recognized by the state of Washington	Response: For-profit and non-profit agencies that are contracted by BRS and licensed placement agency (foster care, group home, licensed facilities and

Treatment Providers (CD). Agency based licensed providers. Acute inpatient hospitals via Medicaid provider agreement. Community Mental health agencies that are licensed by DBHR DMHP Contracted psychiatry services Child study and treatment center Other residential treatment (substance, chemical dependency) Pilots and direct providers (Community based providers / agencies) licensed by D Acute in patient providers Licensed CMHA	done via DBHR. Most kids are Medicaid eligible. No Medicaid in institutions, reinstated after discharge JRA FTEs DBT	health.		agencies).
Notes: *Responses vary; community based providers were licensed or formally recognized. Limited recognition or natural and/or informal supports.*				
B1b. Please describe challenges you experience with provider availability and readiness to provide the services you need.				
Response: Hesitancy by CMAs to use natural and peer-to-peer supports. Family member providers must be a CMHA or work for a CMMA to provide services and then lose their family support organization status. Frontier mental health's access to services they need is a barrier. Consistency between urban and rural. Unrealistic expectation and lack of clarity from frontier/rural communities; lack of good alternatives (how to provide) Inform and align the system partners of range and scope of service opportunities Urban rural issue	Response: Institutions – don't have as many psychiatric providers as we could use which often creates a wait list. Some rural areas have harder time with these providers. Community – the RSNs don't like to set appointments before a youth has Medicaid eligible. They won't see them if they are not.	Response: Some providers only take a certain percentage of Medicaid kids. This is a potential access problem. May be of value to assess/survey families of the barriers and satisfaction; survey population to understand prevalence of mental health conditions and satisfaction of services/supports may be an area of focus	Response: Discrepancy between officially enrolled providers and those who actually provided services but we do not know about how many. No resources to mine data and the data that is there is not accurate.	Response: It is fee for service and the business model is based on "head-in-bed." Need a different finance model to allow for needs driven vs. service provider driven so that we don't have to fill beds to sustain program.
Notes: *Need to recognize and fund natural or informal supports; emphasis on culturally responsive practice. Head count serves as deterrent for needs driven service array.*				
B2. Explain any efforts to improve the cultural and linguistic responsiveness of the service array (see section C)?				
Response: RSNs are responsible via the contracts with DBHR. Specific language is used. Children's redesign SOC work plan has labeled and	Response: Attempt to hire a diverse staff team and do CLC trainings. Access to interpreters. There is a	Response: None, but the contractors should collect information on their population and	None	Response: In all contracts and licensing there are strong language about CLC. Analyzing

identified the need for cultural and linguistic explicit language in the contractual agreements.	disproportionality of minority in JRA so we seek out staff and contractors who match these youth.	consider this in their consideration for hiring. Little to no efforts; sub-contractors should be collecting information to ensure they are serving the population in the region.		disproportionality and be responsive in hiring and recruitment, contracting. Focusing on statewide recruitment of minority populations – hired an agency to do this.
Notes: *Expressed desire and explicit language to foster culturally/linguistically responsive practice; attempt to hire staff that reflect community served; limited support in place to effectively support culturally/linguistically responsive practice.*				
Sheila: *Change "service array" to "provider network."*				
B3. How do you support family and youth participation in the system-level design and feedback? What funding source(s) do you use for this activity?				
Response: Federal Block grant and SOC Grant dollars (soft money) to support family liaison and FYSPRT. In the SOC planning documents. In the charters, there are guidelines for consumer involvement as a percentage for RSNs. Federal block grant to support the FYSPRT and family liaison position Governance structures Supported with soft funds; no direct funding from the Charters and guidelines Consumer on the quality review committee	Response: General funds only. For the past 2 years we have incorporated youth groups and youth voice with current and former JRA youth to provide feedback about programming and policy. These youth meet regularly with the partnership council and JRA staff at facilities. Speak to various legislative groups and stakeholders.	Response: No formal mechanism.	Nothing formal	Response: Unknown. BRS implemented wraparound at the practice level; push from various administrations within DSHS that are actively infusing youth and family voice
Notes*: With the exception of DBHR (in particular SAMSHA SOC funding) limited vehicles to integrate youth and family voice in the system level design.*				
C1. To what degree is the service array driven by family- and youth- voice and choice?				
Response: I don't think we are on the scale of family driven when it comes to the service array. Although there is a satisfaction survey, there is no participation of families to design and influence the service array or select types of services. FYSPRT is forum for this, but it is not used now.	Response: Made some changes have been made to services and programming and policies based on youth voice; family voice not necessarily infused	Response: Informal hope, but no formal structure.	Response: Families have choice over which provider and can change provider. Don't require a referral from primary care.	Response: Implemented solution-based casework and wraparound principles. Not aware of data.
Notes: *Desire to have youth and family voice guiding the process but acknowledgement of limited success and formal channels.*				
C2. How does the service array reflect the needs of a diverse population?				
Response: Inconsistent service array in some communities. Most	Response: See B2. Also have activities like cultural groups	Response: 20 visits a year. No exceptions.	Unknown; Not analyzed	Response: There is disproportionality. There

communities' try and address the specific needs of their community. RSN's have the flexibility to respond to the needs of their own community. There are pockets with no consistency. HB2536 = developing promising practices and services for diverse populations (ethnic not cultural)	and have different populations (like American natives) come in to the center and do activities. Gang focus activities. Depends on individual sites. Continuously looking at how models are effectively supporting and addressing the needs of minority groups.			are no tribal BRS agency providers. Area for growth and development within the state; AI/AN are not getting the services needed; African American children needing cultural specific providers; strong recruitment of licensed foster home; recruitment and retention.
Notes: *Inconsistency noted throughout interview process; all systems seeking more effective and responsive service array to meet the diverse populations within the state.*				
C3. To what degree does the service array reflect the principles of equal access/non-discriminatory practices?				
Response: The service array is less informed than the structures for access. Same as C2 but this is better. Requirements for language, interpreters, etc. are well established. Some work needs to be done in rural communities.	Response: Analysis of assessments. Does the assessment of need match actually getting the service to meet the need? Continuously looking at how models are effectively supporting and addressing the needs of minority groups; relationships with the cultural focus (tribes, gangs).	Response: Language in the contract about non-discrimination. No quantifiable data.	Response: Every child gets 20 hours and can ask for more. They can go to any enrolled provider. They can get more hours by request. Access is granted to transportation and interpretive services if needed.	Response: Anyone who has the need, they get the service.
Notes: *Stated intent of all respondents though acknowledgement of area for growth; limited data collected to note effectiveness.*				
C4. How is the service array reflective of cultural and linguistic competence regarding evidence-based practices, research based, and promising practices (as defined in HB 2536)?				
Response: Although there are pockets of intention and movement toward, the service array is not reflective of CLC. HB2536 does not address cultural & linguistic competencies – only ethnicity issues.	Response: Use of interpreters, FIT (Family Integrated Transitions) did a study with UW and is a research based practice. FIT model might be adapted to better meet the needs of Hispanic/Latino population; ADA	Response: There are no matches for type of services and need.	Response: Working on identifying practitioners who provide EBPs.	Response: Multi-dimensional treatment foster care. Questions about cultural competence. DBT. These are hard to sustain. Supply/Demand issues. Home builders (not sure how culturally competent they are in that it is difficult to track/sustain); cost prohibitive for agencies to sustain EBP.
Notes: *Based on guidelines of HB 2536, all systems noted the need to implement evidence based, research based or promising practices specifically tailored to the*				

diverse communities. Seems to be an area in need of greater focus, understanding and guidance.				
C5. To what degree does the service array incorporate unique culturally relevant services and supports?				
Response: Requiring a cultural consult and show evidence of the consult within the plan of care but there are limits, i.e. not always done in person. Need for more in person and relevant/ accessible/ appropriate cultural consultants (formal and informal).	Response: See B2 and C2. Cultural groups and tribes	Response: Language in contract. Not tracked.	Response: Not Tracking	Response: Same: Multi-dimensional treatment foster care. Questions about cultural competence. DBT. These are hard to sustain. Supply/Demand issues. Home builders (not sure how culturally competent they are in that it is difficult to track/sustain); cost prohibitive for agencies to sustain EBP.

Attachment 1

DBHR Data

Medicaid (XIX)
Expenditures for existing system's mental health services for children and youth served by the RSN and CSTC and contracted CLIP programs (psychiatric residential treatment facilities):

RSN Outpatient and Inpatient expenditures for children and youth:
We pay the RSNs a capitated rate for disabled and non-disabled kids. Then providers bill for inpatient costs through ProviderOne, which we bill the RSNs.

These numbers below are the capitated rate payment minus the inpatient billings and the remainder. We are making the assumption the remainder is outpatient costs. I was just talking with Melissa regarding the Medicaid TXIX dollars. The "remainder" of capitated rate payments minus inpatient expenditures is not assumed to be all outpatient. It is outpatient plus all the other services provided with the managed care funding.

SFY 11 116,207,000 – 8,135,000 = 108,072,000
SFY 12 117,439,000 – 7,491,000 = 109,948,000
Current 124,960,000 is currently funded per the Feb 2012 caseload forecast

CLIP (CSTC, three PRTFs, and CLIP Administration)
SFY11 – CLIP - 7,735,000 (this includes the admin contract), CSTC - 10,139, 000
SFY12 – CLIP - 7,156,000 (this includes the admin contract), CSTC - 10,822,000
Current – CLIP - 7,757,00 (budget), CSTC - 10,396,000

- State-only funding:

EBPI
SFY11 - 356,008
SFY12 - 350,000
Current - 350,000 (FY13 appropriation)

Wraparound pilots – Southwest, North Sound and Grays Harbor RSNs

SFY11 - 430,204
SFY12 - 460,200
Current – below*

MFTC – Kitsap County

SFY11 - 262,441
SFY12 - 254,587
Current – below*

MST - Thurston Mason RSN

SFY11 - 291,000
SFY12 - 294,500
Current – below*

*Current children's mental health proviso amount for FY13 = 1,141,000 – 21,000, or 1,120,000. In the enacted 2012 Supplemental Budget, OFM reduced the appropriation erroneously by 20,000 in FY 12 and 21,000 in FY 13. Per Robin M., Andrea, and Mark discussion, Mark amended the MTFC and MST contracts to cover the shortage. This error has been re-funded in the 2013-15 Carry Forward Level Budget.

- System of Care Implementation and Expansion Grant at one million dollars per year – beginning 10/1/12 – 9/30/13, and upon renewal and federal budget approval for the subsequent four years through 9/30/17

- Federal Block Grant funds for youth and family support, and EBP development for children and youth

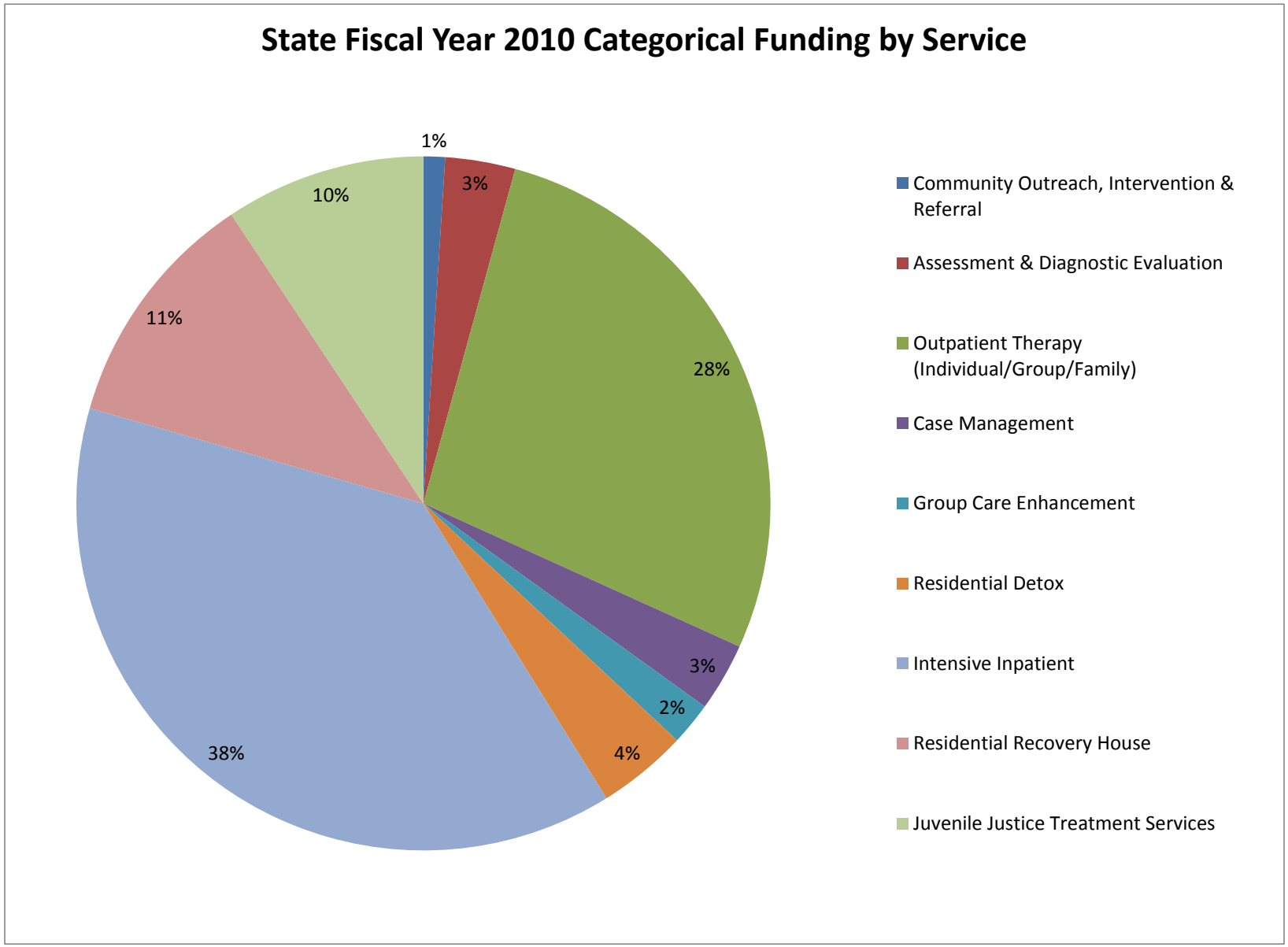
I'm hesitant to provide anything for this because the projects approved in each year have been different. Plus, I don't know if I know which projects are actually providing funding for services for children or to consultants.
SFY 11
SFY 12
Current

Fiscal Mapping Baseline Report for Youth SFY10

Disbursements & Liquidations 10.27.13

Groupings	Title	DBHR State	DBHR Medicaid	DBHR SAPT	DBHR CHIP	JJRA State	Total
1	**Community Outreach, Intervention & Referral**	183,690	-	23,975	-	-	**207,665**
2	**Assessment & Diagnostic Evaluation**	320,433	320,760	20,298	9,892	-	**671,383**
3	**Outpatient Therapy (Individual/Group/Family)**	1,923,748	2,125,149	107,353	75,620	1,432,113	**5,663,983**
4	**Case Management**	331,062	255,056	62,596	8,745	-	**657,458**
5	**Group Care Enhancement**	410,967	-	-	-	-	**410,967**
6	**Residential Detox**	783,977	82,150	-	643	-	**866,770**
7	**Intensive Inpatient**	3,804,605	2,919,916	-	104,805	1,052,526	**7,881,852**
8	**Residential Recovery House**	1,213,363	518,525	-	29,774	553,495	**2,315,157**
9	**Juvenile Justice Treatment Services**	-	-	-	-	1,923,536	**1,923,536**
	Total	**8,971,846**	**6,221,556**	**214,221**	**229,479**	**4,961,670**	**20,598,771**

DBHR *Division of Behavioral Health and Recovery*
JJRA *Juvenile Justice and Rehabilitation Administration*
SAPT *Substance Abuse Prevention and Treatment Block Grant*
CHIP *Children's Health Insurance Program*


State Fiscal Year 2010 Categorical Funding by Service
1%
3%
28%
3%
2%
4%
38%
11%
10%
Community Outreach, Intervention & Referral
Assessment & Diagnostic Evaluation
Outpatient Therapy (Individual/Group/Family)
Case Management
Group Care Enhancement
Residential Detox
Intensive Inpatient
Residential Recovery House
Juvenile Justice Treatment Services

Washington State
Recovery Youth Services
(WA-RYS)

Recovery Support Services Guidelines

March 2013

DRAFT

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A. Introduction

Washington State Recovery Youth Services (WA-RYS) is a three year project funded through the State Adolescent Treatment Enhancement and Dissemination (SAT-ED) grant awarded to the Washington State Department of Social and Health Services, Division of Behavioral Health and Recovery (DBHR) by the Substance Abuse and Mental Health Services Administration (SAMHSA). WA-RYS provides funding to individuals enrolled in the WA-RYS program to purchase services and supports linked to their recovery from substance abuse.

WA-RYS funding supplements, but does not replace or supplant, existing services and funding streams.

B. WA-RYS Vision and Principles

WA-RYS enhances substance abuse recovery for youth and their families/caregivers involved the program by funding a broad array of client-selected, community-based services and supports.

DBHR's and the provider sites implementation of WA-RYS is based on the following principles:

- Individuals with substance abuse problems have the right to choose recovery and the recovery-related services and supports that best meet their needs.
- Individualized choice enhances client retention in treatment and strengthens client commitment to and success in recovery.

C. WA-RYS Client Eligibility

An individual who meets all of the following criteria is eligible for participation in WA-RYS:

1. Resident of the state of Washington.
2. Age 12 to 18 years old.
3. Enrolled in WA-RYS.
4. Documented need for WA-RYS covered Recovery Support Services(RSS).
5. Without insurance or other financial resources to pay for WA-RYS RSS covered services.

DBHR reserves the right to make exceptions to the eligibility criteria on a case by case basis.

Care Coordination providers must maintain documentation of client eligibility and linkage of Recovery Support Services to an individual "Recovery Plan."

D. WA-RYS Covered Services

For the purposes of this project, DBHR has established the WA-RYS covered services listed below.

In general, clients participating in WA-RYS choose the covered services they believe will help with their recovery; the amount, frequency, and duration of their selected covered services and their covered services vendors.

There are two types of covered services available through WA-RYS: care coordination services and recovery support services.

1. Care Coordination Services

All WA-RYS clients receive care coordination. Care coordination services providers establish and maintain relationships with WA-RYS clients over time and assist clients in identifying and accessing WA-RYS covered services.

- WA-RYS Recovery Services Assessment
- Care Coordination – 30 minutes minimum per month
- Care Coordination at Discharge

WA-RYS funding is not an entitlement. Care Coordinators have the responsibility to determine the appropriate use of funding and amount of funding as related to a client's recovery goal.

2. Recovery Support Services

All enrolled WA-RYS clients participating in the program may receive recovery support services. Clients select the recovery support services that best meet their needs through the care coordination process and the care coordination services provider inputs selected services into TARGET.

- Alcohol and Drug-Free Social & Recreational Activities
- Anger Management/Domestic Violence Classes
- Basic Needs
- Child Care (other than while in treatment)
- Dental Care
- Educational Services
- Employment Services
- Family/Marriage Counseling
- Financial Services
- Home Safety Repairs
- Legal Services
- Medical Care
- Mental Health Assessment
- Mental Health Services – Group
- Mental Health Services – Individual
- Pre-Employment Services
- Spiritual Support
- Transportation
- Vision Care

E. Assessing WA-RYS Covered Services

Prospective clients access WA-RYS covered services through a WA-RYS Recovery Support Tool.

WA-RYS clients may receive Recovery Support Services for the period of time they are involved with the project and funds are available.

Through a WA-RYS Recovery Support Tool, the prospective client and WA-RYS care coordination services provider:

- Assess the client's need for WA-RYS covered services.
- Discuss the client's preferences for WA-RYS covered services.
- Review the list of locally available services.
- Identify client-selected WA-RYS covered services and providers.
- Complete required paperwork, including a Recovery Plan.
- Review the care coordination services process and schedule the next Care Coordination contact.
- Contact other providers, as indicated, to schedule or otherwise facilitate access to selected WA-RYS covered services.

F. Client Services

Following the WA-RYS Recovery Support Services Assessment, the care coordination services provider enters services requested into TARGET. The care coordination services provider may enter additional services at later dates for WA-RYS covered services identified with the client through on-going care coordination services.

It is the responsibility of the care coordination services provider to facilitate the client-selected referral, including contacting the referral vendor to coordinate care.

- Payment for services must specify selected WA-RYS covered services.

DBHR reserves the right to change the client expenditure limit or otherwise revise funding or terminate services based on the availability of WA-RYS funds.

G. Encounters and Payment

WA-RYS providers' document provisions of WA-RYS Recovery Support Services, enter encounter information into TARGET, and submit requests for payment to DBHR, as described below.

Provider failure to follow the processes and requirements outlined below may result in delayed or denied payment.

1. Encounters

Each WA-RYS provider must enter service delivery encounter information into TARGET for the WA-RYS covered services.

- Each WA-RYS covered service provided must be consistent with the information in TARGET.
- Each WA-RYS covered service provided must be documented in the provider's record system. *(See Appendix B; WA-RYS - Documentation Requirements.)*
- An encounter must be entered into TARGET for each WA-RYS covered service provided.
- Each encounter must be entered into TARGET within seven calendar days of the date the WA-RYS covered service was provided.
- Each encounter entered into TARGET must be consistent with the payment and with documentation in the provider's record system.

2. Payment

A WA-RYS covered service is reimbursable through WA-RYS funding only when there is no other funding source for that service.

If a WA-RYS covered service is a covered service under any other payor, that service cannot be submitted to DBHR for payment through WA-RYS.

Each WA-RYS provider must submit one A-19 form to DBHR by the 15th of each month that summarizes payment requested for all WA-RYS covered services provided during the previous calendar month.

- Providers can review a summary of encounter documentation in TARGET to assist in completing the A-19 form.
- WA-RYS covered services claimed on the A-19 must be consistent with encounter information in TARGET and with documentation in the provider's record system.
- DBHR verifies requests for payment by reviewing the A-19 form against encounter information in TARGET.
    - DBHR may review documentation in the provider's record system as part of the A-19 verification process.
- Generally, DBHR processes and pays A-19 requests within 60 days of receipt.

Submit A-19 forms to DBHR at: Tina Burrell, Division of Behavioral Health and Recovery, Post Office Box 45330, Olympia Washington 98504 ***or with electronic signature to*** Tina Burrell at tina.burrell@dshs.wa.gov

H. Data Collection

Data will be collected through TARGET.

I. Confidentiality

Confidentiality of client information is an ethical obligation for all providers and a legal right for every client, whether such information is received verbally or in writing and whether it is received from the client or a third party. WA-RYS providers must comply with confidentiality of client information and protected health information requirements as set forth in state and federal regulations.

Providers must obtain a completed release of information from each WA-RYS client, for each party to whom information is disclosed.

Providers should use the unique client identification number assigned by DBHR when referring to WA-RYS clients in written communications, including e-mail. The provider may not disclose protected health information in e-mail communications.

J. Additional Requirements

WA-RYS providers must comply with the following additional requirements:

1. Audit or Examination of Records

The Auditor of the State of Washington or any authorized representative of the State and, where Federal funds are involved, the Comptroller General of the United States or any other authorized representative of the United States Government, shall have access to, and the right to examine, audit, excerpt and transcribe any pertinent books, documents, paper, and records of the provider related to order, invoices, or payments of the WA-RYS cooperative agreement. The provider agrees that DBHR may have access to WA-RYS records.

2. Cultural Competence

WA-RYS clients have the right to culturally competent services. If a provider is unable to provide services to a client with specific cultural needs, the provider should locate appropriate services for the client or contact DBHR for assistance in locating services.

3. Health and Safety

All individuals shall be served in a safe facility. Providers shall maintain documentation of all inspections and correction of all cited deficiencies to assure compliance with state and local fire safety and health requirements. All facilities must be clean, sanitary and in good repair at all times. All facilities will be tobacco free environments. Firearms and other weapons are prohibited on the premises.

4. Volunteer Policy

Volunteers who work with WA-RYS clients must comply with policies required by the provider through which they volunteer. Volunteers must follow standard provider personnel policies, including, but not limited to: background checks, ethical behavior, safety, confidentiality, protected health information, computer use, financial responsibility, and drug and alcohol use.

5. Conflict of Interest

The contractor shall establish safeguards to prevent employees, consultants, and members of governing bodies from using their positions for purposes that are, or give the appearance of being, motivated by the desire for private gain for themselves or others with whom they have family, business, or other ties. WA-RYS clients may not purchase services or goods from any person or persons whom a potential conflict of interest may occur.

K. Guiding Principles

Provider staff and volunteers must comply with the guiding principles listed below. Provider staff who are licensed or certified in a specific profession must comply with the code of ethics for their profession as well as with the guiding principles, whichever is the higher standard.

- WA-RYS clients are treated with honesty, dignity, and respect.
- Providers shall not accept commissions, gratuities, rebates, gifts, favors, or any other form of non-DBHR payment for WA-RYS services.
- Providers shall not misrepresent themselves or their qualifications, licensing or other accreditation requirements, education, experience, or status.
- Providers shall not perform services outside their area of expertise, scope of practice, training, or applicable license or other accreditation by the State of Washington.
- Providers who are unable to provide a service to a client will refer the client to a provider qualified to provide that service.
- Providers shall not discriminate on the basis of color, age, gender, sexual orientation, national origin, socio-economic status, spiritual/faith beliefs, psychiatric or physical status, or culture, ethnic, or racial background.
- Providers shall not participate in false or fraudulent activities including, but not limited to, submission of claims for services not rendered, submission of false data, knowingly assisting another provider to enter false claims or data, charging a client for all or any part of a service, and/or providing false representation of credentials, qualifications, insurance, or licensure documents.

L. Monitoring and Evaluation

DBHR monitors and evaluates WA-RYS services and providers. Monitoring and evaluation areas include, but are not limited to, client eligibility, provider eligibility, provider facilities and policies, service documentation encounter data, GPRA reporting, and A-19 forms. DBHR will conduct site visits and may talk with WA-RYS clients and with provider staff. Providers are generally notified of planned site visits in advance but DBHR retains the right to conduct site visits at DBHR discretion.

Appendix A: Service Descriptions

Support Activities Examples	**Support Activity Type**	**Description**	**Likely Recovery Goal**

Physical Conditioning 12 Step Program Other Support Group Volunteer Programs	Alcohol and Drug Free Social and Recreational Activities	Indicates payment was made for a drug free social activity sponsored by an approved group and recreational/athletic activities.	Support Network
	Child Care	Payment to an approved child care center for child care while participant participates in a drug free social activity, employment coaching, employment services, family/marriage counseling, information and referral, medical care, recovery coaching, or spiritual support.	Support Network
Mental Health Treatment	Mental Health Assessment	Indicates payment to an approved mental health provider for a mental health assessment.	Healthcare
Employment Services	Employment Services	Work incidentals (including clothing for an interview)	Vocational
Parenting Classes	Family/Marriage Counseling	Includes marriage counseling and parenting classes	Support Network
Mental Health Treatment	Mental Health Group Counseling	Mental health counseling provided in a group setting at an approved provider	Healthcare
Mental Health Treatment	Mental Health Individual Counseling	Mental health counseling provided to the individual at an approved provider	Healthcare
Dental	Dental Care	Dental exam and dental procedures,	Healthcare
Vision	Vision Care	Vision exams and glasses,	Healthcare

Support Activities	Support Activity Type	Description	Likely Recovery Goal
Smoking Cessation Medical/Health Services	Medical Care	Initial medical exam, specific services or equipment.	Healthcare
	Basic Needs	Includes personal hygiene items, clothing, food, etc.	Independent Living
Cognitive Development Life Skills	RSS Educational Services	Payment for books (required for class), classes, trainings, supplies, pencils, pens, notebooks, etc.	Vocational
Medical/Health Services	Pharmacy	Medication assisted therapy which may utilize buprenorphine, or vivitrol	Healthcare
Vocational Training	Pre-Employment Services	Attending school to receive a GED or other certification required for a specific job.	Vocational
Anger Management Classes Domestic Violence Classes	Anger Management / Domestic Violence Classes	Anger management and domestic violence intervention and training	Support Network
Spiritual Program/ Development	Spiritual Support	Counseling with a spiritual support provider	Support Network
Other Service	Legal Services	Services to address legal needs outside of the specific case relating to drug court eligibility	Independent Living
Other Service	Financial Services	Financial counseling to address debt management and bankruptcy issues.	Independent Living
Transportation Services	Transportation	Transit system, gas voucher, bus ticket	Independent Living

Appendix B: WA-RYS - Documentation Requirements

Each provider must document each WA-RYS service provided. All WA-RYS documentation must be available for DBHR review as requested.

All WA-RYS providers must:

1. Have an organized system to document WA-RYS covered services provision.
2. Document each client's name, WA-RYS unique identification number, address, and phone number.
3. Document the date, time and length of each WA-RYS covered Recovery Support Service (RSS) provided.
4. Summarize the WA-RYS covered service provided.
5. Maintain records in a secure manner that ensures confidentiality and complies with all state and federal laws and regulations pertaining to confidentiality of records.
6. Have policies and procedures in place for any volunteers associated with the provider.
7. Maintain personnel files that document an employee or volunteer is qualified to provide WA-RYS covered services as outlined in Appendix A WA-RYS - Service Descriptions, Rates, and Qualifications.
8. Document any services or goods delivered to, or purchased on behalf of, clients using WA-RYS funds (e.g. membership fees, service denials, estimates).
9. Maintain documentation consistent with their specific licensure requirements; all other providers must maintain records of services provided for a minimum of five (5) years

All Care Coordination Providers must:

1. Ensure each client signs all WA-RYS forms in which a signature is required.
2. Maintain documentation of receipts which detail all items purchased pertaining to specific funds expended.
3. Maintain documentation of all estimates and/or purchases from a recognized vendor, which must be on company letterhead, signed and dated by vendor, and include vendor phone and address.
4. Document any case of misuse or inappropriate use of WA-RYS funds, including actions taken.
5. Document the distribution, including method of delivery, of incentive gift cards to the client or designee

Form Example:

Client ID	Date	Service Received	Vendor	Amount

Appendix C: A-19 State Invoice Example

FORM A19-1A (REV. 5/91)

STATE OF WASHINGTON
INVOICE VOUCHER

AGENCY USE ONLY		
AGENCY	LOCATION CODE	P.R. OR AUTH. NO.
3000	9HN1	

AGENCY NAME

DSHS/ADSA/Div. of Behavioral Health & Recovery
P.O. Box 45330
Olympia, WA 98504-5330

VENDOR OR CLAIMANT (Warrant is to be payable to)

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY

(SIGN IN INK) | (TITLE) | (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY | RECEIVED BY | DATE RECEIVED

DATE	DESCRIPTION	QUANTITY	UNIT	AMOUNT	FOR AGENCY USE

PREPARED BY | TELEPHONE NUMBER | DATE | AGENCY APPROVAL | DATE

DOC. DATE | PMT DUE DATE | CURRENT DOC NUMBER | REF. DOC. NO. | VENDOR NUMBER | VENDOR MESSAGE

REF DOC SUF	TRAN CODE	M O D	FUND	MASTER INDEX: APPN INDEX	MASTER INDEX: PROGRAM INDEX	SUB OBJ	SUB SUB OBJECT	ORG INDEX	ALLOC	ACCOUNT NUMBER	AMOUNT	INVOICE NUMBER

ACCOUNTING APPROVAL FOR PAYMENT | DATE | WARRANT TOTAL | BATCH TOTAL

A19 Invoice Voucher form.xls 3/17/2011

Appendix D : WA-RYS – Receipt Form Example

I, _____(client name) acknowledge the receipt of:

☐ GPRA Follow Up Gift Card

☐ Supplemental Needs: _____

☐ Sober Living: _____

☐ Transportation (Bus/Cab): _____

☐ Other: _____

from _____(WA-RYS provider organization name) in the

amount of _____.

If applicable, I must provide documentation or receipt of goods or services and will provide that documentation or receipt by _____(date).

Clients who do not provide accurate documentation or receipts and/or who purchase unauthorized goods or services will not receive additional services for which the receipt was not provided and may be determined ineligible for participation in WA-RYS. In addition, DBHR reserves the right to collect reimbursement for the misused funding directly from the client.

Client Signature: _____Date: _____

Provider/Witness Signature: _____Date: _____

Appendix E: RECOVERY PLAN Example

The recovery plan is specific to each client and requires client involvement. It is important for the client to understand that not every need can be paid for with grant funds and this program is recovery focused.

- Ask the client what their current recovery goals are.
- After each goal, have the client identify a barrier to them reaching their goal.
- Discuss with the client what will best support them in their recovery.
- Assist the client in identifying recovery supports.
- The client should choose which recovery supports they are most in need of.
- Arrange for the client's recovery support.
- The client needs to sign their recovery plan and the plan must be kept in the client's file.
- Have the client sign the receipt of services after they receive a recovery support.

The recovery plan is a work in progress and will change as the client moves through their recovery.

WA-RYS funded Recovery Support Services (RSS) must be linked to the participants individual Recovery Plan.

Client's Name: _____ Date: _____

Recovery Goal Domains:

1. Independent Living Skills/Goals (food and hygiene, clothing, transportation)
2. Healthcare Goals (dental, mental health, physical health, vision)
3. Vocational Goals (education, employment, income)
4. Support Network Goals (social life, family, parenting, religion, culture)
5. Miscellaneous Recovery Support Goals

1. Domain: _____
   Current Situation:

   Short-Term Goal for Recovery:

   Long-Term Goal for Recovery:

   Support Services to be Provided:

   Client Choice Provider:

   Client Initials: _____ RSS Initials: _____ Date: _____

2. Domain: _____
   Current Situation:

   Short-Term Goal for Recovery:

   Long-Term Goal for Recovery:

   Support Services to be Provided:

   Client Choice Provider:

   Client Initials: _____ RSS Initials: _____ Date: _____

3. Domain: _____
   Current Situation:

   Short-Term Goal for Recovery:

   Long-Term Goal for Recovery:

   Support Services to be Provided:

   Client Choice Provider:

   Client Initials: _____ RSS Initials: _____ Date: _____

4. Domain: _____
   Current Situation:

   Short-Term Goal for Recovery:

   Long-Term Goal for Recovery:

   Support Services to be Provided:

   Client Choice Provider:

   Client Initials: _____ RSS Initials: _____ Date: _____

Signatures

_____ _____
Client Date

_____ _____
Care Coordinator Date

Clallam County Youth ROSC Learning Collaborative
May 2, 2013, 10:00 to 1:00 pm
Red Lion Hotel, Port Angeles
Notes by David Jefferson

Meeting Notes

The meeting was started with a welcome and introduction. There were 17 people in attendance. This was followed by a review of the agenda, ROSC project and purpose of the Learning Collaborative.

An exploratory small group exercise called "Asset Mapping" was done to identify individual the assets, skills, knowledge and talent. There were four groups in total and they each reported to the larger group. When the group debriefed, several said, "everything we need is here." The following is the asset list members identified.

CD Professionals (II)
Family counseling
Ability to work with high risk youth and families
13 years working with youth
How to impact juvenile court system (II)
Skilled in corrections
Knows the foster care system
Knowledge of multigenerational needs of high risk families
Skilled in multigenerational interventions
Programming experience
Knowledge of fiscal impact of Substance use disorders (SUD)
Business management experience
Program budgets
Ability to sell the "need" for intervention
Understanding of need of prevention and intervention
Know the current system
Know harm reduction with families
Family unification skills
Skilled in case management
Treatment operations
Knowledgeable in adolescent development
Strategic planning
Policy/systems design
Trained in ASSIST (suicide prevention)
Child mental health specialist
Full understanding of the youth treatment system
Understands how to provide BH services in schools

Active church participant (II)
Skilled in communication with youth (III)
Public speaking
Knowledge of the Port Angeles culture
Know resources in County
Process of transitioning from Inner city life to rural life
Likes learning new cultures
Tech savvy
Know some of the needs of Tribal people
Skilled writer
Licensed Kindergarten and teen center
Likes academic enrichment
Passion about education
Does community service
Youth activity planner
Life Skills
Money management
Theater, dance and film
Cosmetology skills
Loves sports and cooking
Like exposure to new hobbies
Dirt bikes
Hydrophilic
Horses
Farming and gardening
Hunting
Fishing
Photography
Backpacker and hiker
Gardening projects with youth
Likes outdoors and is an advocate

Note: A Port Angeles youth group recently received an award for a film called “Paint the Town.” http://www.youtube.com/watch?v=zfTObdXi6x4 (need to check this is the right You Tube Clip)

The group had a short discussion about what problems will be solved by this effort, what value will this add to the community and what is the compelling reason for doing ROSC work now. Members said the following:

- The want to increase the social capital of youth and families in the community
- Help transition from intensive services like SUD treatment, juvenile justice of other program into a safe and healthy community
- Change the conversation from deficit to hope
- Eliminate toxic norms, foster healthy resilience and recovery (discovery added by David) norms
- Bridge gaps to community
- More compelling options to beat youth boredom
- Eliminate the cry that we don’t know where and who are the resources
- Help get youth out of the house and active in the community
- Change the paradigm of youth getting in trouble with youth, to youth helping youth

The next section of the meeting involved exploring goals, hopes and possibilities for Clallam County ROSC. Members noted that there are other people in the community that would benefit from being part of this group. We also noted that we need to seek the input from youth. At some point in the future, members agreed they would ask the youth they have contact with to express their opinion about what they see as useful. People talked about developing a survey but this will be done at a later time. People noted that some families are still struggling with the basics like enough food and this has to be a strong priority. People thought there was lots of value in the Youth N’ Action model and hoped for more. Tina mentioned YNA will be coming back to the community and this group will be kept informed. The group talked about finding ways for youth to get school credit for ROSC activities (to be determined). Other items included; the need to get kids to work, connected with school superintendents, and increasing services in the school resource room (AJ) There was considerable exploring by the group in the end the following items were identified as likely top priority picks.

1. Two Facebook accounts. One for youth where there are resources and calendar of events (it would be more than this but will get determined later). The second is for community providers to communicate with each other about resources and services. Both would be by invite only. George from the Boys and Girls club will bring samples to the next meeting. The goal is to make information about resources readily available for youth and to strengthen the connection between all youth providers and organizations.
2. Thorough understanding of resources. There are considerable sources but people are not informed of what is available.
3. Youth Peer to Peer or Youth Mentor Program (to be determined later)

Next steps:

- Doodle Poll to decide the time for the meeting on May 30th http://www.doodle.com/iamkrks7ryphnq8q
- All members bring list of community resources to the next meeting
- George will preview Facebook accounts for the group
- Some people will invite additional member to this group. They agree to share the minutes and educate the person before they arrive and will send their contact information to David for inclusion on participant list djefferson2@comcast.net
- Tina mentioned there is funding for a youth event this summer and will provide more information later
- Please forward other agenda items to David for inclusion at the next meeting.

Clallam County Youth ROSC Learning Collaborative
May 30, 2013, 10:00 to 1:00 pm
Red Lion Hotel, Port Angeles
Notes by David Jefferson
Community Meeting Number Two

Meeting Notes

The purpose of the ROSC Learning Collaborative was briefly reviewed with all members followed by introductions. Of note was the recent heroin overdose death of a 17 year old young man recently released from juvenile detention. Many people were saddened by his death and it has stirred considerable conversations in the community. As a start to the meeting people were asked to comment on their perspective of recovery. Here is a summary of the remarks:

We need a better framework and more options for youth
Need to strengthened partnerships and more networking
Help youth move away from SUD and connect with life
Cultural and personal patterns are hard to break but we have to start
Recovery is not easy
I am new to recovery but want to learn
We need to value youth
School is recovery and that is where youth should be
Recovery is like building a village, more hope
We need to reach out to the youth
How do we increase their motivation for health and recovery
Our synergy can counteract the pull of addiction
Concerned that younger people are using heroin
Recovery is a community with open arms
Recovery is a blanket that will put out fires
Maybe we need a teen center
More toward recovery but what is recovery, needs to be tangible

Hope and vision

We reviewed the agenda, people wanted to make sure we covered the resource section well.

Patty talked about the June 25-26 Youth Leadership Conference. She wanted to know if people would nominate 1-2 youth to be part of this event. Several folks volunteered. Selection criteria was discussed, the youth should be 18-25 and if in recovery, should have six months of stability and can be from anywhere in Clallam County. Patty and David will talk with Tamara to see if she has a sample application we can use. Patty will send out the flyer and more information in the coming days. Nomination should be sent to Patty Bell. Clallam County plans to send up to ten youth. We have six double bed rooms for a total of 12 participants and this may include other adults. People asked about child care, Patty will look into this. The group talked about inviting the leadership participants to our June 27 ROSC LC meeting so we can get to know each other. This is pending but it will be explored. People talked about seeking incentives to give the participants to come to our meeting as a token of our gratitude knowing that some would have to miss work to attend. Cheryl will look into getting some gift cards. Thank you Cheryl! The group also thought it would be a good time to talk with them about a Facebook page and see if they are interested in pursuing this.

George presented the Clallam County ROSC Professional's Facebook Page that can be used by the group. George will send out an email invite in the coming days. Not everybody can access a social network site from a work email account. The consensus is to explore using Facebook for the next three weeks and see how it works. Other options can be introduced if this does not work. The Facebook page is a private site and by invite only. Those who are invited can invite others and are encouraged to do so. Thank you George!

We had a conversation about community resources and it was clear this is big task. The group decided we would all contribute to a shared file on SkyDrive set up by David. The file will be open to the public and people are encouraged to go to the site and start entering information.

The agenda for June 27th will be to review our progress on the following task. Everybody will receive a meeting reminder a week before the date.

Next steps:

- Patty send Peer Leadership Flyer and possible a nomination form
- ROSC members nominate youth for Leadership Conference and send to Patty
- George will send a Facebook e-invite to all ROSC members, people are asked to please give it a try
- Explore inviting Leadership youth to June 27th meeting (David and Patty)
- People contribute 1-3 community resources to the shared file called Clallam County Resource List
- Cheryl, explore incentive cards for youth

Clallam County Youth ROSC Learning Collaborative
June 27, 2013, 10:00 to 12:00 pm
Red Lion Hotel, Port Angeles
Notes by David Jefferson
Community Meeting Number Three

Meeting Notes

- Welcome and Introduction to guest and new participants. LC members introduced themselves and then shared their perception of the group's goal and purpose. Some items that were mentioned were: that it be youth driven and youth involved, changing perception of addiction and recovery in the community, grow more natural guardians (people who can help and support young people in recovery), increase information about and sources of activities to reduce boredom, create more non-using environments, create and sponsor opportunities for youth to flourish, increase the recovery capital of Clallam County, honor youth, "encourage, empower and endorse youth," increasing connection between established service providers and the larger community, support places and things youth can do to "plug in," and find and support places where youth can find their passion.
- Welcome youth from the Leadership Training. The following young people completed the recent Youth N' Action Leadership training: Travis Thomas, Kelsie Juarez, Madi Wilhelm-Hughes, Darrell Teel, Grace Bell and Edwin Suagerty. They shared their experience in the training and are very enthusiastic about making use of their new skills. Some of the words they used to describe the event were: inspired, hopeful, more purpose, encouraged, compassion, more alive, getting recognition, making connections, awareness of who are peers and what they need, filling up my tool kit and to paraphrase, "turning your shame into gains." In particular they have committed to meeting as a group and several would like to enroll in the Peer-to-Peer training. They are also interested in helping spread the word about community resources and what young people can do in the community. There is interest in starting a chapter of Youth N' Action in Clallam County. Kudos to all the people in the community who collaborated on supporting the youth to attend this important training.
- The group explored other efforts that are underway and ideas that might take hold. People talked about the loss of funding for AmeriCorps. This means many important positions in the community will disappear. People talked about the importance of knowing about community resources. This has been an item of interest for the LC members and there is hope that a convenient way to consolidate resource will emerge.
- Participants completed the NWATTC GPRA Survey

Action Items

- Explore sponsoring a Peer–to-Peer training, maybe in Clallam County or maybe sending people to the training.
- Jeff will find out about digital storytelling and maybe have a presentation at one of the LC meetings
- Grace is considering sharing her Digital Story so people know more about this.
- Connect with Youth N' Action about starting a chapter here. No one person was assigned or volunteered to do this task

- People want to keep Consolidating Community Resources on the table so we can find ways to make them more available.
- People want to spread the Recovery Efforts to School Board. Specific steps regarding who and how are still not determined.
- People talked about a Visual Recovery Event, needs further exploration
- There was an idea to invite key AmeriCorps members to the group to share what they have learned as a way for the information and contribution to the community are not completely lost when their job terminate.

Items tabled

- Presentation about ROSC models (David Jefferson item)
- Viola Ware, youth in 4 months of recovery wants to contribute
- Teresa Davis, Yakima County Connection (David Jefferson item)

Clallam County ROSC Learning Collaborative
July 30, 2013, 10:00 to 12:00 pm
Red Lion Hotel, Port Angeles
Notes by David Jefferson
Community Meeting Number Four

Meeting Notes

- Participants all introduced themselves and together we reviewed the agenda for the day. There were 19 people in attendance.

- Everybody contributed to a conversation about our progress to date. Accomplishments are as follows: more and new relationships with community members, more awareness of resources, we completed two ROSC kick-off meetings, members helped make the Youth Leadership training a success, the LC is now being attended by graduates of the leadership training, the group has developed a rich list of ideas of what can be done to strengthen the Clallam County Youth ROSC, more networking is taking place, people said their passion and hope has increased and folks have an eye on policies that could be changed to make the system more ROSC friendly.

- We conducted a conversation about the facilitated portion of this Learning Collaborative ending late September (2 meetings left) and what did people want to do with the remaining time. Most folks felt passionate about making sure we leave tangibles in our wake. There is a danger of too much talk and not enough action. When asked about may be the legacy of this group the following items were listed:

    - We now have a solid contact list of ROSC participants that people can rely on

- People are considerable more aware of resources in the community
- We can make more use of the Facebook page as a way to communicate and stay in touch https://www.facebook.com/groups/513081958741298/
- Several youth are planning to attend the Youth Peer Mentoring training sponsored by Youth N' Action. The leaders of the community could use their influence, and contacts with funders and provider agencies to ensure there are Peer Mentors jobs as once people are trained.
- There was a call to work with the Parks Department to secure a site to have Low Ropes Course in place
- Some people suggested that we continue with a once a month meeting to stay in touch, share resources and continue to strengthen the youth ROSC in Clallam County. It was suggested somebody contact the Doug Dawson Workgroup (spelling may be incorrect) who are meeting once a month to see if there are possibilities to collaborate.

Other Announcements and Discussion

- Ms May Graves shared they held a youth community event named "Summer of Love" that drew 89 youth. The focus was friendship and community.

- There will be Youth Peer to Peer Mentoring training September 23rd – 27th 2013 Monday - Friday 10:00am – 6:00pm. See attachments for details.

- August 29 Recovery Event introduction and planning. It was announced that Clallam County would like to have a recovery event instead of meeting. Everybody was enthusiastic and interested in participating. There was some talk that the event will be billed as a Recovery Refresher since many folks are often consumed with the problems and don't get to see enough of the solution. People also thought this is a great way to kick off the school year. Some of the plans are as follows:

    - True Star staff will develop the flyer and start distribution. Will seek help from LC members for further distribution. All ROSC, LC, Leadership participants will be invited.
    - People talked about reaching out to the Tribes and inviting them.
    - The event will likely take place at the Yatch Club. There may be a limit of 150. True Star will manage the invite list and all invites should directed to Patty Bell at PBell@co.clallam.wa.us
    - Officer Erik Smith will invite 2 assistant principals and will reach out to 3 City Council members to invite

- Leeann Grasseth will contact the Mayor of Forks and some people in that area and invite them
- The plan for the event is:
  - 4:00 to 5:30 there will be two groups; youth and Youth N' Action and LC, Families and FYSPRT
  - 5:30 to 6:30 Dinner
  - 6:30 to 7:45 Celebration, Fab Five, Poetry and other possibilities
  - 7:45 to 8:00 Consolidation discussion

- Ms Kelsie Juarez mentioned that she is learning a ton about youth and making good connections with people but is interested in knowing what else she can do? She would like people to know they can contact her if you know how she might get more involved kelsiej333@gmail.com

- In prior meetings the following items have been identified as of interest and are include in the notes as a summary and reference.

  - Peer–to-Peer training
  - Digital storytelling learning and opportunities
  - Youth N' Action chapter
  - Consolidate Community Resources
  - Spread the Recovery Efforts to School Board
  - Increase means to communicate
  - Expand our network of recovery advocates
  - Thoughts about a teen center
  - Increase the social capital of youth and families in the community
  - Improve transitions between programs
  - Change the conversation from deficit to hope
  - Bridge gaps from services to community
  - More compelling options to beat youth boredom
  - Help get youth out of the house and active in the community
  - Partner with youth who want to help other youth

- ROSC Survey was distributed and collected by Ms Kathy Smith-DiJulio

- **Next meeting time is the August 29th Recovery Event**

Clallam County Youth ROSC Learning Collaborative
September 26, 2013, 10:00 to 12:00 pm
Red Lion Hotel, Port Angeles
Notes by David Jefferson
Community Meeting Number Five

Meeting Notes

- There were nine people in attendance
- Members collaboratively developed the days agenda
- AJ reported that the school has requested that True Star participate in an upcoming health fair. Great opportunity to meet youth, talk with teachers and promote health and recovery. The Healthy Youth Coalition will be participating too and it will be important to capitalize on the synergy since their focus is on the prevention side of substance use disorders.
- The Statewide Youth Peer Mentoring training is taking place and there are several youth from the area attending. True Star staff intends to stay in touch with them and explore possibilities where they can practice their skills. Talked about scheduling a time to get together with them and make sure that everybody stays connected.
- Members thought it would be useful to invite the community members who attended the FYSBRT presentation. Possibly invite the FYSBRT reps to provide another presentation. Talked about presenting or sharing the Learning Collaborative goals with them as a possible starting place. Patty will follow up.
- People reviewed the ATTC ROSC Public Service Announcement and thought it would be a good tool to continue ROSC conversation in the community. True Star received a copy of the presentation.
- People talked about the new movie "The Anonymous People" and how it might be valuable to try and get a showing in the area. http://manyfaces1voice.org/
- **Transition Goals**

- Explore collaborating with the Healthy Youth Coalition
- Make one-to-one contact with community members to talk about ROSC and continue building community recovery capital
    - Long term, may be to merge LC participants with the FYSBRTS

True North and Grays Harbor County
Recovery Oriented Systems of Care Learning Collaborative II
Aberdeen, Washington- May 3, 2013

In attendance:

- David Jefferson, Sabrina Craig, Erin Schreiber, Aaron Gillies, Wilma Weber, Ed Day, Todd Johnson, Stephanie Frazier, Kerry Schjei, Erin Riffe, Katie Cutshaw, Tina Burrell

David Jefferson — We need to build on the infrastructure of what the community already has and not start new programs. At the end of ROSC you want more people in Grays Harbor to understand and support recovery. The stronger the recovery care the less likely to recycle back through acute care.

Tina Burrell — The goal of this grant to is enhance programs and better coordinate with ones that are already in the community, not to start from the ground up and create a new program. We as a learning workgroup have the opportunity to look at programs that are working and decide how we can best support and integrate those.
This program model also supports Recovery Support Services. Funds may be used to purchase support services / activities that are not covered by other local, state or federal funds.

Erin Riffe — Substance Abuse Treatment Enhancement and Dissemination (SAT ED) will serve 50 youth each year. They will go through RMC and link up with SAT ED. After kids go through treatment, they need the extra support to ensure they do not slip back into the same patterns. SAT ED will provide that support by providing resources individualized for each student: food, shelter, clothes, connection to resources, jobs, training, etc.
We needed more focus on continuing care. We needed something that offers pro-social care and making sure they have the best chance of staying clean. The next level would be a tier system of handing them off to the next step of education.
ED We have already experienced some success.

Erin Schreiber — Grays Harbor Mentoring has not had the opportunity to do work with outcomes. Gregory is a part of her group. Her group is trying to work towards a nonprofit and is working toward providing training. Their focus is to provide mentors for programs already in place. Example: provide a mentor for TN.

Erin Schreiber	GRUB organization for a gardening project for youth that plants, harvests and learns to work as a group. They look into social needs, marketing, sales etc. It is a youth driven business. The will provide food to tenants of the housing authority.
David Jefferson	When working with this clientele we are aware of a hierarchy of need. It is hard for a student to focus on educations when they are worrying about food and shelter.
Todd Johnson	Todd reported that Grays Harbor has 350 truancies filed in 1 month. Stephanie had the idea that we do a short survey for these students. Todd will put this together for the students and their parents and email it out. We will make a decision on this at our next meeting.
Ed Day	Talked about why students and their families were not present at the meeting. He needs time to build up trust with them before he is comfortable exposing them to formal meetings. They will be having a family night next week. He has advertised that those that attend Family Night will have say in what activities will be offered during the summer.

Community Resources

- YMCA
- Children's Advocate Center
- Local 12 Step Groups
- GH Community Foundation
- Grays Harbor Community College
- GRAVITY ESD 113
- Homeless Youth Education Fund
- Salvation Army Youth Center
- GH Youth Shelter
- Catholic Community Services
- Mental Health Wrap Around
- Beyond Survival
- Family Functioning Therapy
- Dispute Resolution Center
- Snug Harbor and Teen Parent
- School Nurses
- Afterschool Programs
- Boy Scouts
- AAU Sports

- High School Sports
- Booster Clubs
- Tribes
- Quinault Indian Nation
- Youth Lead 12 Step Program?

Recovery Support

- skating
- bowling
- 4H
- tall ships
- long boarding
- YMCA
- exercise and sports
- crystal meth anon
- surfing
- hiking
- horses
- fishing
- GEO Caching
- Explore Grays Harbor
- South Sound Raceway
- Elma raceway
- YMCA boxing class - will bring to afterschool
- game freaks
- 1st Thursday Hoquiam Street Market
- D&R Concert
- Hoquiam Fun Runs

Support for Families

- YMCA Childcare
- Family Reconcile Services
- Family Functional Therapy (Courts)
- Food bank
- Hoquiam Adolescence Parenting
- Grays Harbor College?
- Hospital?
- Law Enforcement?
- PUD?
- Coastal Community Action Program
- Al Anon
- Truancy Courts

- Behavior Health Resources
- Wrap Around Project

Open Discussions

The topic came up: Do we blend this group with other groups or do we stay separate? We are not opposed to taking part in other meetings if invited. Our goal is to provide resources to programs that are best serving youth and need additional resources. We will spend these first 5 meetings trying to determine what those are.

Agenda Ideas for next meeting May 31 (Time to be announced)

- Focus on Mentoring
- Tom will come and speak on mentoring and Erin S will have people from her mentoring program.
- Peer support mentoring - Tamara's Peer-to-Peer curriculum. Riffe - Tom may have info on that.
- Discuss Todd's survey

Action Items:

- Todd will create survey for kids and parents. He will email the draft out to the committee before the next meeting. We will then discuss it at the May 31 meeting.
- Stephanie will call law enforcement to see if they will be interested in attending our meetings.
- Ed will check out Gregorian Group
- Riffe - list of additional contacts
- Sabrina is contacting hospital
- Kerry - minutes
- All of us - If you know a family in the community that would like to come please invite.
- Sabrina will facilitate a meeting between Ed and Jamie.
- David will coordinate the next LC planning call with True North and the county.

True North and Grays Harbor County
Recovery Oriented Systems of Care Learning Collaborative II
Aberdeen, Washington- May 31, 2013

Agenda

Welcome new participants (14 in attendance)
Introduced Janet Bardossi, ATTC consultant
Reviewed Agenda
Updates on Action Items
Survey Tool by Todd Johnson, introduction and review
Tom Pennella from Washington State Mentors presenation
Peer-to-Peer mentoring presentation, Tamara Johnson
Next Steps- Meeting Times

Review of Action Items from May 3, 2013 LC

Todd will create survey for kids and parents. He will email the draft out to the committee before the next meeting. We will then discuss it at the May 31st meeting- *DONE and will be reviewed*
Stephanie will call law enforcement to see if they will be interested in attending our meetings- *Called and have little in terms of programming. Sees participation as a function of later steps. Stephanie will be a good liaison for law enforcement.*
Ed will check out Gregorian Group- *Contacted Greg from Gregorian Group. Standards of confidentiality and boundaries may be a potential conflict of interest. Use of open Facebook page is one example. Not clear how many youth the group is working with. Ed recommended not necessarily moving forward with them.*
Riffe- list of additional contacts- *Contacted Tom and SeaMar*
Sabrina is contacting hospital- *brief contact. Hospital was interested but does not see what role it may play. They are on a "stay tuned" basis.*
Kerry-minutes- *done and thanks!*
All of us- if you know a family in the community that would like to come please invite- *status quo*
Sabrina will facilitate a meeting between Ed and Jamie- *Jamie is in Hawaii, postponed meeting*
David will coordinate the next LC planning call with True North and the county-*Done*

Survey Tool Developed by Todd Johnson, introduction and review

Tool was reviewed
Tool is set up to be facilitated to gather qualitative information
Designed to be open ended and focused on pre-treatment
Scheduled to piloted at truancy court
Some concerns expressed about the lack of data driven boxes and how it might be translated, confidentiality issues, kids capacity to participate right before court, conducting survey in front of parents with kids
Suggestions about providing incentives- Tina is supportive if it is within budget
Some suggestions about using youth to conduct survey
Goal to help serve clients
Use a pilot to get feedback, evaluate the appropriate venue
Tamara talked about JJ101- provide information and orientation to new clients
David will get back to Todd about fine tuning for the group to fill out next time
Tina will also bringing back a ROSC survey (20-40 minutes at the next meeting)

Tom Pennella: Washington State Mentors Presentation

Discussed history of Washington State Mentors- 33,000 kids currently involved
Referenced Gates research on mentoring as proven effective, - works with depression, 70% are DHSH kids, academics improved
Use of mentors in foster care system
Partners- Bank of America, working with Costco about transitioning youth
Looking at establishing best practices with a larger population
Suggested team look at http://www.wamentors.org/
August 20 and 21 is the Annual Conference
Mentoring is currently not robust in Grays Harbor and currently little funding to support staff time to support development. The goal is to partner to look at ways to develop resources and match kids in a more coordinated manner
Criminal background checks can be an expensive barrier ($25-60). Tom suggested that the Children' s Administration may be a resource
Talked about proposal to Mike Macintosh and Vera
Use of Youth Forum- System of Care Mental Health- Harbor Area-Clyde
Family assessment response model- was also referenced
Stephanie will contact Jim Fischer
Tina will follow-up with Clyde and see about inviting him to the next meeting

Tamara Johnson: Certified Peer Counselors-Support Specialists Presentation

Peer counselors are employed through Mental Health and focused on adults
Youth N' Action developed is focus on promoting and training youth to become peer support specialists
Manual has been developed/This summer it will be rolled out
4 Core Competencies- RACE-Resources and Referral, Advocacy , Communication and Empowerment
Peer Counselors- must be 18 and older and currently are underutilized around the state

Tamara led a discussion to talk about the 4 core competencies. Where are the 4 competencies represented in the community?

Resources*: was covered by the group in a previous meeting and people are asked to refer back to that item*

Advocacy

Wrap Around services at Catholic Community Services- utilize youth peer
Beyond Survival
Court Services
A member suggested looking at resource list as source of advocacy in the community
Homeless Youth Education Fund

Communication

Some discussion about whether services are available prior to system involvement
Community Case Staffing/Wrap Around
Some schools had a buddy system- but that has faded/Grays Harbor Youth Center

Empowerment

Not happening or May be happening at high school
ASB and Youth Groups
One day snap shot-93% of kids in treatment are in school, 58% had been suspended

Group is interested in peer development- wanted to know how to identify youth leaders

Tamara is open to talking about how peers are utilized and also discuss funding-in July
Talked about the upcoming Peer Leadership training in June

Actions Steps

- David will get back to Todd about fine tuning the youth survey

- Tina will be bringing a ROSC survey for member to complete (20-40 minutes)
- Stephanie will contact Jim Fischer
- Tina will follow-up with Clyde and see about inviting him to the next meeting
- Would the group like to have Tamara come back to talk about how peers are utilized and also discuss funding

Next Meeting: July 10th at 10 am

True North and Grays Harbor County
Recovery Oriented Systems of Care Learning Collaborative
Aberdeen, Washington- July 10, 2013
10:00 am to 1:00 pm

Agenda

- Welcome new participants
- Welcome youth and families who completed the Youth N' Action Leadership Training
- Round table conversation about the of this Learning Collaborative and how w e can team up with youth and families
- Clyde Lulham report on the Mental Health Systems of Care Meeting in Grays Harbor
- Ed will report his impressions of the WorkSource meeting he attended
- Tina will report on the development of a second youth survey to engage the young people who are involved in truancy and dependency court

Future Items

- **Explore next steps to increase Peer Supports in Grays Harbor. Connect with Youth N' Action to get support**

Welcome new participants

Attended by: David Jefferson-ATTC, Tina Burrell-DBHR, Aaron Gillies- True North, Janet Bardossi-ATTC, Katie Cutshan and Ed Day- True North, Dana Miller- Catholic Community Services, Kimberly- Family Member, Clyde Lulham, and Kisa Spencer

Members introduced themselves and welcomed new members

Welcome youth and families who completed the Youth N' Action Leadership Training. Round table conversation about the of this Learning Collaborative and how we can team up with youth and families

Kimberly gave an overview of the conference.

Kimberly talked about the need to expand activities to the community. The need to advertise- with flyers at school or through church group. Suggested that Facebook may also be a great resource with most kids having an account- links with newsfeeds.

Kimberly said they liked all the workshops, particularly ones that involved kids and parents together. Liked how youth leaders told their stores. Talked about how some members were overwhelmed- Kimberly enjoyed this pace and schedule. Suggested some breaks. Open mike night was great.

She did not know about next steps. There was some discussion about certification for youth and adults.

Said she enjoyed the community mapping. Transportation issues a barrier. Many parents were asking about how to participate in activities. There was some discussion about creating the same thing locally. Kids will want something fun and its best if cheap or no cost.

Went back to Facebook discussion- suggested that the kids name it. There was some discussion about how to implement and create an organizational page.

Looked at youth driven senior project and how that might compliment the ROSC efforts. Digital story telling was also recommended. Looking at events where youth can share their stories.

Like the description of Youth Leadership- engaged kids in feeling like they could be leaders.

It was noted that there are 300 Foster kids in Gray Harbor.

Clyde Lulham from National Alliance on Mental Illness (NAMI) reported on the Mental Health Systems of Care Meeting in Grays Harbor

Brought together 15 agencies in May-CASA, ARC among many

Two things that came out of this was the need for community education and asset mapping. Clyde will send the group the asset mapping resource manual. They also discussed a resource book out of Seattle that may be a model for Grays Harbor. Discussed one of the barriers is access to computers.

Programs NAMI is supporting:

- **Mental Health First Aid** for Youth- August 2013- Clyde will send more information
- **Educating the Next Generation** as another model
- **Breaking the Silence** was also mentioned- middle school, upper grade schools, high school. Geared towards kids working together.
- **Family to Family**- 12 week program- 2 hours a week. Signature program of NAMI- will start late Fall- free

One of the key goals of NAMI is looking at ways to reduce mental health stigma.

July 23rd- Greg and Mike Macintosh- Hoquiam Library 1pm

Suggested the need for coaches for families- Individualized Education Plans (IEP) training is available on-line

Discussed Community Collaborative Meeting and Youth Co-Occurring Disorders Meeting

There was discussion about a number of meetings in the community and it appears that many of them are interested in:

- Peer Support
- Peer Mentoring
- Community Mapping

Ed reported his impressions of the WorkSource meeting he attended

Good source of information about what is happening in the community.

It could be a resource to announce ROSC and other recovery activities.

David said the ATTC can set up a registration link for the upcoming True North comedy event. Erin will let him know if they would like to use the service.

Upcoming events:

Tuesday the July 16th-ARC Open house

July 17th- Walk a Mile

Comedy is the second week in August, more details to follow

Tina will report on the development of a second youth survey to engage the young people who are involved in truancy and dependency court. Tina will bring a ROSC survey for members to complete (20-40 minutes)

Survey was delayed in consideration of attendance.

Youth survey by Todd may be modified to be more user friendly- Tina will be bringing to group in September.

SummaryIt appears that Gray Harbor is building their recovery capital evidenced by the efforts that are being made and communicated. This really is critical for kids that may not have larger family support but can tap into these efforts independent of where other family members are at. It also allows different paces for all family and community members. Prevention efforts while powerful are likely underfunded at this time. The group appears to be moving forward in a positive and productive direction.

Next meeting: August 14th at 3pm

True North and Grays Harbor County
Recovery Oriented Systems of Care Learning Collaborative
Aberdeen, Washington- August 14, 2013

Agenda

Welcomed new participants: Facilitated by Ms Janet Bardossi (ATTC)

1. **Southwest Regional Leads of the Family and Youth Systems Partners Roundtable (FYSPRT).** Introduced themselves and talked about efforts. Passed out brochures. Reviewed mission statement. Interested in helping support families understand and work together with professionals. Talked about the benefit of sharing with parents and learning about options. Emphasis on partnership.
    - Attended leadership training
    - Bowling event
    - Conducted fundraiser- garage sale- to support "Day at the Park"
    - Participated in Pig Chase- Longview- to support "Child's Place"
    - Focus on peer to peer support
    - Created own logo

    Passed out and reviewed FYSPRT Governance Structure- looking at legislation (2536) creating work and measures to assure outcomes and deliverables. Family driven and youth guided. Services with people rather than to people. Looking at ways to incorporate into contracts.

    Statewide Leadership Academy to be held this Fall to build regional teams.

    Looking at development of websites to distribute information.

    Look at Behavioral Health and its impact on child welfare and juvenile justice.

    Lessons learned:

    - Parents have to stand behind youth
    - Rough to start with few resources
    - Make sure that people starting out are good friends
    - Kids need to have a commitment
    - Partnering is key to success
    - Persistence
    - Finding the champions in the community
    - Two way street- working together

2. **Reviewed and discussed new version of Truancy Questionnaire**

Tina presented questionnaire that will try to answer the high rates of truancy in Grays Harbor. Group reviewed. Comments:

- Services may be available but people may not know how to access- would you like these services, do you know how to access
- Services vs. Supports--- how do we find this??? Who do you go to? Who do you celebrate with? Who do you cry with? Who did you call when your kid in trouble?
- What challenges are you facing? Can be interpreted as blaming... instead may want to use "what happened that brought you here today?"
- Leave out "dealing with these challenges"
- Discussed how to understand and ask about activities- big barrier expensive
- Work issues are a challenge

3. **Asset Mapping**

Clyde working with Youth mental health- working with Dr. Trupin- September 25, 2013.

Last weekend NAMI state conference had about a third of convention dedicated to youth. NAMI is struggling with attracting younger members to present- all paid for. Programs include:

- Educating the next generation
- Breaking the silence
- Youth Mental Health First Aid- older teens
- Family to Family- 12 week program (2.5 Hours)- September 15th
- August 26th- Equine Assistance and Learning

4. **Development of mini ROSC Presentation-**postponed to next session
5. **Talked about the "Eyes of Youth"**Mark Lundlum did six sessions- comedian in recovery from both MH and A&D issues. Found his "humor bone" to survive youth. 100 kids attended last event. Did staff and provider training, afternoon with youth and the detention center, large community event (over 190-200 attended). Evening family recovery event. Read letters from youth.
6. **ROSC survey for members to complete**- postponed to next session

Next and final meeting- September 23rd-2-4pm

True North and Grays Harbor County
Recovery Oriented Systems of Care Learning Collaborative
Aberdeen, Washington- September 23, 2013

Meeting Notes
Tina Burrell, Sabrina Craig, Katie Cutshaw, Ed Day, Aaron Gillies, David Jefferson, Todd Johnson, Erin Riffe and Wilma Weber

Conversation about the youth in truancy survey

The revised survey is fairly complete. People noted that the judge likes the idea and is supportive. Katie, Wilma and Sabrina will collaborate on setting up the administration and collection process. Todd is prepared to help with data review. There was some thought about collecting information from youth in schools, the youth shelter and the Gregorian group (if they are interested). More follow-up is needed.

It was noted that the youth Peer Training was taking place but Grays County did not have any participants. There is hope there will be willing candidates at the next round.

ROSC Public Service Announcement Power Point

We reviewed the ATTC designed ROSC presentation as a potential tool to use to start ROSC conversation with community members. Grays Harbor received a copy of the presentation and plans to make modification so they can showcase ROSC efforts and involve more people in the process. Erin will lead this process.

Learning Collaborative Transition

The goal is for LC participants to become regular members at the Grays Harbor Resource Meeting. Collaborate with the NAMI youth group. Conduct small targeted ROSC conversation with key community players in order to keep building recovery capital and strengthen the system of care.

Participants completed GPRA forms

COMMUNITY NEEDS QUESTIONNAIRE

Purpose:

The community cares about you and is looking for a way to increase services and supports to young people and their families. We value your opinion and hope you agree to answer a few questions. *Your participation is completely voluntary.*

Thank you for participating.

Expectations:

Please be honest and thoughtful when you answer each question.

- All your answers will be kept ***strictly confidential***.
- Your answers are also ***completely anonymous.*** We do not ask your name.
- If you don't want to answer a question, please just leave it blank.

Questions:

- What services and supports do you know about in your community?
- Which services or supports are you interested in?

For each service listed below please check if you know about these services and if you would interested in them, if available.

Service	**I know about these services**	**I do not know about these services**	**I am interested in these services**
Alcohol/Drug Treatment Services	❍	❍	❍
Alcohol/Drug Free - Social and Recreational ("fun") Activities	❍	❍	❍
Child Care	❍	❍	❍
Parenting Classes	❍	❍	❍
Behavioral Health Assessment	❍	❍	❍
Employment Services	❍	❍	❍
Family Counseling	❍	❍	❍
Behavioral Health Counseling (individual or group)	❍	❍	❍
Dental Care	❍	❍	❍
Vision Care	❍	❍	❍
Medical Care	❍	❍	❍
Basic Needs (clothing, food, housing)	❍	❍	❍
Educational Services (tutors, help with GED, training, ESL)	❍	❍	❍
Pharmacy/Medication	❍	❍	❍
Anger Management Classes/Counseling	❍	❍	❍

Domestic Violence Classes/Counseling	❍	❍	❍
Relapse Prevention	❍	❍	❍
Support Groups	❍	❍	❍
Transportation	❍	❍	❍
Mentoring Programs	❍	❍	❍
Recovery Peer to Peer Support	❍	❍	❍

What happened that brought you here today?

_____

_____

_____

_____

Have there been any services, agencies or supports that have been helpful to you? If so, please list them and briefly share how they helped you.

_____

_____

_____

_____

_____

What services and activities would you like to see/ have access to in our community?

_____

_____

_____

GENERAL INFORMATION

PLEASE MARK ONLY ONE RESPONSE TO EACH QUESTION UNLESS WE ASK FOR MORE THAN ONE ANSWER.

1. **Gender**
   - ❍ Male
   - ❍ Female

2. **Age**

   Years

3. **Town** _____

4. **Who do you (child, youth) live with right now? (Mark all that are true for you.)**
   - ❍ Both (biological) parents
   - ❍ Mother only
   - ❍ Father only
   - ❍ Spouse
   - ❍ Mother and step-father
   - ❍ Father and step-mother
   - ❍ Legal guardians/adoptive parents
   - ❍ Foster parents
   - ❍ Grandparent(s)
   - ❍ Other relatives
   - ❍ Nonrelatives
   - ❍ Living with friends, not with adult(s)
   - ❍ Living alone
   - ❍ Other (please describe)

5. **What is your ethnicity? Please check all that apply:**
   - ❍ American Indian/Alaska Native
   - ❍ Black/African-American
   - ❍ White/Euro-American (Mid. Eastern & North American)
   - ❍ Native Hawaiian or Pacific Islander
   - ❍ Asian (see question 6 below)
   - ❍ Hispanic/Latino (see question 7 below)
   - ❍ More than one ethnicity (see question 5 below)
   - ❍ Other

     _____

     (please describe)

6. **Do you consider yourself more than one ethnicity? Please check all that apply:**
   - ❍ No
   - ❍ Yes, mark all that are appropriate
   - ❍ American Indian/Alaska Native
   - ❍ Black/African-American
   - ❍ White/Euro-American (Mid. Eastern & North American)
   - ❍ Native Hawaiian or Pacific Islander
   - ❍ Asian (see question 6 below)
   - ❍ Hispanic/Latino (see question 7 below)
   - ❍ Other

     _____

     (please describe)

7. **If your primary ethnicity is Asian, what is your specific ethnic background?**

- ❍ Japanese
- ❍ Chinese
- ❍ Korean
- ❍ Asian American
- ❍ Filipino
- ❍ Cambodian
- ❍ Vietnamese
- ❍ Laotian
- ❍ Other

_____
(please describe)

8. **If your primary ethnicity is Hispanic or Latino, what is your specific ethnic background?**

- ❍ Mexican, Mexican American, Chicano
- ❍ Puerto Rican
- ❍ Cuban
- ❍ Central American
- ❍ South American
- ❍ Other

_____
(please describe)

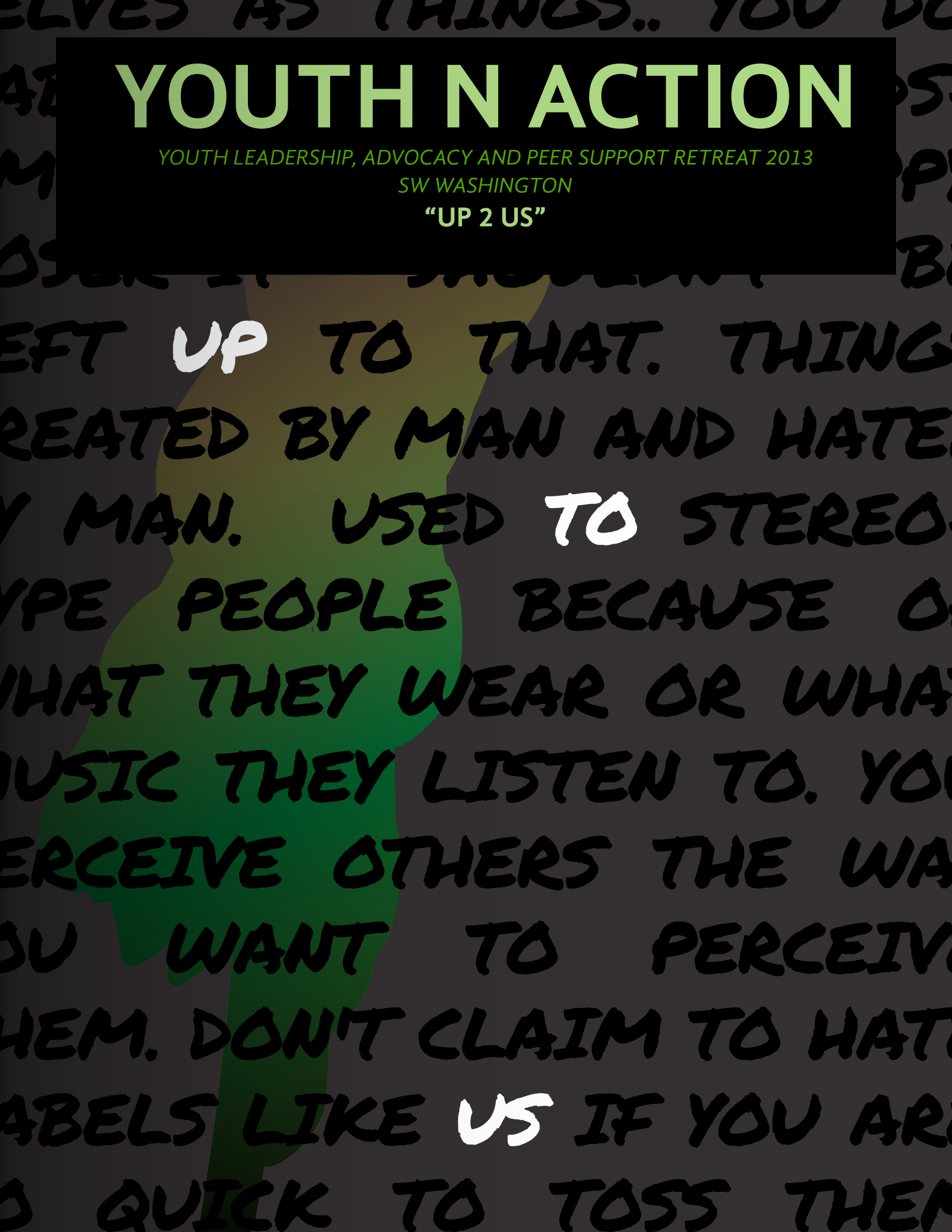
9. Please share anything else that you would like to about why you are here today.

THANK YOU!

We appreciate your help with this project – and sharing your opinion.

YOUTH N ACTION

YOUTH LEADERSHIP, ADVOCACY AND PEER SUPPORT RETREAT 2013
SW WASHINGTON
"UP 2 US"



YOUTH N ACTION HOSTED A RETREAT

at The Great Wolf Lodge for youth and supportive adults involved in the System of Care in Southwest Washington to network and discuss issues relating to youth involvement and empowerment.

1 BACKGROUND

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DAY 2- LET THE TRAININGS BEGIN! 3

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APPENDIX 7

For more than a decade Washington State has been a leader and pioneer in the Youth Movement within the mental health system.

A King County System of Care Grant developed one of the first *System of Care youth advocacy groups in the country. Now more than 10 years later, that same group has expanded into a statewide for youth by youth, youth advocacy program called Youth N Action (YNA), which supports youth leaders throughout the state. Youth N Action's mission is to bring youth voice to the System of Care and empower at risk youth ages 14-24 to make positive differences in their lives, communities and systems that serve them.*

The SW Washington Youth Leadership, Advocacy and Peer Support – "Up to Us" retreat took youth involvement in Washington State System of Care to a new level.

Youth N Action designed a 3 day experiential youth learning, networking and planning event that included live entertainment, expertly developed and youth friendly workshops, adult support training, work group sessions, expert panel presentations, community mapping and closed with a commitment from each community to get connected and help build youth leadership, advocacy and peer support in their community. All with the intention of doing this in a targeted region to bring together a network for SOC youth leaders and peer support in SW Washington.

This event was grassroots developed in the values of system of care. It began as a technical assistance request from the Southwest Family Youth and System Partner Roundtable (FYSPRT) who were interested in training youth in leadership, advocacy and peer support. The family members and system partners from that region wanted an adult track on how to support the youth in these 3 areas. YNA included this in their technical assistance plan for FY 2013. Originally YNA had funding to support a group of 15 across 2 counties, additional funding was given from youth and family serving programs across 6 counties and the retreat grew to 90 youth, family members and system partners in just 2 months. The organizations did not only provide the resources for these youth and families to attend but their commitment went further. A representative from each organization showed up to participate and engage with families and youth throughout the retreat. It is one thing to commit resources to an event like this but the investment of time and dedication is priceless and the most sustainable thing to give towards building a System of Care that is family and youth driven.

Youth N Action does not send youth away with dreams to fly high and no tools or support to land back in their community and continue on. We were committed to bring the Southwest Washington youth, families/caregivers and adult allies a great leadership retreat with amazing educational opportunities and we did that. Everyone learned how to fly at this conference and it was an honor to watch people awaken to their own inner potential to help make recovery possible for all youth and families.

YNA wants to abandon the traditional 'train em and leave em' conference mentality. Although attending workshops at conferences are inspiring, it does not create community. I want everyone who attended the conference to know that Youth N Action is committed to helping you land in your community and continue the good work you started at the retreat. We are here to provide technical assistance, partnership in achieving your local goals and to just listen if that is what is needed. We believe in sustaining the partnerships that were created at this leadership retreat. This event was named correctly. It is up to us and we take that commitment seriously. Youth and adult allies made (60) pledges to participate in their community mapping projects and ten youth are currently signed up to take the Washington State Certified Peer Counseling training as a direct result of this event. The benefits and outcomes are far reaching. We will be watching where your leadership, advocacy and peer support skills take you. Just remember that we are here for you and will continue to individually follow up with each community as we move forward to bring together a network of support and resources for youth in the SW Washington region.

I want to say thank you to all the youth leaders who attended the retreat and all the organizations and grants (see acknowledgements) that made this happen! What an exciting event. I have the perspective of being a youth who needed leadership skills to becoming an adult that can provide these skills to others and it is always a team effort.

Tamara Johnson

Youth N Action

BACKGROUND

For many years now youth have been coming together and advocating for the right to have a voice in shaping the policies and services that are available to them. Washington state was at the forefront of the youth movement in mental health when it created Youth N Action (then called Health N Action) 15 years ago. It was through Health N Action that youth in Washington State began attending legislative subcommittees, state mental health meetings and even presenting at national conferences advocating for youth voice to be recognized and included in decision making. Now 15 years later, YNA has evolved into a state-wide youth program. YNA has conducted numerous trainings on peer support, youth voice and leadership and has traveled around the country advocating and speaking out for youth in the mental health, juvenile justice and substance abuse systems. YNA is proud to be able to continue carrying their mission of youth voice and inclusion to communities throughout the state who are ready and eager to engage youth in a more meaningful way than has previously been done.

On June 23-25, Youth N Action was pleased to host the first ever Southwest Washington Youth Leadership and Peer support retreat, "UP TO US!" at The Great Wolf Lodge. The retreat brought together youth, family members and providers from Pierce County, King County, Thurston County, Mason County, Grays Harbor County and Clallam County and with funding and logistical support from Washington State University, Washington State Department of Social and Health Service- Division of Behavioral Health and Recovery, True North- Olympia, True North- Aberdeen, Educational Service District 113, Washington PAVE- Vancouver, and the Cowlitz County Family, Youth and System Partner Round Table.

The retreat started off as a community request from the up and coming youth program, "Youth Club," in Cowlitz County to train youth leaders in peer support, leadership and advocacy. As Youth N Action partners throughout the SW region heard about the event they quickly stepped up to offer support in sponsoring youth and families from their community to attend, and quickly the event grew from 15 people to 90 within 2 months. There was a total of 50 youth, 8 system partners, 24 family partners, and 8 other participants who were in attendance at the retreat!

What an awesome display of commitment to youth involvement! The event was organized and planned by Tamara Johnson, The Statewide Program Manager for YNA. With support provided by; Evangejalynn Rund and Elizabeth Jetton- YNA Logistical Coordinators, YNA Leaders and Peer Support Specialists- Kevon Beaver, Andres Arano, Branden Pippins, Kebe, Lonnie Ploegman, Youth Leader and Volunteer- Dominic King, Youth Leader and Fab 5 Administrator- Chris Jordan, Retreat Site Coordinator and Performer- Brian McCracken, Stephanie Lane, the Clinical Director for Capital Recovery Center, and Lorrin Gehring, a Youth Leadership Consultant.

The hard work, passion and dedication of the agencies and people listed above is what enabled YNA to pull off such an incredible event in such a short amount of time. The entire event was planned in less than 4 months! Youth, family and providers combined their passion and energy for youth involvement to make the 3 day retreat fun, impactful and a complete success!

Up to Us! Youth in Action Peer support retreat 2013

At the beginning of the workshop a young person shared that they "weren't a leader in ANY way." By the end of the session that same youth came up to the facilitator and shared that they now realize that, "I AM a leader because I'm HERE!"

2 DAY 1-OPENING SESSION

The retreat was kicked off on Sunday June 23rd with a dinner and high energy opening session conducted by Youth Leaders from Youth 'N Action.

Youth leaders drew us in with powerful spoken word performances that showcased their resiliency and passion for youth voice. As Elizabeth Jetton shared in her spoken word performance,

"Together in this place, today, we can start something new here."

Andrea Parrish, System of Care Expansion Grant Director, DSHS- DBHR, then energized the crowd with an opening talk and activity about the different leadership roles that we hold in our lives and the skills that we as individuals possess to move the work our communities are engaged in forward. After dinner, The Fab 5 treated everyone to a Youth Leadership Activation and Engagement event that featured live hip hop and dance performers. People were awake, engaged, entertained and ready to work!

DAY 2- LET THE TRAININGS BEGIN!

The first half of the day youth and adults came together to participate in a Community Mapping training and afterward got a chance to get their dance on with a high energy Leadership booster activity by The FAB 5!

COMMUNITY MAPPING

"Whatever we possess becomes of double value when we have the opportunity of sharing it with others."

–Jean-Nicolas Bouilly

Once organizations decide to include youth voice in a meaningful way in their agencies often one of the biggest barriers they run into is; where do we find the youth and how do we involve them in a meaningful way? Community mapping is a great first step to take in helping address this issue and the broader issue of where to hold meetings, how to keep youth engaged and what resources you have to offer them.

For this workshop youth and adults met together with their communities to identify local resources and label them as being either hot, cold, or warm. Hot is a designation given by the youth meaning that the resource is youth friendly and a cool place for youth to go. This is a resource that is greatly utilized by youth in the community already. Cold is a designation given by the youth meaning that the resource is viewed as being unfriendly to youth and is not currently utilized by youth in the community. Warm is a designation given by the youth meaning that the resource is viewed as being ok and might be somewhat utilized already by youth in the community.

This process really allowed adults to step back and for the youth in their community to drive the conversation in sharing what resources they truly utilize and find helpful. Many adults in the groups were surprised by what they heard. Youth from several groups identified "skate parks" as being a hot spot for them. That's the place where young people go to hang out, meet up with friends and network. One youth shared that they would be hesitant to attend community fairs or meetings if they were held at a mental health center but that if it took place at a skate park then "tons of teens would show cuz it's already got cred." Some communities labeled churches as a cold resource. Whereas in other's youth identified local churches as hot spots because that's where youth go to hang out and for activities "whether or not they are religious."

In a few groups, adults were surprised when youth were not familiar with a resource which was subsequently labeled cold or warm. Often time, youth don't utilize resources because they just don't know about them or are unsure how to access them, or even because the resource is not directly marketed to young people which gives the perception that it isn't youth friendly. This process of working with the youth and allowing them to tell you what they are already accessing helps communities to know how they can educate youth on other available resources and how to tailor them to make the resource more appealing to youvng people. When communities find out why youth view a resource as cold they then gain the opportunity to "warm up" the resource in marketing and outreach efforts to make it more appealing and accessible to youth.

Hot is a designation given by the youth meaning that the resource is youth friendly and a cool place for youth to go. This is a resource that is greatly utilized by youth in the community already. Cold ...is viewed as being unfriendly to youth and is not currently utilized by youth in the community. Warm ...is viewed as being ok and might be somewhat utilized already by youth in the community.

It's important to recognize that community mapping needs to be done on an ongoing basis. The reality is that in youth culture things shift and change. What might be an identified hot spot one year could just as easily become a cold spot in the next. It's important for communities to engage young people to allow them to educate them on the current hot and cold resources in their community. As communities do this they will find themselves better equipped to meet youth where they are at and to offer resources that youth are more likely to access. This is also a great way for communities to involve youth in creating effective marketing strategies for young people.

Participants from the workshop remarked that, "This is a good way to get things and resources to our community!" The process was engaging and informative. Several communities shared that they plan to repeat the community mapping exercise with other members of their community in hopes of expanding resources and networks!

In the Appendix you will find a breakdown of each communities identified resources. Check out what agencies, organizations and partners other communities are currently utilizing and see how your community might benefit from them! Many of the communities identified the same resources. The most utilized resources in our state for young people as identified by the communities include; skate parks, YMCA, Youth 'N Action, Libraries, and Habitat for Humanity. Is your community currently taking advantage of these hot spots? If you see a resource that might be beneficial to your community, check out the links to get more information or contact someone from the county to find out how they are utilizing that resource.

In the afternoon the youth and adults separated into 2 different tracks. The youth track featured two workshops on Advocacy and Leadership; while the adult track hosted a Controlled Chaos Training and a Power and Privilege Youth Panel. Information on the adult track can be found in the appendix.

YOUTH TRACK

ADVOCACY

"Revolutions begin when people who are defined as problems achieve the power to redefine the problem." –John McKnight

The goal of the advocacy workshop was to introduce young people to the concept of self, peer and professional advocacy. Youth N Action provided a space where young people were able to gain an understanding about what advocacy is and how they can use their stories, diagnosis and lives to advocate for themselves, for their peers and for positive system changes in their community. They wanted youth to walk away with an elementary understanding about what advocacy is and how they can start advocating in their communities. Since this was the first workshop they also wanted to make youth feel comfortable and to provide them with opportunities to get to know each other. As a group the youth defined what they believe advocacy is and how young people can be advocates. 3 different types of advocacy were identified- personal, peer and professional. Youth shared examples from their lives of situations when they have been self and peer advocates and then Youth 'N Action leaders from Thurston County shared what advocacy means to them and how they have advocated professionally for young people.

This training introduced the concept of advocacy to the youth and gave them examples of ways they could start advocating in their community for themselves, their peers and for the systems that serve young people. Participants found the workshop to be "engaging" and "a great experience!" As a result of this workshop young people shared that they felt more comfortable to go back into their communities and advocate for themselves and their peers. Several youth also shared that they would like to know more about what YNA does and how they can have a YNA group in their community.

LEADERSHIP

"If your actions inspire others to dream more, learn more, do more and become more, you are a leader." –John Quincy Adams

The goal of this workshop was to get youth to understand what it means to be a leader and the different qualities that good leaders share. YNA also wanted youth to take a look at themselves and identify how they are leaders and what their leadership style is, as well as for youth to walkaway understanding how they can apply their leadership skills as advocates in their community.

The Leadership workshop was by far the most energetic and upbeat workshop on the youth track. At the very beginning participants were separated into groups and each group was given a box of spaghetti and some mini marshmallows and was told to build the tallest tower they could and everyone had to help build it. After the groups built their towers the facilitator then went around to each group and discussed how they came up with their plan and whether or not

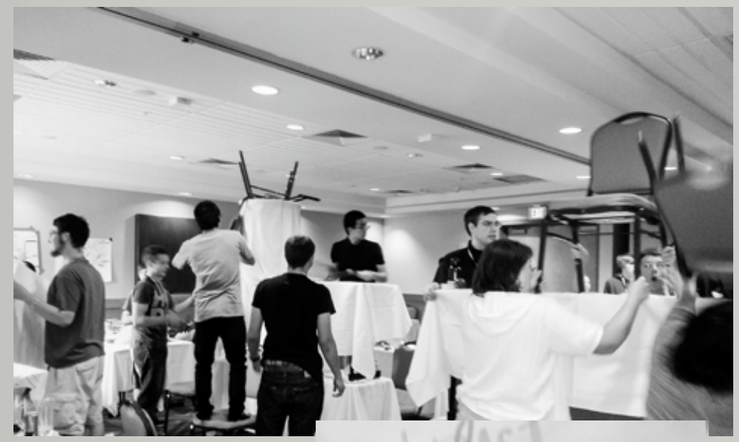
any leaders emerged in the group.

Participants were then shown images of traditional and nontraditional leaders and were asked to identify whether or not they are leaders. The point of this exercise was to show how different leadership styles can look. Sometimes leaders use their power or influence for good, sometimes leaders start a movement and sometimes they stop one. Youth discussed how being a leader doesn't necessarily mean you are the one holding the microphone or giving a speech. Sometimes a leader is the one crunching the numbers behind the scenes or the one holding a paintbrush or a friend's hand. This activity led to a group discussion about what qualities the youth believe leaders should have and how certain qualities can be used in developing advocacy skills.

Youth then got back into their original groups and were asked to build another tower using the materials at their table only this time a leader for each group was appointed and the group had to follow the leader's direction. After the towers were built the facilitator went around to each group and had the groups share how their experience was different with an appointed leader and participants were asked to share what kind of characteristics of leadership their leader displayed. Most of the groups shared that their leader was a "democratic leader" and chose to involve everyone. We only had one or two tyrants!

At the beginning of the workshop a young person shared that they "weren't a leader in ANY way." By the end of the session that same youth came up to the facilitator and shared that they now realize that, "I AM a leader because I'm HERE!"

The youth really enjoyed the workshop and expressed that it "helped them to gain experience in being a leader" and that they now understand "how I am ALREADY a leader in my community!" Youth also shared that they would like trainings on public speaking and possibly some workshops on how art can be advocacy. They felt that this would help them in further developing their individual leadership skills and styles, as well as providing them with guidance on how they can apply it in their communities as advocates.



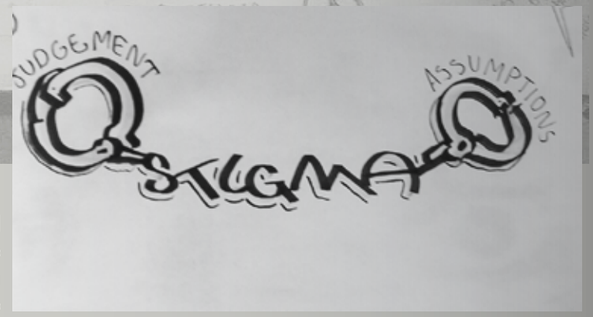
EVENING ACTIVITIES

In the evening retreat participants were able to refresh themselves at The Great Wolf Lodge's water park and then everyone headed to an informal dinner with Dr. Charley Huffine, a Child and Adolescent psychiatrist, Co-founder of Youth 'N Action, and a pioneer for youth advocacy.

All too often youth are handed medications or treatment plans that they aren't invested in or that they might not even understand! At "Dinner with the Doc" youth were able to sit down with a leader in the field of psychology and ask him questions regarding treatments for youth, med interactions, confidentiality laws and how to find a therapist who's right for them! One youth walked away from the dinner remarking that it was nice to" talk to one of the good ones" without "feeling pressured."

After dinner, the Thurston/Mason Youth 'N Action hosted a Late Night Open Mic where young people stepped up as leaders in the field of art! Youth showcased their talents as singers, spoken word artists, poets, comedians, dancers and we even had a ninja in the house!

DAY 3- GET YOUR TRAIN ON! 4



Youth and adults started the morning with an awesome complimentary breakfast (Mmm mmm french toast sticks!) then it was off to their individual tracks again!

On the youth track participants attended Breaking Down the Barriers of Stigma for Youth in Recovery and The Unique Gifts of Peer Support. Adults got to participate in 3 awesome workshops including; The Accountable Communities workshop, Peer Support, and last but not least a Raw Dialogue Workshop.

YOUTH TRACK

Breaking Down the Barriers of Stigma

"Just because you don't understand it, doesn't mean it isn't so." –Lemony Snicket, The Blank Book

The objective of this workshop was for youth to understand what stigma is and how we stigmatize others and ourselves based on how people look, their addictions and/or their diagnosis. Our goal was for youth to walk away from this workshop having a greater understanding and respect for each other's lived experiences and to look beyond appearances and diagnoses when building relationships and interacting with one another.

The youth were able to meet and exceed the goals for this workshop by engaging youth in a series of stigma reduction activities and discussions. Participants were engaged in a heartfelt discussion about the stigma that surrounds youth with mental health challenges and the differing stigma that surrounds young people who have substance abuse challenges. With a show of hands youth almost unanimously expressed that they would much rather be identified as having a substance abuse challenge than a mental health diagnosis. This is largely due to how youth view people with a mental health diagnosis verses a substance abuse problem. One youth shared that, "you can be an addict and still be cool. There's nothing cool about being bipolar, you're just the crazy girl."

Participants then broke into small groups and shared an example of how they have experienced stigma in

their lives and how they felt when it happened. Following another stigma reduction exercise that highlighted the importance of not judging people based on appearances, the youth participated in an ice breaker called "Cross the Line."

The Cross the Line activity was by far the highlight of the youth track. We received a lot of positive feedback for this activity and many of the participants said it was their favorite thing at the conference. For Cross the Line, the room was divided by a red line with everyone standing on one side. Participants were then asked to follow the instructions in silence, paying close attention to their feelings as they do so. They were asked to self-identify with the questions that the facilitator posed and respond accordingly. Youth were given the option of not self-identifying with the questions if they felt uncomfortable, but were encouraged to be open and to support each other. This was accomplished by creating a safe space for sharing and emphasizing the importance of maintaining confidentiality and respecting everyone's responses and lived experience.

The facilitator then asked a series of questions and had people cross the line if they identified with the question. The questions varied in tone and seriousness. Among the more serious questions posed to the youth were the following; if you have ever been in foster care cross the line, if you have a mental health diagnosis, if you have ever been a victim of racism, if you have ever been a victim of a hate crime, if you have ever been abused, if you have ever felt powerless, if you are a leader, etc. At the end of the ice breaker the youth sat on the floor and shared their experience and feelings from the activity.

Youth almost unanimously expressed that they would much rather be identified as having a substance abuse challenge than a mental health diagnosis. One youth shared that, "you can be an addict and still be cool. There's nothing cool about being bipolar, you're just the crazy girl."

There were tears of relief from one girl as she shared that she "had no idea so many people had experienced the same things" that she had. Many of the youth shared that they were surprised by some of the people that crossed the line with them. Just looking at each other they would never have been able to guess how many shared experiences that they had. The vibe in the room definitely shifted after this exercise. Many of the young people that up to this point had remained quiet began to speak up and shared personal stories and feelings. Almost everyone who shared seem to agree that there was a lot of comfort in knowing that they

are not alone. It was incredible to see how these youth stepped up to support each other. A feeling of comradery took hold of the group and one participant shared that the strength of this workshop was how it brought "unity to everyone."

Peer Support

"One of the bravest things you can do is acknowledge and support the strength of others." –Rita Ghatourey

Peer to peer supports have been implemented and continue to thrive in the adult mental health community for many years now. Implementation of formalized peer to peer support in youth serving agencies and programs is however, still relatively infantile. Washington state is very fortunate to have online access to certified peer to peer support trainings, as well as programs like Youth 'N Action that provide trainings on peer support. The goal of this training was to familiarize youth with the concept of peer to peer supports and to provide them with information on how they can access peer resources.

Participants broke into small groups to exchange stories about how they have provided support to a peer and how they in turn have been supported.

Youth 'N Action leaders then shared information from their peer support program and discussed how interested youth can become certified peer support counselors through a DHSH peer certification program. Participants shared that they loved learning about the "possibilities of peer support in my community" and several youth expressed excitement about returning to their communities and beginning the process of becoming peer counselors. As a result of this training, there are four youth that we know of, who have already gone through the Washington State Certified Peer Support Training and will be eligible for certification in August. Several more are following suit and plan to go through the training! For more information on how you can become a certified Peer Support Counselor talk to Tamara Johnson about Youth 'N Action's peer to peer program and check out the state's peer certification program here www.dshs.wa.gov/dbhr/mhpeer.shtml.

ADULT TRACK

Closing Session

"Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has." –Margaret Mead

To kick off the closing session youth and adults came together to participate in a fish bowl exercise which allowed them the opportunity to listen to a discussion and pose questions to a panel of experts that consisted of a youth, a parent, a YNA leader, and several other conference participants and facilitators. This was a fun and informal way of allowing people to step forward and ask questions and then receive answers and resources from differing perspectives. We received feedback from participants that they found this process to be "an unintimidating way to ask a question."

Participants shared that they loved learning about the "possibilities of peer support in my community" and several youth expressed excitement about returning to their communities and beginning the process of becoming peer counselors.

"This training introduced the concept of advocacy to the youth and gave them examples of ways they could start advocating in their community for themselves, their peers and for the systems that serve young people. Participants found the workshop to be 'engaging' and 'a great experience!'As a result of this workshop young people shared that they felt more comfortable to go back into their communities and advocate for themselves and their peers."

COMMUNITY PLEDGES

YOUTH LEADERSHIP AND PEER SUPPORT COMMUNITY PLEDGES

After the fishbowl exercise adult and youth participants met in their communities to collaborate on writing "pledges" for how they intend to further youth voice and participation in their communities based off the experiences and information they have gathered at the retreat. Even though it was the close of the retreat and everyone was tired, the energy and enthusiasm level was still high! Below are the pledges from each community.

5

CLALLAM COUNTY

Clallam County Youth, Parents, and System Partners pledge to become more plugged into their community, they will do this by returning to their community and attending the monthly Learning Collaborative meetings. They will also hold regular meeting as a group to keep in touch and actualize goals, lastly they will seek training to become certified as peer counselors.

COWLITZ COUNTY

Cowlitz County Youth, Parents, and System Partners pledge to find and develop more community resources for their youth, continue to grow "Youth Club", a Cowlitz county for youth by youth program for youth peer and leaders in the system of care and bring youth voice to county commission meetings.

PIERCE, KING, AND GRAYS HARBOR

Pierce, King, and Grays Harbor County Youth, Parents, and System Partners pledge to be connected to their communities and move community involvement, turning ideas into actions, and start change. To reach out to the community, bringing others together, building bridges in the community. To make relationships that are partnership within each community. To know self-care, to not allow myself to burn out, to take time to figure out how and when to help. The parents pledge to guide instead of lead as parents. Everyone will thrive to inspire youth, through accepting and respecting others, and not showing judgment.

OLYMPIC YOUTH 'N ACTION

THURSTON AND MASON COUNTY

Olympic Youth 'N Action (YNA) pledged to give the youth community a safe place to hang out and receive help. Kyle pledged to provide peer support to his friends and to learn more about peer support. Cody pledged to try to create more positive activities for youth in his community and bring more people to YNA by holding a large music festival in the park and spreading the word through friends. Eva pledged that would do research to find more funding for YNA and Youth Empowerment Strategies (YES), be more supportive of active YNA members with providing rides and food, and form more connections with people. Maricha pledged to continue to work with YNA to make good things happen. Braden pledged to research more about resources of all kinds and help fellow youth find more resources they need. Kebe pledged to help youth feel more comfortable being themselves and be able to express themselves, this way they can accept themselves for who they are. Lana pledged to make YNA a fun, safe place for young mother by getting toys and outlet covers that are safe for children and be a better assistant to fellow youth leader Maricha. Miles pledged to help YNA and YES get more funding from the county by bringing youth leadership team to bring youth voice to the commissioner, also to have fun and stay positive.

Youth CHILL

Creating Hope In Living Life

Peer Support

Create a youth peer support network that is focused on helping youth who are in recovery services and wanting to make better life choices. That is driven towards what youth need, not what people think they need.

As an adult partner I pledge to always have the youth's back and support them in creating quality youth peer support services for youth by youth to help youth figure out this "life thing".

Leadership

I pledge to promote our peer services and reach out to local youth organizations to build youth peer support focus in recovery.

Lead by supporting, mentoring and coaching the youth to achieve their leadership goals.

To be a liaison for youth voice with other providers and counselors, to bridge the communication gap and foster partnerships.

Advocacy

I pledge to put a voice and a face to the youth recovery process.

I pledge to make an effort to stand up and address policy issues regarding youth recovery services

I pledge to support the youth in their goals in this area and to continue to advocate for youth driven services across the board.

"Oh youth need services – let's take the adult model and make it for them. "

I pledge to promote intentional youth services.

Youth Resources

I pledge to develop a community resource fair for youth and families in recovery services.

I pledge to partner with the youth on the development resource fair project to the full extent that I am able to.

To continue to do education to community networks, on addiction and how it impacts youth.

To close, just as we opened, we were treated to a spoken word performance by one of our Youth Leaders, Brian McCracken from Thurston County reminding us what this work is all about- hope.

"This poem is for hope.

It is for one day, just this day clean.

And serene, finally again a human being."

Outcomes of the conference and lessons learned

"However beautiful the strategy, you should occasionally look at the results." –Winston Churchill

The work didn't stop at The Great Wolf Lodge! Long after the retreat, communities and individuals have been busy staying true to their pledges and helping to support youth voice in their communities. Youth N Action is pleased to share that communities have really started a dialogue with each other and that we have seen a definite increase in cross stake holder collaboration.

Youth Club in Cowlitz County is planning and hosting a networking bbq for youth leaders so we can continue to share resources and enhance peer to peer knowledge and support. We will send out more information about the bbq including the time and location when we get it! Youth N' Action was also invited to participate in a learning collaborative with Clallam County's Recovery Oriented System of Care so that they can participate in their upcoming youth and family event.

We are also beyond pleased and excited to share that 4 youth since the retreat, have gone through the Washington State Certified Peer Counselor training and will be eligible for certification in this month. 3 of the young people are from Mason County and 1 is from Thurston. We have also heard from communities that there are several more youth who are signing up for the training! You can access information about the training here: http://www.dshs.wa.gov/dbhr/mh-peer.shtml.

As a result of this conference, YNA will be developing a southwest youth leadership and peer support network and will be hosting quarterly meetings in the SW region. Youth leaders from neighboring counties in the SW will be invited to participate. Some of the feedback that YNA received from participants was that at times the conference felt rushed and that the timing was off. Youth N Action will be reviewing ways they can improve upon time management and also how they can pace themselves differently to create a better learning and network environment. One idea on the table is to have a morning till night event (10am to 10pm) with long breaks to play instead of trying to pack everything into 6 hours. As YNA prepares to plan for the next retreat they welcome your feedback and would love to know how they can make your next experience even better!

Youth N Action would love to have you share any outcomes your community has experienced as a direct result of the retreat and information you learned there. Please feel free to email Tamara Johnson at tamara.johnson@wsu.edu so they can celebrate the work you are carrying forward too! Thank you to everyone who helped plan, fund and participate in this groundbreaking retreat, we are grateful for your passion and commitment to improving the lives of young people.

For more information on this retreat or other Youth N Action programs and projects - Please contact Tamara.Johnson@wsu.edu

YNA IS PROUD TO BE ABLE TO CONTINUE CARRYING THEIR MISSION OF YOUTH VOICE AND INCLUSION TO COMMUNITIES THROUGHOUT THE STATE WHO ARE READY AND EAGER TO ENGAGE YOUTH IN A MORE MEANINGFUL WAY THAN HAS PREVIOUSLY BEEN DONE.

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Youth CHILL

Creating Hope In Living Life

Thurston County

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Courtesy of SquareHook

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APPENDIX 7

Clallam County

Hot Resources

The Answer For Youth (T.A.F.Y.)

The Answer For Youth is a non-profit 501(c)(3), volunteer based, charitable, community centered, barrier free, at risk and homeless youth outreach center. Provides fun, food and shelter. A good drug free environment.

http://www.theanswer4youth.org/aboutus.html

Graffitti wall

A wall that provides positive messages and is repainted black weekly to start over

Bonfire Outreach at the Beach

Lake Sutherland

http://wdfw.wa.gov/fishing/washington/473/YMCA

Narcotics Anonymous and Alcoholic Anonymous (VERY hot!)

http://www.nopasc.org/

http://www.aa.org/lang/en/central_offices.cfm?-origpage=373&cmd=get-groups&state=Washing-ton&country=United%20States

Community Gardens

http://www.pavictorygardens.org/

Lighthouse Christian Center (Church)

http://www.lighthousepa.org/

Warm Resources

Drug Court

http://www.courts.wa.gov/court_dir/?fa=court_dir.psc&tab=3

Library

http://www.nols.org/

Olympic National Park

http://www.nps.gov/olym/index.htm

Gray's Harbor

Hot Resources

Beach

http://visitgraysharbor.com/

Swimming, Jogging, Horseback riding, Clam Digging

Sports

South Beach Christian Center

http://www.gosbcc.org/

Warm Resources

Hunting

http://visitgraysharbor.com/activities/hunting/

Commercial Fishing

http://wdfw.wa.gov/fishing/commercial/

Additional Resource

Catholic Community Services of Western Washington

Provides meals, shelter for families, individuals and youth and more

http://www.ccsww.org/site/PageServer?pagename=fc_graysharbor

Cowlitz County

Hot Resources

High Fidelity Wraparound

School/Be Smart

Parks and Recreation-

Help youth find volunteering opportunities in the community

http://www.co.cowlitz.wa.us/index.aspx?NID=1531

Police Protection

http://www.co.cowlitz.wa.us/Index.aspx?NID=267

Habitat for Humanity

http://www.cowlitzhabitat.org/

Community Action Program

https://www.lowercolumbia-cap.org/

Worksource

Help find jobs, complete application and resumes

https://fortress.wa.gov/esd/worksource/

Lower Columbia College

http://www.lowercolumbia.edu/

Library (College Library?)

Burger King

MacDonald's

Tam o'Shanter Park

Tam o'Shanter Park, a multi-use park. The facilities include multipurpose fields for soccer, three girls fastpitch softball fields, one Babe Ruth field, five Cal Ripken baseball fields, and three basketball courts.

Warm Resources

Crisis Hotline

http://mobile.4people.org/countydocs/Cowlitz.pdf

Local agency that allows for you to talk to them when you feel like you have nowhere else to turn

PUBLIC Library

http://www.usa.com/cowlitz-county-wa-public-library.htm

Tribal Youth Chemical Dependency Program

http://www.cowlitz.org/index.php/cultural-resources/health-and-human-services/28-cowlitz-tribal-treatment

Educational Talent Search

Hot AND Cold Resources

DHSH

http://www.dshs.wa.gov/

Neither Hot or Cold Resources

Red Cross

http://www.redcrossblood.org/

Provides supports, offers classes

King County

Unidentified

Southwest Youth and Family Services

Southwest Youth & Family Services helps people use their own strengths to make what they want of their lives. We offer counseling, education, and family support programs for people in Southwest Seattle and King County, including, West Seattle, Delridge, White Center, South Park, Burien, and SeaTac. Many participants use more than one program and most of our services are free.

http://swyfs.org/

NAVOS

The mission of Navos is to improve the quality of life of people vulnerable to mental illness by providing a broad continuum of care.

http://www.navos.org/about

RYTHER Child Center

Ryther is a recognized leader in behavioral health services for children and their families facing complex challenges. We are dedicated to providing comprehensive services and innovative treatments. We guide, coach and teach so that every child and family we work with may experience new ways of thinking, develop positive relationships and realize a better life.

http://www.ryther.org/

Mason County

Hot

Food Bank

http://www.saintspantry.org/

http://www.homelessshelter-directory.org/cgi-bin/id/county-tyfb.cgi?county=Mason-County&state=WA

Free Bus System

Alternative School

Youth 'N Action

http://www.youthempower-mentstrategies.org/youth-n-action.html

Warm

Habitat Store

http://www.habitatmasonwa.org/

Pierce County

Hot

YMCA

After school sports, activities, summer camps, youth leadership

http://www.ymcapkc.org/home

Warm

Habitat for Humanity

Volunteer! My church group volunteered to help build a house for a family in our community. They were so grateful.

http://www.tpc-habitat.org/

Hilltop Artists

Offers classes in glass blowing to youth

http://hilltopartists.org/

Point Defiance Park and Zoo

http://www.pdza.org/

Thurston County

Hot

Parks and Recreations

Lacey A.C.T night

http://www.ci.lacey.wa.us/city-government/city-departments/parks-and-recreation/teen-and-youth-programs/activities-coalition-for-teens

"The RAC" Regional Athletic Complex and Park

http://www.ci.lacey.wa.us/city-government/city-departments/parks-and-recreation/regional-athletic-complex

True North

http://www.esd113.org/Page/363

Youth N' Action

http://www.esd113.org/Page/363

Food!

Art Spaces

Skate Land

http://www.skatelandolympia.com/

Transportation

Community Youth Services

http://www.communityyouthservices.org/about.shtml

Planned Parenthood

http://www.plannedparenthood.org/health-center/centerDetails.asp?f=2460&a=91810&v=details#

Scholarships

Recovery Oriented System of Care (R.O.S.C.) VERY HOT!!!!!

http://partnersforrecovery.samhsa.gov/rosc.html

WARM

Arts Museum

Youth Build

http://www.communityyouthservices.org/yb.shtml

Employee Assistance Program (E.A.P)

http://www.fchn.com/eap/splash/default.aspx?id=thurstoncounty

Tolmie State Park

http://www.parks.wa.gov/parks/?selectedpark=Tolmie&subject=maps

Movie Theaters

http://www.google.com/movies?hl=en&near=Thurston,+WA&dq=thurston+county+movie+theaters&q=movie+theaters&sa=X&ei=NZAAUo_lC-aziwL_xoCgBg&ved=0CFQQxQMoAA

South Puget Sound Community College

http://www.spscc.ctc.edu/

Capital Recovery Center

http://getconnected.unitedway-thurston.org/volunteer/agency/display/?agency_id=7968

https://www.facebook.com/pages/Capital-Recovery-Center/306033122816625

YMCA

http://www.southsoundymca.org/

School Back Pack Program

http://www.thurstoncountyfoodbank.org/images/pdfs/forkids.pdf

Unmarked resources

HOT

Library

Spoken Word Open Mics

Real Life

http://rlcc4sq.org/#/ministries/real-life-youth

Schools

Listening to music

Helps calm you down!

High School Sports

Helps kids focus on something bigger than themselves

YMCA

swimming, basketball, gym, soccer

http://www.ymca.net/

Skate Parks

Churches (Hot AND Cold)

WARM

After School Programs

http://www.bgcgw.org/

COLD

Churches

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