



Mason Thurston  
System of Care Partnership (SOCP)  
Regional Family Youth System Round Table Partnership  
September 25, 2020 Summary Meeting Notes

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***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 Youth Tri-lead asked the convener to read through the roster to sign-in participants.***

***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:***

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

- Continue work on new area of focus.
- Share revised strategic plan pandemic draft statement.
- Share Behavioral health assessments document update.
- Share behavioral health services matrix update.
- Share Behavioral Health Assessments System (BHAS) data for WISE.
- Share interest in Co-Family Tri-lead position.
- Request for review of the systemofcarehub.com site.
- Evaluations

***A System Tri-lead then announced that we would continue work on a new area of focus: Increased use of culturally competent strategies for outreach to historically marginalized populations for participation in the SOCP. The system tri-lead explained that the group would be asked to work on strategies for the top two needs chosen by participants in an email vote prior to the meeting. Here are some highlights from the brainstorming session and follow up actions promised by participants:***

- ✚ Need One: Look at current outreach and how we can improve, develop new ways to reach traditionally marginalized communities.

## Strategies:

- Need people that are bi-lingual for communication.
- Need to do more than just trying to have representation at the table and instead looking at a specific focus area for marginalized area. What we talk about is not always relevant to those populations. Might help to improve engagement and give a purpose instead of just representation.
- If they are here we can hear their input. We can come up with general ideas but we need representatives here.
- Parent has been approached by Hood Canal schools and that could be a line of outreach. Their concerns may be different than what we can come up with.
- Tribal elders have to approve? Is there a document?
- Important to work with tribal elders.
- Tribes operate differently. Remember each tribe is their own nation.
- Biggest things that hinder tribal people from getting services is incorrect information. Opting out of tribal services is an issue. Students not being raised by their legal guardian. All tribes are different. Need to go before council. System of Care Partnership participant, who is a member of the Skokomish Tribe has spread the word about System of Care. Tribal council or director of health services is who you go to. Squaxin Island Tribe connection is Family Services. Connections can also be made with Indian Child Welfare and behavioral health. Biggest thing is services in schools. Asking Tribal Council is going over the health director.
- True North does not contract with American Indian/Alaska Native (AI/AN). But youth can (through their parents) connect with a health plan.
- Providers are in different places with AI/AN and it is best to work with the health director.

## ✚ Need Two: Who or what groups are we trying to reach?

### Strategies:

- Populations: Native Americans, Indian population from India, diverse Spanish speaking population, Black population, Chinese, Japanese.
- Anyone contacted Cielo Blue? Guatemalen population.
- LGBTQ – Pizza Klatch is being invited.
- Homeless population.
- Once we identify groups we may find that we already have people from that group on the SOCP who participate in our monthly meetings.
- Families in Domestic Violence shelters.
- A Nisqually family and tribal worker is being invited.
- We do not have tribal approval for a representative for Skokomish Tribe.
- If we have people who are already participants who can help with contacting others who are missing and/or perspectives we need.
- Don't want tokenism or to check boxes.
- A professional link hasn't been done and Kimberly would be happy to help with Skokomish and Squaxin Tribes.
- We need someone from Systems of Care Partnership to give information to groups we want to reach.
- This is a big conversation and may need to narrow our focus.
- There is a population of those who have newly immigrated.
- Need a different approach.

- Remember that we need to have 51% youth/parents and keep that in mind when we are asking more organizations to join.
- Ask about the benefit to those we are inviting.
- We need a coaching sheet to be able to speak with those being invited.

➤ Action Plan

- Outreach to tribal councils – ask councils in our region (Nisqually, Skokomish & Squaxin Island Tribes) find out who works with youth.
  - The Community Youth Services (CYS) and Skokomish Tribal member offered to reach out to the Squaxin Island and Skokomish Tribes.
    - ✓ The CYS representative reached out to the Squaxin Island Tribe during the meeting.
    - ✓ A parent offered to reach out to the Nisqually Tribe.
      - Note: A Nisqually Tribal member is currently being invited and is eager and willing to represent the tribe.
- A parent offered to reach out to Cielo and Cielo Blue as well as the Guatemalen population.
- Outreach to Behavioral Health.
- Email outreach.
- Should be done once a year.
- Convener to create a coaching sheet.

***A Family Tri-lead then announced that a parent would provide an update on the strategic plan pandemic statement. The parent then explained that she had integrated system and parent input into the statement and the updated drafts were displayed (see below).***

➤ The following includes updates of drafts with the second draft receiving support from the group:

**1. Covid-19 & Beyond**

We are continuing to work with families in our service area while following the Covid-19 safety precautions currently in place.

Our goal remains to connect clients equitably to services through our wide network of providers.

We are committed to ensuring that our clients receive equitable access to Behavioral Health Services not only now, but also for a lifetime of empowerment among our children, youth and families.

Providers can arrange services through a variety of therapeutic ways to accommodate the needs of individuals, including in-person and/or telephone meetings and telehealth communications. A variety of translators are also available.

**2. Pandemic Statement – Equitable Access for All**

**The pandemic caused by the COVID 19 virus has changed the behavioral health service delivery landscape. A swift change from in-person treatment to online, internet dependent services has had a detrimental impact on our community, especially those living in rural areas. Children, youth, young adults and families need flexibility and the opportunity to make choices that will reduce pandemic related barriers and improve access to services.**

Despite the challenges the pandemic has brought to our community, providers remain committed to ensuring that families are afforded equitable access to services through a variety of accommodations.

***A Family Tri-lead then let the group know that a parent from the behavioral health assessments document workgroup would provide an update.***

- Notes from the workgroup meeting were shared (below) again. The parent explained to that the group met and reviewed options, but was going to need to meet again and it was not going to be a quick process. She also shared that the Administrative Services Organization (ASO) representative had agreed to work on the decision tree and a parent had offered to work on graphic design in order to make the document more accessible.

**Notes:**

- The group asked questions and discussed the options. Here are some comments from participants:
  - North Mason School Special Ed Representative: A school psychologist would not normally do a 504 plan. This is typically done by a school counselor and school nurse. A school psychologist will evaluate for consideration for special education.
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- There was a debate about whether to take a vote. But since that would have brought the work to a stop, the group came to consensus and agreed the work could continue on the 2<sup>nd</sup> and 3<sup>rd</sup> options.

Workgroup notes mentioned above as follows:

Thurston-Mason Systems of Care Partnership

Behavioral Health Assessment Workgroup

Date: 8/20/20 at 2:00 pm

Individuals Present: Sara Ellsworth, Dena Wagner, Gary Enns, Mya Hernandez, Donna Obermeyer

**Agenda Items:**

- Welcome and Introductions
- Purpose of Behavioral Health Assessment Document
  - Purpose Driven
  - Needs Driven
- Updates, adjustments, changes needed
- Present at SOC Partnership Meeting

**Notes:**

Families present with assumption of diagnosis and would like it confirmed

Confusion between psychiatrist and psychologist

Seeking confirmation but don't know how to get it

Want to figure out what resources meet their child's needs

Parents don't know that they have choices – how to make decisions between options

Helping families figure out "Fit" and how to find/navigate better fit

Strengths based, solution focused

Cheat-sheet of questions to navigate the system

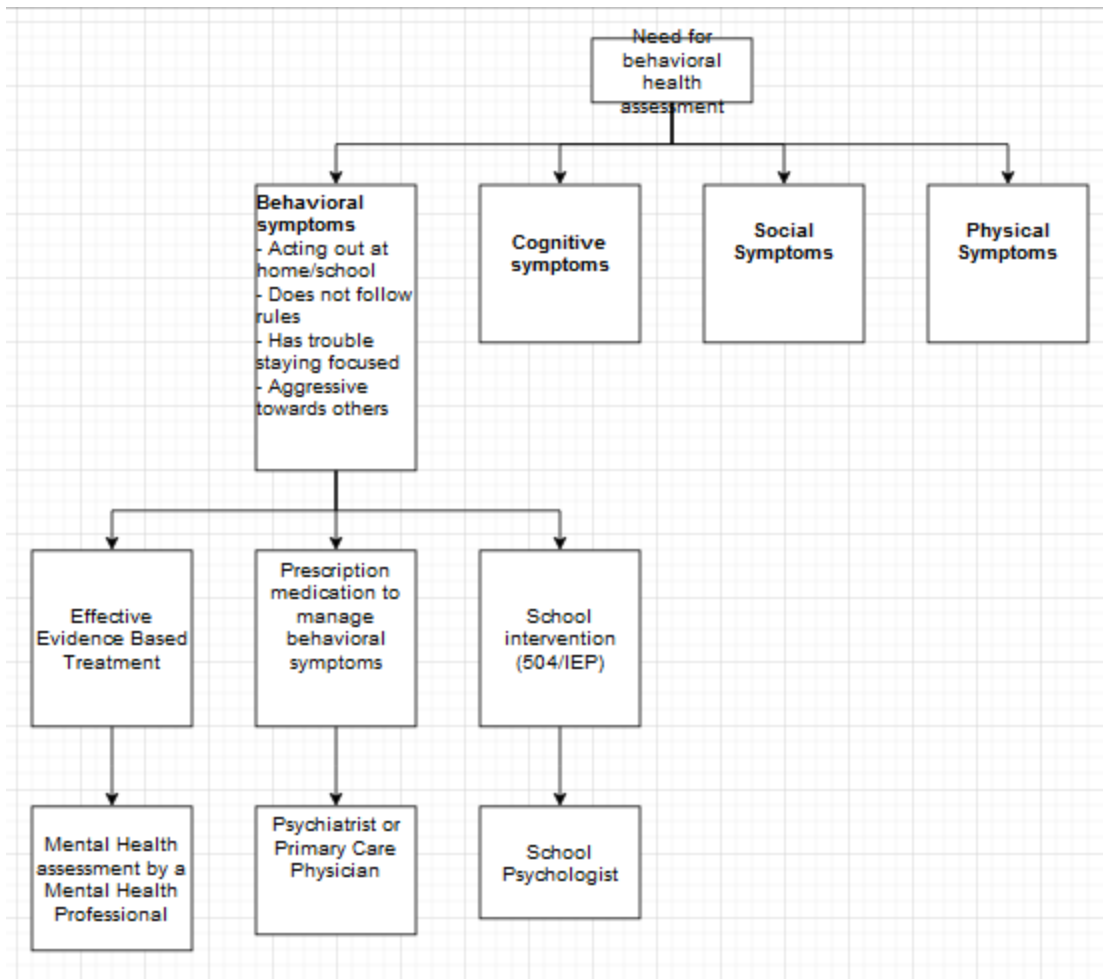
Decision tree to support families navigation based on unique goals, preferences, needs

**TYPE OF SERVICE – NEEDS IT MEETS – HOW TO ACCESS/GET ASSESSMENT**

	<b>Psychiatrist</b>	<b>School Psychologist</b>	<b>Professional counselor</b>	<b>Peer Support</b>
Behavioral Symptoms <ul style="list-style-type: none"> <li>• Acting out at home and school</li> <li>• Does not follow rules</li> <li>• Argumentative</li> <li>• Has trouble staying focused</li> <li>• Aggressive towards others</li> </ul>	Assess and prescribe medication	Assessment for 504 or IEP	Assessment, treatment planning, and ongoing therapy	

<u>Primary Presenting</u>	Underlying need for Assessment (Purpose:	Where to go for assessment (type of	Comments
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Problem (symptoms and impairment)	what will you do with the assessment/diagnosis once you have it)	place/credential of professional)	
Behavioral Symptoms <ul style="list-style-type: none"> <li>• Acting out at home and school</li> <li>• Does not follow rules</li> <li>• Argumentative</li> <li>• Has trouble staying focused</li> <li>• Aggressive towards others</li> </ul>	Obtain effective evidence-based treatment	Behavioral Health Provider that has MA level or above who specializes in treating behavior issues (for example, CBT for Behavior, PCIT, etc.)	
	Prescription medication to help manage behavioral symptoms	Pediatrician, psychiatrist or similar who specializes in youth behavior issues	
	Have my child's behavior issues addressed at school on an IEP or 504	School psychologist at your child's school/district	



**A Youth Tri-lead asked for Behavioral Health Assessment System (BHAS) data to be shared by a Wraparound with Intensive Service (WISe) provider.**

- Catholic Community Services explained three BHAS reports attached below and asked if there were any questions.



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ageImpact CCS 9-19 tngthDevelopment CCSnterventionNeedsOver

**A Family Tri-lead asked for the interest form to be displayed and asked the parent who completed it in August, to share why she was interested in becoming a Co-Family Tri-lead.**

- The parent shared information about her experiences parenting a child with special needs and working with students on the spectrum and with developmental disabilities. She plans to be at all tri-lead meetings and that she is very active in the community.
  - Comments from other parents included;
    - This parent hosts a support group for Family Alliance.

- This family has received Wise.
- She is a great person.

➤ Document displayed at the meeting:



Aug2020\_JacqueWard\_FamilyTri-lead\_Inte

***The Family Tri-lead concluded by letting the group know that the convener would send an email with a request for participants to vote yes/no to accept this parent as a Co-Family Tri-lead.***

***A Youth Tri-lead shared a request with the group to review all of the programs on the systemofcarehub.com website. He explained that this review would take place during two monthly meetings if approved. The convener offered to send an email to participants to vote on this item.***

***A Youth Tri-lead then announced that the convener would be sending out evaluations and why it is important to complete them. He shared that the tri-leads make changes based on feedback from evaluations and made a plea for participants to fill them out.***

***A System Tri-lead then adjourned the meeting, after thanking everyone for their participation and announced the next meeting on Friday, October 23rd.***