**Statewide FYSPRT**

**Children’s Behavioral Health Governance Structure**

**Challenge and Solution Submission Form**

This form is used within the Governance Structure to identify potential barriers that are preventing youth and families with complex needs from achieving their full potential. It is also used as a communication tool to describe solutions that have been found to barriers that may be helpful to others within the Governance Structure. This form provides a written communication mechanism between the Regional Family Youth System Partner Round Table (FYSPRT) and the Statewide FYSPRT.

The goal of the Governance Structure is to improve the lives of youth and families, impacted by behavioral health challenges, across the continuum of care, by ensuring that the services and supports accessed are well coordinated and effective, community-based, youth and family driven, and culturally and linguistically responsive. The intention in the design of the Governance Structure is to utilize community strengths to resolve challenges and barriers as close to the community as possible.

If you are interested in learning more about the Governance Structure, please visit: <https://www.dshs.wa.gov/bha/division-behavioral-health-and-recovery/childrens-behavioral-health>

**How to Submit and Request Review of an Identified Barrier:**

When a barrier/solution has been identified at the Regional Family Youth System Partner Round Table (FYSPRT) that is not resolvable at the Regional level, the group can complete the form that is attached and submit it to the Statewide FYSPRT staffer Kristen Royal at [Kristen.royal@dshs.wa.gov](mailto:Kristen.royal@dshs.wa.gov), who will loop in the Statewide FYSPRT Tri-Leads for next steps (for example, an agenda item on the next Statewide FYSPRT meeting for presentation/dialogue). If a resolution has not been reached regarding the barrier/solution after presentation/dialogue at the Statewide FYSPRT, the Statewide FYSPRT Tri-Leads could utilize this form to propose the topic for a future Executive Leadership Team (ELT) agenda.

The Statewide FYSPRT Staffer and/or a Statewide FYSPRT Tri-Lead will acknowledge receipt by email within 3 business days. Upon receipt, the form will be used to begin the process of reviewing the barrier for themes and identify a plan for resolution. It will also be reviewed to determine whether any solutions found would benefit other groups within the Governance Structure. Representative(s) from the group that submitted the form may be invited to the meeting (in person or by phone) to present the barrier/solution.

***\*Please note that this form does not replace the formal grievance process that exists for providers and system partners.***

**FYSPRT: Challenge and Solution Submission Form**

***\*NOTE: This form is intended to identify challenges/barriers with processes (not specific cases). Please do not include Protected Health Information!\****

|  |  |
| --- | --- |
| **Date:** |  |
| **To:**  (i.e. *Statewide, Executive Leadership Team*) |  |
| **From:**  (i.e. *Regional, Statewide. Also, please include contact name, email and phone number)* |  |
| **Subject:** |  |
| **Category (**check all that apply)**:**  Services and Supports (access and quality);  Child and Family Team Meeting (process);  Roles/Responsibilities (follow-through)**;**  Legal Mandates**;**  Policies and Procedures (laws, rules)**;**  Cultural & Linguistic Considerations;  Unknown;  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Description (including solution, best practice, success story, or challenge/barrier):**

**Solutions Tried:**

**Desired outcome(s):**

**Workgroup Recommendations:**

**Options for Consideration:**

**Option 1:**

**Pros:**

**Cons:**

**Potential outcomes:**

**Option 2:**

**Pros:**

**Cons:**

**Potential outcomes:**

**Response/Next Steps**: *(to be completed by the group receiving the form)*

**Step 1 –**

**Step 2 –**

**Step 3 –**