

**North Sound Behavioral Health Organization (North Sound BHO)
Youth and Family Coalition (YFC)
North Sound BHO - GoToMeeting
MEETING SUMMARY**

Youth and Family Coalition	
5.11.2020	4:00 p.m. – 6:00 p.m.
Meeting called by:	Val Jones
Note taker:	Maria Arreola
Attendees:	Kate Naeseth, Megan Boyle, Raven Holtz, Ryan O’Donnell, Tiffany Wheeler-Thompson, Marissa Collins, Becky Hurst, Dawn Scott, Chandler Gagne, Desiree Bungay, Lisa Helen, Kim Olander, Marci Bloomquist, Rachel Zakopyko, Starleen Maharaj-Lewis, Salina Bass, Clacy Albert, Lisset Reyes, Maureen Peterson

Announcements and Updates
<ul style="list-style-type: none"> • Val spoke on the Whatcom Chapter moving forward. We are also moving forward of reaching the respite option. Val sent the link to the respite survey to the committee. Val spoke on Mary Jo Dubrlow is a new Tri Lead. • Starleen and Chris are working on two projects with the Mount Vernon and Sedro Woolley School districts. The projects involve tier interventions. The grant is focused on Behavioral Health supports. • Kate Foster in Whatcom county reported on providing services for families. • Becky Hurst reported on partnering with all districts to host a fundraiser for families in need. A GoFundMe will be set up to help. • Rachel updated the committee on CLIP. Discharges were put on hold when and stopped in person visitation. CLIP facilities are moving with virtual meetings with families and phone access. Admissions were put on hold but are now slowly moving forward with admissions. • Chandler YMCA Oasis Skagit county reported drop in shelter is are operating normal hours and operation schedule. • Kate Neset United Healthcare introduced herself to the committee. • Kenny from Amerigroup introduced himself to the committee. • Lisset updated on services still be held. Hotline is 24 hours and office hours are 6-5 Monday through Friday. • Megan Boyle Compass Health updated on WISE openings in Skagit and Island county. Teams have been focusing on creative service delivery. A virtual parent workshop was held with a good participation. • Dawn Scott from CCS report Telehealth is up and running. WISE programs are accepting referrals. • Lisa Helsen Juvenile rehabilitation helping several individuals with bills and rent assistance.

Eating Disorder 101

60 min

Clacy Albert and Maureen Peterson

ACTION: Action/Decision () Discussion (x) For Information Only ()

Overview: Educate of treatment, resources and diagnosis of Eating Disorders

Discussion Points:

- DBT based program therapy around food programing.
- Free online support groups offered to community.
- Binge eating disorder is the most communing eating disorder. Center for Discovery has specific tracks for individuals diagnosed with binge eating disorder
- Anorexia Nervosa
 - What their body looks like appearing larger than what they really are.
- Bulimia Nervosa
 - Eating in a private over a period of time
 - Self-evaluation is by body and shape
- Avoidant Restrictive Feeding Intake Disorder
 - Lack of interest in eating
 - Not related to body image
 - Affecting functioning level
- Other Specified Feeding or Eating Disorder
 - Diagnosis that do not meet full criteria but clinically affects impairment
- Orthorexia not in the DSM
 - Cleansing restriction to contribute to health trends
- Early Warning Signs and Red Flags
 - Dieting is the number one flag or a restrictive food plan
 - When people refuse food that they had previously enjoyed, skipping meals, small porters and speaking more of safe foods.
 - Body image obsession of weight and size of clothing
 - Social isolation
 - Food hoarding
 - Noticeable changes in weight
- Medical complications of clues of something is wrong
 - Weight cycling
 - Temperature of body of feeling cold all the time
 - Denture
 - Cardiorespiratory
 - Gastrointestinal

- Endocrine – most common is bone loss
- Neuropsychiatric
- Dermatologic – Hair loss, poor wound healing, dry brittle nails
- Factors contributing to ED development
 - Depression and Anxiety Disorders
 - Family Dynamics
 - Cultural social pressure for thinness
 - Low self-esteem
 - Those that go through puberty early experiencing the emotions that go along with that.
- Eating Disorder Myths
 - Does not discriminate based on age
 - Highest rate of inpatient hospitalization for eating disorders are with people in the midlife age bracket
 - Does not discriminate by gender
 - Eating disorders are not always visible
 - Eating disorder are not treatable. 80% of people that enter treatment for ED make a sustainable recovery.
 - Eating disorder are a choice - myth.
- Weight Stigma
 - Addressing weight stigma practicing can help at every size. All clients of all ages and backgrounds are addressed of weight stereotyping.
 - Focusing on society betrayals have served the biased attitudes on all level of care.
 - Discrimination comes in every form.
 - Psychological consequences are high rates of depression and anxiety. Center focuses on being advocates for themselves.
 - Healthcare professionals are the greatest resource to help individuals be their own advocate to break down the stigma.
 - Medical consequences of weight stigma
 - Center works for confronting own biases and support professionals and coaches. Center of discovery can launch presentations in schools for awareness of breaking down the weight stigma.
- Treatment levels of care
 - Inpatient hospitalization is the most acute level of care. In WA there are not a lot of options. It is common to send individuals out of state for a level of care due to lack of options in WA state. Average length of stay is 10-14 days for medical stabilization to enter the next level of care.
 - Residential Treatment are for those that are medically stable. Treatment is community based in a home-based environment. Length of stay is 30-45

days. Family involvement is common. It is focused on improved quality of life and reconstruction of society construct.

- Involuntary commitment is not an option in WA state.
- Partial Hospitalization/Day Treatment 6-10 hours of daily treatment 5-7 days a week. This comes after the residential care. This is building of what was learned from the residential treatment.
- Intensive OP is a step down from Partial Hospitalization/Day treatment. This is 3 hours per day and 3-6 per week.
- Outpatient consists of support groups and provide coordinated care for wraparound care as they are stepping down from a high level of care.
- HAES Approach
 1. Accept your size
 2. Trust yourself
 3. Adopt Healthy lifestyle habits
 4. Embrace size diversity

www.haescommunity.org
- Recovery is to help understand people explore coping strategies, self-awareness, finding balance and accept and name emotions.
- Teens seek help at time after a medical occurrence such as fainting, hair loss or significant weight loss.
- Ages 11-12 parents oversee rights and treatment choices. As of 13 years of age the youth is in charge for choices of treatment. Families are highly encouraged to be involved.

Conclusion/Outcomes

- Presentation to educate community of Eating Disorders stigma, diagnosis, resources, and treatments.

COVID 19 Sharing, Resources, Challenges and Inspiration

30 min

Val Jones

ACTION: Action/Decision () Discussion () For Information Only (x)

Overview: Open communication to share experiences

Discussion Points:

- Becky spoke of virtual world for mentoring and connecting with students. The virtual platform is working well with supporting families and students. Basic resource needs are being shifted to families. Getting creative to connect with students with care packages, letters, and email communication.
- Val spoke on the crisis services professional safety equipment shortage. In the northern counties to do evaluations remotely. Hospitals and DCRs have iPad minis to connect with each other. Crisis teams are connecting with individuals virtually to get them into service.

Conclusion/Outcomes	
<ul style="list-style-type: none"> • Shared program experiences 	

Respite in the Region – Survey and Discussion	
20min	Val Jones
ACTION: Action/Decision () Discussion (x) For Information Only ()	
Overview:	
Discussion Points: <ul style="list-style-type: none"> • Map of respite services that are available around the state. • Val requested to have individuals speak of availability of resources to assist in mapping out the respite services. • Megan expressed the need for respite services. Megan stated they encourage families to look into the natural supports for a resource of a break for the caregiver. 	
Conclusion/Outcomes	
<ul style="list-style-type: none"> • Committee communicated resources for Val 	

Evaluations	
15min	
ACTION: Action/Decision () Discussion () For Information Only (x)	
Overview: Val sent the committee the link to the evaluations	
Discussion Points: <ul style="list-style-type: none"> • Evaluations link sent to committee 	
Conclusion/Outcomes	
<ul style="list-style-type: none"> • Committee will complete the online evaluation 	

Next meeting is - Monday, June 8, 2020 from 4:00 pm – 6:00 pm