



## **FFPSA Round 2**

### **Community Meeting Notes**

#### ***How do we expand access to Evidence-Based Programs (EBP) Substance Abuse treatment?***

- Centralized funding- referral goes to the centralized unit who can send referral to treatment center and we have “X” amount of slots allotted for our clients. CD liaison to help client
- Include the wrap around MICA SVVC
- Asking the questions to identify the needs
- Unborn child- eligible for services
- Replicating services equally in communities- natural supports
- Expand services in school systems and provide treatment there- Expand FTE’s to do this
- Immediately available
- Clinical pathway- All systems working together i.e. parents, judges, departments “compulsory”??
- Expand on agencies or programs at school that clearly outline the step, take the intakes, and do immediate action evaluating the cases
- Differentiate if it is the parent, child, both, or the whole family that need services
- Increase providers
- Increase inpatient options
- LCS: Excelsior
- Rising strong (catholic charities)
- Think about larger family support; childcare, transition, nursing
- Rising Strong
- Child care for substance abuse families to increase showing up to treatment
- Imbedded with other programs- crosswalk on site –kids become comfortable over time- other kids refer
- In home- make it a safe place
- Stretch existing programs to cover additional needs i.e. homelessness.
- Reduce turnover at the agencies
- Creating an array of safe places for treatment to occur
- EBP: Circle of Security
- Reil House Triumph Treatment Services: Inpatient child care
- Sundown: Inpatient
- Example: Isabella House- Inpatient treatment, licensed child care (therapeutic child care)
- Merit
- Principles: apply racial equity- operationalize, be cognizant to attend to family’s needs, acknowledge generational trauma
- Network Supports
- Make sure we have an updated resources napping that is county and state wide
- Include transportation resources, housing, that eliminate barriers
- Family Treatment Court- Superior Court Judge- How do we train them early to want to go into that field/role?
- Can UW Bothell be a training ground on EBP’s? Very diverse
- Seadrunar: Drug and Narcotic Treatment Center, kids can stay with parents



- Does an EBP for substance abuse even exist? Mental Health and Substance Abuse should be worked on in treatment together. Dual diagnosis?
- The least experienced/credentialed therapists are usually the ones experiencing highest need caseloads- nonprofit, grad schools/interns, etc.
- 20-day treatment is not enough
- Parent for Parent style programs- create these programs
- Maintain the beds- pay for their existence rather than their use
- Partnership homeless youth shelter (Excelsior) imbedded onsite. Get benefits, assessments, treatments.
- Figuring out how to adjust that playing field would be the responsive way to do it
- I have seen parents agree to treatment and then show up and drop out after a few days in order to get housing. Separating that would allow better use of treatment resources
- Think about hiring people with the expertise so they are able to interact with resource and work with the agency internally. Identify areas that are impactful and they can then work with state and within agency
- Specialists- start putting people together.
- Interdisciplinary providers, serve all the people together, hybrid specialist, work together, provide a way to come together
- Help Me Grow- could be a vehicle
- Map community in a way to figure out intersections
- FAR- Triple P (Positive Parenting Program) has a distance option

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***Including Treatment for Adolescents***

- NO EBP ones. Very few drug abuse treatments for youth
- Increase beds
- EBP'S are adolescent "tested" not adult "tested"
- Job fairs, open houses
- Normalize for kids- not something "different"
- More partnership with Juvenile Rehabilitation
- Give information on informal places like after school programs open houses
- Make universal- that it is okay to ask for and receive help
- Increased training in public schools to identify the need and know the services that are out there
- Providers serving teens: Sundown
- Spokane: Sea Mar Community Health Center
- United Indians of all Tribe's Foundation- Labateyah Youth Home
- Northwest Indian Treatment Center
- Identify barriers
- Recovery Supports
- House setting: clean and sober with House Parents Adults
- Develop a clinical treatment pathway built-in staffing model- help assessment/placement
- This should look very different than treatment for adults. Not using adult serving model. 18 does not mean adult!!
- Ricky's Law- how would you do involuntary with "no locked" youth?
- Peer supports/mentors
- WISE/Wraparound services this program may best know what EBP's
- Hold space open for beds
- Family Treatment Court
- Refer to Local organizations- YMCA



- Make services accessible, hours of operation, access, services go into homes.

***What EBP Substance Abuse Treatment Programs  
are there already out there?***

- None, No Idea
- CD Liaison- Unite
- Triumph
- Sundown
- Healing Lodge
- ADATSA- CO Liaison through Yakima County
- Many that worked in the past don't exist anymore because of funding.
- FFT
- Not EBP but- imbedding treatment in other programs i.e. homeless programs
- We need more inpatient dual diagnosis treatment centers for
- mother – with her child(ren)
- father – with his child(ren)
- Recovery resources for families in safe communities were they did not use substances.
- Are the evidentiary standards for FFPSA aligned with federal requirements per SAMSHA or other SUD treatment entities?
- What SUD treatment programs are there in WA State that are evidence based? And by whose standards?
- PCAP- Parent Child Assistance Program
- Promoting First Relationships
- In home/ housing for substance use parents/family housing and child care availability
- Authentic family voice
- Barrier- transportation- access and availability
- Crisis Respite Care
- Centralized resources
- Inpatient substance abuse treatment services needed! (Helen at AO's office) (involuntary treatment for youth) – Ricky's law- does it help?
- Peer supports for teens/mentor programs (Nicole at Amara)- youth NAA meetings or targeted ages
- BRS services that combine with substance abuse is needed! (co-occurring services)
- Family treatment
- Best 4 Babies (in Pierce County)

***How do we build a service array (all EBP's) to  
avoid unintended consequences?***

- All Yakima EBP's have a waitlist per say, as there are rarely openings.
- We need more providers to take more clients.
- Many of our families are court ordered to do an EBP services but they have to wait weeks/months to get in.
- Local DA treatment providers also have a waitlist for evaluations and beds.
- Layering services
- Teens access on their own
- Remember LGBTQ+ community
- Communication across agencies.



- One stop referral in each county to cross agency services, so as not to duplicate services/exhaust limited resources.
- Creating an agency that commits to do and follow the steps to PREVENT, help the families at risk, and/or work with the families that already need the services
- Variety of oversight licensing
- Cost of implementation
- Wages
- How do we train and retain at minimum wage in nonprofit sector?
- Monitoring
- Is it enough if it is successful for only 1 demographic?
- Homeless at exit
- The cost of implementing, training, paying for qualified staff etc.
- Lower turnover rates in agencies- contracts contain more funding for salaries
- Resource Mapping Treatment Recovery- inpatient/outpatient
- “keep in mind”
- centralized intake
- dual diagnosis
- In patient dual diagnosis for fathers
- Think outside of the box: to be sure people are receiving services they need in multiple ways
- Telecommute in home and in office
- Who is accessing the EBP? Who is providing it? Do THEY understand the cultural differences and how offering that program to POC might be different?
- Waiting list for culturally competent providers, educators, etc.
- Quality substance abuse programs- where you are. Services in your house with your kids
- Family Treatment Court – Baby Court (Kate Shircliff- family treatment affiliated too)
- Change rotation schedule for judges, 1 year is not long enough
- You have to have a diverse array to meet the needs of individuals. One size fits all doesn’t work.
- Services are accessible
- Financial
- Transportation/logistics
- Hours of operation
- Cultural response
- Don’t bill for hours- community based model.
- Therapist going into the community
- Appropriate level of service for client
- Family Relief Nurseries- like in Bend, OR and in Spokane
- Costs associated with EBP certain qualifications, pay raise involved for staff, costs more to train. Lots of costs involved with EBP
- Fee for service or grant, the way we do it now is number of encounters- fee for service. Providers may not want to serve this population, because they cancel a lot. A grant for a year. (Slot)
- Too many referrals- unintended consequences- to many services from EBP- can’t do homework, can’t do all that’s required. Can’t do what these programs are asking of them
- Care Coordinator really helps- same plan.
- Paying for training- turnovers/ expertise is somewhere- I think you still need to build in livable wage into the contract. You can’t have that turnover- consistency is what we need it is the person



- It's not enough to have enough trained people in the state we need to have agency help to retain them.
- Will you be developing a quality assurance structure for the EBPs? If not, there could be the unintended consequences there.
- Help current providers hire more people
- Won't ever be able to hire enough.
- Think outside of box. Be creative with how address this.
- telemedicine- hiring won't ever be enough

### ***Additional Questions/Comments***

- Rose Robertson (DV provider who is excellent is retiring could possibly give tons of feedback on what is needed for successful program)
- EBP's are always full and have a waitlist per say (can't put name down) we need more providers to provide the service.
- I would like to see more of the plan and the financial aspect to help the providers. So the providers can learn more of what help/resource is out there. I guess what I'm trying to say is we need more education in this field.
- Parents seeking treatment that are receiving medical assist (methadone) can't get into services because they are not "clean and sober". Parent/child treatment disqualified.
- What services will be provided to youth and families if the ARY, CHINS process goes away? Who will be responsible to manage these families? We need funds for FFT
- Having licensing at the table to discuss implementation barriers
- Identifying the pieces of the continuum that do not talk to each other.
- Circle of Security= 20 years working with teen moms
- Post treatment to include life skills and set them up for successful exit
- Post treatment support services to sustain gains made
- YWCA- Domestic Violence Community Advocates
- DCYF contracts with Domestic Violence, however state licensing requirements are not evidence based
- Phoenix Counseling working on curriculum
- FSP (Family Service Plan) Safe Care
- NFP, nurse family practitioner tapping into healthy partner
- HV coalition, help me grow
- Re Phase 1 candidacy – It would be great to allow all families who have adopted to be eligible for services, not solely those who were adopted out of the WA State FC system
- It would be important to include provider's advocates in discussions where the specifics of candidacy are being fleshed out. Such as with FRS (Family Reconciliation Services). Which I think you are planning to do!
- Training partners in cultural competence as part of the training match!
- Can we use parent to parent as an EBP and apply it to foster kids helping each other?
- Consider repurposing programs for families without a dependency (Mockingbird family model- hub home)
- Adoption dependency- talked about in this region (Region 1). Post adoption support doesn't exist. You get your monthly amount, not a lot of interaction. Most people don't know who to contact after. There are only 2 adoption support workers here. Sure there is a list services. There isn't a lot offered and no help. Research what other states are doing. We need to look what is available to help support families post adoption. You feel isolated and alone.
- The Parent Mentoring Program would help with youth returning and parent education from 2008
- Add Aggression Replacement Training



- Promoting First Relationships has prevention outcomes in Washington State preventing foster care placement in CPS population...among other findings.
- For tribal communities, our numbers in programs are often too small to meet the requirements for EBP levels.
- Substance Abuse Programs that are most successful are those that the patient attends when absolutely ready to do so, for no reason other than they want to get clean/sober. Developing a measure of this 'readiness' would allow good allocation of this resource for best possible outcomes.
- It seems like we'd want more services as to not put families in a cookie cutter services that "kind of" meets their need rather than a diverse list of choices.
- We are conducting an RCT (randomized control trial) with reunified birth parents- housing is the number one issue.
- Do not make housing the carrot to going to treatment. A readiness measure would solve for that.
- I'm wondering if you're thinking about how to strategically partner with Early Learning (EL) agencies (kids 0-3), since kids are being looked at for EL through CHET (due to CAPTA). EL has comprehensive services and sees kids at various places along the continuum of contact with DCYF...
- Many of our bio parents could benefit from parent coaching during visits while kids are in care but few of them receive it until just before reunification. Expanding this benefit to families of kids in care could speed up reunification and reduce return-to-care. (Would want to see any data on this if available)
- We also see that childcare is an issue when parents receive their children back
- ECEAP and Head Start would be good for referrals
- Population not called out- disability- children who may not- parents with a sub abuse issue
- Pockets of high risk suicide risk
- Increase communication across agency underutilizing or over capacity- one stop shop referral service. Among agencies in communities
- Resource mapping, Circle of Security
- One service where there is childcare in center where parents are they can be together and kids can get therapy while they are there
- Listen to family's needs, have knowledge of generational trauma- at core of why people use substances- address trauma- you see the same families come in to cps – what do we need to address?
- Community assessment – transportation is such a barrier- sometimes keeps youth from getting to services- social workers do that
- Expanding in schools and expand FTE's
- Immediate availability
- Clinical pathway- first identify- here is the next step and next step.
- CD liaison in office- help them navigate- use a clinical pathway-
- Nurse Family Partnership- well established- money to study it precedence- build on what we know
- Normalize it- get information in variety of places- used to seeing it- no adolescent wants to be different
- Work with Juvenile Rehabilitation- they already know how they got there- prevention ideas
- Layering services for families- multi sub use
- Remember LGBTQ community – not always included
- Previously centralized referral service- CDP- as well but we had a pot of money- centralized
- Only one provider that is doing mental health and substance abuse
- All kinds for moms but none for dads. Why can't they have access?
- Sometimes clients are ready and then the wait is too long, discouraged they lose interest
- There are parents with Developmental Disabilities or delays and we don't have any supports available
- CHIP data base ICD10- behavioral overlap, a lot of great resources
- Phase 2: children raised in foster care now adults without skills/example of how to parent





- Dr. June Lamar, UW Canoe Journey Life's Journey Program. Snoqualmie looking to see if they identified their program
- Salvation Army Treatment Program out of Seattle- tribal success with program- can be up to 6 months- Adult Rehabilitation Center. Staying connected adapted to/for tribal families
- Think about additional trauma informed training for contracted EBT's
- PCAP (Parent Child Assistance Program) it is with substance use. Also, Promoting First Relationships. Respite Care for WA State's future and families that are not placed. Club homes with Mockingbird and HUB. Transportation barriers.
- I am unaware of what an EBP substance abuse program is and if they exist? Big question marks there
- The state needs to line up with federal standards. Are you asking providers from different segments to answer these questions? Most people that need treatment in our population are Medicaid eligible. Could we get some Medicare assistance versus going through state to get federal dollars? Seadrumar Treatment Center in Seattle is an example of one that is used but might not be evidence based. One of my clients was able to attend there with his 14-month old son for a year, they provided childcare, and work for him.
- Rising Star in Spokane
- Programs are effective where kids can stay with their parents.
- How can we maintain beds? Can we pay for the use of a bed versus the existence of the bed?
- Ricky's Law Involuntary Treatment Act (new law 2018) has beds available for substance users, I'd like to see us work together to acknowledge that we don't want kids locked up and also kids are dying on the street from substance use and mental health issues. There are almost no voluntary beds in WA.
- DCYF does not allow kids to be in locked facilities, in a policy. Family initiated treatment. Makes it hard to provide inpatient services and always have to go to outpatient.
- Family Treatment Court add it to this list of EBP's as well as Youth Mentoring Programs- There is Mockingbird, Treehouse, New Horizons, and Passion to Action. Some of the schools use their own model taken from one out there.
- There are lots of EBP's that are not culturally appropriate and do not transfer to adult treatment.
- Their training component of FFPSA to allow EBP that can be delivered in a different way for communities of color.
- Cultural adaptation is something we can look at, maybe under the training piece/realm.
- If we could get the trainings to the providers as well.
- There is a group of kids who need to be contained and treated for a certain population.
- Dr. Shawn Gentrigh – came to Seattle to talk about addressing racialized trauma, in addition to how all families experience trauma. Is this included in the cross training that you are talking about?
- Staying connected with your team developed by social develop research group – Kevin Haggerty at UW for adolescents and their parents – a model called connecting for foster youth and their providers is being created (this was also adapted by a tribe not sure which one but Kevin will know).