

Critical Intervention Mapping and Action Planning Workshop

FINAL REPORT: YAKIMA COUNTY, WASHINGTON



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SECTION 1: BACKGROUND

Policy Research Associates, Inc. was contacted by the Yakima County Department of Human Services to facilitate a *Critical Intervention Mapping and Action Planning Workshop* for a multi-disciplinary group of stakeholders representing the various points of contact in Yakima County, Washington's child and youth behavioral health system. The workshop offered these stakeholders an opportunity to develop an action plan based on identified systems and service level gaps and opportunities related to addressing the needs of youth with mental, substance use, and traumatic stress conditions (hereafter referred to as behavioral health needs).

The workshop, which was held virtually over a period of six weeks (March 8 – April 13, 2022), represented the culmination of several months of planning and preliminary technical assistance, which included the collection and review of data on Yakima County's child serving systems. Throughout the six weeks, there were a total of five virtual meetings and two weeks of self-paced assignments for participants:

MODULE	DATE	TIME
Workshop Introduction	Tuesday, March 8	1:00pm – 2:30pm PT
Mapping Exercise	Monday, March 14	1:30pm – 3:30pm PT
Mapping Exercise	Wednesday, March 16	1:30pm – 3:30pm PT
Mapping Review	Week of March 21	Self-Paced
Gaps Analysis and Priority Setting – Part 1	Week of March 28	Self-Paced
Gaps Analysis and Priority Setting – Part 2	Wednesday, April 6	1:30pm – 2:30pm PT
Action Plan Development	Wednesday, April 13	1:00pm – 3:00pm PT

The virtual workshop aimed to support:

- » Development of a localized map of how youth needs are identified across child serving systems, how youth and families connect to services, and which and to what extent programs are currently available in the community to address those needs;
- » Identification of local strengths and resources, and gaps and opportunities;
- » Development of a preliminary action plan to address priority areas for change.

Stakeholders representing schools, police, probation, courts, providers, family members, and Yakima County based agencies, were represented during the virtual workshop. The agenda, a complete list of participants, and the PowerPoint presentation can be found in **Appendices A and B**.

After completing a map and developing a comprehensive list of gaps and opportunities, workshop participants identified four major areas for action planning. Participants prioritized areas that they felt were important and for which they could develop a meaningful plan. The final virtual session focused on the development of a preliminary action plan for addressing these areas. ***This action plan is described as preliminary to stress the importance of using this workshop as the starting point for ongoing children's behavioral health system improvement work.***

Although the meeting participants accomplished much over the course of the workshop, this report sets the framework for ongoing cross-system efforts to improve the response to youth with behavioral health needs in Yakima County, Washington.

About the Workshop

The Critical Intervention Mapping and Action Planning process integrates the Sequential Intercept Mapping (SIM) process developed by Policy Research Associates (PRA) with the systems of care (SOC) framework for engaging in systems level reforms to address the needs of children and youth with behavioral health needs and their families.

The workshop was facilitated by Jacqui Greene, JD, Consultant to Policy Research Associates, Inc. and Matthew Pecoraro, MSW, Consultant to Policy Research Associates, Inc. The technical assistance provided by PRA as part of the Critical Intervention Mapping and Action Planning Workshop included three separate activities, each designed to move the workshop participants towards developing a plan of action while simultaneously building support for the implementation of that plan. The three tracks of activity included:

- **Data Collection**

To facilitate decision-making and action planning, a Self-Assessment of Needs and Gaps Survey was administered prior to the workshop. The survey aimed to identify service needs of children and families, how children and families access services, how services are funded, common barriers to accessing services, services in need of improvement or expansion, and implementation/acquisition barriers.

- **Systems Mapping**

To identify existing service system gaps and opportunities at critical decision points across child serving systems. The mapping exercise has three primary objectives:

1. **Development of a comprehensive representation of how youth needs are identified by child-serving systems in Yakima County, how youth are connected to services, and the array of services available to address identified needs;**
2. **Identification of service-level gaps and opportunities across child-serving systems in Yakima County;**
3. **Selection of priority areas for action designed to improve systems and service level responses to these youth.**

- **Action Planning**

To develop a preliminary action plan with identified objectives, action steps, and a timeline.

SECTION 2: RESOURCES AND GAPS

Description of Mapping Process

The Critical Intervention Map is a visual representation of how youth and families interact with child serving systems in the Yakima County, Washington, specifically:

- Schools
- Health and Public Health Services
- Behavioral Health Services
- Support Services
- Child Welfare
- Juvenile Justice
- Homeless Services

The purpose of the mapping exercise was to examine how youth behavioral health needs are identified by each service system, how youth are connected to services, and what programs are available to address their needs within each system. This was done to assist with a global identification of community-level resources, gaps, and opportunities. The Yakima County Critical Intervention Map that follows was developed during the second week of the workshop, while also reflecting additional detail that was collected prior to and following the workshop through agency-provided data reports and publicly available resources. During the mapping exercise, workshop participants were asked to provide feedback on the existing gaps, resources, and opportunities at each of the critical intervention points. A visual representation was created using Concept Board which can be viewed [here](#). The following section of this report is based on this visual representation, as well as notes taken by facilitators during the mapping process.

The critical intervention mapping highlights five key components of a behavioral health system for children and youth.

1. **Identification of needs.** While many youth and families become aware of a need for behavioral health services on their own, it is also important for child-serving systems to implement processes that identify behavioral health needs among the children and youth they come in contact with.
2. **Connection to services.** Once needs are identified, children and youth must be effectively connected to services.
3. **Comprehensive array of community-based services.** A centerpiece of a high-quality system of care is a comprehensive, evidence-based array of community-based services. The services must have sufficient capacity to meet the need in the community.
4. **Inpatient/residential services.** A small percentage of children and youth will present with intense needs that can only be adequately met through time in an inpatient or residential setting. The behavioral health system must have sufficient capacity to meet these needs.
5. **Additional services for children and youth.** While it is essential to meet the clinical needs of young people, children and youth are far more than any diagnosis. The community must also have services and pro social supports to provide a range of opportunities that meet the many needs of young people.



YAKIMA COUNTY, WASHINGTON CRITICAL INTERVENTION MAP

Identification of Needs

- » Yakima School District universal screening 3x per year: SRSS in elementary schools, student needs assessment for older students
- » DCYF screening for children in foster care
- » Juvenile detention: MH-JDAT and CSEC
- » Juvenile justice diversion and supervision: PACT
- » Primary care depression screening: Yakima Neighborhood Health Services and Yakima Valley Farm Workers Services

Connection to Services

- » Yakima School District embedded services and partnerships with community agencies
- » Child welfare and juvenile justice contracts for services
- » Case management/ care coordination: Catholic Charities, Village of Hope, You for Youth (Y4Y), Mockingbird Society

Comprehensive Array of Community-Based Services:

- » Crisis response: Comprehensive Health Services – Two Rivers Landing (mobile response and walk-in center); designated crisis
- » Comprehensive Health Services
- » DCR responder with law enforcement
- » Yakima Valley Farm Workers Clinic
- » MERIT Resource Services
- » Yakama Nation Behavioral Health Services
- » Catholic Charities
- » Rod's House
- » YWCA of Yakima
- » ESD 105
- » Children's Village
- » La Casa Hogar

Inpatient/Residential Services

- » Sundown Ranch
- » Sea Mar Community Health Centers
- » Short-term stabilization beds
- » Children's Long-term Inpatient Program (CLIP) beds

Additional Services for Children and Youth

- » Yakima Valley Libraries
- » Yakama Nation Library
- » La Casa Hogar
- » OIC Henry Beauchamp Community Center
- » YMCA
- » Yakima Valley Farmworkers Clinic – Northwest Community Action Center
- » Team Child
- » Children's Advocacy Center of Yakima County
- » Aspen Victim Advocacy Services

1. IDENTIFICATION OF NEEDS



Schools

Yakima School District conducts universal screening 3x per year. The Student Risk Screening Scale – Internalizing and Externalizing (SRSS-IE) is used in elementary schools. A student needs assessment is used for students in middle and high school. The Yakima School District also conducts targeted student needs assessments based on school discipline referrals, attendance, and academics.



Community

Both Yakima Neighborhood Health Services and Yakima Valley Farm Workers Services routinely conduct depression screening as part of their primary care protocol.



Child-Serving Agencies

DCYF conducts formal assessments when youth come into DCYF custody through the foster care system. There are also several processes in place to identify behavioral health needs of justice-involved youth. All youth who come into juvenile detention are screened with the Mental Health -Juvenile Detention Assessment Tool (MH-JDAT) and with the Commercial Sexual Exploitation of Children (CSEC). Youth involved in diversion or who are being supervised by probation are screened with the Positive Achievement Change Tool Assessment (PACT).



Gaps

Stigma. Workshop participants noted that the stigma associated with behavioral health needs presents a barrier to the identification of needs among youth.

Unknown practices in other school districts. There are ~16 school districts in Yakima County. Two of those districts provided information as part of this mapping process (Yakima and Granger school districts). The Granger School District did not provide any information about screening and it is not known if the school districts that did not participate conduct any behavioral health screening.

2. CONNECTION TO SERVICES

Schools



- Yakima School District connects its students to services by both embedding services in the school setting and by having active partnerships with community partners to facilitate service referrals. Davis High School has a behavioral health clinic on site. All schools have at least one mental health counselor in the building, with the high schools each having multiple mental health counselors. In addition, Comprehensive Healthcare provides a liaison for every school building that would like one, in order to facilitate connection of students with high needs to services.
- Granger School District embeds mental health services and substance abuse awareness in the school setting.
- Educational Services District (ESD) 105 recently became certified as a behavioral health facility in order to embed substance use disorder and mental health services in the school setting. ESD 105 also provides Education Advocates (EAs) to assist previously incarcerated youth with successful transition back to community schools or employment.

Community



- Both the Mockingbird Society and Y4Y, youth-led organizations, facilitate the connection of young people to services. The Mockingbird Society offers care coordination and Y4Y provides referrals to treatment providers.
- Village of Hope provides wraparound case management to enrolled Yakama Tribal Members.
- Comprehensive Health Services and Children's Village provide care coordination.
- Yakima Valley Farmworkers Services medical and dental clinics have integrated behavioral health consultants and provide referral coordination for specialty behavioral health services.
- Yakima Neighborhood Health Services has a therapist embedded in both the Sunnyside and Yakima clinics. Patients are also referred out for specialized behavioral health services.
- The Children's Advocacy Center of Yakima County provides referrals for mental health resources.



Child-Serving Agencies

- DCYF has contracts to connect children in foster care with certain evidence-based mental health services. Contracted services include Functional Family Therapy (FFT) and Crisis Family Intervention (CFI). DCYF also provides referrals for children who are involved with the child welfare system and have complex mental health needs.
- Yakima County Juvenile Court has contracts for evidence-based and promising programs. This includes FFT, Multi Systemic Therapy (MST), and Individual Alternative Choice Training (iACT). DCYF Juvenile Rehabilitation connects the highest risk youth to Functional Family Parole at re-entry.



Gaps

- **Long wait lists for services.** Participants noted that it can be difficult to connect youth and families to services because there is often a two to three month wait for access to services. While initially youth and families can access an intake appointment without a long wait, the long wait for services following intake is a barrier to connecting youth and families to services.
- **Lack of knowledge about service availability.** Participants voiced a lack of awareness among themselves regarding service availability. This lack of awareness among child-serving professionals results in an inability to support youth and families in their connection to needed services.
- **Gaps in collaboration among child-serving agencies.** Some participants noted that the lack of knowledge about available services stems from an absence of regular collaboration among child-serving agencies.
- **Complexity of the system.** The complexity of the system was identified as a barrier to the connection of youth and families to services. Participants noted that the complexity makes navigation of services difficult for professionals working in child-serving agencies as well as for youth and families.
- **Transportation.** Transportation was repeatedly identified as a barrier to the connection to services.
- **Language and Culture.** Participants noted that many service providers are not equipped to offer services in Spanish at the volume needed to meet the need. Participants also noted that many providers do not offer services that are sensitive to the varied cultural perspectives among youth and families across Yakima County.

3. COMPREHENSIVE ARRAY OF COMMUNITY-BASED SERVICES:



Resources

- **Designated Crisis Response.** Comprehensive Health Services operates a mental health co-responder program that works with law enforcement. The program operates primarily in the Upper Valley. It provides assessment for in-patient need and provides referrals to community-based service providers.
- **Crisis Center and Mobile Crisis.** Comprehensive Health Services operates a crisis center and mobile crisis out of its Two Rivers Landing location.
- **Yakima Valley Farm Workers Clinic.** A wide range of services are provided, including:
 - Individual counseling (1,200 capacity)
 - Group counseling
 - Psychiatric services (1000 capacity)
 - Outpatient substance use treatment (individual and group) (50 capacity)
 - Primary care behavioral health consultation
 - Applied behavioral analysis
 - Wraparound with Intensive Services (WISe) (60 capacity)
 - Applied behavioral analysis (16 capacity)
- **Comprehensive Health Services.** A wide range of services are provided, including:
 - WISE program (30 capacity)
 - Outpatient therapy
 - Substance abuse treatment (group treatment for teens)
 - Cognitive Behavioral Therapy (CBT)
 - MST (6 capacity)
 - FFT
 - Positive Parenting Program
 - New Journeys
- **MERIT Resource Services.** Walk-in assessments and outpatient treatment are provided.
- **Yakama Nation Behavioral Health Services.** Individual, family, and group treatment are provided. Therapeutic outreach is also provided for students at Tribal School, Mount Adams School District, Toppenish School District, and Wapato School.
- **Catholic Charities.** Outpatient behavioral health treatment and the WISE program are provided.
- **Rod's House.** Provides behavioral health services for youth aged 13 – 24.
- **YWCA of Yakima.** Provides art expression therapy for children.
- **ESD 105.** Provides substance use treatment services in some Yakima County schools. They are working to begin to offer CBT in schools as well.
- **School-based services.** There is a behavioral health clinic at Davis High School

in the Yakima School District. The Yakima School District also has clinical mental health supports in all school buildings. The Granger School District also provides mental health services in schools.

- **Children's Village Neurodevelopmental Clinic.** Provides specialty care support and coordination for children with neurodevelopmental needs. Services include: pediatric medical evaluations, behavioral health services, autism spectrum disorder evaluations, applied behavioral analysis, specialty services, medical and dental services, and parent to parent family support services.
- **Yakima Neighborhood Health Services Medical/Homeless Clinic.** Provides outpatient medication management for substance use disorder treatment for anyone who is a patient of Yakima Neighborhood Health.
- **Sundown Ranch.** Provides outpatient substance use disorder treatment services.



Gaps

- **Waitlists.** Participants consistently identified a lack of service availability as a significant problem. While there are many providers offering a range of community-based behavioral health services, Services are not available in the volume required to meet the need.
- **Workforce shortage.** A primary driver of the insufficient level of service availability is a lack available workforce. Providers struggle to find qualified staff for their programs.
- **Absence of co-occurring treatment.** Providers identified an absence of services for youth who have both mental health and substance use disorders.
- **Lack of trauma-informed care.** Participants also noted that there are not enough trauma-informed services available.
- **Few services for youth with lower-level needs.** Participants voiced concern that there are not enough services for youth who do not have severe needs. This inability to meet lower-level needs prevents early intervention that might prevent higher-level needs from developing.

4. INPATIENT/RESIDENTIAL SERVICES:

Resources



- **Substance use disorder residential services.** Inpatient services are provided by Sundown Ranch (60 beds, ages 12 - 18). Sea Mar Community Health Centers also offers inpatient treatment throughout the state (although not directly in Yakima County).
- **Short-term stabilization.** Comprehensive Health Services, Two Rivers Landing provides short-term stabilization.
- **Long-term inpatient beds.** Comprehensive Health Services, Two Rivers Landing has four long-term beds dedicated for children. There are also a small number of Children's Long-term Inpatient Program (CLIP) beds.

Gaps



- **Lack of both short-term and long-term inpatient beds.** Participants noted that the short-term stabilization beds are difficult to access because they are very full. Participants also noted a shortage of CLIP beds to meet the long-term inpatient need.
- **Absence of co-occurring treatment facilities.** There are no residential facilities that offer treatment for co-occurring disorders.

5. ADDITIONAL SERVICES FOR CHILDREN AND YOUTH



Resources

- **Housing resources.** Rod's House runs a young adult extreme winter weather shelter and a young adult emergency home. Rod's House also offers housing assessment and support and street outreach services. Catholic Charities provides rapid housing and re-housing support for youth ages 18 – 24 and a transition program for youth aging out of foster care. The YWCA of Yakima operates a 44-bed shelter for moms and children who have experienced domestic violence. Village of Hope operates an 11-unit housing program in the Armory for enrolled Yakama Nation Tribal members. Village of Hope and Y4Y also provide referrals to housing. Yakima Neighborhood Health Services Medical/Homeless clinic provides street youth services for unaccompanied youth ages 12-24.
- **Library Services.** Yakima Valley libraries operates in 17 locations and offers online homework assistance, databases for research, GED practice tests, and early literacy support. Yakama Nation also operates a library.
- **La Casa Hogar.** La Casa Hogar provides a range of services for youth, including: Strengthening Families for Youth ages 10 – 14 and Protective Factors for Strengthening Families for parents and caregivers, ESL learning, citizenship, technology, and early learning.
- **OIC Henry Beauchamp Community Center.** The community center offers career training and preparation programs as well as GED/high school equivalency support programs.
- **YMCA.** The YMCA operates youth drop-in centers, and early learning/childcare center, and a fitness and aquatic center. The drop-in centers provide free after school programming and scholarships are available if cost is a barrier to the fitness and aquatic center.
- **Yakima Valley Farm Workers Clinic - Northwest Community Action Center.** Services include 21st Century Community Learning Centers, Parents as Teachers, and Los Ninos Bien Educados (Well-Behaved Children).
- **Legal Services for Youth.** Team Child is a nonprofit law firm that provides direct legal services for youth across a range of issues including record sealing, school discipline, special education advocacy, housing, immigrant legal services, and legal services for incarcerated youth.
- **Trainings.** The National Alliance on Mental Illness (NAMI) provides "Ending the Silence" trainings in person and online. Ending the Silence is a free, evidence-based, 50-minute session designed for middle and high school students. Students will learn about mental health conditions through a brief presentation, short videos, and personal testimony from a young adult who describes their journey to recovery.
- **LGBTQ Drop-In Center.** Yakima Neighborhood Health Services has a a drop-in center, "The Space." for LGBTQ+ youth.



Gaps

- **Lack of awareness about existing services.** Participants voiced a lack of awareness among youth, families, and providers themselves regarding the services available for youth.
- **Transportation.** Participants noted that a lack of transportation is often a barrier for youth to access the range of community-based services.
- **Waitlists for crisis housing.** There are not enough crisis housing resources to meet the need among youth in Yakima County.

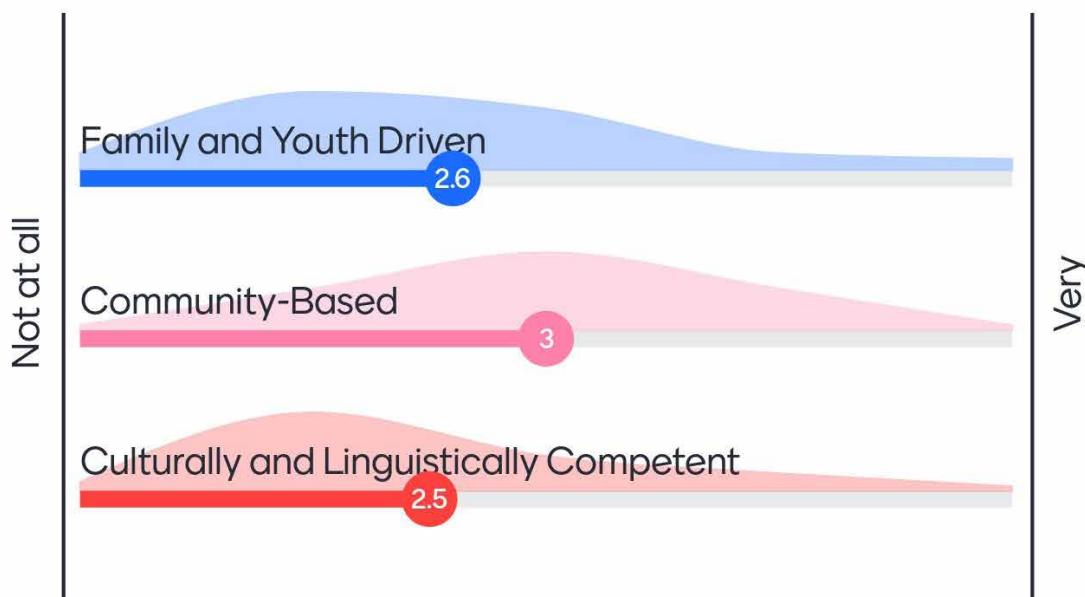
SECTION 3: SELF-REFLECTION

In addition to service-level gaps, the Critical Intervention Mapping and Action Planning Workshop is designed to identify systems-level gaps. To aid in the process of selecting priority areas for change, workshop participants were asked to complete a self-reflection to capture shared core values and guiding principles. The self-reflection is based on the systems of care philosophy. This philosophy serves as the foundation for developing a comprehensive, coordinated, and effective service delivery system and includes well-defined and well-researched core values and guiding principles. For the purposes of supporting identification of systems-level opportunities for strengthening the local service delivery system, the self-reflection offers workshop participants the chance to reflect on the degree to which the local service delivery system adheres to these best practice core values and guiding principles.

The following charts display the average overall scores given by respondents for each core value and guiding principle. The results reveal important indicators of the attitude or perception of the group, which includes stakeholders across the various agencies and departments serving youth with behavioral health needs and their families in Yakima County, Washington.

YAKIMA COUNTY, WASHINGTON CORE VALUES SELF-REFLECTION RESULTS

Core Values Self-Reflection



CORE VALUES DEFINED

FAMILY AND YOUTH DRIVEN

Family and youth driven, with families and young people supported in determining the types of treatment and supports provided (with increasing youth/young adult self-determination based on age and development), and their involvement in decision-making roles in system-level policies, procedures, and priorities.

COMMUNITY BASED

Community based, with services and supports provided in home, school, primary care, and community settings to the greatest possible extent, and with responsibility for system management and accountability resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community or regional level.

CULTURALLY AND LINGUISTICALLY COMPETENT

Culturally and linguistically responsive, with agencies, services, and supports adapted to the cultural, racial, ethnic, and linguistic diversity of the young people and families they serve to provide care that meets individual needs, including those shaped by culture and language, and to ensure equity in access, quality, and effectiveness of services.

YAKIMA COUNTY, WASHINGTON GUIDING PRINCIPLES SELF-REFLECTION RESULTS

Guiding Principles Self-Reflection



Guiding Principles Self-Reflection



GUIDING PRINCIPLES DEFINED

COMPREHENSIVE ARRAY OF SERVICES AND SUPPORTS

Ensure availability and access to a broad, flexible array of effective, high-quality treatment, services, and supports for young people and their families that address their emotional, social, educational, physical health, and mental health needs, including natural and informal supports.

INDIVIDUALIZED, STRENGTHS-BASED SERVICES & SUPPORTS

Provide individualized services and supports tailored to the unique strengths, preferences, and needs of each young person and family that are guided by a strengths-based planning process and an individualized service plan developed in partnership with young people and their families.

EVIDENCE-BASED PRACTICES & PRACTICE-BASED EVIDENCE

Ensure that services and supports include evidence-informed, emerging evidence-supported, and promising practices to ensure the effectiveness of services and improve outcomes for young people and their families, as well as interventions supported by practice-based evidence provided by diverse communities, professionals, families, and young people.

TRAUMA-INFORMED

Provide services that are trauma-informed, including evidence-supported trauma-specific treatments, and implement system-wide policies and practices that address trauma.

LEAST RESTRICTIVE NATURAL ENVIRONMENT

Deliver services and supports within the least restrictive, most natural environments that are appropriate to the needs of young people and their families, including homes, schools, primary care, outpatient, and other community settings.

PARTNERSHIPS WITH FAMILIES AND YOUTH

Ensure that family and youth leaders and family- and youth-run organizations are full partners at the system level in policy, governance, system design and implementation, evaluation, and quality assurance in their communities, states, tribes, territories, and nation.

INTERAGENCY COLLABORATION

Ensure that services are coordinated at the system level, with linkages among youth-serving systems and agencies across administrative and funding boundaries (e.g., education, child welfare, juvenile justice, substance use, primary care) and with mechanisms for collaboration, system-level management, and addressing cross-system barriers to coordinated care.

CARE COORDINATION

Provide care coordination at the service delivery level that is tailored to the intensity of need of young people and their families to ensure that multiple services and supports are delivered in a coordinated and therapeutic manner and that they can move throughout the system of services and supports in accordance with their changing needs and preferences.

HEALTH-MENTAL HEALTH INTEGRATION

Incorporate mechanisms to integrate services provided by primary health care and mental health service providers to increase the ability of primary care practitioners and behavioral health providers to better respond to both mental health and physical health problems.

DEVELOPMENTALLY APPROPRIATE SERVICES AND SUPPORTS

Provide developmentally appropriate services and supports, including services that promote optimal social-emotional outcomes for young children and their families and services and supports for youth and young adults to facilitate their transition to adulthood and to adult service systems as needed.

PUBLIC HEALTH APPROACH

Incorporate a public health approach including mental health promotion, prevention, early identification, and early intervention in addition to treatment in order to improve long-term outcomes, including mechanisms in schools and other settings to identify problems as early as possible and implement mental health promotion and prevention activities directed at all children, youth, and young adults and their families.

MENTAL HEALTH EQUITY

Provide equitable services and supports that are accessible to young people and families irrespective of race, religion, national origin, gender, gender expression, sexual orientation, physical disability, socioeconomic status, geography, language, immigration status, or other characteristics; eliminate disparities in access and quality of services; and ensure that services are sensitive and responsive to all individuals.

SECTION 4: ACTION PLAN

Selection of Priorities for Change

Participants identified gaps and opportunities throughout the mapping process and through a survey administered after the mapping sessions. Themes were identified by PRA and vetted with workshop participants. A final list of priority areas for change was then developed. Workshop participants voted on this list, in an effort to identify four top areas for strategic planning. The voting reflected priority areas that the participants thought were both important and ones the group felt could be realistically addressed during action planning. Voting therefore does not necessarily reflect what the group felt was most important. Instead, it reflects those things that were most important and that offered the best opportunity for these participants to develop action plans. The results of the vote are displayed below:

PRIORITY AREAS FOR CHANGE	TOTAL VOTES
Workforce capacity issues, including the need to recruit and retain the sufficient workforce needed to provide services	14
Information sharing around what services are available to support youth in the community (via web pages, flyers, in person events, etc.). Creating a directory of all available youth-specific services in Yakima County.	11
There is a need for more preventative programming/recreational activities for youth	11
There is a need for services for youth that are lower-risk - youth who are not prioritized for immediate crisis care, but still in need of accessible behavioral health support	11
Increasing flexibility in how services are offered and accessed	7
There is a need for increased capacity of crisis services for youth (hotlines, response, providers)	7
Increase collaboration and coordination between existing youth serving organizations and providers	5
Decrease mental health stigma/normalize mental health – messaging to community that mental health is as important as health care. More education around mental health and suicide prevention.	5
Increase family engagement and involvement – involving families in youth service plans, creating opportunities for families and teens to have a safe space to talk (family support groups, opportunities for education for families, etc.).	4
Develop strategies for embedding equity and inclusion into all ongoing and future work. Leadership training with a focus on diversity, equity and inclusion.	4
Lack of specialized treatment providers (trauma-informed providers, co-occurring disorders, etc.)	3
Collaboration with community partners and JR-DCYF, to provide support specifically high-risk population	2
Increase presence of youth-led and focused programs in the community (i.e. the Mockingbird Society)	2
There is a need for culturally responsive services (increasing bilingual providers and services, etc.).	1
Transportation barriers for certain areas of Yakima County.	1

ACTION PLANNING EXERCISE

During the final session (Module 4), workshop participants participated in a facilitated Action planning exercise. The primary focus of the Action planning exercise was to review the priority areas for change identified during the mapping and Self-Assessment Survey exercises, and to establish the action step(s) for selected priority areas as well as the designated lead person for overseeing and coordinating the effort. Based on the results of the voting, the workshop participants selected the top four priority areas for action planning. In addition, participants also discussed the need for ongoing coordination and planning to refine, implement and monitor the recommended activities:

- **Priority 1:** Workforce capacity issues, including the need to recruit and retain the sufficient workforce needed to provide services.
- **Priority 2:** Information sharing around what services are available to support youth in the community (via web pages, flyers, in person events, etc.). Creating a directory of all available youth-specific services in Yakima County.
- **Priority 3:** There is a need for more preventative programming/recreational activities for youth.
- **Priority 4:** There is a need for services for youth that are lower-risk -- youth who are not prioritized for immediate crisis care, but still in need of accessible behavioral health support.

YAKIMA COUNTY, WASHINGTON ACTION PLAN

The following represents the preliminary action plan for Yakima County, Washington, developed by participants, to improve the community's capacity to respond to youth with behavioral health needs. This plan is considered preliminary as it should be reviewed on a regular basis by key stakeholders to ensure that the items identified by the workshop participants are completed, and that additional objectives and action steps are added to the action plan as the need arises.

PRIORITY AREA 1:

Workforce capacity issues, including the need to recruit and retain the sufficient workforce needed to provide services.

OBJECTIVE	INITIAL ACTION STEPS	WHO	WHEN	METRIC
1.1 Improve workforce capacity with additional incentives for the current workforce and recruitment of new workforce.	<ul style="list-style-type: none">Continuing education and employment advancement options with incentives for those that could be interested in youth and young adult behavioral health careers.Increase collaborations with local training organizations and universities.Employment contracts for specialized trainings. *Note individuals that work in community-based services are not eligible for loan forgiveness.Identify participants for workgroup	Mistee Magalei, Comprehensive Melissa Holm, Yakima County Mary O'Brien, YVFWC - Behavioral Health Services	Mistee and Melissa will meet quarterly	Decreasing turnover rates across the county over 1 year
1.2 Development of career marketing	<ul style="list-style-type: none">Increasing awareness of Yakima County's career opportunities and reasons to stay in Yakima. (Wineries, cost of living, commute times)Identify participants for workgroup	Elaine Gonzalez, WAY Mary O'Brien, YVFWC - Behavioral Health Services	Identify workgroup within 6 months	
1.3 Website that hosts all open positions related to youth and young adults within Yakima County	<ul style="list-style-type: none">Investigate the feasibility of a local website that includes all the open positions within the county.Identify participants for workgroup	Stg. Fowler, YPD	Within 2.5 months	Live website
1.4 Reduce burnout within Yakima County	<ul style="list-style-type: none">Identify and implement best practices related to burnout preventionsIdentify participants for workgroupMap top 5 used best practices and present to workgroup	Ariel Medina, Yakima County	Within 6 weeks Within 6 weeks Within 3 months	

RESOURCES

- National Center of State Legislatures
 - [Trends and Incentives in Workforce Development](#)
- Smart Incentives
 - [State incentive program trends: workforce development](#)
- Community Tool Box
 - [Creating and Maintaining Coalitions and Partnerships](#): Detailed list of actions and recommendations, including links to additional resources
- Child Welfare Information Gateway
 - [Burnout, Compassion Fatigue, and Secondary Traumatic Stress](#)

PRIORITY AREA 2:

Information sharing around what services are available to support youth in the community (via web pages, flyers, in person events, etc.). Creating a directory of all available youth-specific services in Yakima County.

OBJECTIVE	INITIAL ACTION STEPS	WHO	WHEN	METRIC
2.1 Increased adoption of 2-11 resources (both dissemination of information via 2-11, and improved reporting to 2-11 to ensure that the database is updated).	<ul style="list-style-type: none"> Determine the 2-11 point of contact for updating information, and make a concerted effort to engage with provider agencies to ensure they have it. Connect 2-11 to Unite Us to ensure that the 2-11 directory matches (see objective 3). 	Esther, Melissa, Ana (HSD)	Within 6 months	A notable increase in search results for youth resources within Yakima County listed in 2-11
2.2 Dedicating staff time within 2-11 and the Yakima County Department of Human Services towards doing ongoing research in order to stay on top of understanding the local resource landscape.	<ul style="list-style-type: none"> HSD will re-connect with 2-11 to develop an outreach and engagement strategy. 	Esther, Melissa, Ana (HSD)	Ongoing	
2.3 ESD 105 is utilizing a software platform called Unite Us to create a shared database between provider partners and schools. Unite Us a resource directory, and allows for communication and information sharing about resources and students across silos. Would be great to add more agencies to that system and grow it for our community.	<ul style="list-style-type: none"> Agencies that should be added: Juvenile, YNHS, YVFWC, Rod's House, DCYF, Madison House, YWCA, the Lighthouse, SRO's, Children's Village, CWCH Teen Clinic, La Casa Hogar, Latino Community Fund... What additional Lower Valley Programs are there? Esther and Emily will connect to see if the Human Service Dept. can help to identify and engage partners to use this platform. Emily and Jessica will continue to connect with Candi about bringing Juvenile into the system. 	Juan Ramirez, Public Health Manager Esther (HSD) Emily (ESD) Jessica and Candi (Juvenile)	Within a year	Ten new partner providers are added to the Unite Us platform by the end of the year.
2.4 Create a focus groups for youth and families to understand where they are getting their information from in order to better target outreach efforts.	<ul style="list-style-type: none"> Human Services Department to partner with ESD to connect with youth, like they did for the Youth Mental Health Summit. Partner with YAC (Youth Action Council) through ACI. Develop a plan for time, location, questions, outreach/ engagement strategy and format of focus groups. 	Esther, Ana (Human Services Department) Lizbet Maceda (ESD Coalition Coordinator) ACI YAC (Youth Action Council) Michelle Ragland (Juvenile Probation) David Gonzalez (WAY Juvenile Court Officer) Walk About Yakima (WAY) Program La Casa Hogar	Within a year	Conduct one youth and one family focus group by the end of the year

2.5	<p>Diversifying avenues for connecting with youth and families – connecting through school is important, but there are a lot of young people who are not engaged with school, or who need to be engaged outside of school.</p>	<ul style="list-style-type: none"> • Create information that can be distributed digitally, via media (including social media); a dedicated magazine or flyer that is published and mailed out in our community, or distributed at youth programs such as Rod's House, Children's Village, Madison House, CWCH Teen Clinic, schools, etc. • Radio ads through KDNA • Develop a social media presence for the Human Services Department, and a Youth Council to assist with outreach and creating content specifically to communicate about local resources to young people. 	<p>Esther, Ana (Human Services Department) Lizbet Maceda (ESD Coalition Coordinator) ACI YAC (Youth Action Council) Michelle Ragland (Juvenile Probation) WAY Program</p>	<p>Within two years</p>	<p>Creation of active social media profiles, informational content, and a Yakima County Youth Council</p>
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RESOURCES

- The Association for Intelligent Information Management (AIIM)
 - [Knowledge Sharing: 5 Strategies to Share Knowledge In the Workplace](#)
- Federal Reserve Bank of San Francisco
 - [Building a Cross-Sector Coalition](#): The first paragraph is unrelated; but the list of lessons that follow are very helpful for cross-system coalition building
- Northwestern University
 - [Knowledge Sharing: Leveraging Trust and Leadership to Increase Team Performance](#)
- NAMI
 - [9 Ways to Fight Mental Health Stigma](#)

PRIORITY AREA 3:

There is a need for more preventative programming/recreational activities for youth.

OBJECTIVE	INITIAL ACTION STEPS	WHO	WHEN	METRIC
3.1 Having someone hired to be a community organizer. Needs to be someone outside of these organization to keep communication between the organizations to make sure we have follow through.	<ul style="list-style-type: none"> Finding funding for full time position. 	Esther Magasis		
3.2 Strengthening family program – making it known to the community.	<ul style="list-style-type: none"> Breaking the stigma around programs like this Each organization can help promote this program -network with other agencies Warm hand off between Sundown ranch to this program How we can connect families that have not worked with services but need the extra support 	<p>ESD community collision to reach out and make that connection with Liz (Sundown Ranch)</p> <p>Lizbet Maceda regional prevention specialist ESD</p> <p>lizbet.maceda@esd105.org</p> <p>Point of contact for this program</p>	<p>Start contacting Lizbet today about getting families enrolled</p>	<p>Increase in inter agency contact</p> <p>Increase the number of presentations about the program</p>

RESOURCES

- National Center for School Mental Health
 - [Promotion Services & Supports \(Tier 1\)](#)
- National Resource Center for Mental Health Promotion and Youth Violence Prevention
 - [Selecting Evidence-Based Programs](#)
- [SAMHSA EBP Resource Center](#)
 - IRIS Center - Vanderbilt
 - [Select an Evidence-Based Practice or Program](#)

PRIORITY AREA 4:

There is a need for services for youth that are lower-risk -- youth who are not prioritized for immediate crisis care, but still in need of accessible behavioral health support.

OBJECTIVE	INITIAL ACTION STEPS	WHO	WHEN	METRIC
4.1 <ul style="list-style-type: none"> Intervening at medical/physical health Soft touch point for behavioral health needs (assessment/questions asked) at pediatrician level Behavioral health screen 	<ul style="list-style-type: none"> More research on what is happening already in Yakima Check on best practices around the country Talk to local providers 	<p>An on-going person who can follow through on these action steps.</p> <p>Yakima Valley Farm Workers</p> <p>Clinic Yakima Neighborhood Health</p>		
4.2 Youth voice in what they feel will help	<ul style="list-style-type: none"> Pull together youth voice at school 			
4.3 Intervening at school level Bring in people and programs into the schools to provide support rather than asking the current staff to take on more.				
4.4 Mentoring – normalizing reaching out and providing opportunities for reaching out (mentoring programs in schools) Change verbiage around “counseling” Friendship groups	<p>Check out mentoring program at Washington Middle School</p> <ul style="list-style-type: none"> Forge Mentoring Madison House Rods House The Space 	<p>Nick Mifflin</p> <p>Sean Brown</p>		
4.5 Education for families in support on parenting skills	<ul style="list-style-type: none"> How to get the word out Change in engagement and how information is being shared with families Utilize Public Service Announcements Provide opportunities for parents to access services/ classes online 	<p>Catholic Family Comprehensive Health Care</p> <p>ESD 105</p>		

RESOURCES

- National Center for School Mental Health
 - [Promotion Services & Supports \(Tier 1\)](#)
- [School Mental Health Referral Pathways Toolkit](#)
- [University-agency Partnerships: One-Page Summary](#)
- [Education, Professional Preparation, and University-Agency Partnerships Resource List](#)
- [Building an Evidence-Driven Child Welfare Workforce: A University-Agency Partnership](#)
- [Program Profile: School-wide Positive Behavioral Interventions and Supports \(SWPBIS\)](#)
- [SEL and Mental Health](#)
- [Integrating children's mental health into primary care](#)

SECTION 5: CONCLUSIONS AND RECOMMENDATIONS

Moving forward, Yakima County is in a strong position to leverage the strengths, action plans and cross-sector professional network identified during this process to improve outcomes for young people. Large-scale social change requires broad cross-sector coordination.¹ “Collective impact” describes an intentional way of working together and sharing information for the purpose of solving a complex problem. Proponents of collective impact believe that the approach is more likely to solve complex problems than if a single entity were to approach the same problem(s) on its own. According to Kania and Kramer, there are certain characteristics that distinguish collective impact initiatives from “collaboration as usual” and that make them successful:

- All participants have a common agenda for change including a shared understanding of the problem and a joint approach to solving it through agreed upon actions;
- Collecting data and measuring results consistently ensures a shared measurement system for alignment and accountability;
- A plan of action that outlines and coordinates mutually reinforcing activities for each participant;
- Open and continuous communication is needed across the many players to build trust, assure mutual objectives, and create common motivation;
- A backbone organization with staff and a specific set of skills to serve the entire initiative and coordinate participating organizations and agencies.



Example: [Wisconsin Children's Mental Health Collective Impact](#) (Video)



Resource: [Collective Impact Forum](#)

For Yakima County to be most successful in achieving the collective goals of better identifying and addressing youth behavioral health needs, supporting growth of a continuum of effective and accessible behavioral health services, and identifying possible uses for funds collected through the new Mental Health Sales Tax, the facilitators from Policy Research Associates would recommend that the community attend to the recommendations explored below. The recommendations focus on developing adequate structures to ensure work plans are implemented and are periodically reviewed and revised as needed, that efforts receive adequate funding by way of the new Mental Health Sales Tax as well as other to-be-identified funding streams, and that all efforts embrace a research-driven, data-supported focus. Specific recommendations include:

- 1. Design and implement a committee-based leadership structure that will facilitate the implementation, refinement, monitoring and evaluation of these efforts. Specific foci of this leadership group should include:**
 - a. Creating a shared vision and charter for these efforts. A vision provides orientation and meaning for leaders and collaborative efforts. It helps to focus meeting agendas, data collection, planning and implementation, and helps communities engage in thoughtful and sustainable transformation of practice;
 - b. Clearly articulating and monitoring an implementation plan and timeline;

¹ Kania, John, and Mark Kramer. "Collective Impact." Stanford Social Innovation Review 9, no. 1 (Winter 2011): 36–41.

- c. Identifying process and outcome metrics as well as developing a plan to track these efforts;
- d. Developing an annual, publicly available report with process and outcome metrics and articulating next steps for the coming year.

The workshop provided opportunity for cross-system information sharing that many participants appeared to find valuable. As the work continues to unfold, it is important to identify and empower a leadership structure to systematically support cross systems level information sharing regarding needs, available resources, and system-level outcome data. The committee that facilitates this work moving forward may want to consider learning more about and shifting toward functioning as a backbone organization for collective impact, as this kind of support will facilitate the needed ongoing cross-systems collaboration. ***Collective impact is the commitment of a group of actors from different sectors to a common agenda for solving a specific social problem, using a structured form of collaboration.***



- » Resource: [Texas Systems of Care Toolkit – How to Develop Leadership Structures](#)
- » Resource: [Tools for Backbones](#)
- » Resource: [Collective Impact Toolkits](#)
- » Resource: [Leadership in Systems of Care: Creating and Communicating a Shared Vision](#)

2. Periodically review and revise this report and the included action plans. Specifically:

- a. Utilize the evaluation plan described in Recommendation 1 to evaluate progress toward stated goals;
- b. Revisit and refine goals and action plans as needed and supported by data to ensure plan is actionable, making needed progress and continue to accurately reflect the strengths, needs and capacities of the community and this group to make meaningful change.

3. Explore and identify funding streams to sustain this work. Most notably, how this work can be sustained through the Mental Health Sales Tax. Notably:

- a. Hire a full-time position to coordinate these efforts, including chairing/coordinating the leadership cohort identified in Recommendation 1;
- b. Consider hiring an evaluator to drive the evaluation process identified in Recommendation 1;
- c. Consider using funds to invest in workforce development strategies. Both recruitment and retention strategies, as well as training and technical assistance to support the existing workforce;
- d. Identify additional funding streams to support this work.

4. Prioritize the use of proven effective, ideally evidence-based, supports and services.

APPENDIX A: Participant List

*Note that this is a list of participants who participated in at least one or more components of the workshop, but may not have participated in all events.

NAME	AGENCY	ROLE	EMAIL
Adrienne Garner	OIC of Washington/Henry Beauchamp Community Center	Community Services Division Director	a.g@yvoic.org
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APPENDIX B: PowerPoint Presentation

Slide 1

Critical Intervention Mapping & Action Planning Workshop

Yakima County WA

March 8, 2022



National Center for Youth
Opportunity and Justice

Slide 2

What does an Inclusive and Collaborative Virtual Workspace look like?

- Display how you want to be called, not “iPhone” or “Computer” or email
- Turn your video on
- Keep your microphone muted unless you are speaking
- Use “raise hand” or chat function to communicate with the group

2

Our Purpose...



Assess and understand current services array and systems collaboration



Identify gaps and opportunities



Set priorities and develop an action plan

Workshop Objectives

1

Review framework

2

Establish values and principles

3

Assess local infrastructure

4

Conduct gaps analysis

5

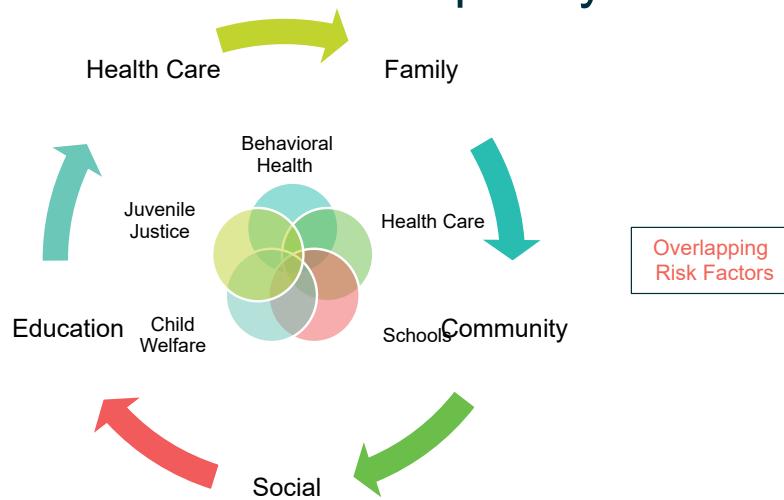
Set priorities

6

Develop preliminary action plan

WELCOME AND INTRODUCTIONS

Youth Involved in Multiple Systems

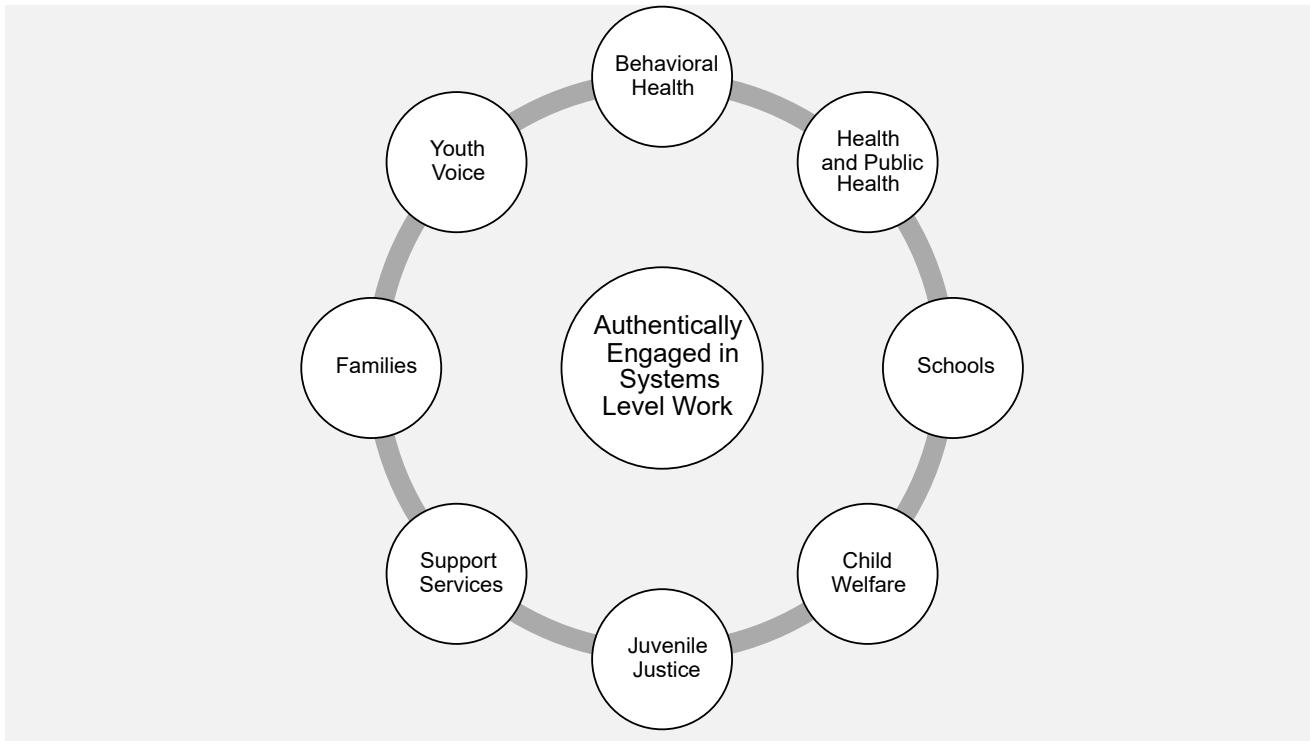


ESTABLISH A FRAMEWORK

WHAT IS A SYSTEMS OF CARE?

- In the simplest of terms it is...
- a comprehensive array of services and supports
- an infrastructure to fulfill essential functions
- a clear philosophy to guide service delivery for youth with behavioral health conditions and their families

Stroul , B.A., Blau , G.M., & Larsen, J. (2021)*The Evolution of the System of Care Approach*. Baltimore : The Institute for Innovation and Implementation , School of Social Work , University of Maryland .



CORE VALUES

- Family and Youth Driven
- Community Based
- Culturally and Linguistically Competent



<https://www.menti.com/bze29bgd8p>



GUIDING PRINCIPLES

- Comprehensive Array of Services and Supports
- Individualized Strengths Based Services and Supports
- Evidence Based Practices and Practice Based Evidence
- Trauma Informed
- Least Restrictive Natural Environment
- Partnerships with Families and Youth
- Interagency Collaboration
- Care Coordination
- Health Mental Health Integration
- Developmentally Appropriate Services and Supports
- Public Health Approach
- Mental Health Equity
- Data Driven and Accountability
- Rights Protection and Advocacy

GUIDING PRINCIPLES REFLECTION

<https://www.menti.com/nc4mxrnwfc>

WHAT ARE
YOUR
GUIDING
PRINCIPLES

