

### Introduction – Ashley James Youth Tri-Lead

The NE FYSPRT met on October 1, 2020. Becky Hammill convened the meeting via Zoom. Tri-leads Ashley James (Youth Tri-Lead), Helen Franklin (Family Tri-Lead) and Vincent Cardiel (System Partner Tri-Lead) were present. Twenty Six (26) individuals participated (three youth, five parents/family members, and 18 system partners). Ashley James welcomed the group and asked that they identify their role as participants in NE FYSPRT as there are new reporting requirements to the state. Ashley discussed the importance of increasing youth and family involvement as identified in the NE FYSPRT strategic plan. In November, the planned topic is Coping with Chronic Stress – if anyone has suggestions for speakers on this topic, please contact Becky.

### Access to Care – Vince Cardiel – System Partner Tri-Lead

Vince discussed services within the regional publicly funded behavioral health system including:

- Discrepancies in how WISe is rolled out among agencies
- Zoom fatique
- Discrepancies in what different WISe teams provide and their enrollment process

   the group identified the importance of the family member or system partner
   making the referral to actually talk with the CANS screener and whoever has
   the most information should be the one referring to WISe.
- Discrepancies on who can provide services, for example in some agencies there
  can only one peer can be assigned to a WISe client, not both a family peer and
  a youth peer.
- It was noted that Community Connectors has an educational program for families that has received positive reviews.
- Any tool that would help families better understand the system would be appreciated by families; and a lot of families would appreciate more information on WISe itself, for example, roles of team members. Recent training on CANS was well received.
- Need a better plan for discharge from an inpatient facility to a WISe team. For example, sometimes it's only a few days before discharge that the WISe team is informed.
- There definitely is a need for a statewide protocol on interagency communication between CLIP facility staff and community staff, for example WISe teams need information/contact information for medication providers and



primary care providers; and the transition needs to be smoother with an adequate amount of time for the WISe teams to prepare for the client's return.

### Access to Care & Youth and Family Involvement – Justin Johnson, Assistant Director, Spokane County Community Services, Housing and Community Development Department

Justin continued discussion of the Children's Long-term Inpatient Program (CLIP) and the challenges that are facing statewide providers at this time.

- Youth who require CLIP services are the highest intensity
- It's hard to get into CLIP unless they've been involuntarily committed because those who have been involuntarily committed have priority over voluntary admissions due to the limited number of beds available
- There are limited resources for CLIP services.
- Due to limited resources, a lot of times a youth is not able to access inpatient services until his/her condition deteriorates significantly
- Spokane County Regional Behavioral Health Administrative Services
   Organization (SCRBH-ASO) provides services to six counties in northeast WA and
   all referral for inpatient services (for youth) go before a board who reviews the
   process quarterly. There is a lot of burden on families; it's acknowledged that
   what is asked of families needs to be reasonable, and significant support needs
   to be provided to them.
- The SCRBH-ASO is now looking at procedural changes and input has been requested from system partners prior to dissemination to families for their input.
   System partners can contact Justin directly to provide input or discussion points.
   There are three major concepts:

### System Review

- One area that the State is reviewing is that current practices are fragmented among the regions and there needs to be a statewide protocol. Spokane's protocol has been cited as a positive example.
- In the current system, a youth asks for inpatient services and a resource review is conducted to determine if the individual's needs are being met. In Spokane, this is done in one meeting unlike other regions who utilize two meetings.
- The review is trauma focused and even if the decision is no to inpatient treatment, that doesn't mean it's no forever
- The review will include the application process is it appropriate, too long, burdensome for families, information requested duplicative, etc?



#### Returning Home

- There needs to be education for families so they're prepared for the youth returning home
- What needs and skills are needed by the youth and his/her family to succeed?
- Financial assistance needs and what else is needed by the family?
- Needs of the home are part of the needs of the family
- The needs of the family need to be discussed at discharge
- Can WISe teams work with families and schools to aid the transition? Yes, that's part of the function of the WISe team. [this is included in the Needs Statement in the Access to Care Strategic Plan]

### Youth Peers and Youth Leadership in CLIP

Know the value of youth peers in preventing inpatient services

Justin indicated that the SCRBH-ASO will obtain information from all interested parties and provide a report to the State; this is an opportunity to impact information, practices, protocols. What can NE FYSPRT tell the state to address the challenges with inpatient services and collaboration prior to and after an inpatient stay? Justin indicated they will continue to advocate our region's good practices

Justin asked the NE FYSPRT members to send him or Becky any information they wish to carry forward.

### Strategic Plan Update – Becky Hammill, Convener

Becky indicated that the Needs Assessment is part of the five year Strategic Plan. From the plan a work plan with AIMS statements and goals is developed. Becky has provided the 2020 Strategic Plan to the members and asked they review it prior to the next meeting. The update needs to be submitted to the state by the end of the year. At November's meeting, the work plan will be finalized.

### State FYSPRT Symposium

Vince discussed the State Symposium they attended. There are changes in the contracts with expectations for representation – it's expected that as many WISe staff as possible participate in FYSPRT meetings – from Peers to WISe Administrators.

It's good to hear from other FYSPRTs – their successes and areas for improvement. Vince noted that another FYSPRT stated they were experiencing similar challenges in youth/family participation.



Becky asked for topics for future meetings. She indicated Zoom fatigue was common among many FYSPRT groups; but many are similar to NE FYSPRT in that attendance remains good. They all indicated that being able to meet together while enjoying a meal was vital to good group cohesion. The group provided these suggestions:

- Some way to have incentives to participate (those who participate in NE FYSPRT meetings are invited to take the survey with a gift card for completion; members gave suggestions for egift cards where GrubHub is not accessible).
- A member asked if Youth N Action could come to communities and the tri-leads indicated that planning for outreach trips had been in the works pre-COVID and will commence as soon as possible when COVID restrictions are lifted
- Tri-leads will also be going to communities in the northeast areas
- Additional topics for future meetings included:
  - Educational speakers
  - Therapy animals
  - Services for older youth in college
  - NAMI for returning veterans
  - Excelsior Day Treatment Program
  - o Heroes Homestead
  - Resources other than the library and school for internet access
  - Jobs that actually pay a wage during COVID
  - Safe Families
  - General discussion with MCOs

Ben and Hannah were thanked for their input in today's meeting. The next NE FYSPRT meeting will be November  $5^{th}$  at  $4 \, PM$  – at this time via Zoom.