



A Regional Family Youth System Partnership Round Table

Strategic Plan

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Contents

Acknowledgements.....	2
Acronyms.....	4
Introduction.....	5
Organizational Profile.....	6
Context.....	7
Plan.....	9

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Acronyms

BHO	Behavioral Health Organization
CANS	Child and Adolescent Needs and Strengths Survey
EBP	Evidence-based practice
FYSPRT	Family Youth System Partnership Round Table
HCA	Health Care Authority
SOC/SOCP	System of Care Partnership
TMBHO	Thurston-Mason Behavioral Health Organization
WISe	Wraparound with Intensive Services

1 Introduction

1.1 Organization:

In October, 2015, the Mason-Thurston System of Care Partnership was named the official Thurston Mason Regional Family Youth System Partner Round Table (FYSPRT). The FYSPRTs serve a vital role in the Children's Mental Health Governance Structure that was adopted within the T.R. et al. v. Kevin Quigley and Dorothy Teeter Settlement Agreement. These partnerships inform high-level policy-making, program planning, decision-making for the implementation of this Agreement and Wraparound with Intensive Services (WISe) in Washington State.

1.2 Activities of the strategic planning process:

- Conduct a Needs Assessment
- Develop a Logic Model
- Develop a Strategic Plan Framework
- Complete the Strategic Plan

1.3 Methodology:

Family, youth and system partners met over the course of a year, working with University of Washington Evidence Based Practice Institute, to do the foundational work necessary to develop a cohesive and responsive strategic plan. Stakeholders were engaged throughout these processes and provided essential data, reflection and refinement in the development of goals and objectives for the plan. Drafts of the plan were vetted by partners for final submission.

2 Organizational Profile

2.1 Vision:

Team Vision: We are a community working together to strengthen sustainable resources for the individual behavioral health needs of children, youth and families.

2.2 Mission:

Team Mission: 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.

2.3 Values:

System of Care Guiding Principles:

- We provide an easily accessible array of effective, community-based, culturally relevant services and supports (natural and formal) to address emotional, social, educational and physical needs.
- Services are individualized and provided in a way that is strengths and needs based, in true partnership with youth and family.
- Services are effective and proven (research-based).
- Services are provided in the least restrictive and most normative setting.
- Families and youth are full partners in decision making.
- Services are integrated – we work together, not separately, in our community with youth and families.
- We use care management to work together and share planning.
- We provide services to youth and families in their homes and community that are developmentally and culturally appropriate.
- We provide services that support youth to move from childhood to adulthood successfully.
- We provide continuous quality measurement and improvement based on goals set by the SOC team.
- We protect the rights of youth and families.
- We are welcoming of differences, of diversity from a broad perspective, of thought and culture.

3 Context

3.1 Current approach:

The Mason-Thurston System of Care Partnership is dedicated to promoting development and continual improvement of a collaborative, accessible, integrated, family-driven and youth-guided system of care, for children and youth affected by behavioral health challenges and their families in Thurston and Mason Counties. Utilizing data from the Needs Assessment and Logic Model completed in 2015, the partners identified Strengths, Needs, Opportunities and Challenges to be addressed by the strategic plan.

3.2 Strengths:

- Committed, resourced Family Organization (Family Alliance for Mental Health)
- Cross-system, multi-stakeholder community team
- History of collaborative action
- Early adopter of “Wraparound with Intensive Services”
- Investment in evidence-based behavioral health practices
- 0.1% Treatment Sales Tax for behavioral health
- Evaluation support from University of Washington National Wraparound Initiative since 2010
- Youth and family driven web presence for SOCP information and online hub for easy access to services.
- Regional use of the Child and Adolescent Needs and Strengths measurement (CANS).

3.3 Needs:

- Greater youth engagement
- Improved system knowledge and integration
- Youth and Family driven mobile app presence

3.4 Opportunities:

- State Legislation mandating evidence based practices
- *TR vs Quigley* lawsuit mandates Wraparound with Intensive Services (WISe)
- Transition to regional Managed Care Organizations
- State performance indicators for Behavioral Health
- Opportunities for further utilization of Treatment Sales Tax funds in Mason county.
- Informing youth and families about on-going system changes.
- Regional coordinator for expanding access to children’s mental health services for school age youth.

3.5 Challenges:

- Gaps in continuum of care – particularly “mid range” services.
- Transition aged youth with complex needs
- Serving homeless/street youth
- Transition from foster care
- Better integration of and use of evidence based behavioral health services.
- Youth support for all youth with serious emotional disorders age 10-21.
- School –community collaboration for mental health services.
- Coordination of services for youth with complex needs.
- Workforce development for behavioral health provider agencies.
- Rapidly changing systems
- Provision and access to co-occurring services for youth and families.

3.6 Environment:

The Mason-Thurston System of Care Partnership is grateful for the consistent engagement of youth, family and system partners thanks to the coordination efforts of Family Alliance, dedicated service providers and local, county and state officials. WISE services have already been implemented in Mason-Thurston Counties and the Partnership is examining data from the state on services and outcomes of those receiving WISE services to address gaps, quality assurance and workforce development. This plan outlines the long term priorities and objectives of the Partnership to address them. The Partnership is committed to monitoring our progress on goals and strategies monthly and submit the plan to the Behavioral Health Organization and the state Division of Behavioral Health and Recovery/Health Care Authority whenever changes are made.

4 Plan

4.1 Long Term Goals:

YOUTH/FAMILIES

- Fewer barriers/greater access to help
- Earlier intervention
- Improved functioning/reduced symptoms
- Improved family functioning
- Youth live in homes and communities
- Reduced impact of past trauma
- Reduced arrests and incarcerations
- Reduced hospital emergency room utilization
- Reduced homelessness
- Improved school achievement and attendance
- Youth graduate and are prepared for work and/or college
- Reductions in disparities for youth of color and LGBTQ youths

SYSTEM/SERVICES

- Focus on utilization management: Match between need and services
- Greater cross-system collaboration, including school/health/vocational
- Coordinated Substance Use Disorders-Mental Health (behavioral health) plan for Mason/Thurston
- Sustainable financing for “mid-level” evidence based practices
- Greater knowledge and awareness of behavioral health services by youth/families and system partners.
- Coordinated services for youth with complex needs
- More effective and coordinated services for transition aged youth
- Expanded use of evidence based practices
- Greater access to youth / family support
- Connection to evidence based mental health services in schools

4.2 Priorities for the next 3-5 years:

- Recruit youth as participants for the FYSPRT
- Increase use of culturally competent strategies for outreach to historically marginalized populations for participation in FYSPRT
- Workforce development strategies to increase use of research and evidence based practices, youth/peer supports, school/community-based services
- System Navigators to improve awareness of and access to services/supports
- Improved availability of school-based services.
- Development of coordinated services.
- Improve utilization rates and access to evidence-based services for mid-level

children/youth

- Participate in stakeholders groups forming to implement Accountable Communities of Health in 2020

4.3 Specific Strategies to Address Priorities for 3-5 years:

Recruit youth:

Youth Tri-leads will work with youth serving organizations and WISe provider agency staff to increase youth participation from the current Youth Tri-leads and Youth Sound reps, in regional SOCP meetings, to one or more additional youth at each monthly meeting with progress measured by sign in sheets.

- Create youth-friendly marketing (app, Facebook, posters in youth-friendly spaces).
- Ask for help from Youth Sound.
- Offer credit for probation/community service, school credit for volunteer hours.
- Offer good food (i.e. pizza, junk food, healthy food).

Increase outreach and culturally competent strategies:

- Reach out to faith based communities and share System of Care Partnership.
- Request participation from LGBTQIA culture and other cultures, such as Stonewall, Pizza Klatsch and others.
- Pediatric luncheon-Primary Care Physicians outreach with staff working together. (Birth to Three programs participages in this group).

Progress is checked with sign in sheets.

Workforce development to increase skills for clinicians and certified peer counselors, in order to provide more research and evidence based services in schools and communities.

- National Health Service Corps – providing information to agencies.
- Across the board competencies for certified peer counselors.
- Check in on wraparound implementation at 3 Rivers and Developmental Disabilities Administration.

System Navigators to improve awareness of and access to services/supports:

The behavioral health online access/navigator – systemofcarehub.com will continue to be maintained by providers individually and monitored and updated as needed or upon request.

- Pamphlet about the hub will be developed and providers mandated to have pamphlets available.
- Molina, Amerigroup, United and Coordinated Care will be educated about SOCP.

The **Behavioral Health Services Services/Programs list**, currently in development by our FYSPRT, will be used as a strategy to identify existing programs, their modality, settings, eligibility criteria, payment type and funding source(s). Utilization management data from the TMBHO will help to identify existing levels of service being provided in order to understand and build a multi-tiered system of care that supports youth/families when and where they need it and provider workforce/training needs.

- BHO/HCA will be contacted for agency/list with services they provide.
- Check for an existing list and if there is none, create one.
- Check with Consejo for an existing agency list.
- See if this could be combined with other strategies.

Improved availability of school-based services:

There will be increased availability for school based behavioral health services through identification of needs and solutions based support from the TMBHO based provider network that includes Educational Service District 113, other community mental health agency providers and school district mental health liaisons who provide or want to provide services in schools that are partially or fully school-based as monitored on the Behavioral Health Services/Programs list.

- Work with ESD 113 representative/coordinator to see what they have and what gaps they see.
- Bring services to schools.
- Link service providers to schools.

Development of coordinated plans of care for youth with complex needs:

There will be increased utilization of coordinated plans of care for youth with complex needs and multiple agency/provider involvement through continued work on partnerships with youth/families, agencies and other referents as measured by updates on the Behavioral Health Services/Programs list that is reviewed by FYSPRT.

- Bring statement of change recommendations from SOCP to Department of Children, Youth and Families (DCYF) and the statewide FYSPRT and ask for a response, including barriers.
- Invite/insist on DCYF involvement on SOCP consistently.
- Find out what options DCYF has for community feedback.
- Communication with HCA to develop coordinated plans of care. (communication between systems)

Improve utilization rates and access to evidence-based services for children/youth with mid-level behavioral health needs:

The TMBHO will assist our SOCP with utilization data to identify intensity of service based on level of care, for programs on the Behavioral Health Services/Programs list. This utilization data, in addition to state tracking of EBP usage related to House Bill 2536, will assist our SOCP to track use of EBP's in our region. FYSPRT participants that include the family organization, providers and others will be equipped to provide information about EBP's and how they are accessed to share

widely within the community.

- Ask the BHO to bring utilization data about all services (authorization info).
- Have mid-level service providers present at SOCP to explain about what they provide and how people get in and any Evidence Based Practices (EBP's) offered.
- Increase outreach to service providers on what EBP's they provide.

Participate in stakeholders groups forming to implement Accountable Communities of Health in 2020:

- Work with providers/systems to support mental health provider retainment so there is less turnover and there are more educated and trained individuals in the workforce and more peer support.
- Invite Molina, Coordinated Care, Amerigroup, United and CHPW to educate SOCP about healthcare coordination.
- Plan for ways that youth can learn about their healthcare needs and supports, especially Transition Age Youth (TAY).