



NE Family Youth System Partner Meetings & Activities

January 1, 2017 through March 31, 2017

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NE FYSPRT Meetings:

February 2, 2017

The NE FYSPRT met on February 2, 2017 at Spokane Community Services Bldg., 312 W 8th Ave., Spokane, WA and was called to order by the Youth Lead, Morgan Gabriel. Also present was Family Co-leads Becky Bates and Helen Franklin and Systems Partner Lead Liz Perez. Twenty two (22) members and guests attended representing families, youth, and system partners.

OLD BUSINESS

1. Children's Administration Survey

Becky presented the Children's Administration questionnaire for member input in preparation for the Statewide FYSPRT meeting on February 6th. Members discussed the following:

Question #1 If there are gaps/limitations in services of CPS, foster care and adoption, what are those gaps or barriers?

- There are a limited number of behavioral rehabilitation services (BRS) placements available
- Children's Administration is in crisis for foster care beds statewide with limited capacity across the spectrum and they are now using shelters in some situations
- CA has lost approximately 1500-2000 foster care beds and 70-100 BRS beds
- BRS is intended to be a wraparound service with mental health consultation but no mental health services
- Funding has decreased and is not at the 2008 level yet
- There is a disconnect between intervention needs with the criteria that is very stringent using DSM; including issues with the definition of BRS – redefining criteria mirrors DSM but it is not a mental health service
- It's not just foster care but also adoption support where needs are not being met. There's a need for more adoption support for kids who have not required inpatient treatment.
- Attempts are made to stabilize but there is no respite available for kids under 10.
- Medication management is needed but an appointment could be six weeks out; it gets cancelled and then the individual is without medication and has to go to an ER to get meds; PCPs are reluctant to prescribe mental health meds.
- There are no homes providing respite; if over 10 and meet access to care requirements can access respite, but there's no one providing it
- Case managers not foster parents must sign for medications so sometimes it's difficult to get them timely
- Spokane County gets a lot of out of region BRS placements
- Families don't get the funding and amount of support needed
- There needs to be resources including frequency for support – and it needs to be consistent
- Some positive comments:
 - The United Kingdom has started youth led camps for foster care recruitment



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- Coordinated Care is developing an adoption support program to help with medications and general support

Question # 2 What communities are facing those challenges?

- It across the board statewide
- Questions of ethnic and cultural considerations need to be addressed
- It's significant that individuals of color are in foster care longer
- There needs to be mandatory outreach at 3, 5, 10 years between CA and adoptive families
- Resources are not available in rural areas
- Training is not as available in rural areas
- There are gaps even between Seattle and Spokane trainings

Question # 3 What other services would help improve child and family outcomes

- Use the WISE model for foster care and adoption support
- Parent support groups, e.g., one parent supports another when she has an appointment by babysitting the child
- Using evidence based practices takes away from treating individually to treating all the same based on age.

Becky will present this information to the Statewide FYSPRT meeting.

2. Statewide FYSPRT survey

The Statewide FYSPRT asked for input regarding WISE activities

Question # 1 Does your regional FYSPRT actively engage in conversations about how WISE is working in your area?

- Yes, via NE FYSPRT
- Well informed

What are any barriers?

- Want to know more – what's working with teams, what's not
- Would like more indepth discussion – perhaps in a different forum
- Maybe discuss more than just staffing issues
- Perhaps have a monthly meeting of all WISE team representatives
- FBH has a pod meeting by job class and volunteered to present a proposal for other WISE team attendance

How is WISE data driving decisions of the regional level?

- There is a discrepancy between state system (BHAS) and the BHO's system
- BHO data shows attempts to complete the CANS on time, but the state system reflects different data



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- The BHAS system has not been updated to reflect the requirements to complete the full CANS within 30 days of intake

Question # 2 Is the manner in which you receive WISE data effective?

- Members would like to incorporate data into NE FYSPRT quarterly and track as a group including brainstorming solutions to issues. They'd like to know the impact, e.g. decrease in inpatient hospitalizations, etc.
- Would like graduates to eventually come to the NE FYSPRT meetings
- SCRBHO has not implemented WISE in all counties although NE FYSPRT marketing, including in Spanish language materials, is occurring in all SCRBHO counties and posters have been provided to providers/system partners in all counties.

WISE UPDATE

Stephanie Widhalm indicated that 106 individuals are enrolled in WISE with a capacity for 150. There are many pending referrals, mostly from providers but also from PCCA and school counselors. They have finalized the process for getting the CANS completed for BRS youth to make sure that BRS screens can be accomplished. BRS individuals cannot be in the WISE program but must have the CANS completed by a WISE provider.

There is a two day in person WISE training next week with a repeat in March. Stevens County is in the process of implementing a WISE team.

WISE providers (Institute for Family Development, Lutheran Social Services, Frontier Behavioral Health, Excelsior, Passages Family Support) all provided updates on the status of their WISE teams. Many teams are up and running and several have openings. Schools have requested that they receive training in the WISE program. Staffing issues have eased somewhat. Frontier has had one individual graduate.

NEW BUSINESS

Frontier Behavioral Health has implemented a new program – TPACT – a transitional youth PACT team. It's multidisciplinary and has half the staffing of a traditional PACT team. The TPACT is for youth ages 18-24 who are leaving one system (children's) for another (adult services). They anticipate a caseload of 40-45 with 4-6 new clients per month. The youth will have a non-traditional PACT diagnosis and will need high intensive case management. They will not rule out chemical dependency. The team has non-Medicaid funding as well and can serve clients who are non-Medicaid. When a youth gains age 24, the TPACT team will help him/her transition to a traditional PACT team. Individuals with developmental disability do not meet the criteria for TPACT and while individuals with personality disorder would not normally be in a PACT team, the team would assess the client to determine if he/she meets the criteria. The goal is to allow early intervention to prevent inpatient treatment and there is no time limitation for inclusion in the program. Housing is the # 1 priority. Youth cannot receive WISE and TPACT at the same time and cannot receive services from other providers.



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If a provider would like to make a referral to TPACT, just call the main FBH line. Morgan congratulated FBH on their new program and ended the meeting with a reminder that the next meeting is March 2nd.