# 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](https://www.hca.wa.gov/assets/program/child-youth-family-behavioral-health-governance-structure.pdf) (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](mailto:kristen.royal@hca.wa.gov).
* Submit the completed form to the Statewide FYSPRT coordinator [Kristen Royal](mailto:kristen.royal@hca.wa.gov).

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| 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](https://www.hca.wa.gov/about-hca/programs-and-initiatives/behavioral-health-and-recovery/family-youth-system-partner-round-table-fysprt).