MASON THURSTON SYSTEM OF CARE PARTNERSHIP

A REGIONAL FAMILY YOUTH SYSTEM ROUND TABLE PARTNERSHIP

JANUARY 26, 2024 SUMMARY MEETING NOTES

A Co-Youth Tri-lead started the meeting and made the following requests for participants to:

- mute their device when not speaking;
- avoid over-talking by waiting for others to finish speaking;
- use chat or raise a hand if using video or say your name before speaking if not using video, when you want to make a comment;
- stay on topic as we move through the agenda;
- feel free to share a question or comment after each agenda item.

The Co-Family Tri-lead then read the vision and mission followed by Co-Youth Tri-leads who shared readings of the group agreement and listening statement.

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

Mission Statement: Through respectful partnerships, families, systems and communities collaborate, influence and provide leadership to address challenges and barriers by promoting cohesive behavioral health services for children, youth and families.

The listening statement lets participants know they are listened to as we also focus on what the group has voted for as our area of focus and reminds the group that Tri-lead contact information is on every agenda.

A Co-Youth Tri-lead continued and shared the goals for the day after the convener completed introductions.

- Our first goal is to continue work on our Area of Focus.
- Our second goal is to hear about behavioral health resources from school districts and Educational Service District 113.
- Our third goal is to open Share Time for everyone.

A Co-System Tri-lead let the group know that she would continue to facilitate the process of attempting to translate the Area of Focus item into a goal for the SOCP. She then read

through the first item to start taking the group through the task assignments from the December 2023 meeting.

Area of Focus

More mental health providers available to young people and their families regardless of income and health insurance. This would be a change in the system as well as services rendered.

January 2024 task assignment follow up from December 2023 meeting

1. Determine now what mental health services are currently available to everyone regardless of insurance – report this info back to the group
    a. What will be done with this information and do the following items address this statement?

    b. One participant supports this idea.
        i. (Hub update and make sure info is current) – is there access information available there? – Jacque and Donna O. are willing to help with this
        ii. Needs to be shared with this group so they can share with others
        iii. Need to make sure that the group is aware of disparities of available services based on insurance situations (both Medicaid and non-Medicaid)
        iv. Check out systemofcarehub.com
        v. Need to learn about options for receiving care if not insured or privately insured
            1. Consider providing "tips and tricks" for accessing insurance for youth- maybe developing a document (guide) to support? Great idea for a next-steps strategy.

The Co-System Tri-lead asked if the group believes that these strategies in number one (above) satisfy the needs. Hearing no comment, the Co-System Tri-lead asked for those assigned to the hub follow-up to share what they learned. The Co-System Tri-lead shared the hub website on her screen for the group and explained how it works.

- Jacque (reporting for Jacque and Donna O.) shared the update for the hub www.systemofcarehub.com that she and Donna looked into. She let the group know that there was an signed agreement that included every provider and that the providers need to update their information on the hub. Jacque also stated that she was assigned to check the hub to see that it was up to date.
    - The Educational Services District 113 (ESD 113) participant stated that a lot of us have fallen off and haven't provided updates. She asked if we have any metrics about visits to the site and suggested more advertising.

        - A parent participant agreed that there needs to be more advertising.
    - The Catholic Community Services (CCS) participant said they have also fallen off and had trouble trying to gain access but didn't have a password.
    - The Shelton Schools participant said that when you go to the hub you want to get as much information as possible. There are some outpatient programs at South Sound Behavioral Hospital that aren't on the hub and they want to be on it.

The Co-System Tri-lead then said that it makes sense to be concerned about who we can be contacting. We need some kind of strategy or task. She then shared the systemofcarehub.com on the screen and explained it.

The Co-System Tri-lead let the group know we would be starting on number 2. (below) with Amy Martin.

2. Share and provide the matrix that was developed by this group to SOCP participants. The matrix shows all of the mental health and crisis services available to youth and families in our areas. Have the matrix shared at the SOCP again, in light of this new goal to identify services that are available based on insurance coverage, funding, and demographics.
    a. Five participants support this idea.
    b. A request has been sent to Amy Martin at the Behavioral Health Administrative Services Organization, asking her to share matrix information.

    - Amy Martin introduced herself and shared the the matrices on her screen. She explained the origins of the matrices starting with legislation about full integration services, Behavioral Health that includes mental health, substance use disorder treatment and primary care. Also, legislation in 2014 and 2016. Then how what is now the Thurston Mason Behavioral Health Administrative Services Organization, was the Thurston Mason Behavioral Health Organization with two Thurston county commissioners and one Mason county commissioner. This helped determine what belongs to the state (like residential services) and what belongs to the county (public health and social services) and that is how the matrices came to you. She explained that they look at each level of care related to mental health and substance use disorder treatment providers. The left side is broken into age groups and Transition Age Youth (TAY) and are all color coded. Over the years there has been an eb and flow. The Managed Care Organizations (Molina, Coordinated Care, Wellpoint, Community Health Plan of Washington and United) took over all of the Medicaid dollars in 2020. Some of the service providers that accept Medicaid include Behavioral Health Resources, SeaMar, Community Youth Services, Educational Services District 113 and

Catholic Community Services. The Behavioral Health Organization that became an Administrative Services Organization manages non-Medicaid dollars for children/youth who are not eligible for Medicaid and the Managed Care Organizations (MCO's) delegates the operation and management of crisis services. The second matrix is for crisis services. Amy gave a shout out to Dena for reaching out to services that has helped with the matrix. CCS mobile response stabilization services are voluntary. However, the crisis matrix includes involuntary treatment via Designated Crisis Responders (DCR's) for people who need to be detained related to the Involuntary Treatment Act. Now, going back to the first map/matrix, it has a second page with a list that she checked with all the contact information. The maps basically have all of the services people can access. It us up to the MCO's to see if these services are in their network. Here are the matrices.

Thurston Mason
Service Matrix with Pr

Thurston Mason
Crisis Service Matrix_J

- A parent commented that this is a lot of information and that it is simplified because the programs and contact numbers are listed. I printed this out a few years ago and it is like 3' by 5' page after page.
  - Amy said that she uses 8.5 x 14 and that helps to make it a bit bigger.
- The Community Youth Services participant asked about how they can update their information in general but specifically that they no longer provide services for youth in juvenile detention.
  - Amy answered saying that she could be contacted.
- The group wanted the documents sent out.
  - The convener sent them out after the meeting with a message from Amy and a request to send Amy updates by February 16th.
- The ESD 113 participant added that if there are some telehealth services, maybe they could be added or integrated onto the matrices. I think that is an agenda item about that coming up.
- The Behavioral Health Resources participant added that they offered telehealth during the pandemic but have since walked it back. It is now offered on an individualized basis, case by case.
- The CCS participant said they are the same as CCS and they do not feel that telehealth is as safe as in-person services.
- The Community Youth Services (CYS) participant said that the Multisystemic Wise program offers in-person service. The Transition Age Youth (TAY) programs, Core and Wise. Wise can offer hybrid but want to

meet in person to be able to monitor symptoms. The Core program has two telehealth providers.
    - The ESD 113 participant shared that they have a telehealth hub primarily for rural students needing mental health and substance use disorder treatment. However, it is for any student.
        - A question from the CCS participant about whether ESD 114 offered telehealth was answered that she doesn't know which ESD's are funded for telehealth.
- Amy ended the presentation after these comments explaining that the matrices are a work in progress, an outline of what we have and don't have.

The Co-System Tri-lead then let the group know that Brandi would share the findings from the number 3 task assignment (below) that was given to Brandi, Dena and Jana.

3. Explore Telehealth options that are available regardless of state or county and bring this info back to the SOCP.
    a. Four participants supported this idea.
    b. Ask if anyone is willing to work on this and bring information back to the group?
        i. Brandi, Dena, Jana – Brandi will lead

- Brandi shared the following findings:
    - Telehealth in Washington State which can be an alternative for in person mental health counseling.
    - There are a few things to consider when doing telehealth which include is this a good fit? There are times when a person is a danger to themselves or others and an in person visit is ideal. It is an option to ask the mental health provider to provide the telehealth services but they usually do require you to have an initial in person meeting for an intake.
    - The location of the client is needed to establish that they are in the county that the licensed therapist is legally able to practice in, and also for safety reasons of the client.
    - Audio and visual is mandated by all the telehealth counselors that I have reached out to. Again, this is for the safety of the client, and to make sure they are speaking to the client alone and in a safe environment.
    - There is a difference in telehealth and a virtual visit. Virtual care is more of a wide range of technologies which can include messaging, ai chats, apps that provide information via chat bot ect.
    - Telehealth places a stronger emphasis on clinical care, diagnosis, treatment and monitoring of medical or mental health conditions.
    - It does depend on your medical insurance and what the agency is willing to do as far as mental health via telehealth. It is best to ask the provider or agency directly.
    - We can gather more information but we know that this research has led to a lot of rabbit holes.

- The CCS participant said that they have learned that there are laws about licensing and about where telehealth can be provided.
- A parent stated that providers have to be careful about confidentiality and for example in domestic violence situations related to knowing the location of the client and being able to get services to them.
- The ESD 113 participant said that they go over those items (above). Students are responsible for privacy and to have a safety plan. We ask the student at every single session where the client is and if there is a safe place to be. The ESD has a Telehealth Hub that covers mental health and substance use disorder services for any student in our 5 county region. I can send a flyer for that if helpful. Here is a link to the ESD Hub - https://www.truenorth113.org/telehealth-hub/
- A parent shared that they were in San Diego and had to enroll in Kaiser there even though they have Kaiser in Washington state. It is interesting how different agencies will allow things and not others and it all has to do with billing.
    - The ESD 113 participant commented that they believe it has to do with licensure. Our people are licensed only in Washington state. We've talked about legislation to have reciprocity especially related to border issues like Vancouver/Portland.

The Co-System Tri-lead let the group know that we were moving into number 4. (below) and would start sharing demographic data. She opened the link to the dashboard and explained that there is always a bit of a lag for data and that the data being shared is from 2014 through 2021. She started by reading the introduction in the document and said that if we want more time for discussion about this data we can continue the conversation at another meeting.

4. Look into regional demographics – which areas don't have access? Who accesses services by zip code? What are the barriers around access for those who don't have accessible contact info?
    a. Three participants support this idea.
    b. Ask if the Managed Care Organizations and Administrative Service Organization if they could share this information
        i. Donna O. and Heidi will contact MCOs, ASOs and HCA to see what info they can provide and bring this info back to the group.
        Here is a link and attachments to documents for the 1/26 meeting:

        https://www.dshs.wa.gov/sites/default/files/rda/reports/DASHBOARD_ChildrensBehHealth.pdf


Statewide profiles_20231113_su


Regional_profiles_202 31113_suppressed-1.p

ii. Penetration rate information would be most helpful – "penetration rate" means are all people getting the same access to services, regardless of location, age, race, etc? Service intensity and type of service is also an area we could use info around.
iii. Who else do we need to ask to get information about the same info for private insurance folks.

- The Research Manager for Prenatal to 25 Lifespan Behavioral Health at the state level commented in reply to a mention of youth in foster care, stated that life experience creates risk and protective factors. Also, that it would be surprising if we didn't see higher risk for youth in foster care.
- A parent said that they have first hand witnessed youth in foster care, then adoptive youth. The help from the state helps but then falls away during transition ages, especially at 18 and 20. Medicaid is gone but mental health needs continue and it kind of grows. This is something I'm trying to educate other families who foster and adopt youth.
    - The Research Manager said - you raise a good point and we need to be working to have supports in place when youth are adopted and transition into adulthood.
    - Another parent said that they also agree with this point raised by the parent (above) and explained that they had their own experience with this and that once youth have aged out, everything did stop. It took awhile to get it all started back up. This youth had no clue as to what they were supposed to do and did have a case manager. It was a bad situation because the youth either didn't understand or it wasn't explained to them and they were very overwhelmed by it and the transition from foster care into extended foster care.
    - The COPE participant said that they are looking at that transition age for mental health and they would think that best practices from children to adult services should be a meet and greet. My boys are 27 and I made that happen but for someone who doesn't have someone else to support them then this is difficult to access mental health services.
    - The Youth and Family Behavioral Health manager at the state level commented that transition typically does not go well. At 18 we see a number of youth wanting less adults messing with their life and that can make it more challenging to engage in services.

The Co-System Tri-lead commented saying that everyone knows this is a problem and might suggest a goal for this group.

- A youth stated that they are thinking back to when they worked in Wraparound with Intensive Services (Wise) and a youth moving into adult services and him not wanting services but being forced to do it by the case manager. It was his choice and the foster parents decided on Wise. It can cause harm to continue with services. If I had been forced to do mental health services I wouldn't have been wanting to do it.
    - The Youth and Family Behavioral health manager at the state level agreed with the youth (above). Nothing about us without us.
- One of the Thurston Mason Behavioral Health Administrative Service Organization (TMBHASO) participants asked for comments from the state research manager and youth and family behavioral health manager looking at diagnoses on page 7. They asked what do you make of the general Medicaid population when you look at depression at 5% and saying treatment need as 20%. Where is that disparity?
    - The state research anager replied that we should keep in mind that this is all youth in Medicaid. The total number (raw number) 52,000 is radically different. For the whole population is nearly one million treatment need is 22,000. The Top number is the denominator. The treatment need is less than a quarter of the total.
- The TMBHASO participant asked still why the first column under all (986,000) still a subset diagnosed with depression and why is mental health treatment needs measured differently when they still carry the same diagnosis? 52,000 have treatment need, almost all except 7 that don't. Some have a behavior diagnosis and not included in treatment need. If you meet criteria then you have a treatment need and some are left out. If you look at Autism how many have treatment need – 1800 divided by 3400 then 12% of youth have a treatment need.
    - The Youth and Family Behavioral Health manager answered by saying that it is easier to look at the raw numbers, more than doing the mental gymnastics.
- The TMBHASO participant commented that we have youth with Autism and youth that are adopted with 20% mental health needs.
    - The youth and family behavioral health manager commented in response saying that we did no favors by denying mental health services when we set Autism aside.
- There was an explanation by the state visitors for the authors of the data, Research and Data Analysis (RDA) group who are contracted to do evaluation work and provide us with charts. They are within the Division of Social and Health Services.
- The COPE participant stated that in looking at the numbers and whether the majority of youth with Autism have been able to access behavioral health

services. I often think about this and if we are trying to make things work in a box that is not going to happen. We aren't looking at other modalities and we are not looking at occupational therapy or positive behavior supports and why Medicaid won't pay for that and in other states it will pay for it. She also mentioned that Medicaid won't pay for cognitive therapy or Dialectical Behavioral Therapy. We are not looking at the bigger picture with outpatient mental health and occupational therapy. I would like to see occupational therapy in every community mental health agency throughout our state.

- The Youth and Family Behavioral Health manager shared in chat how the Medicaid State Plan shows how occupational therapy is paid, Attachment in attachment 3. Also, occupational therapy is being paid in school based services

The Co-System Tri-lead asked Kelly Monthie, who was assigned to numbers 5 and 6 (below) to share her findings. (Keep scrolling down for Kelly's comments).

5. What are organizations and systems doing to share info about available services? Collect info and report back to the group.
    a. Two participants support this idea.
    b. Ask if anyone is willing to share this information and if so, what would we do with it?

    Kelly Monthie, Youth Navigator Program Coordinator with the TMBHASO, will help with this.

6. What are agencies, systems and organizations doing on social media to make people aware of available services? What are the pluses and minuses of using social media to spread the word? Report back to SOCP
    a. Three participants support this idea.
    b. Who in addition to Olympia School District is using social media to make people aware of available services and what is the plan after we get report-backs and discuss the pluses and minuses of using social media? What do we do with this information?
        i. The Olympia School District uses QR codes, post info about client services that you can access through text. We have info on our website and in social media posting regarding MH services in our district, community, and national. Most youth are not on Facebook. X (formally known as Twitter) as well as Instagram and Snapchat seems to be the main spaces. Oh, and discord.

Kelly Monthie will also ask about social media use for spreading the word in her work above, on #5. Send info you already know about to Kelly – email in chat kelly.monthie@tmbho.org

- Kelly shared that she did research on social media and didn't contact agencies. She didn't find that anyone had real time availability or specifics offered. But there were links with most having Facebook, TikTok and Instagram. These were large agencies like SeaMar, relevant to their larger areas.

Another System Tri-lead then let the group know that it was time for School Resource Sharing and ask school districts and the educational service district if they have items to share.

- The ESD 113 participant shared a reminder about a parent night out and that it has been well attended every month between noon and evening sessions. This for any parent in the United States for training in provided in partnership with the Substance Abuse and Mental Health Services Administration. We also have telehealth services that have expanded into extended hours. Prevention, intervention and early intervention services with our student assistance program are available.
- The Shelton Schools participant said they are excited to share training event from the National Alliance on Mental Illness (NAMI), Ending the Silence on February 22nd from 5-7 pm at the Olympic Middle School Library.. This is for middle or high school students and includes mental health needs warning signs and how to work with schools. This is only for Shelton School District families.
- The CCS participant shared that NAMI will share the same presentation at Capitol High School in Olympia on Monday, January 29th.

A Family Tri-lead then explained that Share Time is time set aside for anyone in the group to talk briefly so that there is space for everyone, about successes, challenges, questions, comments, information, updates or anything else you would like to share that brings joy to your life. This is also a time when questions or comments about today's goals/agenda are welcomed.

- A parent shared that their son graduated from the GED program and the celebration is today. He also got a job a Dairy Queen and is excited about going full time. He is freshly out of his hospitalization and ready to start online heavy duty outpatient services.
- Another parent shared that their parakeet laid eggs.
- The CCS participant shared that they have now moved into their new offices at the old Social Security building in west Olympia.
- The COPE participant commented that this was a great meeting, great conversations. I love everything I've seen.

- Another parent said that they have been using the matrices and appreciate Amy's work. They have heard back from a family who used the hub and it is what they want to use for their hub in another county. The whole hub and matrices are what we do and continue to do has been fabulous in helping to find resources.

A Youth Tri-lead let the group know that anyone can contact a Tri-lead with concerns or questions any time and their contact information is on the agenda. She then thanked everyone for their participation. He then announced that the next meeting will be held on February 23rd and adjourned the meeting.