



Mason Thurston System of Care Partnership (SOCP) Regional Family Youth System Round Table Partnership July 23, 2021 Summary Meeting Notes

A Family Tri-lead called the meeting to order and made the following requests and announcement 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;
- be patient as we learn how to use some processes online that were previously completed in person;
- feel free to share a question or comment after each agenda item.

The Family Tri-lead then asked the convener to read through the roster to sign in participants and then read the vision and mission statements.

The Family Tri-lead read the eight part comfort agreement and announced that Tri-leads;

- value all voices and welcome comments and questions from the group;
- want you to know that a tri-lead has been assigned to track the chat during meetings and will be monitoring chat to call attention to questions and comments during the meeting;
- want you to know that the chat from every meeting is saved and integrated into summary notes and that additional information and links, related to the meeting discussions may also be added to meeting notes;
- want you to know that meeting notes can always be found on the Family Alliance website, just visit familyallianceformentalhealth.com and click on the System of Partnership page.

A Family Tri-lead then read the goals for the day;

- Olympic Health and Recovery Services Presentation
- Crisis Services Matrix First Draft/Discussion
- Clarification about Share Time

Another Family Tri-lead let the group know that a presentation from Olympic Health & Recovery Services would begin and here are some highlights:

- The Power Point was jointly presented Jessica Shook and Mark Freedman. Their email addresses: jessica.shook@tmbho.org and mark.freedman@tmbho.org and a link to access crisis services discussed in the meeting: <https://www.tmbhaso.org/crisis-information>
- Mark shared some background information about changes in their structure from a Regional Support Network (RSN), then to a Behavioral Health Organization (BHO) and to their current Administrative Services Organization (ASO). He also explained that Medicaid services were handed over to the Managed Care Organizations (health plans) and that the ASO's primary focus is crisis care. The provider is Olympic Health & Recovery Services, a licensed mental health agency. County commissioners approve the provision of crisis and peer support programs.
- Presenters went on to share information in the Power Point such as the 24/7 hotline, jail diversion and the Trueblood program.
- A tribal member expressed concerns and frustration related to the Trueblood program and people of color. They didn't see much going forward; didn't see how it interconnected with the Designated Crisis Responders (DCR's) and that disparities are still present for tribal members. They are not holding out much hope or help for tribal members. Previous presentations were more focused on mental health.
 - The response from one of the presenters was that it took some time for things to get started and offered to have a conversation offline. Implementation started first in Thurston and then Mason. An individual has to be a member of the class, meaning individuals who essentially would need an evaluation for Western state hospital or ability to stand trial. Other services being searched for and we need to talk more about what is happening. This would be about moving individuals into the community and finding housing. The goal is to reduce jail bed time.
 - This link from the convener may be helpful:
<https://www.dshs.wa.gov/bha/trueblood-et-al-v-washington-state-dshs>
 - Response from another presenter was that crisis related Involuntary treatment assessments intersection happens with Trueblood class members with the DCR's balancing safety with individual rights. The purpose of detention is not to access treatment. It is to keep someone alive and safe. Risk must be imminent, meaning near at hand. The question is whether the individual make decisions for themselves and will they be dead within the next 24 to 72 hours.
- More information about detention by a DCR:

- Collateral information can be collected from other persons in the individual's life even if they are not talking about it themselves. Being able to get collateral information is important to look at related to risk. Damage to property means other's property.
 - Some aspects of gravely disabled; essentials of human needs and safety, in danger of harm, unable to meet their own needs and take care of themselves and this means that these things are true 'at that moment' and due to a behavioral health disorder and putting themselves at risk.
 - Severe means that an individual generally does fairly well and maintains themselves at baseline, but is experiencing acute dysfunction at the present.
 - House Bill 1310 (use of force legislation) doesn't have any effect on the DCR process.
- A question about development of DCR's for tribes was brought up.
- A presenter responded that there have been early discussions with the Nisqually Tribe about crisis services for the tribe and DCR process.
 - A tribal participant shared that the American Indian Health Commission (AIHC) <https://aihc-wa.com/> under the Health Care Authority (HCA) <https://www.hca.wa.gov/> provided grants for a DCR put on a pre-pandemic training in Yakima for tribal counselors. Tribes are talking about having their own DCR's and this is a wonderful step forward for cultural competence. The participant has been working on this for 15 years. Frankly we've had so many that have died due to lack of cultural competency because individuals that don't present in the regular way and have ended up not meeting criteria for danger to self or others.
- A question from a parent about whether Autism is a behavioral health disorder.
- A presenter answered that Autism is a mental disorder in the Diagnostic and Statistical Manual (DSM) and meets the criteria for detention all the time. But it they have a hard time finding a facility to receive individuals.
 - Any disorder is on a spectrum and it is a serious thing to take someone's civil rights away. The threshold for detention is pretty high. If it is not imminent then they are referred and can get crisis services.
 - The same parent asked if it would be a waste of time to call.
 - The response was that you are never wasting someone's time by asking for help, but there are problems with the system.
- Another parent mentioned registering your child with mental health needs with law enforcement and asked about this.

- A presenter responded that they haven't been involved with any registry. However, they do provide community staffings and sometimes law enforcement is involved.
 - Parent responded saying that Mason county won't talk to him about it.
- The following is in response to a question about whether bed availability affects DCR decisions and whether medical clearance is needed to rule out underlying health concerns that may be causing/exacerbating the mental health issues.
 - A reminder that the threshold for detention is pretty high and always looking for other options and individuals are not detained due to bed availability.
 - Individuals do not need to be medically cleared in order access crisis services. However there is a need to make sure there are no other factors involved that may be causing a detention and medical clearance is necessary. A DCR is not a nurse. Once a decision is made to detain an individual a DCR can then start screening with facilities. This can be difficult when there are other care needs like more than one diagnosis. Sometimes individuals cannot be detained because there is no availability.
- The same presenters then started to discuss House Bill 1310, sometimes referred to as the use of force legislation that include the following:
 - The use of force law/1310 goes into effect on 7/25/21 and we didn't really learn about it until the governor signed it into law.
 - Law enforcement is pulling back from their involvement with individuals with behavioral health problems and behavioral health is not mentioned in 1310. They will respond only to protect against criminal conduct, prevent escape or prevent bodily injury.
 - Some law enforcement agencies are not responding to requests for assistance. They cannot intervene and be present unless a crime is being committed. Those that do respond are not providing assistance with transportation for individuals who have been detained unless the individual meets criteria and voluntarily agrees to to the hospital.
 - Most individuals are transported by ambulance and their (ambulance) staff are not able to restrain without support of the police. Police are not willing to transport, assist or put hands on individuals.
 - Law enforcement can lose certification as an officer due to use of too much force.
- A parent asked if they would get in trouble for restraining their child if law enforcement won't do it because it doesn't meet the threshold for arrest but something terrible could happen.

- The presenters did not have an answer to this question, but commented that 1310 is removing the ability for the behavioral health system to be protective before something really bad happens.
- A tribal participant shared that there are plenty of times when we don't call law enforcement because we don't want our members shot and killed.
 - DCR's can respond but we are seeing fewer people brought to the ER by law enforcement. DCR's are still seeing people and doing detentions. The fear is that we will be missing the most acute, most aggressive people because law enforcement is not responding and these individuals will end up in jail.
- The Educational Service District 113 (ESD 113) participant commented that law enforcement is not needed in 80-90% of behavioral health crisis. There are fears about people with mental illness unable to be safe and falling through the cracks. They can end up committing felony assaults and ending up in jail, which is not the best place for them. Also that other states have made similar changes but diverted funds dedicated to criminal justice/law enforcement to social services that are equipped to manage these typed of situations. Is there funding tied to this change? Or new funding streams that will support the implementation of this law?
 - There was no answer for this
- A parent asked how people with mental illness that also have special needs/challenges that include blindness, deafness, non-verbal or other barriers with communication are served.
 - A presenter answered that interpreters are used and that service providers need to be able to deal with all situations including different cultures. They need to be able to communicate with individuals.
- The intention of 1310 is to be able to de-escalate a situation and that should always be the way things are done but when that doesn't work without law enforcement, what happens then? There are discussions going on with the legislature, the American Civil Liberties Union (ACLU) and Disability Rights Washington, about what was intended by the law and the possible need for an amendment. The law was intended to deal with use of force but this was an unintended consequence. It will take time to clean it up without interfering with the intention, but unfortunately more people will end up in jail. It is the nature of our business that we will have a severe, acute individual. We have some work to do.
- A parent commented that there is a gaping hole due if the only time law enforcement can assist is if an individual commits a crime. It appears to be a protection for police.

- A presenter commented that crisis services goes by ‘imminent danger to self’.
 - Another presenter responded by saying that that 1310 was meant to address a larger issue but it will be putting people at risk.
 - It was not meant as a protection for police, but to hold them accountable. Unfortunately there is an interpretation that affects behavioral health.
- A parent asked what do we do now for help? What happens if my kid is in the street and is harming me? WISE did all they could.
- A presenter responded by asking if this child is in treatment that is working on all aspects of life?
 - WISE should be responding when it is in place and the rest of the behavioral health should be responding.
- Another parent shared that they do not want to call the police for fear that they would throw their child to the ground. They would not know who to call for help if their daughter is out of control and needs help. These cops today do not know how to deal with special needs, because they lack a lot of training in this area and it’s scary.
- The ESD 113 participant said that they had heard one jurisdiction present on this and it is not that they will not respond to calls but that they will no remain on the scene or intervene without imminent risk. She added that she does think that this can ease parent fears a bit to let them know that police will not be unresponsive if they call. But they will not remain on the scene or use force in minor situations.
- One of the presenters responded that it is true that various agencies are responding in slightly different ways. Some agencies have told us they will not respond at all, some will respond but may leave soon after, some will stay but not assist with transport. It is also case by case as well. We (the crisis team) are staffing community outreach where we need law enforcement with them every time.
- ESD 113 participant response – I may not understand their role in these situations and consistency may vary across the state. So that does suck.
 - Tribal participant response – Yes it does and any of my feedback would be consistent with not watering down efforts to keep people safe from harmful/deadly responses.
- A tribal participant agreed and shared that tribes are pretty familiar, county/area wise, which law enforcement works well with us and who would use something like this as an opportunity not to assist, as often occurs regardless.
- A parent added that Washington Indivisible is working on crisis response models, as well. There is also a local Olympia Indivisible. <https://www.olympiaindivisible.org/>

- One more parent added that they know best how to deal with their child and that they don't want law enforcement response. They added they would call crisis.
 - A presenter responded to the comment that the more the parent can do and you are the most skilled to deal with your child's behaviors, but there are times when that does not work.
- The presenter let the group know that they could contact the National Alliance for Mental Health (NAMI) and there are others that individuals can contact, after he was asked who to contact with feedback about the new law. He will contact the convener with this information.
 - The convener sent the following links to the group after the meeting:
 - www.leg.wa.gov Link for the state legislature where individuals can find their district and legislators in order to contact them and provide feedback about the law.
 - <https://namitm.org/> Link for NAMI.
 - <https://www.thejoltnews.com/stories/regional-police-agencies-issue-joint-statement-on-legislation-for-law-enforcement-today,2481> Link to joint law enforcement statements that may be helpful or provide more clarification about response to recent legislation.

A Family Tri-lead let the group know that Amy Martin would be presenting a first draft of the Crisis Services Matrix. Here are some highlights:

- Amy provided an overview of the Crisis Matrix and explained that it is a visual representation of the crisis system as it operates in the region.
 - This matrix is similar to the Behavioral Health Services Matrix and it uses a modified template that is similar to that matrix.
 - She then explained what each color represents.
 - Pink is for early intervention and phone support; people feeling lonely or needing to talk; provides referrals to social services.
 - Green is for actual services, such as crisis services and DCR's.
 - * indicates that the service/program receives Treatment Sales Tax funds.
 - There are two pages. The first page with the matrix in pink and green that shows supports and services. The second with contact information and links.
- A tribal participant commented that the layout was nice and thanked Amy for all of her work. She also said that a couple options to print is a good idea.

- The ESD 113 participant said that the matrix looked good as well.
- Another parent said that they liked the layout and curious about whether there is going to be room for other early intervention or supports.
 - Amy – send those my way. amy.martin@tmbho.org
- Two more parents said they like it.
- A parent thanked Amy for the time and effort and that it was usable while in draft stage.
- Amy said that she is hoping to keep this matrix on standard size paper (8 ½ x 11) and keeping the format as is.
- A tribal participant mentioned that they don't print out fliers in color because it is too expensive. Maybe a different version could be created and highlight information that is for adults 18 and older.
- A parent suggested bolding phone numbers and Amy agreed.
- Amy will complete more work on the matrix and consult with the convener about when to present it next for the group.

A Family Tri-lead explained introduced share time and explained that the original purpose was to not only share program updates, but also any success or concern you want to bring to the group.

- A parent shared – “you all make me happy”.
- A tribal participant shared – “we are operating an emergency rental program under the Treasury. If you know of people you think may be eligible they can send an email: erap@squaxin.us
- The Family Tri-lead let the group know that an email would be sent by the convener asking for their input about in-person meetings.
 - The ESD 113 participant commented that if possible a Zoom or call-in option for every meeting would be really helpful.
 - A parent commented that a Zoom option would be helpful for youth.

The meeting was adjourned after the System Tri-lead thanked everyone for their participation and it was announced that the next meeting would be on August 27th.

