MASON THURSTON SYSTEM OF CARE PARTNERSHIP

A REGIONAL FAMILY YOUTH SYSTEM ROUND TABLE PARTNERSHIP

OCTOBER 22, 2021 SUMMARY MEETING NOTES

A Youth Tri-lead called the meeting to order 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 Youth Tri-lead then asked the convener to read through the roster to sign in participants.

Another Youth Tri-lead read the vision, mission and eight-part comfort agreement.

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

- Feedback for University of Washington
- Share Time

Another Family Tri-lead introduced Sarah Walker from University of Washington (UW) and let them know that she would be facilitating a discussion to gather feedback about tele-behavioral health. Following are highlights from that conversation:

- Sarah Walker shared her credentials and some background information about the research and reasons a listening session was requested:
    - CoLab/EBPI and the Behavioral Health Institute are engaging in a two year effort to develop best practices for tele-behavioral health focused on children 0-25 as directed by a legislative proviso from the 2021 session. The first requested report is a starting work plan for the effort for the legislature, due this December. To inform the work plan, we are holding listening sessions with five different stakeholder/expert groups (providers, legislative/advocates, clinical researchers, payers/contractors, and those with lived experience). We would like to partner

with the FYSPRTs (Family Youth System Partnership Round Tables) to hold two listening sessions before November 10.

- Sarah also explained that while tele-behavioral health did facilitate some access to services while no one could meet in person, there were concerns that certain types of treatment might not be best for some types of care. Here are some additional items she shared:
  - This will be a heavily stakeholder engaged process and that no single individual at the university will be coming up with best practices.
  - A stakeholder model will be used to come up with what is working well and what the guardrails should be fore safety and other issues.
  - The proviso preliminary report on the workplan will be heavily informed by different perspectives and is due in December.
  - The next report will focus on additional information gathering that will be focused on big remaining questions.
  - There will ultimately be a shared governance with multiple levels that will include legislators, advocates, publicly funded mental health providers, clinical research on tele-mental health/developing protocols, funders, Health Care Authority, Managed Care Organizations, Accountable Communities of Health and those receiving services.
  - A design group will be solicited from these groups; 2 caregivers and 2 youth.
  - The advisory group will be there to provide more immediate feedback, look at drafts of initial findings.
  - The widest circle will be key informants, the stakeholder groups will make decisions about the final product.
    - Slides for this discussion were requested by the convener.

- Sarah then opened the discussion up to youth and caregivers with lived experience, asking them to identify themselves as representing this stakeholder group.
- A parent asked how you can do tele-health with just speaking over the phone if the doctor has to look at something?
  - Sarah agreed that this needs to be looked at. There are multiple people representing stakeholder groups that you (the parent) represent. There will be broad questions and we (UW) would like you to have us back. The purpose of this (today's discussion) is to identify the big questions; safety issues; the pros and cons of tele-health, so that we can shape our plan. This won't be the only time we will come to ask what is working.
- The first question to those with lived experience from UW: What do you think are the benefits of texting; phone only; video; phone app, etc…
- A parent asked how could you know it is the right person they are supposed to be texting to?
  - Sarah stated that there would need to be confidence in that.
- A parent said they have used telehealth and my son is in the car with me a lot and it is an instance where you need to see him. If he is in the car you can see him and our telehealth

person said they can't do it if we are in the car, but my son won't sit down and do telehealth unless you do it in the car. Please consider people being in a car.

- A parent shared that teens sometimes have a need but are reluctant and need face to face. You can work around when someone walks around or leaves the room, but with telehealth if there is a subject met with a needful but reluctant teen it would be too easy to disconnect from that and the connection isn't there.
- A parent thanked Sarah for making this space and as a minority African American these resources have never been accessible. She then mentioned stigmatization and said that when she reached out she was policed by these services. She asked how we break these barriers. She mentioned that it took time to separate my child from myself and that was helpful. We need to not do harm and need to serve with equity. Needs assessments are super harmful. A social worker had put notes about me. People don't know they have rights and suffer in silence. How does it become accessible to people without access to technology?
    - Sarah - tele-behavioral health needs to be part of a broader conversation with how services are delivered and about access to good quality care.
- Same parent as above commented – maybe an equity stance to make sure there is equity and that we are not over-policed.
    - Sarah – we need to look at an equity framework.
- Another parent shared that she hasn't had a chance to use telehealth. What if a parent doesn't have a car? It is a good thing to be able to communicate somehow, some way on the internet.
- A parent shared about texting and some people need help immediately and it may not be safe or they may not be able to call someone and get help.
- A parent said that they have a lot of experience with telehealth and not just mental health. It works really well with some things or it can be an impediment if a doctor needs to see you in person. It helps to connect a face with a name to build rapport. A child can talk with their therapist or not in a private setting where someone can be listening or censoring them.
    - Sarah sad that you want to see this process informed by information gathering on how therapists are able to get context about environment during a session.
- Another parent commented that we often forget that people don't have access to email or phone or internet. She suggested being intentional with a pilot program to donate a laptop to measure our equity whether it is about access to internet or other issues. We have to be really intentional about equity.
    - Sarah – so there needs to be a proactive stance towards equity and ability to connect and not just focus on people who have access to internet.
- The Child Care Action Council participant said that use of headphones or technology to make sure others cannot hear and supporting equity and internet access.
- A parent suggested that there could be a sign up to check out or rent a phone with wifi to make visual access available or laptop with what they need for telehealth. Some people may be able to rent these items.
    - Sarah – there could be feasibility for telehealth kits to be set up.

- Another parent shared that her idea is about safety and she comes from a domestic violence (DV) background. It is good to have these resources but maybe there could be a phrase set up with clients about safety. The phrase can change every time to address safety whether it is a teen or adult. This could be a lifeline for somebody. I've been in life-or-death situations. Individuals are monitored or can only leave the house for minutes. For example, I had it set up that I would call the school and tell them when I need to pick up my kids and they would do a lockdown and that would not seem out of the ordinary.
    - Sarah – a need for safety or plans addressing safety.
- The Child Care Action Council participant offered that when providing telehealth options if there is need for a safe physical space like a school or library that can be contracted for a confidential space. This could be within a one-mile radius from where people live and offer the ability to reserve a room in that safe space.
    - Sarah - there could be agreements amenable to physical space that is accessible.
- A parent shared that they don't like it (telehealth), I'm old school. I read people and want to see who I'm talking to for emotional language and body language. If you are on a phone call you can't tell that or don't know if they are lying. I can't tell when you are smiling or not. I can't read your emotional state and unless I've been to your office I don't know if you are who you say you are.
- Sarah then opened it up to system participants including service delivery folks with expertise.
- The Catholic Community Services (CCS) participant shared that a lot of things that were said she agrees with (about telehealth). It is challenging to read body language; there is a flatness in communication. I'm very concerned about safety and zero comfortableness with the crisis or WISe population. You are only seeing the box and whatever the person wants you to see behind them. We've had scary situations and moved back to in-person as soon as we could. It (telehealth) is a wonderful add-on but I would not want it to be only telehealth. When you talk with a mom or dad to de-escalate a situation in a crisis it is not of much use. If you have a mom on the phone while someone else is working with the youth, the telehealth can be useful for prompting. We can be helpful prompting some one with telehealth (video). I'd hate to see it go away completely but don't want it to be replaced.
- The Educational Service District 113 (ESD 113) participant said that there were lots of notions that youth would respond to telehealth and we have seen that developmentally it can be inappropriate. It is a great supplemental tool. It could be used for a make-up session or as a stop-gap. It could be helpful for an assessment if there is no other way, but I don't want it to be the only way. Many students are struggling with school anxiety. Is this service meeting them where they are at or another tool that prevents them from addressing their anxiety. Telehealth could be used to work up to in-person sessions instead.
- A parent commented that telehealth is useful but might not be best for providers.
- The Behavioral Health Resources (BHR) participant agreed with the CCS and ESD 113 participant comments. She mentioned that for BHR and including New Journeys (First Episode Psychosis) program there are diagnoses that are better for telehealth and for

some it is not a good match, especially those with active psychosis. Coaching for young parents is not a good fit for telehealth. There are some therapists it works for and some not.

- The Administrative Services Organization (ASO) participant shared that they have contracts with providers. We have a Designated Crisis Responder (DCR) contracted who provides evaluations for involuntary treatment and we were able to provide video evaluations. There would be a person in the room and the DCR would do the evaluation. This has helped with response time. A professional sitting in the room with the client has been a positive feature. I echo what others have said. The national suicide prevention lifeline is very effective with connection to the resources that are appropriate. It is important to look at the outcome data related to telehealth versus in-person.
    - Sarah - this anticipates our third question asking if you can speak about what kind of data you would find compelling to look at?
- The ASO said that outcomes would be about meeting goals. Response times outcomes were increased by using telehealth.
    - Sarah – responsivity and service goals; response to care and clinical outcomes
- The ESD 113 participant shared that they have a brief time, one month when there were no in-person services and only about 5% of clients chose telehealth. Those who chose it have similar levels of success with their treatment. Engagement is pretty good.
    - Sarah – mentions items in chat including one from a parent who says it will be helpful to address hearing challenges or other challenges and that text can be helpful.
- Sarah then asked for specific ideas about data collection. What would you like to see gathered and from whom should it be gathered? Is there information out there we should be looking at? We will also be asking other FYSPRTs (Family Youth System Partnership Round Tables) and other stakeholders.
- A parent answered that for the "who" if you could look at youth, that would be very important. If it is a family situation that would not only be the parent but the whole family could answer while they are all together, instead of it just being from the parent, having input from the whole family for the survey.
    - Sarah restated – making sure there are spaces where youth can provide feedback, comfortable space for youth.
- Another parent said that youth who are in unstable living situations, houseless/homeless, is another population to reach. Youth on the street and people who are reluctant to access services.
- A parent suggested that UW could contact school counselors and Community Youth Services.
- The Behavioral Health Resources participant said that administrators may have information and be able to follow up.
    - Sarah – we will follow up with you specifically. We will be back in touch with a work plan that includes major themes from these sessions and ideas around other input.
- A parent thanked Sarah for being at the meeting.

The System Tri-lead introduced Share Time and that this time is for sharing any successes, updates, questions, concerns or comments.

- A Family Tri-lead shared that she appreciates when participants send in evaluations. We appreciate negative and positive feedback and we take it seriously. If you have feedback let us know what we can do better during our meetings. Thank you.
- The System Tri-lead shared that participants can talk with Tri-leads directly.
- Another Family Tri-lead explained that the Tri-lead contact information is on the second page of the agenda.
- A parent shared that their niece had a baby boy.
- A Youth Tri-lead shared that the Youth-Only System of Care meeting is on Friday, November 5th from 3-4 pm. You can contact Donna or Sebastian to get connected.
- A parent shared that they are an adult who found Tik-Tok and it has good recipes on it. I tried the recipe for sausage biscuits and gravy. There are interesting things there. A group of people with children with disabilities that are singing and dancing. The youth are doing it and makes it so they are not afraid of media. Make sure you know what your children/youth are posting. "Kids are so stinking cute!" Something different to think about.
- Another parent commented that Tik-Tok has an amazing amount of tutorials.
- A parent said that their son is getting up in age and they don't want predatory loans coming at him. He asked if there was anything to prevent this or to protect his son from online predatory stuff, maybe guardianship? The convener offered to send information with links to Informing Families from The Arc of Washington State and the Developmental Disabilities website.
    - The convener sent these links:
        - https://informingfamilies.org/topic/guardianship/
        - https://informingfamilies.org/
    - Other parents mentioned concerns about protecting their children from online entities.
    - Another parent mentioned that they have a Power of Attorney in place.
- The Family Alliance for Mental Health Thursday night support group was shared and to let Donna know by email or phone: familyalliancewashington@gmail.com or 360-790-7505 Also, the dad's groups were mentioned and the contact for dads is Paul McQuilkin: 360-229-0813 (prefers text messages) and P_McQuilkin@yahoo.com and the website is www.familyallianceformentalhealth.com

The meeting was adjourned after a Youth Tri-lead thanked everyone for their participation and it was announced that the next meeting would be on November 19th.