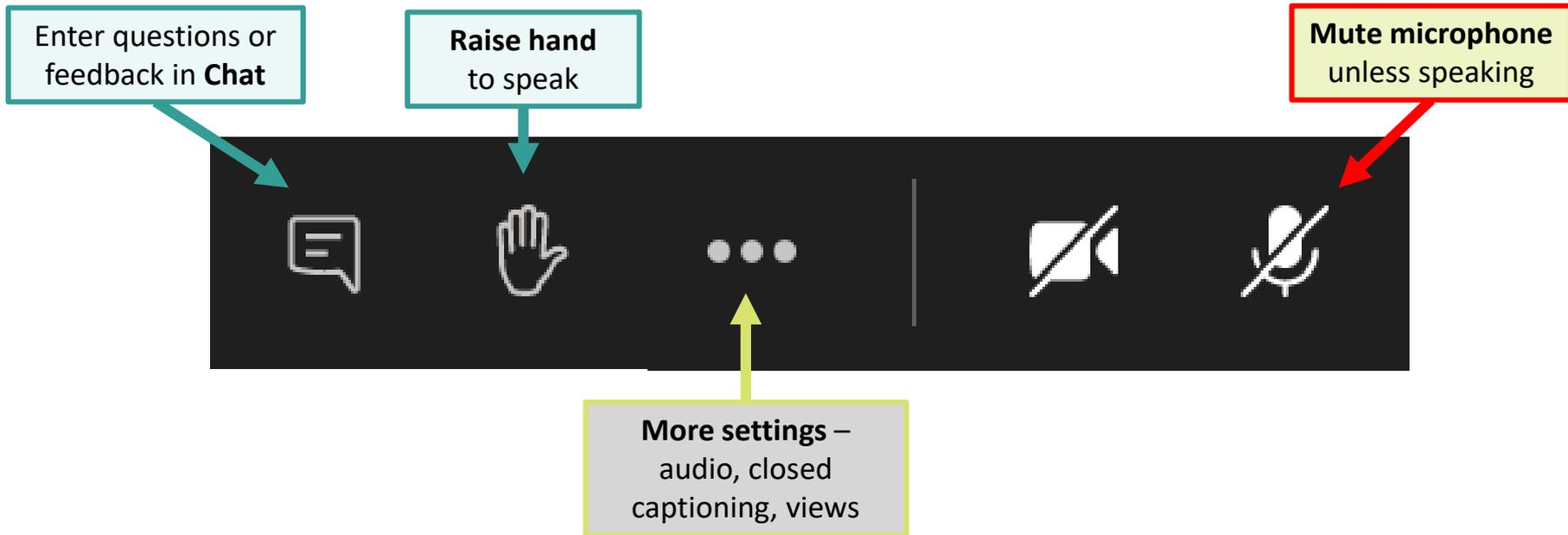




Communication Network  
Meeting  
*January 2021*

# Meeting logistics and agreements



## TIPS:

1. Try to be present
2. State your name before speaking
3. Speak clearly

Meeting recorded 

We will work to send out this recording for your review

# The CYSHCN Team

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**Sarah Burdette**

*Process Improvement  
Specialist*

CYSHCN Program



**Nikki Dyer**

*Family Engagement  
Coordinator*

CYSHCN Program



**Monica Burke  
PhD**

*Supervisor*

CYSHCN Program



# Agenda

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- 9:05-9:10 CYSHCN Program Updates
- 9:10-9:35 Michelle Hoffman and Leila Graves (DSHS/DDA): **DDA Waiver & Behavioral Health**
- 9:40 -10:10 Kari Samuel and Paul Davis (HCA): **Washington State Wraparound with Intensive Services (WISe)**
- 10:15-10:45 Karen Kelly: **Washington State Community Connectors**
- 10:45-11:00 15-minute break
- 11:00-11:55 Shayla Collins: Center for Child & Family Well-Being (CCFW) **Mindfulness Tools for CYSHCN and families**
- 11:55-12:00 Closing Remarks

# CYSHCN Program Updates

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- Hiring Nutrition Coordinator
- Nikki is Returning from COVID activation
- Strategic Planning
- Cuts to Neurodevelopmental Centers and Maxillofacial Review Boards were not in the Governor's Budget
- DOH COVID Resources:
  - [COVID Vaccine Page](#)
  - [Voucher program information](#)
  - [Visual Timeline](#)

# Behavioral Health & CYSHCN

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- Behavioral Health Supports are a key part of the service system for CYSHCN
  - Common in CYSHCN
  - Comorbidities
  - Stressors put CYSHCN and families at risk
- Both children and families benefit
- Behavioral Health Integration has brought big changes
- CYSHCN with significant developmental disabilities may be able to access Developmental Disabilities Administration (DDA) waiver services
- WISE addresses significant behavioral health conditions
- Washington State Community Connectors provide opportunities for family leadership and support
- Mindfulness tools can benefit CYSHCN and their families



# DDA Waivers and Behavioral Health

Presenters:

Michelle Hoffman and Leila Graves

Transforming  
Lives

# DDA Waiver and Behavioral Health

Coordinating Supports from Multiple Systems of Care

Washington State Department of Social and Health Services

## DDA Waiver Programs and Services

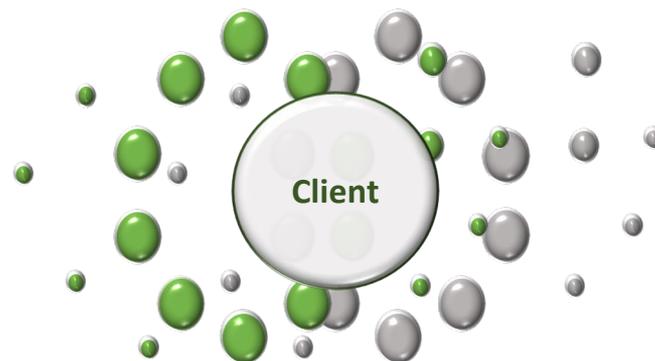
- DDA Offers [5 HCBS Waiver Programs](#) each with a unique service package
- On October 1<sup>st</sup>, 2020 DDA introduced four new waiver services:
  - Music Therapy (CIIBS Only)
  - Equine Therapy (CIIBS Only)
  - Therapeutic Adaptations (IFS, Basic Plus, CIIBS)
  - Specialized Habilitation (IFS, Basic Plus, CIIBS, Core non-residential)
  - As part of our implementation plan, DDA case managers are assisting clients to identify unmet needs that could be addressed with these new services.

## Current Transitions to New Waiver Services

- Some clients have unmet needs putting them at risk for institutional placement.
- These needs are considered habilitative needs to prevent institutionalization.
  - This is different from State Plan Behavioral or Physical health benefits which are based on medical necessity.
- DDA is assisting clients to identify which new waiver services may help meet their habilitative needs.

## Utilization of Services Between EPSDT and DDA Waiver Services

- All children birth to 21 on DDA waivers must use their state plan benefit for EPSDT covered, medically necessary services-including behavioral health services.
- Waiver services are intended to address unmet needs which put a child or youth at risk for out of home placement, due to their exceptional needs.
- DDA's new services can enhance the opportunities to support habilitative needs for clients, especially those with significant behavioral challenges.



**Waiver and State Plan Services can be used together to offer a comprehensive support package across systems of care**

# Specialized Habilitation

Leila Graves, MSW

Case Management Services Program Manager

# What is Specialized Habilitation?

- Specialized Habilitation services are supports for people to learn or maintain a range of life skills. Categories include:
  - **Self empowerment**
  - **Safety awareness and self-advocacy**
  - **Interpersonal effectiveness and effective social communication**
  - **Coping strategies for everyday life challenges**
  - **Managing daily tasks and acquiring new skills**

## Background

- New waiver amendments were effective October 1, 2020 based on the Centers for Medicare and Medicaid Services approval.
- Specialized Habilitation offers life skills supports, not otherwise available as a behavioral or physical health benefit under the Medicaid state plan.

# Self Empowerment

- Increasing a person's control of their life by facilitating positive internal dialogue
- Building self-esteem and confidence
- Reflecting on personal values, skills, and goals and adjusting behavior in order to achieve those goals
- Becoming more self-aware to be better equipped to deal with problems as they arise

# Self Empowerment: Examples

## Specialized Habilitation

Laura wants to make more friends but has a history of talking down to herself, saying she doesn't deserve to have a "best friend" because she does not talk or think as fast as the girls did in her age group. A specialized habilitation provider can work with Laura on what kind of friends she would like to have, what's important to her, and how, perhaps, Laura can make positive choices in friends when she is able to accept herself for who she is.

## Mental Health/Behavioral Health

Laura has recently turned 21 and is no longer in school. She has expressed to her mother that she is sad about losing some of her friends and wishes she could just go to school again to see them more. Laura has started to tell her mother that no one wants to be her friend anymore and no one likes her anymore. Laura has started staying in bed most of day saying she doesn't have the energy to get up. This would be an indication that Laura may need to access behavioral health for help related to possible depression, anxiety, and negative self-image.

## Safety Awareness & Self Advocacy

- Learning and developing skills for safety awareness such as how to recognize and report abuse, neglect, or exploitation;
- Safely navigating social media or the internet;
- Learning and developing skills for street safety and transportation awareness;
- Receiving sexual education to promote healthy personal relationships;
- Promoting appropriate and safe advocacy for self or others through methods of assertiveness and negotiation, learning to say no, or requesting what is needed.

# Safety Awareness/Self Advocacy: Examples

## Specialized Habilitation

Joe has met Jill on Facebook, and although he has only talked to her for a few days, Facebook says that she is his “friend”.

He has been talking about Jill as his best friend who knows him so well.”

Specialized Habilitation can help Joe create a goal that focuses on meeting people appropriately, healthy relationships, and helping Joe understand what friendship means.

## Mental Health/Behavioral Health

Joe has stated he believes that Jill is his best friend and they have started seeing each other every night. Joe’s roommate reports that Joe has never seen or talked with Jill. A mental health provider might assess Joe to determine if Joe truly believes this is occurring and determine if it is related to a behavioral health condition.

## Interpersonal Effectiveness and Effective Social Communication

- Developing or enhancing verbal or nonverbal social communication;
- Developing listening skills;
- Balancing immediate goals with the concepts of 'wants' and 'shoulds';
- Learning and demonstrating how to uphold and maintain values;
- Avoiding or mitigating inappropriate peer pressure;
- Developing other social skills necessary to maximize integration into the community and/or home environment.

# Interpersonal Effectiveness and Effective Social Communication: Examples

Specialized Habilitation	Mental Health/Behavioral Health
<p>Jane identified <b>Interpersonal Effectiveness &amp; Effective Social Communication</b> to help her with difficulty making friends/maintaining social relationships because she is shy. She wants to learn how to make “small talk” to increase her social skills.</p>	<p>Jane does not trust people and has a lot of fear and anxiety with talking to new people, opening up to individuals, and sharing time and space with others. Her anxiety has kept her from going out of the house on many occasions and declining events with even family members. She would like to have more friends but her fear of the unknown continues to be a barrier for her. This would be an indication it would be appropriate to see a therapist about her anxiety.</p>

## Coping Strategies For Everyday Life Challenges

- Missing the bus/ Coping strategies for hen things do not happen as planned;
- Acclimating to a new caregiver or medical professional;
- Moving to a new residence; or
- Acclimating to a new family member or roommate.

# Coping Strategies For Everyday Life Challenges: Examples

## Specialized Habilitation

Emma gets flustered when her schedule is abruptly changed which makes it hard for her to complete tasks independently at that time without frequent reminders.

Emma has identified **Coping Strategies Regarding Everyday Life Challenges** to address difficulty completing tasks when things do not occur as expected and to increase her adaptability.

## Mental Health/Behavioral Health

Emma has noticed she cannot focus on tasks like she has in the past. She has been feeling down and depressed lately too. Emma can work with a mental health provider to understand and deal with feelings of inadequacy when things don't go her way, or she is unable to complete certain tasks. They can also assess her for depression.

# Managing Daily Tasks and Acquiring Adaptive Skills

- Learning how to utilize nontraditional shopping method;
- Ordering food in a restaurant;
- Paying for items at a store;
- Managing bills; or
- Selecting clothing for various work and social occasions.

## Managing Daily Tasks and Acquiring Adaptive Skills: Examples

### Specialized Habilitation

Katie's ultimate goal is to be employed at a movie theater. A specialized habilitation provider can help Katie visualize that goal, while also breaking it down into more relatable, time-limited goals of how to pick interview clothing, etc. This also allows for Katie's other support (job coach), to assist Katie where they can.

### Mental Health/Behavioral Health

Katie has a diagnosis of bipolar disorder and has struggled with depressive lows and manic highs. During her lows, Katie struggles with negative self-talk if finding a job is hard at this point in time, a mental health provider may be able to help her learn coping strategies and work with her on positive self-talk to increase her enthusiasm in searching for employment.

## Breaking down the SH Contract: *Contractor Qualifications*

- **Bachelor's, Master's, or Doctoral Degree** in any of the following:
    - Psychology, Sociology, Social Work, Education, Child Development, Gerontology, Recreational Therapy, Nursing, or other related field.
  - **Life Skills Coach** with current and Valid certification
- OR-
- Be **enrolled in a University internship program** for Psychology, Sociology, Social Work, Education, Child Development, Gerontology, Recreational Therapy, or nursing, and be supervised by the University's internship program.
- AND-
- At least 1 year's experience in the field, working with individuals with II/DD.

## Thank you

**Leila G Graves** / Case Management  
Services Program Manager  
DDA - HQ - Lacey / Developmental  
Disabilities Administration  
*Washington State Department of Social  
and Health Services*  
Email: [leila.graves@dshs.wa.gov](mailto:leila.graves@dshs.wa.gov) OR  
[gravelg@dshs.wa.gov](mailto:gravelg@dshs.wa.gov)

**Michelle Hoffman** / Children's Intensive  
In-Home Support Program Manager  
DDA - HQ - Lacey / Developmental Disabilities  
Administration  
*Washington State Department of Social and  
Health Services*  
Email: [michelle.hoffman@dshs.wa.gov](mailto:michelle.hoffman@dshs.wa.gov)



# Washington State Wraparound with Intensive Services (WISE)

Presenters:

Kari Samuel and Paul Davis (HCA)



# Wraparound with Intensive Services (WISe)

Paul Davis and Kari Samuel

WISe Team

Division of Behavioral Health and Recovery

1/6/2021

# WISe

- Designed to provide comprehensive behavioral health services and supports to Medicaid eligible individuals up to their 21<sup>st</sup> birthday.
- The goal of WISe is for eligible youth to live and thrive in their homes and communities and to avoid costly and disruptive out-of-home placements.

# Wraparound with Intensive Services (WISe)

WISe is voluntary and takes a team approach to meeting a child's, youth's and/or family's needs. It provides intensive mental health services to support youth and families to reach their goals.

<https://www.hca.wa.gov/billers-providers-partners/behavioral-health-recovery/wraparound-intensive-services-wise>

# The Focus of WISE is...

- To provide intensive mental health services designed to assist children/youth and their family in achieving wellness, safety, and strengthening relationships within the community.
- To replace formal supports with natural supports.

# The Focus of WISe is...

- To develop an individualized care plan, based on strengths and needs, that respects the families culture, values, norms, and preferences.
- The child and the family guide and drive the plan with the support of natural and professional supports on the team.
- Team members include natural supports (such as family, friends, and religious leaders) and the professionals who work with the family (such as counselors, schools, CPS, and probation officers).

# The Focus of WISE is...

- To offer services and supports in locations and at times that work best for the child/youth and family (including in their home or a public location of choice, and evenings and/or on weekends).
- To identify or provide resources and supports to the child/youth and family.

# The Focus of WISE is...

To provide support during a time of crisis.

- Families have access to crisis services for their child/youth any time of the day, 365 days a year.
- Crisis services are provided by individuals who know the child/youth and family's needs and circumstances, as well as their current crisis plan.
- Whenever necessary, this includes face-to-face interventions at the location where the crisis occurs.

# What Guides Us?

## WISe Principles:

WISe values that help improve outcomes for children:

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

# Who Can Receive WISE?

- WISE is available to Medicaid eligible children/youth from birth to 21<sup>st</sup> birthday that have complex and intensive mental health needs.

## You may want to refer a child for a WISe screening if he/she is:

- A frequent user of the crisis line or emergency rooms, due to concerns about the child's mental health.
- Experiencing hard to understand behaviors (such as running away or frequent arrests that are due to mental health) that are challenging to the child's parents, other caregivers, or therapist/clinician, and traditional services alone are not helping.
- Displaying an elevated risk of harm to themselves or others.

# You may want to refer a child for a WISe screening if he/she is:

In need of a more flexible and engaging approach and is:

- Involved in multiple systems (such as mental health, child welfare (CPS), juvenile justice, developmental disabilities services, and/or substance use disorder treatment) and the system(s) are struggling with competing goals for the child.
- In Special Education and/or has a 504 Plan, with multiple school suspensions for mental health and/or behavioral issues.
- Has complex medical needs in addition to mental health needs.

# What Happens Once I Make a Referral?

- All eligible referrals should result in a WISE screening.
- A WISE screening must be offered within 14 days of receiving a referral.

## All WISE screens include:

- Information gathering, to complete the Child Adolescent Needs and Strengths (CANS©) screen, which consists of a subset of 26 questions.
- This screen will determine whether it appears the child could benefit from the level of care WISE offers.
- The screening can be completed over the phone or in-person.

- If the screening tool shows that WISE could potentially benefit the child or youth, the child or youth is referred to a WISE agency so that an intake evaluation can be completed.
- The WISE provider agency will then assign a team of WISE practitioners to the child and family and all care will be coordinated through that agency/team.

- If it is determined that the child or youth does not appear to meet the level of care WISE provides, he/she will be referred to other mental health services, as appropriate, to have his/her needs addressed.

# WISE agencies employ

- Care Coordinator
- Therapist
- Youth Peer
- Family Peer
- All receive supervision and coaching from the agency

# WISE Services

- Intensive Care Coordination and Services using a Wraparound Model
  - Engagement
  - Assessing
  - Teaming
  - Service Planning and Implementation
  - Monitoring and Adapting

# WISe Team includes

- Care Coordinator
- Mental Health Clinician
- Family and/or Youth Partner
- Formal and Natural Supports
- And of course the youth and family

# Direct Services Can Include

- Cross education between youth and family and other team members.
- Behavior management
- Therapeutic services delivered in the home or community

# Crisis Services

- Crisis planning
- Stabilization
- Referral and coordination
- Post-crisis follow-up
- Available at all times
- May differ from region to region

# Child and Family Team

- Meets to create and implement a care plan inclusive of the child/youth and family's goals and mission, also including any other child serving systems the youth or family identifies.
- The goal is to have one coordinated plan to support the child, youth or family.

## What is CANS?

### Child and Adolescent Needs and Strengths

- The purpose of the CANS© is to accurately represent the shared vision of the child serving system—child and families.
- CANS© is designed based on communication theory rather than the psychometric theories

# CANS scores reflect the child/family story - ratings come from consultation

## PSYCHOSIS (THOUGHT DISORDER)

This item rates the symptoms of psychiatric disorders with a known neurological base, including schizophrenia spectrum and other psychotic disorders. The common symptoms of these disorders include hallucinations (i.e. experiencing things others do not experience), delusions (i.e. a false belief or an incorrect inference about reality that is firmly sustained despite the fact that nearly everybody thinks the belief is false or proof exists of its inaccuracy), disorganized thinking, and bizarre/idiosyncratic behavior.

	Ratings and Descriptions
<p>Questions to Consider</p> <ul style="list-style-type: none"> <li>• Does the child/youth exhibit behaviors that are unusual or difficult to understand?</li> <li>• Does the child/youth engage in certain actions repeatedly?</li> <li>• Are the unusual behaviors or repeated actions interfering with the child/youth's functioning?</li> </ul>	<p>0 No current need; no need for action or intervention. No evidence of psychotic symptoms. Both thought processes and content are within normal range.</p>
	<p>1 History or suspicion of problems; requires monitoring, watchful waiting, or preventive activities. Evidence of disruption in thought processes or content. Child/youth may be somewhat tangential in speech or evidence somewhat illogical thinking (age-inappropriate). This also includes a child/youth with a history of hallucinations but none currently. Use this category for children/youth who are below the threshold for one of the DSM diagnoses listed above.</p>
	<p>2 Problem is interfering with functioning; requires action or intervention to ensure that the need is addressed. Evidence of disturbance in thought process or content that may be impairing the child/youth's functioning in at least one life domain. Child/youth may be somewhat delusional or have brief intermittent hallucinations. Speech may be at times quite tangential or illogical.</p>
	<p>3 Problems are dangerous or disabling; requires immediate and/or intensive action. Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder that places the child/youth or others at risk of physical harm.</p>

# CANS items

- Each item uses a 4-level rating system. Those levels are designed to translate immediately into action levels. Different action levels exist for needs and strengths.

# Needs

**0 – No Evidence of Need**

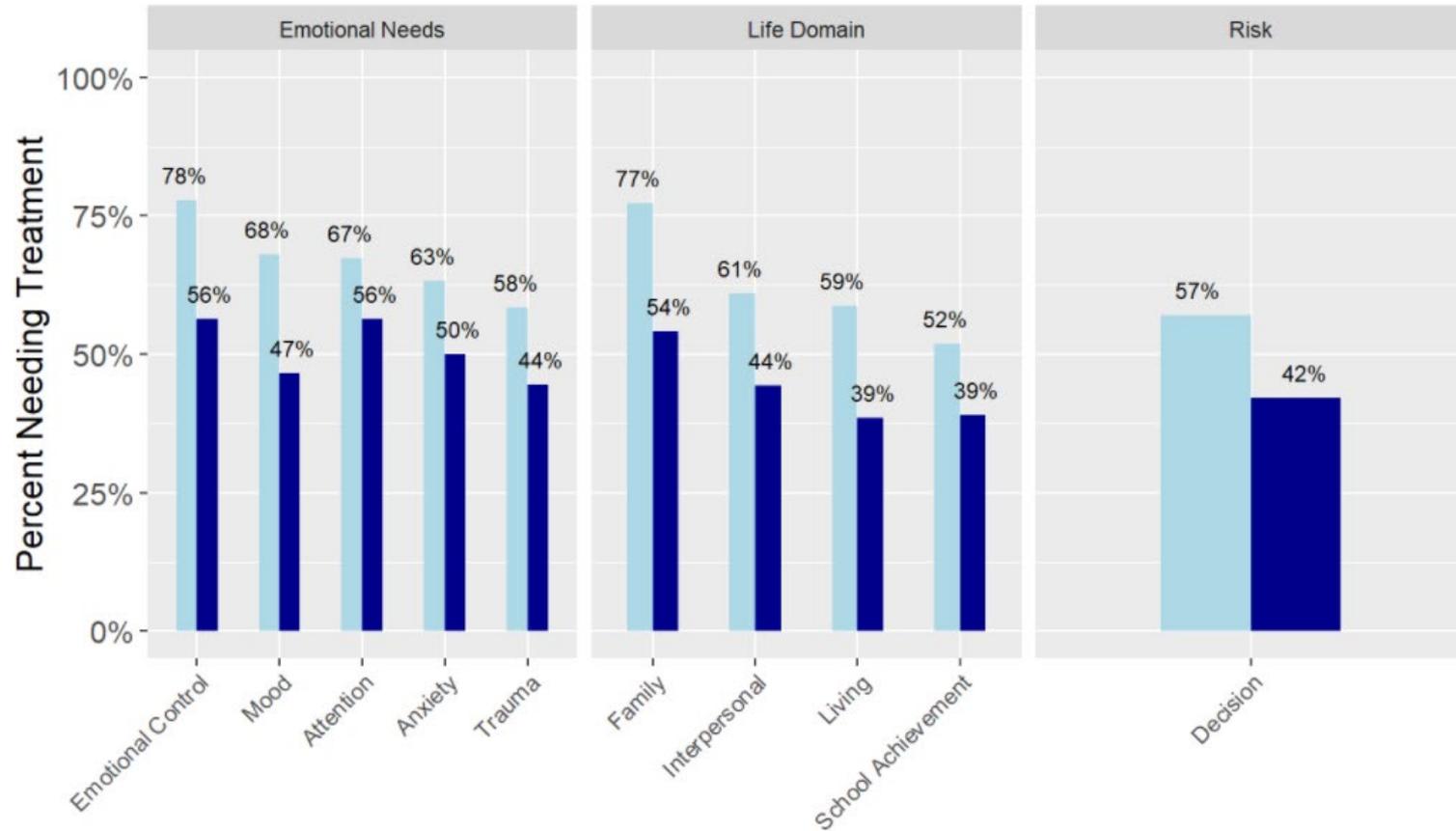
**1 – Watchful Waiting/Prevention**

**2 – Action Needed**

**3 – Immediate/Intensive Action Needed**

# WA WISE Needs after 90 Days (Items with a 2 or 3) current as of September 30, 2020

Treatment Needs at 6 Months Assessment  
All Clients With Assessment at 6 Months -- n = 6,050

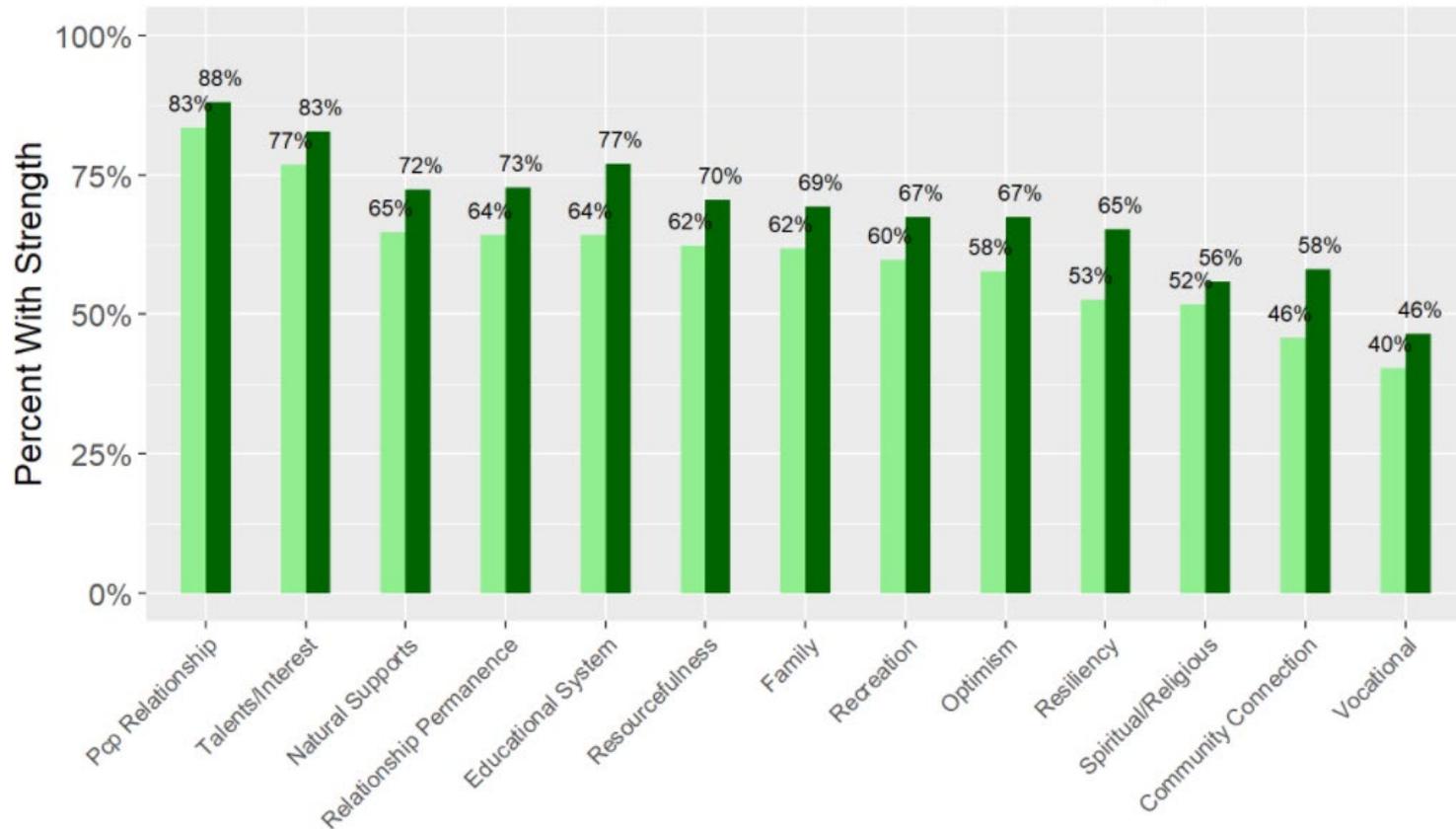


# Strengths

- 0 – Centerpiece Strength.**
- 1 – Useful Strength.**
- 2 – Identified Strength.**
- 3 – No Strength Identified.**

# WA WISE Strengths after 90 Days (Items with a 0 or 1) current as of September 30, 2020

Useful Strengths at 6 Months Assessment  
All Clients With Assessment at 6 Months -- n = 6,050



## Other CANS considerations

- **Ratings are about the youth, not about the service.**
- **The CANS is descriptive.** It is about the ‘what’ not about the ‘why’.
- **Culture and development should be considered prior to establishing the action levels.**
- **Unless otherwise specified there is a 30 day window for ratings.**

A child will be recommended for Wraparound with Intensive Services (WISe) if the CANS screen meets:  
Criterion 1 AND (Criterion 2 OR Criterion 3)

**Criterion 1. Behavioral/Emotional Needs**

- 1a. Rating of 3 on “Psychosis” OR
- 1b. Rating of 2 on “Psychosis” and 2 or 3 on any other Behavioral/Emotional Needs item OR
- 1c. 2 or more ratings of 3 on any Behavioral/Emotional Needs items OR
- 1d. 3 or more ratings of 2 or 3 on any Behavioral/Emotional Needs items

*Note: Behavioral/emotional needs items we plan to include in our screener: Psychosis; Attention/Impulse; Mood Disturbance; Anxiety; Disruptive Behavior; Adjustment to Trauma; Emotional Control*

## Criterion 2. Risk Factors

- 2a. Rating of 3 on “Danger to Others” or “Suicide Risk” OR
- 2b. One rating of 3 on any Risk Factor item OR 2 or more ratings of 2 or 3 on any Risk Factor item

*Note: Risk factors included: Suicide Risk; Non-Suicidal Self-Injury; Danger to Others; Runaway*

## Criterion 3. Serious Functional Impairment

- 3a. 2 or more ratings of 3 on “Family”, “School”, “Interpersonal” or “Living Situation” OR
- 3b. 3 or more ratings of 2 or 3 on “Family”, “School”, “Interpersonal” and “Living Situation”

# CANS completed regularly

- For WISE
  - Full CANS completed within 30 days of screen
  - Updated CANS completed every 90 days
  - Upon discharge to lower level of care
- For CLIP (Children’s Long Term Inpatient Program)
  - Screen done every six months
  - Full assessment done within 30 days of admission
  - Screen completed within 30 days prior to discharge
- For BRS (Behavioral Rehabilitation Services)
  - Screen completed every six months
    - Only if the youth is in BRS and not in WISE

## Transitions in level of care

- Our goal is to have youth served in the community at the least restrictive setting possible
- Youth in BRS and CLIP are regularly screened to see if they can be served in WISE
- There is no specified 'length of stay' expectation for WISE. It takes as long as it takes.

# When Will WISe be Available in my Community?

WISe is now available in every Washington county

Referrals for a WISe screen can be made at any time in counties that have implemented WISe.

# When Will WISe be Available in my Community?

To find who to contact go to:

<https://www.hca.wa.gov/assets/free-or-low-cost/wise-referral-contact-list-by-county.pdf>

and Click on the “WISe Referral Contact List by County” document.



## WISe Web Page

[www.hca.wa.gov/billers-providers-partners/behavioral-health-recovery/wraparound-intensive-services-wisesh-and-recovery/wraparound-intensive-services-wise-implementation](http://www.hca.wa.gov/billers-providers-partners/behavioral-health-recovery/wraparound-intensive-services-wisesh-and-recovery/wraparound-intensive-services-wise-implementation)

### Where can I find guidance for referring to WISe?

We have developed a series of protocols to help guide youth, families, system partners and WISe practitioners. These protocols include overviews of program practice, requirements, roles and responsibilities.

- [WISe general protocol overview](#)
- [Protocol: youth and substance use disorder](#)
- [Protocol: Office of Superintendent and Public Instruction \(OSPI\)](#)
- [Protocol: juvenile court, detention, and probation personnel](#)
- [Protocol: youth experiencing homelessness](#)
- [Protocol: children's long term inpatient treatment \(CLIP\)](#)
- [Department of Children, Youth and Families policy](#)
- [Developmental Disabilities Administration referral process](#)
- [AI/AN WISe referral fee-for-services providers contact list](#)

<https://www.hca.wa.gov/assets/free-or-low-cost/wise-referral-contact-list-by-county.pdf>

## Wraparound with Intensive Services (WISe)

Referral List by County as of December 15, 2020

COUNTY	CONTACT(S) FOR WISE REFERRALS	TELEPHONE
<b>Adams</b>	<ul style="list-style-type: none"> <li>Adams County Integrated Health Care Services</li> </ul>	509-488-5611
<b>Asotin</b>	<ul style="list-style-type: none"> <li>Quality Behavioral Health</li> </ul>	509-758-3341
<b>Benton</b>	<ul style="list-style-type: none"> <li>Lutheran Community Services</li> <li>Comprehensive Healthcare</li> </ul>	509-735-6446 or 800-678-4876 509-792-1726
<b>Chelan</b>	<ul style="list-style-type: none"> <li>Children's Home Society</li> </ul>	509-663-0034
<b>Clallam</b>	<ul style="list-style-type: none"> <li>Peninsula Behavioral Health</li> </ul>	360-457-0431 or 800-799-1337
<b>Clark</b>	<ul style="list-style-type: none"> <li>Catholic Community Services</li> </ul>	360-907-9043

## Concerns that you may hear

- My child was determined to not be eligible for WISE
- I am not happy with the WISE team
- My child needs specialized treatment that is not a strength for their assigned WISE team
- Notice of Adverse Benefit Determination
- Due Process Concerns
- Disagreement with treatment plan

# What is a FYSPRT?

- FYSPRT stands for Family Youth System Partner Round Table
- FYSPRTs create a platform for family, youth and system partners to
  - collaborate, listen, and
  - incorporate the voice of the community into decision making at the state level.

# What is a FYSPRT

FYSPRTs are based on the core values of System of Care, which are:

- Family and youth driven services;
- Cross-system collaboration;
- Community based; and
- Culturally and linguistically competent services.

# What is a FYSPRT

- FYSPRTs are a critical part of the Governance Structure that includes family, youth and system partner voice. It is a required element of the TR Settlement Agreement

# What is the Vision of FYSPRT?

Through respectful partnerships:

Families, youth, systems, and communities collaborate, influence, and provide leadership to address challenges and barriers.

FYSPRTs work to promote cohesive behavioral health services for children, youth and families in Washington State.

# What is the Mission of the FYSPRT?

- The Washington State Family, Youth and System Partner Round Tables provide an equitable forum for families, youth, systems, and communities to strengthen sustainable resources by providing community-based approaches to address the individualized behavioral health needs of children, youth and families.

# Question:

How can the FYSPRT support community needs of:

1. Youth?
2. Family?
3. System Partners?

## Answer:

- FYSPRTs support the community needs of youth, family, and system partners through collaboration, listening, and resource sharing. Each Regional FYSPRT completes a needs assessment to identify and address regional and community needs.
- FYSPRTs provide a forum to make connections with others in the community, offering validation and hope.

# What happens at a FYSPRT Meeting?

- You can expect a safe, collaborative, welcoming environment to share your thoughts, voice, and listen and learn from others.
- It is a place where different perspectives can come together to build relationships and develop suggestions for ways to make things work better.
- You can propose topics to add to the current meeting agenda and/or to a future meeting agenda that addresses a need or needs important to your community.

## How do FYSPRTs make a difference?

- FYSPRTs make a difference by welcoming the voice of youth, family and system partners in sharing strengths and needs regarding mental health services for youth. Information and feedback discussed at FYSPRTs have the potential to initiate and influence system-wide change at the local, regional, and statewide level.

# What is my role? How might I fit?

- Each person coming to the table brings a unique perspective, please check out a meeting to explore how you fit.

# Family, Youth, and System Partner Round Table Regional Boundaries



# Where can I get more information about FYSPRTs?

<http://wabhwc.com/fysprt>

# Questions?

**Kari Samuel**

[Kari.Samuel@hca.wa.gov](mailto:Kari.Samuel@hca.wa.gov)

**Paul A Davis, MS**

[Paul.Davis@hca.wa.gov](mailto:Paul.Davis@hca.wa.gov)

360-725-1632

Health Care Authority

Division Of Behavioral Health and Recovery (DBHR)



# Washington State Community Connectors

Presenter:  
Karen Kelly



**Connecting Families, Resources, & Ideas**

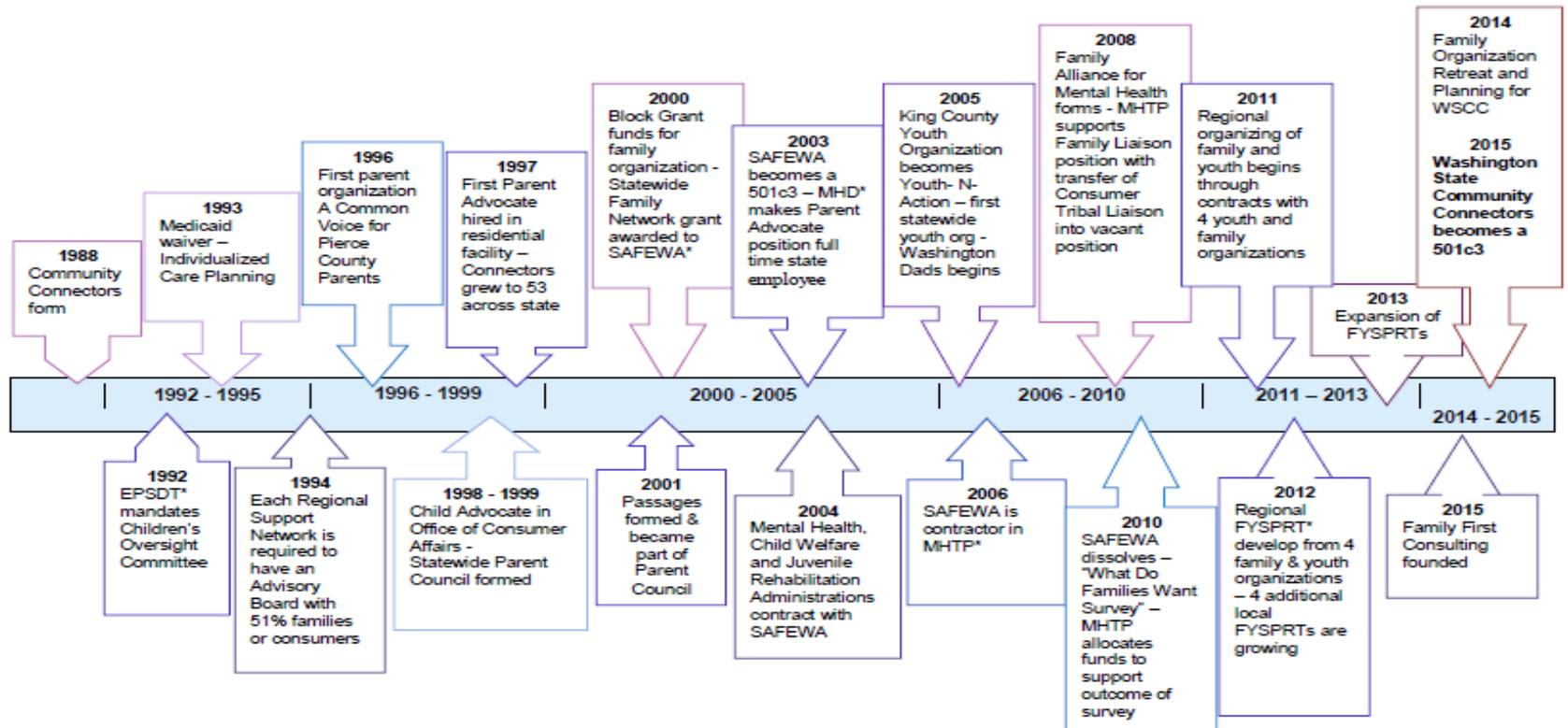
# Washington State Community Connectors Connecting Families, Resources, & Ideas

[karenkelly@wscsupport.org](mailto:karenkelly@wscsupport.org)

[www.wscsupport.org](http://www.wscsupport.org)

253.251.2952

## Washington State History of Family & Youth Involvement



\*EPSDT - Early and Periodic Screening, Diagnostic, and Treatment \*FYSVRT - Family, Youth, & System Partner Round Tables

\*MHD - Mental Health Division

\*MHTP - Mental Health Transformation Project \*SAFEWA - Statewide Action for Family Empowerment of Washington



## WSCC Community Needs Statement

Often youth and families of children with complex behavioral healthcare needs are isolated and unable to access care in their own communities due to a lack of accessible information about behavioral health and related resources, challenging relationships between systems and families, stigma, and limited availability of specialized care or services.

# WSCC's Vision, Mission, & Value Statements

## *Vision*

Families statewide are educated and empowered, and have access to what they need within their own communities.

## *Mission*

Uniting Washington State family leaders in behavioral health care to strengthen children, youth, families, and community partnerships.

## *Values*

Our work is guided and informed by our commitment to:

- Family Driven Decision Making
- Collaboration and Equal Partnerships
- Inclusive Practices
- Clear, Open, and Honest Communication
- Investing in Our Statewide Community



# Statewide Family Network

- ❑ **Purpose:** Is to bring together Family-Led organizations, groups, and individuals, plus system and community partners, to work collaboratively creating proactive changes in children's behavioral health services and increasing community supports for families.
- ❑ **Design:** To strengthen statewide, regional, and local community efforts and capacity while raising the sector's voice on critical issues.
- ❑ **Function:** Supporting members in networking and advocate by providing technical assistance and access to the tools and trainings you need to grow and thrive in your efforts to assist families.



# Family, Youth, and System Partner Round Tables (FYSPRT's)

**Mission:** The Washington State Family, Youth and System Partner Round Tables provide a forum for families, youth, systems, and communities to strengthen sustainable resources by providing community-based approaches to address the individual behavioral health needs of children, youth and families.

**Vision:** Through respectful partnerships, families, youth, systems and communities collaborate, influence, and provide leadership to address challenges and barriers by promoting cohesive behavioral health services for children, youth and families in Washington State.



# WSCC Committees and Workgroups

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Bringing the work  
forward with specific  
focus and collaboration.

# WSCC Committees

## Equity, Inclusion, and Diversity

- ❑ Will establish procedures to ensure the work of WSCC is done with these values at the forefront. Identify family leaders of marginalized communities and invite them to join us so we can include their voices in our work. Identify experts on this topic who can partner with us to provide training for the Community Connectors.

## Social Marketing and Communications

- ❑ Work together to strengthen our social marketing and communication within the statewide community. Identify gaps in areas we may be lacking and continue to strengthen the areas we are currently active with.

# WSCC Committees

## Advocacy Leadership and Training

- ❑ Identify experts in advocacy who can partner with us to provide training for the Community Connectors. Create a list of organizations doing a variety of advocacy work, including in education, legislative, and diversity to share as resources for Community Connectors who may be interested in joining advocacy work.

## Board of Directors Capacity and Advisory

- ❑ Continue to build capacity within the WSCC Board, to include diversity and representation from different regions around the state. Advise the Board on ways to strengthen and support WSCC to ensure a stable and impactful organization that continues to grow and bring positive change for the community for countless years to come.

# WSCC Workgroups

## Outpatient Children's BH Services

- ❑ Identify barriers and gaps statewide in outpatient behavioral health services; including but not limited to WISe, Family Initiated Wrap-Around, and Region-Specific Programs, and ensure all services are provided using the System of Care values. Brainstorm around possible solution ideas to present to WSCC and help determine the next steps for seeing improvement.

## In-Patient Children's BH Services

- ❑ Identify barriers and gaps statewide in inpatient behavioral health services; including but not limited to CLIP, out of state placement, and Children's Hospital. Brainstorm around possible solution ideas to present to WSCC and help determine the next steps for seeing improvement.

# WSCC Workgroups

## Family Peer Support and Family Leader Opportunities

- ❑ Identify barriers and gaps in training topics for parent leaders that WSCC can provide support with. Ensure WSCC is sharing and creating training opportunities for people wishing to expand their knowledge of Peer and Family support. Help plan the annual Children's BH Summit and the annual Parent Weekend Training.

## Cross System Services

- ❑ Identify barriers and gaps in cross-system communication and services. Work to create plans and find strategic partners to collaborate with WSCC to educate families on the benefits of having one treatment plan across all systems they are involved with.

# WSCC Annual Events



- **Children’s Behavioral Health Summit**

Annual day of learning and networking with families, system partners, and behavioral health administrators.

- **Weekend Parent/Caregiver Training**

Friday night through Sunday event with presentations, workshops, and networking opportunities for families.



**Connecting Families, Resources, & Ideas**

WSCC would like to thank you for all the work you do in supporting families in Washington State.

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# 15 Minute Break Back at 11:00 am

- Stretch
- Have some water
- Find a snack



# Mindfulness Tools for CYSHCN and families

Presenter:  
Shayla Collins

# Today's Practices

- Three Centers (check in)
- Body Scan/Stress Check
- Sensory Scan 3-2-1/Gratitude  
3-2-1
- Roller Coaster Breath/Hot  
Cocoa Breath
- +2 Breathing



# Resources for Your Practice



## Guided Audio Mindfulness Practices

[soundcloud.com/uwccfw](https://soundcloud.com/uwccfw)

en Español

[bit.ly/CCFWEspañol](https://bit.ly/CCFWEspañol)



## Free weekly drop-in mindfulness sessions

English & Spanish  
[ccfwb.uw.edu/community](https://ccfwb.uw.edu/community)

## Mindfulness & Early Learning Resources

[padlet.com/ccfw/ECResources](https://padlet.com/ccfw/ECResources)



## CCFW Hosted Events

Free public lectures

Multi-week courses

Professional workshops

[ccfwb.uw.edu/events-classes](https://ccfwb.uw.edu/events-classes)

More at [ccfwb.uw.edu/resources](https://ccfwb.uw.edu/resources)

# CCFW Resource Page



[ccfwb.uw.edu/resources](http://ccfwb.uw.edu/resources)

## Browse Categories



### For Parents

Resources for supporting effective parenting, as well as your own well-being.



### For Practitioners

Learn new skills for well-being to share with families, children, and youth – and ideas for strengthening your resilience.



### For Researchers

A collection of tools for measuring stress, adversity, parenting, well-being, and mindfulness.



### Mindfulness and Compassion

Discover inspiration, audio recordings, and guides to support a range of contemplative practices.



### Child and Youth Well-Being

Information on promoting social-emotional well-being from infancy through adolescence.



### Adversity and Trauma

Information and resources on toxic stress and evidence-based approaches to promote healing.



# CCFW Resource Page



## Programs and Partnerships

### Finding Your Way in Community: Free Online Mindfulness Groups for Parents and Caregivers

[Fortaleciendo Corazones: Unase a nuestras clases gratis en Internet para encontrar su fuerza interna](#)



*Facilitators Ofelia Rosas, Shayla Collins, Lenna Liu and Angie Tamayo Montero on a Zoom video call.*

We are a team of parent leaders and partners from Odessa Brown Children's Clinic and the Arc of King County who have created a culturally relevant mindfulness and compassion program. Please join us for an opportunity to connect with other parents and share strategies to cope with challenges.

Please join us by phone or with Zoom for activities and mindfulness practices facilitated by parents for parents.

## Drop-In Online Mindfulness Group

Wednesdays (weekly): 8 to 8:30 p.m. and 8:30 to 9 p.m.

- [Via Zoom app](#)
- Or call-in: [346-248-7799](tel:346-248-7799), meeting ID 85295971494

## Finding Our Way Birth to Five Mindfulness Class

Join us every Thursday beginning October 8 to November 12 from 7:30 – 8:30 PM\*

\*Each class has an optional 30 minutes after class, 8:30-9 p.m. for community conversation.

- [Click here to register.](#)
- Please call or text Fahmo Abdulle at [206-892-8516](tel:206-892-8516) or sign up via [email](#).

<https://www.seattlechildrens.org/contact/odessa-brown/programs-partnerships/mindfulness-program/>

# CommNet Follow Up

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- CommNet Survey
- Send your Agency Updates to:  
[sarah.burdette@doh.wa.gov](mailto:sarah.burdette@doh.wa.gov)
- Items to expect in Follow Up E-mail:
  - Meeting Recording
  - CommNet Minutes
  - PowerPoint Slide Deck



Thank you!



