MASON THURSTON SYSTEM OF CARE PARTNERSHIP

A REGIONAL FAMILY YOUTH SYSTEM ROUND TABLE PARTNERSHIP

FEBRUARY 23, 2024 SUMMARY MEETING NOTES

A Co-Family 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.

Group Agreement:

- ***Judgement Free/Privacy Protected***
- ***Accept others opinions and where they are at.***
- ***Youth and family friendly accessible language – for example, avoid acronyms or explain them if they slip out.***
- ***Structured/Clear Expectations/Transparent***
- ***Shared goals with interactive discussions.***
- ***Encourage and listen to contributions from everyone.***
- ***Stay on topic.***
- ***Strive for diversity.***
- ***Pronoun use and awareness.***

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-System 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 review items covered in the January meeting and continue with the data/demographic and social media items. Highlights below.

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.

Task assignments shared during January 2024 System of Care Partnership meeting for review and some for continuation:

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. Jacque shared findings and the systemofcarehub.com was shared with the group at the January 26th System of Care Partnership meeting. The Co-System Tri-lead and Catholic Community Services participant – heidikn@ccsww.org or 360-791-0785 - offered to assist anyone who needs to update their information on the hub website (systemofcarehub.com) at the February 23rd meeting.
        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.

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. Amy Martin at the Behavioral Health Administrative Services Organization shared the service and crisis matrices at the January 26th System of Care Partnership meeting. The documents were sent to our group on January 29th asking for edits to be sent by 5 pm on February 16th, so that they can be updated and a finalized version can be sent out as soon as possible. The Co-System Tri-lead reminded the group that the matrices were shared and the deadline for sending in updates at the February 23rd meeting.


Thurston Mason
Service Matrix with Pr


Thurston Mason
Crisis Service Matrix_J

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 these findings with the group.

- 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.
- Following are comments from the February 23rd meeting:
  - The Behavioral Health Resources (BHR) participant stated that in general most benefit from in-person services, but if there is a barrier or preference we do make an accommodation unless we assess that may not be a good match.
  - The SeaMar Behavioral Health participant shared that their service is kind of the same (as BHR) no Zoom for youth under the age of 13. 13 and older they assess for safety risk.
  - A parent shared that they have a 19 year old and the only thing covered is telehealth and they think it is a lack of caring. They are already feeling disconnected and says ' I want you to hear me and see me.
  - Another parent shared that they have a friend who says communication is not great, so if they have a physical issue they see the doctor in person. This parent said their son is non-verbal and this is a situation where parents communicate and that telehealth is working and convenient.
  - A youth shared that they used to go to in-person in Wyoming and that they have used telehealth in Spokane and I can sit on my couch next to my dog, sit and cry if I need to and it is easy to sign on.
  - The Center of Parent Excellence (COPE) state project participant asked about psychiatry based on what the insurance will allow and that they can only have 2 or 3 telehealth appointments and they don't know if that is Medicaid policy or not?
    - The Catholic Community Services participant said that Medicaid doesn't say anything about psychiatry and telehealth.
    - The Behavioral Health Resources participant stated that psychiatrists can use tele-medicine.
  - The Shelton Schools participant shared that they use Daybreak Health and they provide tele-therapy especially for middle and high school students. They get the therapy at school and we have seen good results. They think for some children it is a viable option and for some it is the only way and better than nothing.
  - A parent shared that they wanted to piggy back off of the youth that shared their experience and they've been doing telehealth for a couple of months using state insurance and it has been very good because I'm at home and able to sit on my couch and cry. They have spoken with another parent who is going to try telehealth and they were concerned about the drive for in-person services. It wouldn't work to change to in-person. I agree with what others are saying and graduating to online has been nice but if I started showing signs of suicide then I would switch to in-person.

- The Catholic Community Services participant shared that they don't do a lot of tele-health because it can be hard to recognize safety issues. There are some situations where we will do telehealth and with COVID, we will do tele-health.
- A parent shared that their son came out of inpatient and was directed to have intensive outpatient and the only way that happens is tele-health. I know that our private insurance will cover both and it is the providers we are having trouble with and it is really frustrating for him and for me. This is about private insurance.

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 contacted the Managed Care Organizations (MCOs), Administrative Service Organization (ASO) and the state Health Care Authority (HCA). Heidi shared the data from the first link from HCA to the document that was shared at the System of Care Partnership meeting on January 26th. The **next two links** to documents are from the MCOs and were not shared in January. The pdf's following the dashboard link (below) were shared at the February 23rd meeting as well as data from children and youth crisis services provided by Catholic Community Services and non-Medicaid services data from the Behavioral Health Administrative Services Organization. Highlights with comments about the data follow.

- Comments from the provider of crisis services (Catholic Community Services) include the following.
    - Youth 18 and older are served by adult crisis services.
    - Age, race/ethnicity, diversity, equity and inclusion are included and match percentages in the same age range.
    - We used to serve more males because they externalize and are more obvious, but over time the numbers are evening out.
    - We serve transgender youth.
    - We keep data by zip code to track whether we are serving all areas of the counties.
    - Mason county has consistently lower numbers due to smaller population and believe that rural counties tend to take care of others.
- The Center of Parent Excellence (COPE) state project participant asked if there is a breakdown for those served that are kinship or diagnosed with Intellectual/Developmental Delayed or Autism that are greatly different or hard to serve. Is that information being taken into account? I'm really seeing a trend with adoption and kinship dealing with Reactive Attachment Disorder or Fetal Alcohol

System. A lot of that is not focused on. That is my question about breaking it down a bit more or in the Child and Adolescent Needs and Strengths (CANS) assessment. Treatment is really different for these individuals and there is not a whole lot of knowledge, Evidence Based Practices (EBPs) or support for this.Seattle Children's wait time for Autism diagnosis is 1-2 years, Mary Bridge is 6 months to a year, Yellow Brick Clinic is 4-6 months from my experience in King county. Some behavioral health clinics are Centers of Excellence but not actively COE's. When you and families are in a Wise team we are working on this in the moment , whether it is Autism or Fetal Alcohol Syndrome/Effect and this is in-house.

- The Catholic Community Services participant and Co-System Tri-lead stated that they believe that this is exactly what is being looked at within the Youth Navigator Program and the Children's Wraparound Team and appreciate this and we are seeking feedback. We definitely see that need and then she asked if the state wants to speak and believes that the state is making all sorts of plans. I think we really need to be talking about this part of the problem with Centers of Excellence on the provider side. It has been separate for a long time. There have been sentiments that the mental health system has a bias against the Developmental Disabilities, Fetal Alcohol Syndrome/Affect and Autism and that they need to arrange their life around the program. We can help by treating a mental health condition and work to support recovery.
- One of the state guests from the Health Care Authority stated that the state has increased training for Wraparound with Intensive Services (Wise) and specialty teams and we are working with youth with Autism. We are also creating more access to the RUBI training with how we offer more strategies and crisis interventions. There can be challenges with interacting with the crisis system. We are working with the University of Kentucky and the PRAED Foundation. There may be youth who haven't been diagnosed but things are showing up on the Child and Adolescent Needs and Strengths (CANS) assessment. There are huge waits for getting the diagnosis with Seattle Children's,Mary Bridge and University of Washington as Centers of Excellence. The wait time is still about 5-6 months at smaller practices.
- The Catholic Community Services participant shared that they have mobile response and stabilization services and there will be a family group that we will pull together for these populations and would love to have people involved in that. We are working with Echo-IDD training at University of Washington on how to work more effectively with these populations. I am very interested and recommend bookmarking this. We have made progress and miracles happen.
- The Behavioral Health Resources participant shared that they are not contracted to be a Center of Excellence. However, Dr. Young is considered a Center of Excellence only for enrolled clients and she refers to another Center of Excellence for a more thorough assessment for complex clients.
- The state guests started discussing the regional Medicaid data for Thurston and Mason counties. They mentioned that there are characteristics of people in the general

Medicaid population and those with high mental health risks, then looking at those screened and served by Wraparound with Intensive Services (Wise). The overall Medicaid population is the largest (number) and then there are different demographic characteristics such as male, female, diagnosis and social determinant factors like houseless, juvenile justice, access to food. Some places have dashes and this is because when you have low numbers, it could inadvertently identify someone. I don't know if this report is online or not. It should be and you can share it and it should appear as one of the Wraparound with Intensive Services (Wise) reports at hca.wa.gov.

- The convener shared that a link to these reports was sent with the agenda and individuals can get to the state Wraparound with Intensive Services (Wise) page using google.
- The Catholic Community Services participant stated that mental health services have become very data informed.
- One of the state guests asked if there are questions, lets start with Autism.
- A parent shared that since you cannot fix Autism, some agencies will look for things that will work for you. My person with Autism has an anger problem and I appreciate that agencies are trying to help.
- A youth shared that they didn't know if this is what you're implying but as someone with multiple disabilities, self diagnosis is just as valid as an official diagnosis.
- The Center for Parent Excellence state project participant asked that when looking at ADHD (Attention Deficit Hyperactive Disorder) and anxiety (on the report) there are really high numbers but there is nothing about trauma and they can be connected. The diagnosis gets thrown out there because kids are so young. ADHD is a brain thing. All these kids are on ADHD medications and they are flipping out.
    - The Catholic Community Services participant said that trauma is hidden beneath multiple diagnoses and could be caused by trauma.
    - One of the state guests said that the statement about trauma diagnosis not being in the data is a good point. Trauma is likely to be under represented. Trauma is important. The data is messy. This is just a picture of who is in these groups and go into Wraparound with Intensive Services (Wise). It is different treatment if it is a brain issue versus a life event.e you on the trauma thing and we are working with University of Kentucky and we are not ready to put that data out yet. It is important and critical but we are just not ready to share it.
    - Here is an email for Paul Davis at the Health Care Authority – paul.davis@hca.wa.gov. You can send him information about waits for Center of Excellence Autism diagnosis and he has shared the following links to access data, reports and other information relevant to this discussion:
        - Info on ABA: https://www.hca.wa.gov/billers-providers-partners/program-information-providers/applied-behavior-analysis-aba-therapy#:~:text=Applied%20Behavior%20Analysis%20(ABA)%20is,intensive%20treatment%20has%20been%20unsuccessful.

- https://www.hca.wa.gov/about-hca/programs-and-initiatives/behavioral-health-and-recovery/wraparound-intensive-services-wise
- If you want to see what CANS is, here is our screen: https://www.hca.wa.gov/assets/program/cans-screen-5-plus-guide.pdf
- RDA research and data analysis https://www.dshs.wa.gov/ffa/research-and-data-analysis/about-rda

The Co-System Tri-lead then read through the non-Medicaid document and moved onto social media (below).

2023-Q4 Childrens Mobile Crisis TST Rep


Non-Medicaid Data for SOCP.docx

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

Statewide profiles_20231113_su

Regional_profiles_202 31113_suppressed-1.p

Penetration rate information would be most helpful – "penetration rate" means are all people getting the same access to services, regardless o

ii. f 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?

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 ASO shared progress at the January 26th meeting.Comments with updates about how organizations and especially providers are sharing information about their services at the February 23rd meeting are highlighted in green below.

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 shared progress at the January 26th meeting 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 Following are comments about social media and sharing of information about services from the February 23rd meeting.

- The Catholic Community Services participant shared that in Thurston and Mason counties, they don't use social media. Safety is a concern and that is why we stopped when people were using it to contact us.
- The Behavioral Health Services participant stated that they have run into problems with people trying to contact us and for crisis services. We post random things like happy holidays and events on our Facebook page.
- The SeaMar participant explained that they have people use their website. They post community events with school districts where we are embedded and we are not really using social media due to the down side.
- The Center for Parent Excellence state project participant shared that they are parent support specialists and not mental health providers. She shared that they have the Washington State Community Connectors that partners with other organizations that bring information and promotes their services. I'm on the committee and there are opportunities to post on the events calendar.

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

- The Olympia School District participant shared that they are doing parent support nights with a therapist and a parent coach. These activities are supported through the Olympia Education Foundations and they support a lot of mental health initiatives in our district. There will be an event at LP Brown Elementary about anxiety and children. This event is open through the end of the school year and there will be monthly events hopefully running through the next school year. There will also be an event at Roosevelt Elementary with a Spanish speaking therapist.

- The Yelm School District stated that there were no updates but they are happy to hear about the Olympia district events and can take that information to my superiors. Thanks for putting that in my head, especially for the Spanish speaking families.

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.

- The Juvenile Rehabilitation participant explained that they are preparing to roll out a new program, Community Transition Support, where an individual that is about to turn 25 being released on home electronic monitoring can go to school when they are discharged from our facility supervision and they will have an assigned parole case manager. They will be supported with an education advocate and Substance Use Disorder support. We surround them with resources that meet their needs including housing support with a homeless prevention specialist using grants. They receive a couple of months of rent, clothing and housing items. The support includes access to a computer and pay for school for a quarter a year. Our facilities include Echo Glen and Green Hill as well as step-down facilities with youth still under our supervision who can go to school and recreational activities but they have to be where they are supposed to be and can get a home pass. We have places likes Bates Technical where individuals can learn a skill to earn a living wage and work until they are released, then get an apartment and go on to live a pro-social life.
- A parent commented that they appreciate what Juvenile Rehabilitation is doing assisting individuals after they have made a mistake, by providing a pathway to move forward.
- The Juvenile Rehabilitation participant said that they help individuals graduate from school, learn a skill, get a job and get paid.
- A parent shared that their son turned 16 and he had a smile so big for his birthday.
- The last comments were about the crocus coming up and a happy birthday for the 16 year old.

A Co-System 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 March 22nd and adjourned the meeting.