Washington State Health Care Authority

Regional Family Youth System Partner Round Table (FYSPRT) manual

Regional FYSPRT manual at a glance

In this manual, parents and caregivers with lived experience raising a child or youth with behavioral health needs will be referred to as family. Children, youth, and young adults with behavioral health lived experience as youth will be referred to as youth. (For the definition of lived experience, please see Appendix B.)

Regional FYSPRTs in general

Regional Family Youth System Partner Round Tables or FYSPRTs embrace the idea that youth and families can and should have an active role in how behavioral health systems serve them. Regional FYSPRTs are an important component of this and provide open meetings for youth and families with lived experience in behavioral health and system and community partners, to come together to identify and address recurring needs, gaps, or barriers regarding behavioral health services for youth and families. Here are some important components of the FYSPRT approach:

- Families and youth with lived experience in the behavioral health system, and system partners are full partners in all aspects of the development, promotion, support, implementation, and evaluation of the regional FYSPRT.
- Includes youth and families with lived behavioral health experience and child and youth serving system partner representation (such as child welfare, juvenile justice, education).
- Facilitated and led by Tri-leads – a family, youth and system partner who work together to build meeting agendas and facilitate meetings.
- Build participation of 51% or more youth and families with lived experience.
- Include key administrators connected to Wraparound with Intensive Services (WISe) quality and service delivery in the region (such as WISe Supervisors, Managed Care Organization representation, Behavioral Health Administration Service Organization (BH-ASO) representation, etc.).
- Actively engage underserved and underrepresented communities, including Native and black, indigenous, people of color (BIPOC), in the regional FYSPRT. See Appendix L for best practices for engaging Tribes and urban Indian organizations.
    - Partner with Tribal and Urban Indian Health Program partners to share educational information about regional FYSPRT.
    - FYSPRTs will operate through a lens of cultural humility for working with Native and BIPOC communities, including best practices for working with Tribal and Urban Indian Health Programs.
- Values of regional FYSPRT work include family and youth driven; community based; and cultural humility. For more detailed information regarding System of Care values and guiding principles which the Regional FYSPRT values were adapted from, see Appendix G or The Evolution of System of Care Approach article.

What regional FYSPRTs do

- Hold regular meetings, that are facilitated by the regional FYSPRT Tri-leads and are open to the public.
- Complete a needs assessment every other year that includes the voice of youth and families with lived experience within the region.
- Create and complete a work plan to focus on priority needs as decided by the regional FYSPRT.
- Identify recurring needs and gaps related to children's behavioral health across youth serving systems and brainstorm and work to address those recurring needs and gaps within the region.
- Review data and reports related to WISe.
- Maintain a regional FYSPRT webpage as outlined in the BH-ASO contract.
- Connected to the Statewide FYSPRT to move forward recurring gaps, needs or challenges not able to be resolved by the regional FYSPRT. If the Statewide FYSPRT is not able to resolve the recurring need, it can be moved forward to a legislative work group.

See Appendix B for definitions of key terms outlined in the FYSPRT manual.

FYSPRTs and the Governance Structure purpose and overview

By design, the statewide and regional FYSPRTs, part of the Child, Youth and Family Behavioral Governance Structure, are forums for families and youth to share their lived experiences and to brainstorm, alongside system partners, solutions to address recurring gaps, needs and barriers. The goal of this collaboration is to create behavioral health services and supports that work for youth and families. The values of regional FYSPRT work include family and youth driven; community based; and cultural humility.

FYSPRTs do not provide services and are intended to promote the development of policies for a system of care that are based on community priorities. This work is done by convening a group of diverse individuals invested in behavioral health outcomes including family, youth, young adults, system partners, Tribes, urban Indian organizations, providers, community leaders, and others. This group engages in a systematic process of evaluating system-level needs and strengths and identifying strategies to improve outcomes for children, youth, young adults, and families. Systems of care continue to evolve to be family and youth driven by ensuring that families, youth and young adults are key collaborators and are in core positions of leadership. FYSPRTs also strive to become more culturally diverse and equitable by outreaching to underserved and underrepresented communities, including Native and other BIPOC communities. This means striving for regional FYSPRT participation that is reflective of the diversity of the region.

The statewide and regional FYSPRTs (and local FYSPRTs, where applicable) are designed to influence the functioning and policies of local, regional, and state child and youth serving systems to improve access to, and the quality of, behavioral health services for families and youth. FYSPRTs provide an equal platform for youth, families and system partners (such as juvenile justice, child welfare and education), to engage in dialogue, learn from each other, and identify and work to address recurring gaps, needs and barriers related to behavioral health services and supports for children, youth, and their families. FYSPRTs are grounded in the Washington State Children's Behavioral Health Principles (See Appendix B, Glossary of Key Terms*)* and provide a forum for regional information exchange and problem solving that includes youth and families with lived experience in behavioral health.

A youth and family's lived experience with and in the behavioral health system is valued and critical to improving outcomes for other youth and families in Washington. Often, system partners are paid as part of their job to be at these tables. Families and youth should also be provided compensation, if they are not being compensated by an employer or other entity, to show their equal value to system change efforts.

Regional FYSPRTs are key components to making community, regional, and statewide system improvements throughout the continuum of care for child, youth, and family behavioral health. As part of the Child, Youth and Family Behavioral Health Governance Structure (Governance Structure), Regional FYSPRTs, by design, include family and youth with lived experience in behavioral health, and system partners working together in an equitable forum to address recurring system gaps, needs and barriers identified by youth, families and system partners (See Appendix D to view a diagram of the Governance Structure).

FYSPRTs are intended to address recurring system gaps, needs, and barriers, and not individual care issues. However, youth and families may choose to share their story of experience and express concerns about their services in this forum. This does not break HIPAA (the **Health Insurance Portability and Accountability Act**).

Regional FYSPRTs identify needs by completing a needs assessment and reviewing regional WISe data or reports and identifying strengths and needs of the system from those impacted by the system. Some recurring needs may also arise through conversations during FYSPRT meetings. The regional FYSPRT uses this information to problem solve and address issues within their region. If the regional FYSPRT is not able to address a recurring gap, need or barrier within the region, the regional FYSPRT team (including Regional FYSPRT Coordinators and Tri-leads) can bring the recurring gap, barrier or need forward to the statewide FYSPRT, including recommendations about how to meet the needs. The goal of this process is to address recurring system gaps or barriers to improve behavioral health outcomes for children, youth, and families.

As a part of the Governance Structure, the statewide FYSPRT is informed by the work happening within the regional FYSPRTs. It collaboratively approaches recurring statewide needs, gaps or challenges and barriers brought forth by

the regional FYSPRTs and statewide system partners and promotes regional successes and solutions. The overarching statewide FYSPRT goal is to bring forward the voice of youth and families with lived experience in behavioral health to improve outcomes for youth and families in Washington. This is done by partnering with and welcoming the voice of family and youth with lived experience in behavioral health, system partners, Tribal and urban Indian organization partners, and community members in an equitable forum to impact policy development and decision-making for child, youth and family behavioral health. This partnership and decision making will also include insight for WISe quality and service delivery.

At a minimum, there will be one statewide FYSPRT and ten regional FYSPRTs; one regional FYSPRT for each of the regional service areas in Washington (See Appendix C for a map of the Regional FYSPRT boundaries). Based on the needs of the region, some regions may choose to develop additional local FYSPRTs.

Purpose of the manual

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

This manual is a living document. It will continue to be refined and revised. The most current version of this manual will be posted on the **HCA FYSPRT webpage**.

Mission of the FYSPRTs

The **mission** of the ten regional FYSPRTs in Washington State is continuous improvement to child, youth and family behavioral health services and supports. Regional FYSPRTs provide open meetings that strive to provide an equitable forum for families and youth with lived experience, alongside child and youth serving systems and community members, to strengthen and sustain community resources that effectively address the behavioral health needs of children, youth, and families.

Regional FYSPRTs play a critical role within the Governance Structure in informing and providing oversight for policymaking, program planning, and decision-making related to behavioral health services for youth and families, including WISe quality and service delivery. As described further below, regional FYSPRTs will:

- Serve as a mechanism to impact recurring system gaps and needs by bringing forward the voices of youth and families with lived experience in behavioral health from communities.
- Respond to calls for feedback from other entities, such as the statewide FYSPRT, relevant state agencies, and legislative groups, specifically the Youth and Young Adult Continuum of Care (YYACC), a subgroup of the Children and Youth Behavioral Health Work Group (CYBHWG).
- Complete a regional needs assessment to identify needs of the region that includes the voices of youth and families with lived experience in behavioral health.
- Develop and complete a work plan that will guide the work of the regional FYSPRT and will be informed by the needs assessment, regional FYSPRT meetings and evaluations, and review of WISe data and reports.

The FYSPRT **vision** is that through respectful partnerships, families and youth with lived experience, systems, and community partners will effectively collaborate to proactively influence the system and provide leadership to address recurring gaps, needs and barriers faced by youth and families seeking behavioral health services in Washington State.

Regional FYSPRT infrastructure and operations

Administrative structure

The regional Behavioral Health-Administrative Services Organization (BH-ASO) will support and fund the regional FYSPRTs in compliance with Health Care Authority (HCA) values, System of Care (SOC) values, and contractual expectations.

As described above, the regional and statewide FYSPRTs will be critical to informing policy making, program planning, and decision making related to child, youth and family behavioral health services, including WISe quality and service delivery (See the Figure in Appendix D, for a visual of the Governance Structure). The regional FYSPRTs can also influence other areas of the continuum of care at local, regional, and statewide levels by following the operational requirements described in this manual.

The Health Care Authority contracts with BH-ASOs to support and fund the regional FYSPRT. The BH-ASO may also subcontract with another entity for this work. Although there are a set of specific expectations that each region must meet for youth and family participation in children's behavioral health policy and practice (outlined in the contracts between HCA and each BH-ASO and discussed throughout this manual), each region has wide discretion to design creative options for achieving that goal in a way that will best incorporate the voice of and meet the needs of its youth, families, and communities.

The following expectations must be met:

- The BH-ASO must support adherence to the expectations in the current Regional FYSPRT Manual, the WISe Quality Plan, the Governance and Coordination section of the WISe Manual, and Coordination with Tribes and Indian Health Care Providers as outlined in the BH-ASO contract.
- Each regional FYSPRT will:
    - Convene a broad array of families and youth with lived experience, plus system partners and community members to complete a needs assessment and develop a work plan to address identified recurring needs.
    - Collect, review, and/or interpret relevant data and evaluation results, including review of WISe data and reports at 2 meetings per year, to identify recurring gaps and needs and develop system improvement strategies.
    - Develop and implement communication mechanisms for informing the community about progress, information, and changes from the statewide FYSPRT, and legislative groups, such as the Youth and Young Adult Continuum of Care (YYACC), a subgroup of the Children and Youth Behavioral Health Work Group (CYBHWG).
    - Respond to calls for feedback from entities such as the statewide FYSPRT, relevant state agencies, the YYACC and the CYBHWG
    - Ensure all members act as full partners within the work of the FYSPRT (including but not limited to developing work plan goals, budget access, outreach/engagement, etc.). The regional FYSPRT Convener/Coordinator and regional FYSPRT Tri-leads shall include youth, family, and system partner representation in all aspects of the maintenance of the regional FYSPRT.
    - Maintain a process for youth and families to access travel and participation support for attending FYSPRT meetings (for example, mileage reimbursement and other meeting attendance costs). Details of how to access participation support must be provided to members through the regional FYSPRT website and other means.
    - Develop and post to the FYSPRT webpage, policies, and procedures, as needed, or identified.
    - Be expected to maintain an up-to-date, formal roster of members and submit them to HCA quarterly.
    - Actively engage underserved and underrepresented communities, including Native and BIPOC communities, in the regional FYSPRT. See Appendix L for best practices for engaging tribes and urban Indian organizations.

        - Partner with Tribal and Urban Indian Health Program partners to share educational information about regional FYSPRT.
        - FYSPRTs will operate through a lens of cultural humility for working with Native and BIPOC communities, including best practices for working with Tribal and Urban Indian Health Programs.
    - Promote an environment, through meeting rules and norms, of inclusion and treating participants with dignity and respect, to ensure all members can speak freely sharing their ideas and concerns during each meeting. Examples to safeguard this include certain core expectations, some of which are explained in this manual, including:
        - Identifying a family, youth, and system partner Tri-lead team to create and support equal leadership across families, youth, and system partners in regional meetings and work.
        - Offer compensation to regional family and youth Tri-leads for their work.
        - Empowering members (specifically, families and youth with lived experience in behavioral health) to share leadership responsibilities and have equal influence and decision making for the regional FYSPRT.
        - Offer compensation to family and youth who attend and participate in regional FYSPRT meetings, activities, and events.
        - Establish regionally developed and endorsed ground rules for engagement, dialogue, decision making and meeting protocols that assures cultural humility and provides a sense of physical, emotional, and psychological safety for participants.
        - Show consistency in vision and message of the regional and statewide FYSPRTs around advising regional and state improvements through the lens of System of Care values and principles.
        - Include in the budget, compensation for FYSPRT Tri-leads and members – such as facilitation and planning of meetings, travel and participation support, and childcare reimbursement – that aid in ensuring family and youth participation.
        - Complete regular assessment and evaluation of participants' experiences in meetings including if participants feel heard and that they have equal influence.
    - Identify and support at least two Tri-leads to attend each statewide FYSPRT meeting.
        - As part of the statewide FYSPRT, regional Tri-leads review and provide feedback to the statewide FYSPRT and/or HCA, as requested, regarding initiatives and documents as related to statewide FYSPRT responsibilities, which could include but is not limited to WISe.
        - Regional Tri-leads act as a communication liaison to report information back from the statewide FYSPRT to their regional FYSPRT and will present information from their regional FYSPRT to the statewide FYSPRT. (See Appendix H, Promoting Communication within the Child, Youth and Family Behavioral Health Governance Structure).
        - Regional Tri-leads and/or regional FYSPRT members shall be invited to participate in ad hoc work groups connected to the statewide FYSPRT as identified.

Tri-lead structure

Regional FYSPRTs will be tri-led by a family and youth with lived experience in behavioral health, in partnership with a system partner lead. Tri-lead means a role developed to create equal partnership among a family lead, a youth lead, and a system partner lead who share leadership in developing agendas and facilitating regional FYSPRT meetings and action items. A Tri-lead can be supported in facilitating a Regional FYSPRT meeting topic until they are ready to be the lead facilitator for a topic or topics. This Tri-lead structure is essential for providing a space to demonstrate that youth and family voice is valued and creates space for youth and family voice to have an impact on the behavioral health system.

It is suggested that Tri-leads serve a term of two years upon their first appointment. Regional charters should inform selection of specific Tri-leads and require that Tri-leads meet the qualifications for the position's responsibilities (see Appendix E for more information about Tri-lead position and responsibilities).

Effective family and youth leaders in the System of Care have:

- Significant, direct systems/service experience
- The ability to listen actively, reflect thoughtfully, and blend the perspectives of diverse participants and partners
- Reframe discussions from a proactive, strength-based perspective
- Experience working with and supporting other youth and families to participate and advocate for improved outcomes for youth and families
- Cultural sensitivity and humility awareness

Role of the FYSPRT Convener or Coordinator

Regional FYSPRT Conveners or Coordinators will:

- Practice cultural humility (as defined in Appendix B of this manual).
- Provide administrative support for regional FYSPRT meetings including but not limited to paying for and arranging meeting space and/or arranging appropriate virtual participation options if applicable such as Zoom or Microsoft Teams.
- Promote and support the regional FYSPRT to fulfill its function within the Governance Structure, in alignment with Washington State's Children's Behavioral Health Principles and the Regional FYSPRT Manual. Promotion and support for the regional FYSPRT includes but is not limited to:
    - Support in the recruitment of family, youth, and system partner Tri-leads, members and participants
    - Provide administrative support for meetings and regional FYSPRT contract deliverables
    - Provision of resources and fiscal management, in partnership with the regional FYSPRT Tri-leads
    - Support local/regional priorities as identified by regional FYSPRT Tri-leads and members
    - Collect and report required information
    - Other activities in support of the regional FYSPRT
- Regional FYSPRT Conveners or Coordinators can assist with Regional FYSPRT meeting facilitation if a Tri-lead role is vacant, or a Tri-lead is not able to attend a meeting.

Role of FYSPRT Tri-leads

Regional FYSPRT Tri-leads will:

- Actively recruit families and youth with lived behavioral health experience for regional FYSPRT membership. Family and youth run organizations can be actively engaged in identifying and recruiting possible members.
- Practice cultural humility (as defined in Appendix B of this manual).
- Facilitate regional FYSPRT meetings and other communications using an approach that ensures members feel supported and safe to share their experiences.
- Be active participants in developing meeting agendas and facilitation of meetings, including identification of follow up and action items.
- Convey information to and from the statewide FYSPRT.
- Effectively engage family and youth members in topics such as needs assessment, work plan goals and activities and outreach.
- Maintain regular contact with other system partners, family organizations, youth organizations, and/or youth leaders or facilitators of youth-led meetings and activities. For example, family Tri-leads are invited to participate as members of the Washington Behavioral Health Statewide Family Network meetings and activities either in person or remotely and youth Tri-leads are invited to participate as members of the Statewide Behavioral Health Youth Network meetings and activities either in person or remotely.
- Promote System of Care (SOC) values in all aspects of their work. For more information about SOC Values (see Appendix G).
- Identify community partners and resources for continual collaboration.
- Participate in training opportunities and identify needed technical assistance and skill development opportunities for system partners, youth, and families.

- Be familiar with other state initiatives related to child and youth behavioral health.
- Share solutions identified with other regions either individually, at the statewide FYSPRT meeting or other common events.

Role of Regional FYSPRT members

It is intended that the regional FYSPRT leverages the experiences, expertise, and insight of key individuals specifically families and youth with lived experience in behavioral health. System partners, such as juvenile justice and education representatives, Tribal and urban Indian organization partners, and community members that are committed to improving outcomes for children, youth, and families are also invited to the table. Family and youth representation in the overall FYSPRT will be substantial, at a minimum 51% youth and families with lived experience in behavioral health. The regional FYSPRT will reflect the composition and diversity of the region to the maximum extent possible. Regional FYSPRT members provide support and guidance for their region on FYSPRT related activities and tasks.

Individual FYSPRT members and meeting participants will:

- Identify local and regional strengths and recurring barriers, needs or challenges related to child, youth and family behavioral health.
- Participate in collaborative problem solving to address recurring barriers, needs or challenges, to improve access to and quality of services and outcomes for children, youth, young adults, and their families.
- Educate and influence service delivery systems and the community in System of Care values and principles.
- Actively recruit families and youth with lived behavioral health experience for regional FYSPRT membership. Family and youth run organizations can be actively engaged in identifying and recruiting possible members.

Ensuring adequate representation

The regional FYSPRT Convener, regional Tri-leads and FYSPRT members will work to build and maintain a regional FYSPRT membership that includes:

- At least 51% families and youth with lived experience in behavioral health or other youth serving systems:
    - Those in attendance that may be in a dual role, a parent or youth employed in the system as a peer, can be counted towards the 51% representation.
- System and community partners that may include:
    - Behavioral health advocates (formerly called ombuds)
    - Behavioral health providers including but not limited to:
        - Mental health
        - Substance use
        - Applied Behavioral Analysis
        - WISe Care Coordinators
        - WISe Family Peers
        - WISe Youth Peers
        - WISe Therapists
        - WISe Supervisors/Administrators
    - City council members
    - College and university campus groups
    - Community leaders or organizations/coalitions
    - County commissioners
    - Department of Children, Youth, and Families
        - Child welfare
        - Juvenile rehabilitation
        - Office of Juvenile Justice
    - Developmental Disabilities Administration
    - Division of Vocational Rehabilitation

- Early Learning – Head Start
- Education/school district/educational service districts
- Equity, diversity and inclusion leaders or groups
- Faith community leaders
- Family run organizations or programs
- Foster care providers and/or youth and family groups
- Kinship groups
- Legislators
- Local or County Juvenile Justice
- Law enforcement
- Managed Care Organizations
- Military
- Organizations serving youth and/or families experiencing homelessness
- Physical health care/public health
- Regional advocacy groups
- Tribes
- Urban Indian Health Programs, urban Indian organizations, or other American Indian/Alaska Native (AI/AN) lead organizations
- Youth run organizations or programs
- Others interested in improving outcomes for youth and families

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

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

- Representation from the local FYSPRT, if applicable, shall be diversified and include local system partners and youth and families with lived experience in behavioral health.
- If applicable, local FYSPRT Tri-leads will participate as members of their regional FYSPRT and bring information forward about local needs using the Recurring gaps and needs form (Appendix I) or another form or process identified by their regional FYSPRT. Local FYSPRT Tri-leads will also bring regional FYSPRT information back to their local FYSPRT.
- If applicable, local FYSPRT Tri-leads and/or local FYSPRT members may participate in identified subgroups of the regional or statewide FYSPRTs.

Promoting development of youth and family leaders

To ensure proactive development of the regional system of care as well as effective functioning of FYSPRTs – there should be a commitment to promoting and supporting development of youth and family leaders from different backgrounds and lived experiences including underserved and underrepresented communities such as Native and BIPOC communities.

Leadership could be promoted by the following activities including but not limited to:

A. Funding and other resources to support youth and families with lived experience to attend meetings, including compensation for their time and expertise, travel, meals, and childcare support (for example reimbursement for childcare). Meetings could include but are not limited to regional FYSPRT meetings and meetings for family and youth organizations and programs.
B. Funding and other resources to support family and youth with lived experience to attend national and local conferences related to behavioral health and/or youth and family leadership as identified in the regional FYSPRT's work plan.

C. Expanding or creating opportunities for policymakers and administrators to hear directly from families and youth.
D. Enhancing networking capacity of parents, youth, and other family members.
E. Connecting with family and youth advocacy organizations and services directed by youth and families.
F. Engaging in technical assistance offered to enhance System of Care values.

Promoting effective communication within the governance structure

As described earlier in this document, regional FYSPRTs play a critical role, within the Child, Youth and Family Behavioral Health Governance Structure, in ensuring a full communication loop between regional, state, and legislative partners about recurring needs, barriers or gaps in the behavioral health system to promote the continual improvement of the system of care for children, youth, and families. Regional FYSPRTs work to identify recurring gaps and needs through needs assessments, review of WISe data and reports, and identifying on their webpages how to propose an agenda item that could benefit from more dialogue with families, youth, and system partners.

Addressing barriers and needs in the region

When problem solving around a recurring challenge, gap or barrier is indicated, regional members can bring forward their item as identified by their regional FYSPRT's process (could include using the Recurring gaps and needs form, contacting their regional Tri-leads for dialogue and brainstorming, proposing the item at a meeting, etc.). The recurring challenge or need could be added to a future regional FYSPRT agenda for dialogue and brainstorming to address the recurring need, gap or barrier within the regional FYSPRT. If the recurring challenge or need is not resolvable within the regional FYSPRT group after:

- presentation and brainstorming at the regional FYSPRT meeting,
- reach out and dialogue with other regional resources,
- reach out and dialogue with state or regional system partners, community partners or other regional or local entities,
- and a recurring system gap or barrier is identified, then

The regional Tri-lead team could submit the challenge to the statewide FYSPRT Tri-leads, including recommendations about how to meet the need using the Recurring gaps and needs form (See Appendix I).

Statewide FYSPRT and the Recurring gaps and needs form process

The statewide FYSPRT strives for diversified representation and includes the family, youth, and system partner Tri-leads from each regional FYSPRT, child- and youth-serving state system partners, community partners and Tribal and urban Indian organization partners. Like the regional FYSPRTs, the statewide FYSPRT is facilitated by family, youth, and system partner Tri-leads.

After the process above and upon receipt of the Recurring gaps and need form from the regional FYSPRT, the statewide FYSPRT Tri-lead team will acknowledge receipt and review the challenge form. Next steps could include reaching back to the region for more information, if needed, and/or adding the topic to a future statewide FYSPRT agenda. If the challenge is not resolved at the statewide FYSPRT through information sharing, brainstorming, guest presenters, dialogue, etc., and a recurring system gap or barrier is identified as occurring across multiple regions, it could be moved forward to the Youth and Young Adult Continuum of Care or YYACC, a legislative group, using a briefing form modeled after the Recurring gaps and needs form. Potential solutions or recommendations from the statewide FYSPRT about how to meet the need should be included in the briefing form.

Statewide FYSPRT connection to legislative groups

After the statewide FYSPRT identifies potential recommendations to move forward to the Youth and Young Adult Continuum of Care (YYACC), a legislative group, around a challenge that is not resolvable by the statewide FYSPRT,

the statewide FYSPRT Tri-lead team prepares a briefing paper for the YYACC including information and recommendations provided by the statewide FYSPRT and based on the Recurring gaps and needs form.

The statewide FYSPRT Tri-leads will present the briefing paper/topic to the YYACC for dialogue and questions. The YYACC members provide feedback on the challenge proposed, consider potential solutions or recommendations from the statewide FYSPRT and dialogue about next steps, which may include additional information gathering and coordinating with other systems and partners. The YYACC sends their recommendations to the Children and Youth Behavioral Health Work Group (CYBHWG). The CYBHWG makes decisions about which recommendations from its subgroups to move forward to the Governor and the legislature and/or to agencies (see Appendix D for a visual of the Governance Structure). The statewide FYSPRT will be kept updated as the process of recommendation development occurs.

Recommendations from the CYBHWG and the YYACC will be posted to the CYBHWG webpage. A YYACC representative will attend statewide FYSPRT meetings to dialogue about the work of the YYACC and possible recommendations to the CYBHWG. A CYBHWG representative or HCA staff member will attend the statewide FYSPRT to share information about the recommendations that are moved to the Legislature. Updates may also be communicated by email in between meetings. The length of time it takes for a topic to move through this process will vary depending on the topic, time in between meetings, amount of research needed, budget impacts, etc.

For more information about communication across the Governance Structure, see Appendix H, Promoting Communication within the Child, Youth and Family Behavioral Health Governance Structure.

Reviewing outcome and process data and reports

During at least two regional FYSPRT meetings per year, regional FYSPRTs will review WISe data or WISe reports. This is information that can be accessed through **HCA**, WISe providers, or Managed Care Organizations to identify trends, relevant strengths and needs for improvement, system barriers, system challenges, and regional service needs for youth and families. WISe reports and other WISe data will be updated and posted online regularly by HCA and can be found online on the **HCA WISe reports webpage**.

Regional FYSPRTs can help address needs that may arise from the WISe data or reports reviewed by taking action within the regional FYSPRT including addressing the need as a meeting agenda item, a work plan goal, or another method.

If the need is not able to be addressed within the region and is a recurring system gap, barrier, or need, the regional FYSPRT may choose to identify the need to the statewide FYSPRT by submitting a Recurring gaps and needs form that includes recommendations about how to the meet the need.

For more information about how quality is tracked and improved in WISe, see the **WISe Quality Plan**.

Participating in training

Regional FYSPRTs will support Coordinators, Tri-leads, and members to engage in training, conferences (national and within the state), and technical assistance meetings or events that are in alignment with FYSPRT deliverables and work plan focus areas. To use FYSPRT funding for conferences and training, it must be documented in the work plan and connected back to the focus areas and goals for the region.

Regional FYSPRT policies

Regional FYSPRTs will develop their own written policies and procedures either separate from or included in the regional FYSPRT Charter, as needed or identified, to address the following. For example:

- Meeting frequency and considerations for quorums
- Attendance and representation
- Tri-lead expectations to include onboarding, exiting the role and terms of service
- Meeting rules and norms to ensure a safe space for all, such as confidentiality, meeting etiquette, cell phones, etc.

- Voting
- Membership guidelines
- Quality assurance processes (data review, collection, reporting, and use)
- Travel and other meeting participation support (including remote participation guidance as needed)

Written policies, procedures and/or charter will be posted to the regional FYSPRT's webpage.

FYSPRT needs assessment and work plan

The regional FYSPRT will conduct activities that generate two products that provide blueprints for progress: (1) a regional needs assessment using the region's tool/method of choice to assist in planning and goal setting for the regional FYSPRT; and (2) a work plan identifying needs and goals that also describes what the FYSPRT's specific role will be in achieving positive outcomes over a two-year period.

Regional FYSPRT needs assessment

Each community will have the flexibility to choose their needs assessment tool and process. The assessment needs to be connected to the work of the regional FYSPRT and be through the lens of behavioral health for youth and families. The regional FYSPRT will collect data from families and youth with lived experience, community members and partners and other sources of data such as WISe related reports. With this information, the regional FYSPRT will document strengths and prioritize needs and focus areas to improve outcomes for children, youth, families, programs, services, local supports, and system development in the region.

The needs assessment will be completed every even numbered year (2024, 2026, 2028, etc.) and result in a written report outlining some or all of the following:

- Priority needs identified regarding behavioral health for children, youth and families, programs, services, service delivery, local supports, and system development.
- Regional strengths regarding the sustainability of the regional FYSPRT.
- Regional barriers regarding the sustainability of the regional FYSPRT.
- Recommendations regarding the maintenance and operation of the regional FYSPRT.
- Recommendations and a proposed timeline for the development of local FYSPRTs, if determined they are needed by the region (for example: how many, where they should be located, how they will work with the regional FYSPRT and other groups that coordinate to bring needs around WISe and other behavioral health services forward from the community to the regional or statewide FYSPRT).
- Connections to other local community, and Tribal and urban Indian organization partners to enhance the work of the regional FYSPRT.
- Connections to underserved or underrepresented communities.
- Resources available that promote the Washington State Children's Behavioral Health Principles and behavioral health awareness.
- Resource needs (for example, requests for technical assistance, training, family/youth leadership development needs).

Based on the needs of the region, connections may also be made to other local community groups to enhance the work of the regional FYSPRT and reduce silos. These groups could include but are not limited to: Accountable Communities of Health (ACH), Community Prevention and Wellness Initiatives (CPWI), suicide prevention groups, substance use prevention coalitions, youth groups, family organizations, etc.

Regional FYSPRT work plan

Utilizing the information gathered in the needs assessment, develop a work plan specific to the FYSPRT. Each community will have the flexibility to determine how this work plan will look and function for them.

The work plan should include at least four priority areas. One of the four priority areas needs to be connected to the research, identification, and outreach to diverse communities in the region, including but not limited to Tribal, urban Indian, and underserved or underrepresented communities. For all four priority areas, the work plan will include the following: goals, action steps, those assigned, and timelines for completion of core activities that will benefit youth and families in the region and the regional FYSPRT. Additional priority focus areas could include, but are not limited to, outreach/recruitment, leadership development, special projects, training, social marketing, regional service needs, etc. The work plan will include information on how FYSPRT Coordinators/Conveners, Tri-leads and members will work collaboratively to support progress on identified focus areas.

The contractor for the regional FYSPRT will provide quarterly reports to the Health Care Authority, describing any progress and barriers towards completing action steps identified in the work plan.

Regional FYSPRT meeting protocol and meeting frequency

The regional FYSPRT will hold at least ten regional FYSPRT meetings per year.

- Meetings should have a clear purpose and agenda ahead of time, to communicate to families, youth, and state and regional system partners topics for dialogue.
- Meetings will take place within the designated region and in a setting accessible to families, youth, system partners, and community partners.
- Meetings will be open to the public; however, voting can be restricted to FYSPRT members.
- Meetings should be scheduled at convenient times for families, youth, and other community partners, including evenings and weekends and may include virtual attendance options per FYSPRT member feedback and preferences.
- Meeting information will be publicized via the Regional FYSPRT webpage, outreach, and other strategies. Barriers to attending meetings will be minimized to reduce obstacles for participation.
- Meetings, including agendas, will be planned and facilitated by the regional FYSPRT Tri-leads. Potential agenda topics will be identified from meeting evaluations and other requests from members or participants that may come up during or in between meetings. Agendas and written materials, including quarterly data reports, should be distributed in advance with sufficient time for review and preparation prior to the meeting.
- Meetings will be documented, including meeting notes and sign-in sheets that indicate the percentage of youth and family in attendance.
- Regional FYSPRT information and meeting materials must be made publicly available on the FYSPRT's webpages, including:
    - Point of contact, name, email, and phone number
    - Regional agenda and meeting notes
    - Dates, locations, and times of past and upcoming regional FYSPRT meetings
    - Information on travel and participation support, childcare, and other meeting supports, including information about how to join a virtual meeting
    - A regional charter
    - Policies and procedures (may also be addressed in the regional charter)
    - How to propose an agenda item for a future regional FYSPRT meeting
    - Results of the needs assessment
    - Work plan
    - Links to relevant regional/statewide resources and information

Conducting evaluation of regional FYSPRT meetings

Evaluation of process and outcome is a cornerstone of an effective System of Care approach and operations. Specific expectations of FYSPRTs regarding evaluation include the following:

- At least quarterly, the regional FYSPRT will use the FYSPRT evaluation tool and FYSPRT evaluation – Narrative Team Effectiveness Questionnaire (See Appendix J and K) or similar tool to gather information to identify areas of strengths and areas of improvement related to the function and effectiveness of regional FYSPRT meetings (and local FYSPRT meetings, if applicable).
- The regional FYSPRT will regularly evaluate the perceptions of its members and other participants regarding the effectiveness of the FYSPRT in conducting its core activities, such as:
    - Relevance and comprehensiveness of its needs assessment and work plan.
    - Progress towards work plan goals and strategies.
    - Effectiveness at promoting communication and conducting social marketing.
    - Using reviews of WISe data and reports to make recommendations and identify strengths and needs related to WISe or other behavioral health services.
    - Effectiveness and impact on systemic change.

Funding

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

1. The deliverables of the contract between HCA and the contracted BH-ASO for the region.
2. Coordination of FYSPRT activities that assist in meeting the strategies and goals identified in the work plan. This can include projects or activities outlined in the work plan.
3. Meeting and travel or participation support for families and youth. Travel for activities not related to FYSPRT deliverables and meetings must be identified in the work plan.

Completion of the activities detailed in the work plan may require strategic combining of funding from different sources (e.g., the Mental Health Block Grant, regional resources, partner agency resources, community resources, grants, and awards, etc.).

Appendix A: Background and history of FYSPRTs

The statewide and regional Family Youth System Partner Round Tables (FYSPRTs), developed in 2013, are a key component of Washington's System of Care approach. The statewide and regional FYSPRTs are also part of the Child, Youth and Family Behavioral Health Governance Structure (the Governance Structure). They were developed under the Department of Social and Health Services (DSHS) Washington State System of Care (SOC) Expansion Grant from 2012 – 2017, as a key component for ensuring behavioral health and other public child-, youth-, and family-serving systems in Washington State are coordinated and informed by input from families, youth and young adults with lived experience in behavioral health, in partnership with youth serving systems, and community and Tribal partners. To view the full Governance Structure, see Appendix D.

FYSPRTs, the Governance Structure and SOC values were adopted within the T.R. et al. v. Birch and Strange (originally Dreyfus and Porter) Settlement Agreement (T.R. Settlement Agreement) in 2013. The System of Care principles were also adopted, with a few modifications, within the settlement agreement as the **Children's Behavioral Health Principles**. The T.R. Settlement Agreement exited in 2021.

Appendix B: Glossary of terms

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

a. "**American Indian/Alaska Native (AI/AN)**" means any individual defined at 25 USC § 1603(13), § 1603(28), or § 1679(a), or who has been determined eligible as an Indian, under 42 C.F.R. § 136.12. This means the individual is a member of a Tribe or resides in an urban center and meets one or more of the following criteria: Is a member of a Tribe, band, or other organized group of Indians, including those Tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the state in which they reside, or who is descendant, in the first or second degree, of any such member; is an Eskimo or Aleut or other Alaska Native; is considered by the Secretary of the Interior to be an Indian for any purpose; or is determined to be an Indian under regulations issued by the Secretary. The term AI/AN also includes an individual who is considered by the Secretary of the Interior to be an Indian for any purpose or is considered by the Secretary of Health and Human Services to be an Indian for purposes of eligibility for Indian health care services, including as a California Indian, Eskimo, Aleut, or other Alaska Native.

b. "**Behavioral Health Administrative Services Organization or BH-ASO**" means an entity selected by the Health Care Authority to administer behavioral health programs, including Crisis Services for Individuals in a defined Regional Service Area, regardless of an Individual's ability to pay, including Medicaid eligible members.

c. **"Behavioral Health Assessment Solution or BHAS"** means a system in which information gathered during a Wraparound with Intensive Services or WISe screening or full Child and Adolescent Needs and Strengths (CANS) assessment is entered, and an algorithm applied to determine if a youth might benefit from WISe.

d. **"Child, Youth and Family Behavioral Health Governance Structure or Governance Structure"** means the inter-agency members, families, youth and other community partners on the regional FYSPRTs, statewide FYSPRT, legislative groups such as the Youth and Young Adult Continuum of Care (YYACC) Subgroup of the Children and Youth Behavioral Health Work Group (CYBHWG), and the Children and Youth Behavioral Health Work Group plus various policy workgroups who collaborate to inform and provide oversight for policy making, program planning, and decision making in the design, development, and oversight of behavioral health care services for youth and families .

e. **"Children and Youth Behavioral Health Work Group or CYBHWG"** means a group that provides recommendations to the Legislature to improve behavioral health services and strategies for children, youth, young adults, and their families. The group includes representatives from the Legislature, state agencies, health care providers, Tribes, community health services, and other organizations, including a FYSPRT representative, as well as youth and parents of children and youth who have received services. CYBHWG addresses recurring gaps and barriers that are moved forward from the statewide FYSPRT through the Youth and Young Adult Continuum of Care Subgroup.

f. **"Community based"** means effective services and support strategies that take place in the most inclusive, most responsive, most accessible, most normative, culturally relevant, and least restrictive setting possible. For regional FYSPRTs, support strategies include collaboration, policies and processes that support regional strategies, system of care development and regional outcomes.

g. **"Community partner"** means someone who works for a private or non-profit organization that supports children, youth, and families such as but not limited to Boys and Girls Club, churches, and youth sports organizations.

h. **"Cultural humility"** means the continuous application of self-reflection and self-critique, learning from individuals, and partnership building, with an awareness of the limited ability to understand an individual's worldview, culture(s) and communities.

i. **"Culturally and linguistically appropriate services or CLAS"** is a way to improve the quality of services provided to all individuals, which will ultimately help reduce health disparities and achieve health equity. CLAS is about respect and responsiveness: respect the whole individual and respond to the individual's health needs and preferences. *(From the U.S. Department of Health & Human Services, National CLAS Standards,* **https://thinkculturalhealth.hhs.gov/clas***).*

j. **"Diversity"** means having or being composed of differing elements. The inclusion of different people (such as people of different races, cultures, backgrounds, opinions, religious/political beliefs, sexual orientations, heritage, age, and life experience) in a group or organization. *(Adapted from* **Strategies for Advancing Diversity, Inclusion and Equity** *published by the Pacific Southwest Mental Health Technology Transfer Center).*

k. **"Division of Behavioral Health and Recovery or DBHR"** means the Health Care Authority designated state mental health authority to administer the state- and Medicaid-funded mental health programs authorized by RCW chapters 71.05, 71.24, and 71.34.

l. **"Equity"** is when everyone, regardless of who they are or where they come from, has the opportunity to thrive. Equity requires acknowledging root causes of inequities, eliminating barriers, lifting community strengths, and the promotion of justice. *(Adapted from* **Strategies for Advancing Diversity, Inclusion and Equity** *published by the Pacific Southwest Mental Health Technology Transfer Center).*

m. "**Facilitation**" means guiding and leading meeting topics and process within the time allotted to create space for family, youth and system and community partners to participate.

n. **"Family"** means a parent/caregiver, who can demonstrate lived experience as a parent or primary caregiver who has raised a child and navigated multiple child-serving systems on behalf of their child or children with social, emotional, and/or behavioral healthcare needs.

o. **"Family driven"** means families have a primary decision-making role in the care of their own children as well as the policies and procedures governing care for all children in their community, state, Tribe, territory, and nation. This includes choosing supports, services and providers; setting goals; designing and implementing programs; monitoring outcomes; partnering in funding decisions; and determining the effectiveness of all efforts to promote the mental health and well-being of children and youth.

p. **"Family peer"** means a Certified Peer Support Specialist, a formal member of the behavioral health treatment team, whose role is to serve the family and help them engage and actively participate on the team and make informed decisions that drive the treatment plan and goals. They are qualified through their lived, personal experience as the parent/caregiver of a child or youth with complex emotional/behavioral needs and hold a peer certification (required if billing Medicaid).

q. **"Family run organizations"** are organizations, in which the board is made up of at least 51% family members with lived experience, that is dedicated to supporting parents/caregivers whose children and youth experience mental, emotional, behavioral, or substance use needs.

r. **"Full partners"** means persons or entities who play an active role in the development, implementation, and maintenance of behavioral health services for youth and their families. Full partners have the same access to data and equal rights in the decision-making processes (including but not limited to developing work plan goals, budget access, outreach/engagement, etc.) as other members of the Child, Youth and Family Behavioral Health Governance Structure.

s. **"HIPAA or Health Insurance Portability and Accountability Act of 1996"** is a federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge. *(***From Centers for Disease Control and Prevention, Health Insurance Portability and Accountability Act of 1996***).*

t. **"Inclusion"** puts the concept and practice of diversity into action by creating an environment of involvement, respect, and connection—where the richness of ideas, backgrounds, and perspectives are harnessed to improve outcomes for youth and families. Organizations need both diversity and inclusion to be successful. *(Adapted from* **Strategies for Advancing Diversity, Inclusion and Equity** *published by the Pacific Southwest Mental Health Technology Transfer Center).*

u. **"Lived experience"** means any individual who is eligible for or has accessed behavioral health (mental health and/or substance use) services and/or has navigated cross systems such as criminal/juvenile justice, child welfare/foster care, developmental disabilities, education, and/or who has experienced homelessness. Lived experience could also reference a primary caregiver who has navigated these services/systems on behalf of their child or youth.

v. **"Regional Family Youth System Partner Round Table or Regional FYSPRT"** means an essential part of the Governance Structure that meaningfully engages families and youth, Tribal and urban Indian organization partners, and others who are interested in and committed to the success of youth and families. Regional

FYSPRTs strive to create an equitable forum to identify regional needs, review local/regional data, problem solve, and address recurring needs and gaps at the regional and/or local levels to improve outcomes for youth and families and bring unresolved needs forward to the statewide FYSPRT with recommendations about how to meet the needs. Regional FYSPRTs are grounded in the **Washington State Children's Behavioral Health Principles**.

w. **"System of care"** is defined as a comprehensive spectrum of effective services and supports for children, youth and young adults with or at risk for mental health or other challenges and their families, that is organized into a coordinated network of care, builds meaningful partnerships with families and youth, and is culturally and linguistically responsive in order to help them to thrive at home, in school, in the community, and throughout life. Core System of Care values are: (1) community- based, (2) family and youth driven, and (3) culturally and linguistically competent. *(From* **The Evolution of the System of Care Approach for Children, Youth, and Young Adults with Mental Health Conditions and Their Families** *article)*

x. **"System partner"** means someone who works for a publicly funded child or youth serving system such as, but not limited to, child welfare, foster care, education, juvenile justice, mental health, substance use, physical health, home visit providers, developmental disabilities, and childcare.

y. **"Tri-lead"** means a role, developed to create equal partnership, among a family/family peer, youth/young adult/youth peer, and a system partner representative who share leadership in organizing and facilitating regional FYSPRT meetings and action items.

z. **"Tribe"** means any Indian Tribe, band, nation, or other organized group or community, including any Alaska Native village or group or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (43 U.S.C. 1601 et seq.), which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.

aa. **"T.R. v. Birch and Strange (originally Dreyfus and Porter) Settlement Agreement"** means the legal document stating objectives to develop and successfully implement a five-year plan that delivers Wraparound with Intensive Services and supports statewide, consistent with **Washington State Children's Behavioral Health Principles.** This settlement agreement was exited in 2021.

bb. **"Urban Indian Health Program or UIHP"** means a nonprofit corporate body situated in an urban center, governed by an urban Indian controlled board of directors, and providing for the maximum participation of all interested Indian groups and individuals, that is operating a facility delivering health care.

cc. **"Washington Behavioral Health Statewide Family Network"** means a consortium of Washington state family leaders, related to children's behavioral health, who work to enhance state capacity and infrastructure by providing technical assistance around family engagement and leadership promotion to create a mechanism for families to participate in state and regional behavioral health services planning and policy development.

dd. **"Washington State Children's Behavioral Health Principles"** means a set of standards, grounded in the System of Care values and principles, which guide how the children's behavioral health system delivers services to youth and families. The Washington State Children's Behavioral Health Principles are:

- Family and youth voice and choice
- Team-based
- Natural supports
- Collaboration
- Home- and community-based
- Culturally relevant
- Individualized
- Strengths-based
- Outcome-based
- Unconditional

ee. "**Work plan**" means an outline of goals, actions steps, those assigned to action steps and timelines for completion for a two-year period.

ff. **"Wraparound with Intensive Services or WISe"** means a collection of intensive mental health services and supports. These services are provided in home and community settings, for Medicaid eligible individuals twenty years of age and younger with complex behavioral health needs and their families.

gg. **"Youth and Young Adult Continuum of Care [Subgroup of the Children and Youth Behavioral Health Work Group (CYBHWG)] or YYACC"** means a legislative group, also a subgroup of the CYBHWG, made up of agency representatives, young people and parents/caregivers of youth and children who have received services, or are eligible for services, and Tribal and urban Indian organization partners, that considers, among other system of care issues, challenges elevated by the statewide FYSPRT and makes recommendations for legislative and agency actions to address the challenge. Youth and Young Adult Continuum of Care Subgroup meetings are open to the public.

hh. **"Youth driven"** (sometimes referred to as youth guided or youth led) means that young people have the right to be empowered, educated, and given a decision-making role in the care of their own lives as well as the policies and procedures governing care for all youth in the community and state. This includes giving young people a sustainable voice and then listening to that voice. This approach recognizes that there is a continuum of power that should be shared with young people based on their understanding and maturity in a strength-based change process.

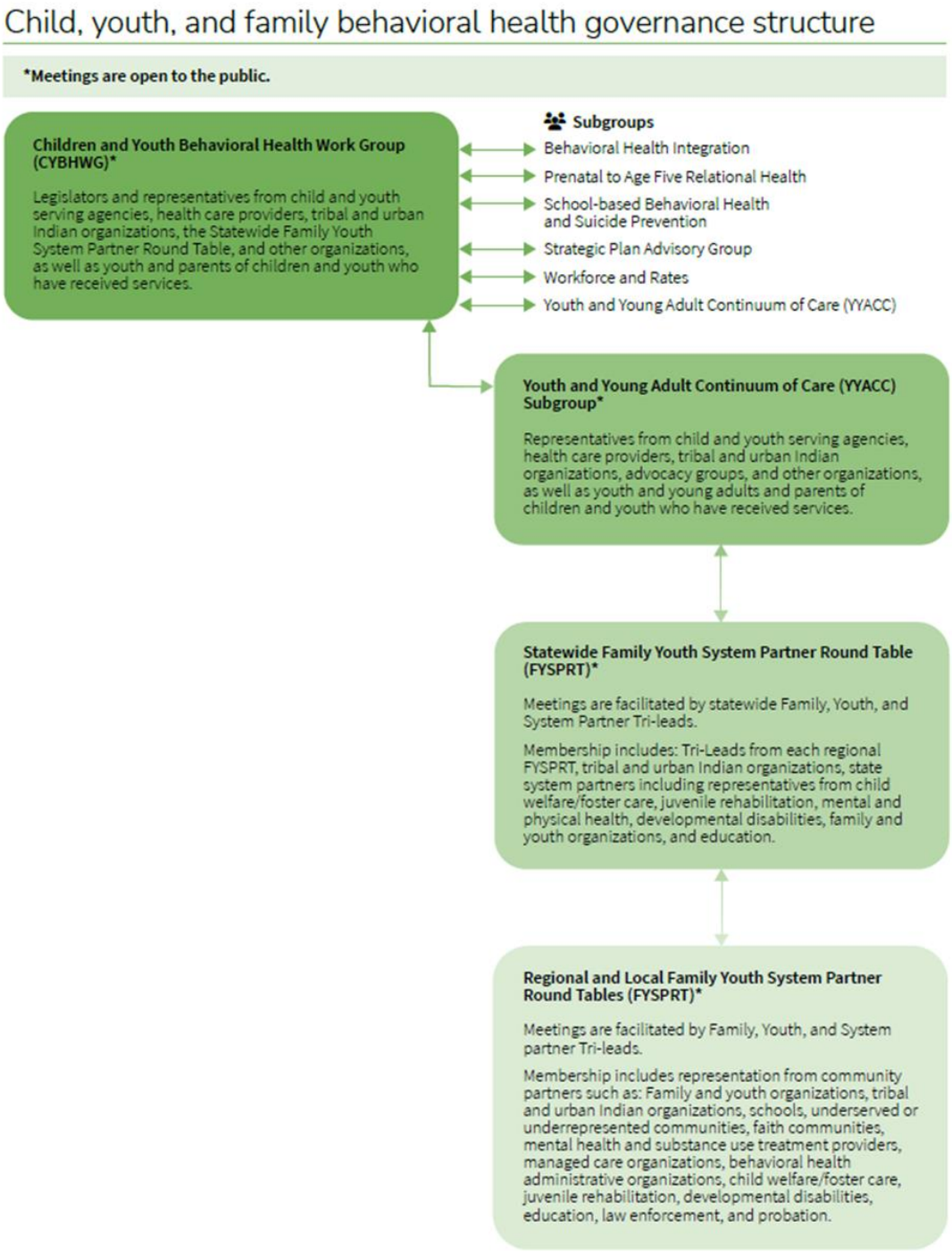
ii. **"Youth peer"** means a Certified Peer Support Specialist, a formal member of the behavioral health treatment team, likely between the ages of 18-30, whose role is to serve the youth and help them engage and actively participate and make informed decisions that drive the treatment plan and goals. They are qualified through their lived personal experience as a youth and hold a peer certification (required if billing Medicaid).

jj. **"Youth run organizations"** are organizations, in which the board is made up of at least 51% youth members with lived experience, that is dedicated to supporting youth with mental, emotional, behavioral, or substance use needs.

kk. **"Youth/young adult"** means individuals between the ages of 13 and 29 years of age with lived experience in receiving services or have been eligible for services within youth serving systems but may not have accessed services.

Appendix C: Map of regional FYSPRT boundaries

Appendix D: Washington State Child, Youth and Family Behavioral Health Governance Structure



Appendix E: Tri-lead position descriptions and responsibilities

Youth	Family	System partner
Practice cultural humility	Practice cultural humility	Practice cultural humility
Ability to check and respond to emails at least twice a week unless otherwise communicated	Ability to check and respond to emails at least twice a week unless otherwise communicated	Ability to check and respond to emails at least twice a week unless otherwise communicated
Two-year minimum commitment from appointment	Two-year minimum commitment from appointment	Two-year minimum commitment from appointment
Facilitate meetings and other communications using an approach that ensures members feel supported and safe to share their experiences	Facilitate meetings and other communications using an approach that ensures members feel supported and safe to share their experiences	Facilitate meetings and other communications using an approach that ensures members feel supported and safe to share their experiences
Participate in regularly scheduled FYSPRT meetings, planning meetings and FYSPRT activities	Participate in regularly scheduled FYSPRT meetings, planning meetings and FYSPRT activities	Participate in regularly scheduled FYSPRT meetings, planning meetings and FYSPRT activities
Attend statewide FYSPRT meetings	Attend statewide FYSPRT meetings	Attend statewide FYSPRT meetings
Maintain regular contact with youth, young adults, and youth leaders in your region	Maintain regular contact with family and family leaders in your region	Maintain regular contact with system partners in your region
Has relevant behavioral health lived experience as a youth and has demonstrated ability to partner with families and system partners	Is a parent or caregiver of a child or youth with behavioral health system involvement and has demonstrated ability to partner with youth and system partners	Has demonstrated ability to partner with youth and families
Prefer youth or young adult with connections with youth leaders, understands youth culture, peer-lived experience with recovery as a youth	Has connections with family leaders, understands family culture, peer-lived experience as a parent/caregiver of a child or youth with multisystem involvement	Is a champion for family and youth driven services consistent with System of Care values
Has actively participated in the community	Has actively participated in the community	Has actively participated in the community
Can identify community partners and resources	Can identify community partners and resources	Can identify community partners and resources
Has access to email and phone on a consistent basis	Has access to email and phone on a consistent basis	Has access to email and phone on a consistent basis
Has the ability (or is willing to, with training and support) to facilitate meetings	Has the ability (or is willing to, with training and support) to facilitate meetings	Has the ability (or is willing to, with training and support) to facilitate meetings

Document meeting information and share it with members	Document meeting information and share it with members	Document meeting information and share it with members
Leadership training	Leadership training	Leadership training
Participate in activities/meetings etc. with youth organizations and programs as determined	Participate in activities/meetings etc. with family organizations and programs as determined	Participate in meetings with system partners to share the System of Care values
Summarize and present materials and information from FYSPRT meetings to community	Summarize and present materials and information from FYSPRT meetings to community	Summarize and present materials and information from FYSPRT meetings to community
Bring back information from youth and youth adults in communities to FYSPRT meetings	Bring back information from families in communities to FYSPRT meetings	Bring back information from system partners in communities to FYSPRT meetings
Familiar with Washington state initiatives related to child and youth behavioral health	Familiar with Washington state initiatives related to child and youth behavioral health	Familiar with Washington state initiatives related to child and youth behavioral health
Identify trainings, technical assistance, resources, and opportunities for youth in the community.	Identify trainings, technical assistance, resources, and opportunities for families in the community.	Identify trainings, technical assistance, resources, and opportunities for system partners in the community.

Appendix F: Sample charter

Regional Family, Youth, System Partner Round Table (FYSPRT)

1. Purpose and function of the regional FYSPRT

FYSPRT purpose

The Washington State Family, Youth and System Partner Round Tables (FYSPRTs) provide an equitable forum for families, youth, systems, and communities to identify and address recurring needs, gaps or barriers in the child, youth, and young adult behavioral health system. They leverage the experiences and expertise of all participants and are dedicated to building seamless behavioral health services for children, youth, and their families, and:

1. Provide a working partnership among diverse family, youth, systems, and community partners to build and strengthen relationships inclusive of family and youth voice in decision-making processes.
2. Outreach to diverse communities to engage underserved or underrepresented youth and families to engage in regional FYSPRT meetings and activities.
3. Identify family, youth, systems, and community needs and create a work plan to address Regional FYSPRT priorities.
4. Create options and opportunities for family and youth to share their lived experiences and perspectives.
5. Promote family and youth driven solutions to address system challenges and barriers.
6. Develop common ground through mutual learning amongst all participants.
7. Provide leadership and influence for the establishment and sustainability of the Washington State Children's Behavioral Health System.
8. Provide input on long-term strategies in support of fully implementing changes to the Washington State Children's Behavioral Health System.
9. Ensure accountability and effectiveness through evaluation of meetings.

Primary functions

Regional FYSPRTs demonstrate and operationalize the following System of Care values and guiding principles *(from* **The Evolution of the System of Care Approach** *article)*:

System of Care Values

1. Family and youth driven - Family and youth driven, with families and young people supported in determining the types of treatment and supports provided (with increasing youth/young adult self-determination based on age and development), and their involvement in decision-making roles in system-level policies, procedures, and priorities
2. Community based - Community based, with services and supports provided in home, school, primary care, and community settings to the greatest possible extent, and with responsibility for system management and accountability resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community or regional level.
3. Culturally and Linguistically Competent - Culturally and linguistically responsive, with agencies, services, and supports adapted to the cultural, racial, ethnic, and linguistic diversity of the young people and families they serve to provide care that meets individual needs, including those shaped by culture and language, and to ensure equity in access, quality, and effectiveness of services.

And guiding principles:

- Partnerships with Families and Youth - Ensure that family and youth leaders and family and youth run organizations are full partners at the system level in policy, governance, system design and implementation, evaluation, and quality assurance in their communities, states, Tribes, territories, and nation.
- Interagency Collaboration - Ensure that quality of services are coordinated at the system level, with linkages among youth-serving systems and agencies across administrative and funding boundaries (e.g., education,

child welfare, juvenile justice, substance use, primary care) and with mechanisms for collaboration, system-level management, and addressing cross-system barriers to coordinated care

For more information regarding System of Care definition, values and the full list of guiding principles see article, **The Evolution of the System of Care Approach.**

Decision making

- Policies, procedures, and protocols to be determined by members of the Regional FYSPRT.
- Quorum for decision making to be determined by members of each Regional FYSPRT.

2. Regional FYSPRT membership

Regional FYSPRT membership is comprised of family, youth, and system partners and other representatives of child-serving systems and community members and partners. Meetings are facilitated by Tri-leads (family, youth and system partners leads who work together to build agendas and facilitate meetings) and are open to the public so participants outside the membership are welcome to attend and provide input and feedback regarding community needs related to youth and family behavioral health.

Role of a regional FYSPRT member

It is intended that the regional FYSPRT leverage the experiences, expertise, and insight of families, youth and young adults, community partners and system partners that are committed to building a system of care for children's behavioral health. Regional FYSPRT members are not directly responsible for managing project activities but provide support and guidance for those who do. Thus, individually, members will:

- Influence the movement toward the infusion of System of Care values and principles in community organizations, workforce development, policies, practice, financing, and structural change.
- Identify recurring system gaps or barriers and approaches to address those gaps or barriers.
- Bring community, individual, and agency strengths in brainstorming solutions and completing necessary tasks.
- Identify strengths/initiatives/projects of existing community partners and system agencies that support System of Care values and principles.
- Develop and brainstorm problem solving approaches to address recurring needs, gaps or challenges related to the children's behavioral health system.

Tri-lead position descriptions and responsibilities

Youth	Family	System partner
Practice cultural humility	Practice cultural humility	Practice cultural humility
Ability to check and respond to emails at least twice a week unless otherwise communicated	Ability to check and respond to emails at least twice a week unless otherwise communicated	Ability to check and respond to emails at least twice a week unless otherwise communicated
Two-year minimum commitment from appointment	Two-year minimum commitment from appointment	Two-year minimum commitment from appointment
Facilitate meetings and other communications using an approach that ensures members feel supported and safe to share their experiences	Facilitate meetings and other communications using an approach that ensures members feel supported and safe to share their experiences	Facilitate meetings and other communications using an approach that ensures members feel supported and safe to share their experiences
Participate in regularly scheduled FYSPRT meetings, planning meetings and FYSPRT activities	Participate in regularly scheduled FYSPRT meetings, planning meetings and FYSPRT activities	Participate in regularly scheduled FYSPRT meetings, planning meetings and FYSPRT activities

Attend statewide FYSPRT meetings	Attend statewide FYSPRT meetings	Attend statewide FYSPRT meetings
Maintain regular contact with youth, young adults, and youth leaders in your region	Maintain regular contact with family and family leaders in your region	Maintain regular contact with system partners in your region
Has relevant behavioral health lived experience as a youth and has demonstrated ability to partner with families and system partners	Is a parent or caregiver of a child or youth with behavioral health system involvement and has demonstrated ability to partner with youth and system partners	Has demonstrated ability to partner with youth and families
Prefer youth or young adult with connections with youth leaders, understands youth culture, peer-lived experience with recovery as a youth	Has connections with family leaders, understands family culture, peer-lived experience as a parent/caregiver of a child or youth with multisystem involvement	Is a champion for family and youth driven services consistent with System of Care values
Has actively participated in the community	Has actively participated in the community	Has actively participated in the community
Can identify community partners and resources	Can identify community partners and resources	Can identify community partners and resources
Has access to email and phone on a consistent basis	Has access to email and phone on a consistent basis	Has access to email and phone on a consistent basis
Has the ability (or is willing to, with training and support) to facilitate meetings	Has the ability (or is willing to, with training and support) to facilitate meetings	Has the ability (or is willing to, with training and support) to facilitate meetings
Document meeting information and share it with members	Document meeting information and share it with members	Document meeting information and share it with members
Leadership training	Leadership training	Leadership training
Participate in activities/meetings etc. with youth organizations and programs as determined	Participate in activities/meetings etc. with family organizations and programs as determined	Participate in meetings with system partners to share the System of Care values
Summarize and present materials and information from FYSPRT meetings to community	Summarize and present materials and information from FYSPRT meetings to community	Summarize and present materials and information from FYSPRT meetings to community
Bring back information from youth and youth adults in communities to FYSPRT meetings	Bring back information from families in communities to FYSPRT meetings	Bring back information from system partners in communities to FYSPRT meetings
Familiar with Washington state initiatives related to child and youth behavioral health	Familiar with Washington state initiatives related to child and youth behavioral health	Familiar with Washington state initiatives related to child and youth behavioral health
Identify trainings, technical assistance, resources, and opportunities for youth in the community.	Identify trainings, technical assistance, resources, and opportunities for families in the community.	Identify trainings, technical assistance, resources, and opportunities for system partners in the community.

Ad HOC committees

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

Communication and process for identifying and addressing recurring needs

Regional FYSPRT Tri-leads will bring information from the statewide FYSPRT to regional FYSPRT meetings for information sharing in their community and bring recurring gaps or barriers from their regional meeting to the statewide FYSPRT as needed. When problem solving around a challenge is needed, regional members will first contact their regional Tri-leads or Coordinator for dialogue and brainstorming. If needed and appropriate, the item or situation will be added to a future regional FYSPRT agenda to be addressed by the regional FYSPRT and/or identified as a recurring gap or barrier. If the item or situation is not addressed within the regional FYSPRT meeting(s) or after outreach to regional entities, the regional FYSPRT Tri-leads may submit the need to the statewide FYSPRT Tri-leads using the Recurring gaps and needs form, including recommendations from the regional FYSPRT about how to meet the need. Statewide FYSPRT Tri-leads will review the need submitted and the recommendations from the regional FYSPRT to determine next steps, including a reach back to the regional FYSPRT for more information and/or possible addition to a future statewide FYSPRT agenda.

Communication responsibilities

- Regional FYSPRT Tri-leads and/or Conveners:
    - Post meeting notes and schedules to the website.
    - Attend statewide FYSPRT meetings and report meeting updates and outcomes to the regional FYSPRT.
    - Maintain communication with community members and work groups.
    - Use the communication diagram and process as needed.
    - Participate in information sharing, for example: sharing solutions among other regional FYSPRTs.

Website

The regional FYSPRT will have a website to share information with the community and may consider additional marketing strategies.

Minimum website components include:

1. Point of contact, name, email, and phone number
2. Regional agendas and meeting notes
3. Dates, locations, and times of past and upcoming regional FYSPRT meetings (should also include information on travel or participation support, child-care and other meeting supports). If the meeting is online, include information about how to join.
4. Regional charter
5. Policies and procedures (may also be addressed in the Regional FYSPRT Charter)
6. How to propose an agenda item for a FYSPRT meeting
7. Results of the Needs Assessment
8. Work Plan
9. Link to relevant regional/statewide resources and information including the statewide FYSPRT page

3. Regional FYSPRT meetings framework

Meeting schedule – minimum of 10 meetings per year

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

Meeting Operations - Identified Roles

- Facilitator(s)

- Timekeeper
- Note Taker
- Orientation Lead - to greet new members and participants

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

Examples include:

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

Activities – to be determined by FYSPRT members and participants based on community needs tying into the regional FYSPRT needs assessment or Work Plan and statewide activities, could include:

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

Appendix G: System of Care core values and guiding principles

System of Care core values and guiding principles per **The Evolution of the System of Care Approach** article

Core values

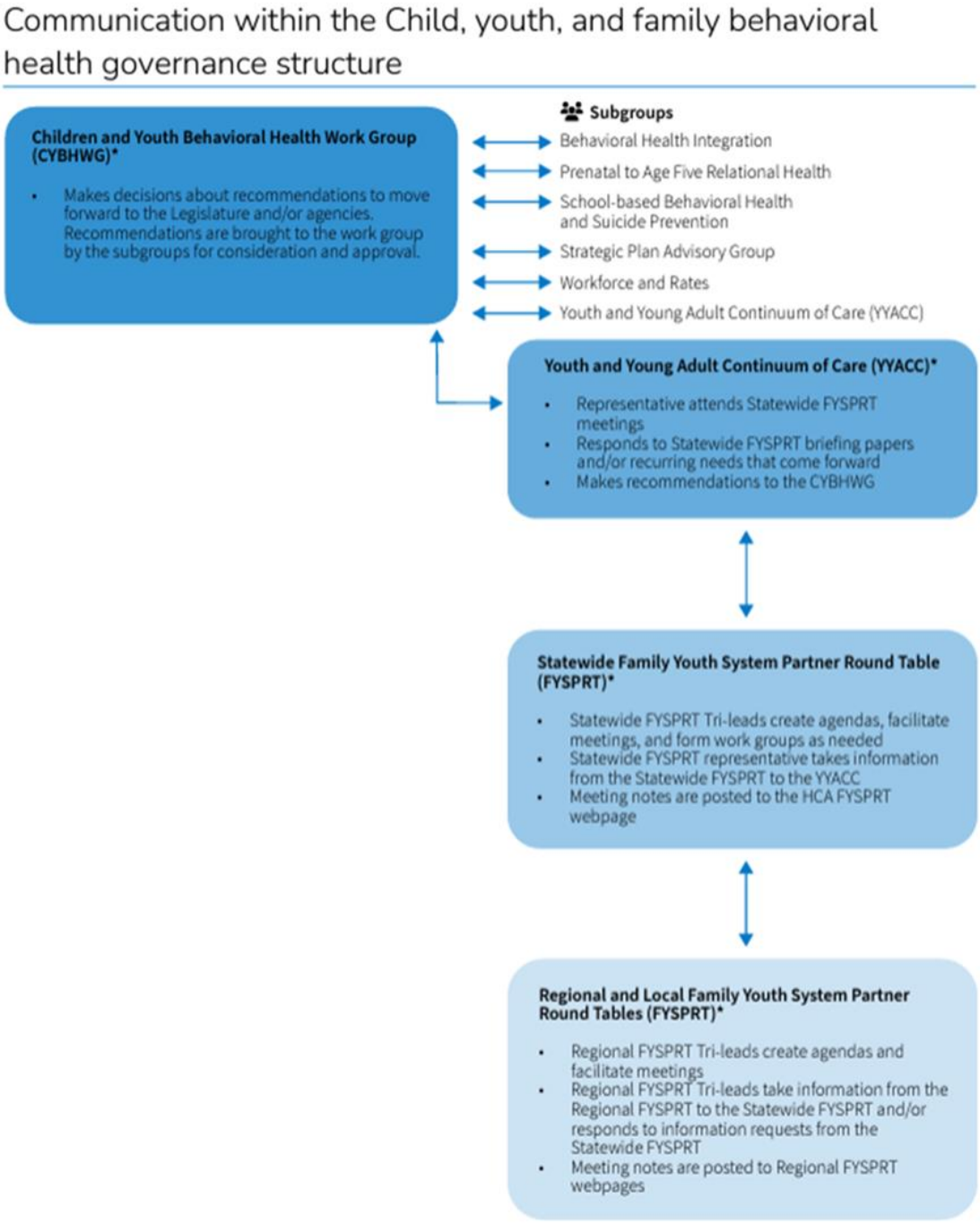
1. **Family and Youth Driven -** Family and youth driven, with families and young people supported in determining the types of treatment and supports provided (with increasing youth/young adult self-determination based on age and development), and their involvement in decision-making roles in system-level policies, procedures, and priorities.
2. **Community Based -** Community based, with services and supports provided in home, school, primary care, and community settings to the greatest possible extent, and with responsibility for system management and accountability resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community or regional level.
3. **Culturally and Linguistically Competent -** Culturally and linguistically responsive, with agencies, services, and supports adapted to the cultural, racial, ethnic, and linguistic diversity of the young people and families they serve to provide care that meets individual needs, including those shaped by culture and language, and to ensure equity in access, quality, and effectiveness of services.

Guiding principles

1. **Comprehensive Array of Services and Supports -** Ensure availability and access to a broad, flexible array of effective, high-quality treatment, services, and supports for young people and their families that address their emotional, social, educational, physical health, and mental health needs, including natural and informal supports.
2. **Individualized, Strengths-Based Services and Supports -** Provide individualized services and supports tailored to the unique strengths, preferences, and needs of each young person and family that are guided by a strengths-based planning process and an individualized service plan developed in partnership with young people and their families.
3. **Evidence-Based Practices and Practice-Based Evidence -** Ensure that services and supports include evidence-informed, emerging evidence-supported, and promising practices to ensure the effectiveness of services and improve outcomes for young people and their families, as well as interventions supported by practice-based evidence provided by diverse communities, professionals, families, and young people.
4. **Trauma-Informed -** Provide services that are trauma-informed, including evidence-supported trauma-specific treatments, and implement systemwide policies and practices that address trauma.
5. **Least Restrictive Natural Environment -** Deliver services and supports within the least restrictive, most natural environments that are appropriate to the needs of young people and their families, including homes, schools, primary care, outpatient, and other community settings.
6. **Partnerships with Families and Youth -** Ensure that family and youth leaders and family and youth run organizations are full partners at the system level in policy, governance, system design and implementation, evaluation, and quality assurance in their communities, states, Tribes, territories, and nation.
7. **Interagency Collaboration -** Ensure that services are coordinated at the system level, with linkages among youth-serving systems and agencies across administrative and funding boundaries (e.g., education, child welfare, juvenile justice, substance use, primary care) and with mechanisms for collaboration, system-level management, and addressing cross-system barriers to coordinated care.
8. **Care Coordination -** Provide care coordination at the service delivery level that is tailored to the intensity of need of young people and their families to ensure that multiple services and supports are delivered in a coordinated and therapeutic manner and that they can move throughout the system of services and supports in accordance with their changing needs and preferences.

9. **Health-Mental Health Integration -** Incorporate mechanisms to integrate services provided by primary health care and mental health service providers to increase the ability of primary care practitioners and behavioral health providers to better respond to both mental health and physical health problems.
10. **Developmentally Appropriate Services and Supports -** Provide developmentally appropriate services and supports, including services that promote optimal social-emotional outcomes for young children and their families and services and supports for youth and young adults to facilitate their transition to adulthood and to adult service systems as needed.
11. **Public Health Approach -** Incorporate a public health approach including mental health promotion, prevention, early identification, and early intervention in addition to treatment in order to improve long-term outcomes, including mechanisms in schools and other settings to identify problems as early as possible and implement mental health promotion and prevention activities directed at all children, youth, and young adults and their families.
12. **Mental Health Equity -** Provide equitable services and supports that are accessible to young people and families irrespective of race, religion, national origin, gender, gender expression, sexual orientation, physical disability, socioeconomic status, geography, language, immigration status, or other characteristics; eliminate disparities in access and quality of services; and ensure that services are sensitive and responsive to all individuals.
13. **Data Driven and Accountability -** Incorporate mechanisms to ensure that systems and services are data-driven, with continuous accountability and quality improvement mechanisms to track, monitor, and manage the achievement of goals; fidelity to SOC values and principles; the utilization and quality of clinical services and supports; equity and disparities in service delivery; and outcomes and costs at the child and family and system levels.
14. **Rights Protection and Advocacy -** Protect the rights of young people and families through policies and procedures and promote effective advocacy efforts in concert with advocacy and peer-led organizations.

Appendix H: Promoting communication within the Child, Youth and Families Behavioral Health Governance Structure



Appendix I: Recurring gaps and needs form

Recurring gaps and needs form

This form is used by Family Youth System Partner Round Tables (FYSPRTs), who are connected to legislative groups as part of the Child, Youth and Family Behavioral Health Governance Structure (the Governance Structure), to identify recurring system gaps or barriers related to child, youth and family behavioral health. It is intended to identify a recurring need or gap that may be impacting multiple young people and their families (examples respite, transportation, workforce, etc.). This form and process is intended to improve policy and programs.

If a Regional FYSPRT identifies a recurring need or gap that the group has been unable to resolve, this form can be completed and sent to the Statewide FYSPRT Tri-lead team to share that recurring need with the Statewide FYSPRT to attempt to resolve. The Statewide FYSPRT Tri-lead team may reach out with questions and/or propose gathering information from other Regional FYSPRTs and/or system partners around the recurring need or gap to see if this need is also coming up in other regions of Washington.

Please note that this form does not replace the formal grievance process that exists for providers and system partners. Please do not include any Protected Health Information when completing this form.

Instructions

Regional Tri-leads/Coordinators: Please provide information for each section of the form that your Regional FYSPRT has gathered. Not every section needs to be filled out for the form to be submitted.

- If you have questions about this form or the process, please contact Kristen Royal.
- Submit the completed form to the Statewide FYSPRT coordinator Kristen Royal.

Date:
To: Statewide FYSPRT Tri-leads
From: (identify which Regional FYSPRT)
(Name(s):
Email(s):
Phone number(s):
Subject/topic:
Description of the recurring need, gap, or barrier:
Regional FYSPRT's attempts to address the need: (please describe)
Desired outcome(s) (please describe)

Regional FYSPRT Recommendation(s) and/or ideas of how to address the need, gap, or barrier: (please provide at least one recommendation/idea, additional recommendations/ideas are also welcome)
• Recommendation/idea 1:
  ○ Possible pro:
  ○ Possible cons:
  ○ Potential outcomes:

Forms received will be shared with the Statewide FYSPRT Tri-leads for next steps (for example, an agenda item on a future statewide FYSPRT meeting for presentation/dialogue, gathering information from other Regional FYSPRTs and from system partners, etc.). If the Statewide FYSPRT is not able to address the need, it may be moved forward to a legislative group, specifically the Youth and Young Adult Continuum of Care. The Statewide FYSPRT Tri-leads will provide updates during Statewide FYSPRT meetings and/or by email.

If you are interested in learning more about the FYSPRTs and the Governance Structure, please visit HCA's FYSPRT website.

Appendix J: FYSPRT Evaluation Tool

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

1. FYSPRT goals and objectives are clear and understood.

Dissatisfied 1 2 3 4 5 Satisfied

Comments: _____

2. Group norms are followed.

Dissatisfied 1 2 3 4 5 Satisfied

Comments: _____

3. Meetings are effective and goal focused.

Dissatisfied 1 2 3 4 5 Satisfied

Comments: _____

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

Dissatisfied 1 2 3 4 5 Satisfied

Comments: _____

5. Conflict is effectively managed.

Dissatisfied 1 2 3 4 5 Satisfied

Comments: _____

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

Dissatisfied 1 2 3 4 5 Satisfied

Comments: _____

7. Feedback from family and caregivers is valued.

Dissatisfied 1 2 3 4 5 Satisfied

Comments: _____

8. Feedback from youth and young adults is valued.

Dissatisfied 1 2 3 4 5 Satisfied

Comments: _____

9. Feedback from system partners is valued.

Dissatisfied 1 2 3 4 5 Satisfied

Comments: _____

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

Dissatisfied 1 2 3 4 5 Satisfied

Comments: _____

11. I have the opportunity to make a contribution.

Dissatisfied 1 2 3 4 5 Satisfied

Comments: _____

12. What voice or experience do you represent? (Select all that apply.)

O Family/caregiver

O Youth/young adult

O System partner

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

O Mental health

O Substance use

O Both

Appendix K: Narrative team effectiveness questionnaire

What is working?

What is not working?

What would work?

How would you know it's working?

What could we do better?

What can we stop/start doing?

Appendix L: Best practices for engaging Tribes and urban Indian organizations

For further guidance on the best practices below, the Health Care Authority, Office of Tribal Affairs may provide assistance on Tribal engagement. Please email **tribalaffairs@hca.wa.gov**.

- Send a dear Tribal leader letter to the Tribal leadership and health and behavioral health leadership.
- Email the dear Tribal leader letter to other health contacts once letter is sent to Tribal leaderships.
- Meet with the Tribe for engagement purposes and ensure appropriate individuals are participating at that meeting.
    - Include the Health Care Authority, Office of Tribal Affairs Regional Tribal Liaison and Behavioral Health Administrator.
- Develop specific communication tools in partnership with Tribal representatives as an engagement strategy.
- Consider how to engage families and youth representing Native communities as well as the Tribal behavioral health staff.
- Ensure teams do not generalize feedback from Native community or Tribal representatives, as one individual cannot speak for all Native people or Tribes.
- Participate in training on the topics of cultural humility and best practices for working with Native communities and Tribes, Urban Indian Health Programs, and Indian Health Care Providers.
- Share resources and values of the regional and local FYSPRT programs including the connection to Wraparound with Intensive Services, Children's Long-term Inpatient Program, and other youth services.