



**NE Family Youth System Partner Meeting Minutes
NE FYSPRT
November 5, 2020**

Introduction – Helen Franklin, Family Tri-Lead

The NE FYSPRT met on November 5, 2020. Becky Hammill convened the meeting via Zoom with the tribal land acknowledgement. Tri-leads Ashley James (Youth Tri-Lead), Helen Franklin (Family Tri-Lead) and Vincent Cardiel (System Partner Tri-Lead) were present. Twenty-four (24) individuals participated with 46% representing families and youth, 4% tribal, and 50% system partners. Ali Desautel from the Camas Health Center operated by the Kalispel tribe was in attendance and welcomed to FYSPRT. Helen Franklin started the meeting by asking that members their role as participants in NE FYSPRT.

Access to Care/Behavioral Health System Issues from the Strategic Plan – Sazi Wald, Behavioral Health Transition Age Youth Stable Housing Policy Lead

Sazi shared with the NE FYSPRT members her project to prevent youth homelessness by looking at transition processes from inpatient to community care. Her assignment is to provide the Health Care Authority with policy recommendations, education and technical assistance and value-based purchasing. Sazi is currently in the data gathering phase and is obtaining feedback from transitional age youth age 18-25, their family members, those over age 25 with lived experience, providers of services to transitional age youth, and from system partners. She invited NE FYSPRT members and their clients to participate in a survey and/or an interview. Compensation is provided for participating. Sazi can be contacted at: Sazi.Wald@hca.wa.gov or 360 790 4560.

Access to Care/Behavioral Health System Issues/Family/Youth Engagement from the Strategic Plan – Zia Freeman, Community Educator, Coordinated Care

Zia Freeman provided training to the group on Secondary Trauma and Self-Care. She guided the group on identifying events that may cause additional stress to caregivers. **Secondary Traumatic Stress** refers to PTSD related symptoms caused by indirect exposure to traumatic material. She talked about compassion satisfaction and compassion fatigue and shared examples of warning signs. She also discussed vicarious trauma and burnout.

Zia gave this guidance: **We do not honor those we serve by intentionally suffering.....***(Laura van Dernoot Lipsky)*



**NE Family Youth System Partner Meeting Minutes
NE FYSPRT
November 5, 2020**

- Accept that Grief & Loss may be part of your role!
- How can you honor/acknowledge this reality?

- ✧ Take time off
- ✧ Be sad, don't try to "shake it off"
- ✧ Develop a ritual that helps you
- ✧ Talk to others
- ✧ Not accept another placement in your home for a while

Caregivers can:

- ✧ Recognize the connection between your child's trauma and your own history.
- ✧ Distinguish which feelings belong to the present and which to the past.
- ✧ Request regular supportive meetings with your child welfare workers and/or clinical staff.
- ✧ Consider therapy for yourself.
- ✧ Being a resource/foster parent often brings up feelings or memories you thought long buried.
- ✧ Be open to sharing these powerful emotions with someone who is trained to listen and support you.
- ✧ Practice stress management through:
 - ✧ Meditation
 - ✧ Religious or spiritual practice
 - ✧ Conscious relaxation
 - ✧ Deep breathing
 - ✧ Exercise

Task Organization: 1-3-5 Rule – Today I will do 1 big thing, 3 medium things, and 5 little things

- Understand that you can't accomplish an endless number of things each day. Instead, accept that you can reasonably get one big thing, three medium things, and five small things done.
- *You only have so much time, and you can only get a finite number of things done in a day. Making a 1-3-5 list before you get started means the things you will get the most important tasks accomplished.*



**NE Family Youth System Partner Meeting Minutes
NE FYSPRT
November 5, 2020**

- Zia guided the group in multiple self-care practices that will help individuals commit to self-care, and asked for comments from the group about what they're currently doing for self-care. She gave these suggestions:
 - Have confidence in your clinical skills
 - Be willing to experience discomfort
 - Accept your professional limits
 - Allow for periods of supervisory reflection
 - Develop a narrative about why you are doing this work and the effect it is having on you (this may change!)

Zia is available to present this self-care training. Her contact information is: 509.202.7894; Zia.freeman@CoordinatedCareHealth.com. She indicated that Coordinated Care has regularly scheduled training that is available to the system of providers. She will share that information with Becky to forward to the group.

Access to Care/Behavioral Health System Issues/Family/Youth Engagement from the Strategic Plan – Kalen Roy, Spokane County Behavioral Health Administrative Services Organization

Kalen represented Justin Johnson, Assistant Director in providing a legislative update. The Governor's Office held a meeting to outline some of the Behavioral Health and Recovery System Task Force priorities moving into 2021.

Direct Services:

1. The state should increase the deployment of assertive community treatment teams. (Dhingra) [bill or budget]
2. The state should continue Behavioral Health integration work, specifically with a focus on availability of substance use disorder treatment and resources. (Leaders) [agency action]

Work Force:

1. The state should expand the Workforce Education Investment Act, including the WA College Grant and other financial aid programs, to provide free graduate tuition for students who will commit to entering the Behavioral Health field.
2. The state should invest in the BH workforce, including in areas recommended by the Workforce Board's forthcoming 2020 report and



**NE Family Youth System Partner Meeting Minutes
NE FYSPRT
November 5, 2020**

recommendations, such as background checks, license reciprocity, supervision requirements, reimbursement and incentives, and competency-based training. (Leaders) [bill or budget]

3. The state should create a BH support specialist license for qualified professionals who do not have a master's degree. (Dhingra) [bill]
4. The state should explore how to retain the current BH workforce and support them utilizing trauma-informed care approaches, while also requiring state-funded health care professional education programs to train new health care professionals in evidence-based practices. (September 2019, November 2019) [bill or budget]
5. The state should increase the use of peer services as part of the BH care team, including but not limited to: providing access in emergency room settings and increasing the ability for peers to provide outreach services reimbursed by Medicaid. (Dhingra) [bill, agency action]
6. The state should increase deployment of patient navigators and case managers by MCOs to help patients move across both physical and Behavioral Health systems. (November 2019) [bill or agency action]

Involuntary Treatment ACT also known as ITA or RCW 71.05:

7. The state should oversee the use of exclusionary criteria and reduce instances of admission declines at crisis facilities for persons detained for involuntary treatment, considering methods such as those proposed by SB 6469 (2020). (Dhingra) [bill or agency]
8. The state should review the role of MCOs in the ITA process related to ability to apply medical necessity criteria to long involuntary treatment stays. (November 2019) [bill or agency action]
9. The state should increase capacity for structured involuntary treatment diversions such as crisis triage, peer respite, and stabilization centers. (July 2020) [budget]

State Oversight and Agency Coordination:

1. The Governor is encouraged to appoint a director within the Executive Cabinet who is responsible for the coordinated implementation among state agencies and educational institutions and provide a single point of contact to ensure successful implementation of changes within the BH system. Alternatively, a single point of contact must be identified. [bill or executive action]
2. The state should lead an effort to standardize the definitions used by the state hospitals, MCOs, and community BH providers to determine when a patient is ready for successful discharge, can be served safely in the



**NE Family Youth System Partner Meeting Minutes
NE FYSPT
November 5, 2020**

community, and no longer requires active psychiatric treatment at an inpatient level of care under RCW 71.05.365. (Dhingra) [bill or agency action]

Annual Work Plan Update – Becky Hammill, Convener

Becky indicated that the Work Plan will be finalized at the December meeting and asked members to provide input to her.

Members attending today's meeting were asked to complete the NE FYSPT evaluation.

Next meeting: December 3, 2020 4:00 p.m. via Zoom.