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System of Care Partnership (SOCP)
Regional Family Youth System Round Table Partnership
July 24, 2020 Summary Meeting Notes

A System Tri-lead called the meeting to order and made the following requests, asking participants to:

- *mute their phone when they are not speaking;*
- *raise their hand using Zoom or on video and say their name before speaking; and*
- *avoid over-talking by waiting for others to finish speaking.*

The System Tri-lead then read the vision and mission statements and started introductions by asking the convener to read names from the roster. Some updates and a suggestion were made during and just after introductions as follows:

➢ A parent announced that their son was joining the military and would no longer be at our monthly meetings.
➢ The convener announced that a system tri-lead would not be at the meeting due to being furloughed and a family tri-lead could not be present due to a medical problem.
➢ The Community Youth Services representative suggested adding a land acknowledgement statement to the welcome part of the meeting.

A Youth Tri-lead explained to the group that he would read the eight part comfort agreement and the Systems Tri-lead read the goals of the day listed below;

➢ Announce strategic plan priorities vote results.
➢ Begin work on behavioral health assessments document.
➢ Discuss adding a statement about telehealth to our strategic plan.
➢ Updates for behavioral health services in schools.
➢ Updates for behavioral health services matrix.
➢ Systemofcarehub.com video link.
➢ Participant sharing time.

A System Tri-lead announced vote results for the strategic plan priorities as follows:

➢ 9 votes were received for the 2nd priority:
   o Increased use of culturally competent strategies for outreach to historically marginalized populations for participation in the SOCP.

- o The tri-lead explained that work will begin on this priority in August.
- ➢ 6 votes were received for the 5th priority:
  - o Improved utilization rates and access to evidence based services for mid-level children/youth
- ➢ 4 votes were received for the 1st and 4th priorities:
  - o 1st – Recruit youth as participants of the System of Care Partnership.
  - o 4th – Development of Coordinated Services.
- ➢ 2 votes were received for the 6th priority:
  - o Participate in stakeholder groups forming to implement accountable communities of health in 2020.
- ➢ 1 vote was received for the 3rd priority:
  - o Workforce development strategies to increase use of research and evidence based services, youth/peer supports, school/community based services.

A Family Tri-lead then let the group know that we would begin work on the behavioral health assessments document, facilitated by the Chief Clinical Officer from Community Youth Services.

- ➢ The facilitator explained that the purpose of this work is to create a living document, posted on the System of Care Partnership web page, to be used as a reference and shared widely. Also, that the purpose of assessments and treatment, using wraparound principles, is to create stability and the ability for youth to adapt and be able to function in their home and community.
  - o She went on to explain the columns in the document, i.e. presenting problem (symptoms, impairment), underlying need for assessment (purpose; what will you do with the assessment/diagnosis once you have it) and where to go for assessment (type of place/credential of professional).
- ➢ A parent commented that they appreciated how the document was structured.
- ➢ Then a conversation about insurance coverage for clinics or specialists that might be named in the document for assessments. This began with naming the health plans and their coverage. Then the group agreed that it would instead, be best to include a statement about youth/families contacting their health plan to find out about coverage for assessments.
- ➢ Participants were asked for symptoms or presenting problems for the document and here are some responses from the Behavioral Health Resources representative:
  - o Problems focusing; students may be having problems with concentration, may be easily distracted or may seem more forgetful than usual.
  - o Fatigue; students may appear consistently tired, may seem to be moving more slowly or may be falling asleep in class.

- Changes in academic achievement; students may be having difficulty performing familiar tasks, may fail to turn in assignments consistently or they may be failing classes.
- Changes in self-care and appearance; students may stop showering or have an increase in body odor, they may appear to be wearing dirty clothes or the same clothes repeatedly, they may begin wearing very different makeup or stop wearing makeup entirely or they may lose or gain a significant amount of weight.
- Social withdrawal; students may be spending less time socializing, they may quite activities such as sports, music, or other extracurricular activities or they may appear to show a loss of interest in others.
- Mood changes; students may appear to have rapid or dramatic shifts.
- Oppositional behaviors; students may display extreme defiance or oppositional behavior, they may be argumentative, or they may appear to be purposefully annoying others.
- Aggressive behaviors; students may be making threats, breaking things, throwing things or hurting others. They may report thoughts about hurting or killing others.
- Unusual behavior; students may display odd, uncharacteristic or peculiar behavior.
- Self-harm or suicidal ideation; students may have cuts, burns or scratches on their bodies, especially their arms. They may make comments about death, dying or 'not being around' for future events. They may begin giving things of value away to others. They may tell friends or school staff they are thinking about killing themselves.
- Psychosis; students may report hearing or seeing things that other people don't see or hear, they may have unusual or exaggerated beliefs about personal powers or they may appear to be experiencing paranoia.

➢ The Educational Services District 113 (ESD 113) representative let the group know that a list of symptoms is used by Youth Mental Health First Aid (YMHFA) that is in family friendly language that she could share. Things like:
- Unrealistic or excessive anxiety or guilt.
- Excessive irritability or anger.
- Helplessness or hopelessness.
- Overeating or not eating at all.
- Sleeping more or less than usual.

➢ There was a thank you from a parent.

➢ A health plan representative asked 'what about behaviors that may be occurring or increasing due to the COVID situation?'

➢ The ESD 113 representative asked if this document is to be used for broad categories to narrow the scope and include; an emotional symptoms list, behavioral symptoms list, cognitive symptoms and physical symptoms? She then suggested that we could identify common symptoms that fit each of the categories and focus on the intention of the assessment/diagnosis and offered to facilitate a workgroup to continue work on the document.

    o The convener offered to send a message to the group to ask for participants.

    o Two parents offered to help with the workgroup.

A Family Tri-lead asked if there were any updates for the school services spreadsheet. Here are the responses:

➢ The Behavioral Health Resources representative let the group know that they had made progress and completed a Memorandum of Understanding with Yelm Schools to expand their services to all elementary schools in the district. She explained that there are still some unknowns due to COVID.

➢ The ESD 113 representative reported to the group that there will be no True North services at Pioneer this coming school year. Also, that Tenino services will be changed to full time.

➢ The SeaMar representative shared that they are still serving Tumwater schools and also working on a Memorandum of Understanding with Olympia High School and Capital High School.

A System Tri-lead then let the group know that we would be starting a discussion about whether to add a statement to our strategic plan about telehealth and that this suggestion was brought to the SOCP by the Child Care Action Council representative.

➢ There was support for a statement as the group began discussing talking points from the agenda; assistance for families transitioning to virtual care, equitable access and home language support.

➢ A parent commented that telehealth would be here to stay in some form as part of overall services, including behavioral health.

➢ The CYS representative said that telehealth warrants attention and how it is being received and whether it is leading to gaps. It impacts how our whole system works.

➢ The ESD 113 representative commented that telehealth is part of service delivery and it is not youth/family friendly. There are problems with access to care, lack of internet services and phones. How do we make it more equitable?

➢ Parents brought up the need for a vote and others joined in.

➢ The convener promised to send a message to the group with a request for a vote on whether to add a statement to the strategic plan about telehealth.

A Family Tri-lead announced that there will be an update from the Administrative Services Organization (ASO) about the behavioral health services matrix next month, since no one could be at our meeting today.

A Youth Tri-lead then asked if everyone received the link for the systemofcarehub.com video and if they were able to open it. If not, then the convener can re-send it.

> Here is the link: https://youtu.be/DKF4_ypTnqs

A Family Tri-lead then asked the group for any updates for new or existing programs and there were none.

A Youth Tri-lead then adjourned the meeting, after thanking everyone for their participation and announced the next meeting on Friday, August 28th.