



MASON THURSTON SYSTEM OF CARE PARTNERSHIP

A REGIONAL FAMILY YOUTH SYSTEM ROUND TABLE PARTNERSHIP

JULY 28, 2023 SUMMARY MEETING NOTES

A System Co-Tri-lead started the meeting 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.

Then the System Co-Tri-lead read the vision and mission and eight-part comfort agreement, followed by the listening statement. This statement lets participants know they are listened to as we also focus on what the group has voted for as our area of focus and reminds the group that Tri-lead contact information is on every agenda.

A Youth Co-Tri-lead continued and read the goals for the day after the convener completed introductions.

- Our first goal is to hear an update from the workgroup for the Area of Focus.
- Our second goal is to complete a poll to determine the time frame for meetings during the school year.
- Next we will hear a statement of interest for one of the System Tri-lead positions and complete a poll.
- Our fourth goal is to hear about the Transforming Our Communities event and then we will open Share Time for everyone.

Another Co-Youth Tri-lead then introduced the Area of Focus workgroup update agenda item and asked the Zoom operator to scroll down to the notes from the previous workgroup meeting. The notes displayed were then reviewed by a System Tri-lead with time for questions and answers.

Area of Focus

Overarching Goal/Sub-goals/Strategies & Workgroup Meeting Notes

This is the list of goals and strategies chosen by the SOCP related to our area of focus (overarching goal), which is about more mental health awareness and fluency taught in schools, to parents and to staff.

A. Opportunities for youth to volunteer with other kids to help – everyone learns and this provides mentorship opportunities for kids. Matching kids based on strengths and needs – pairing a youth with great ability to manage their energy, for example, with a youth who needs additional skills in this area. Students to be able to mentor students at other schools.

A2. Provide Teen Mental Health First Aid to schools – ESD 113 could potentially provide this, or trainers from other organizations in partnership

July 13th Notes: Is done at school, as a project, and staff are trained there and an entire grade gets trained. Other option is community based – community providers could offer this to the community. Concern – counselors may not have the bandwidth to provide this. If offered as an extracurricular activity, would need a contact person at the school who would be willing to take this one. There is a cost – training cost, staff time, and often schools don't have the funding available. True North could look at sites where they have SAPs (Student Assistance Professionals) – Shelton, N Thurston, Tenino, Tumwater, Rochester. Some requirements have changed – during the pilot, 85% of staff had to be trained. Not so now, perhaps (Teen Mental Health First Aid). \$3300 for one trainer to be trained+125 manuals, or \$1700 without manuals (but they're required, but there might be access to online manuals) <https://www.mentalhealthfirstaid.org/population-focused-modules/teens/> Curriculums have been developed for health classes, etc so might not be able to provide this. National council for YMHFA has specific requirements – 15-18 year olds are defined as teen, and permitted for 10-12 grade. Could maybe be done after school hours by a community partner at the school? If the goal is awareness, we could do something different than TMHFA.

A4. Have youth who are interested in being mentors/volunteers write a bio and submit to SOCP and connect them with school counselors - Consider specific mentors for BIPOC students/LGBTQIA+ students, making sure that supports have life experience and understand the populations.

July 13th Notes: School counselors may not want to take on this task and may not feel they have the ability to provide the amount of necessary support and guidance. There are some existing programs – Black student unions, Pizza Klatsch. Need to be very thoughtful and careful in planning and supporting mentors who are kids – lots of potential for information to be provided to them that might be too much. Youth driven, adult guided would be best. Kids might actually want an adult in the room for these conversations. Might be best to focus on older people (maybe a young adult) and pair them with younger students? Family participants are expressing frustration about system folks not being open to these ideas. School system folks point out that there is a lot to the process of adding classes and opportunities and prioritized projects that occur. New law is in place the places requirements about how counselors spend their time. If supports aren't provided as things are being developed at schools, there are real challenges to implementation. Also union rules, etc. NAMI presentations are free and already being done. We need to see what's out there to support students – maybe a way to share resources for sharing info in schools and find out what they're already doing. Are there community partners who are or could provide this resource with volunteer support?

B. Mental health initiatives at schools to create/inform around mental health needs – student driven and led (SOCP do the initiative?)

B2. ESD does quarterly mental health campaigns in schools – coordinated through prevention/wellness clubs. Would love to make these available to other schools who don't have Campaigns for Mental Wellness/Suicide Prevention so they can execute them on their campus.

July 13th Notes: Required for ESD where they have staff, but staff aren't in every building. Activities are sometimes morning announcements, posters, etc. Could be offered to other school districts. Backed by prevention science, but ESD is happy to share the products they put together for broader community reach. Last year, did Suicide Prevention around asking friends about how they're doing and how they can help, substance use prevention, mental health promotion. Could inspire schools and lead to more work in the future. Would be good to share all campaigns done in our communities with SOCP to find ways we can BLOW THEM UP! And make them community wide.

C. Classes do an activity that elicits ideas from students – what can we do better/change? Anonymous notes. Consider providing incentives like gift cards for small amounts.

C3. Look at existing surveys recently done by HCA and Department of Health, look at trends and then make a plan

July 13th Notes: Heidi will take this back to the tri-leads and we'll make a plan. Will include most recent Healthy Youth Survey.

The Co-Youth Tri-lead shared that part of the work is to figure out how to address barriers and asked the group if they have questions or comments after the System Tri-lead finished reviewing the notes.

- The System Tri-lead commented that there may be disagreements from time to time but the System of Care Partnership exists to come together.
- A parent thanked the Tri-lead for the comment that we may not see eye to eye and sometimes a parent may not feel heard. Things may be different than when we were in school and we may not know all the ins and outs. But in the end I felt heard.

There were some technical difficulties with poll setup and the convener asked the Family Tri-lead to move on to the Transforming Our Communities event.

- The author of the event, Jason Bean-Mortinson from the Thurston Mason Behavioral Health Administrative Services Organization (TMBHASO), introduced himself and explained that he has been working in our communities for twenty years.
 - Jason also shared that the event came about because of people with lived and living experience with Substance Use Disorder. I'm a person with lived experience and in recovery.
 - We tried to do a hybrid and breakdown about what has happened. We talked about harm reduction and how to show up for our community. It was about grief and loss and vicarious trauma. Also about bringing people together, building trust and not services as much as relationships.
 - It was rejuvenating to me (Jason) personally, keeping people alive. The Fentanyl epidemic has been rough.
 - We first thought it would only be a few people, but there ended up being fifty people participating locally and hundreds of people statewide for the virtual event. I would love to have more people next year.
 - I've been involved with treatment, inpatient and detox services for a long time. It is hard to know how much shame keeps people from coming back. We are supposed to love and help people get well. I've lost a lot of people.
 - People need hope and a realistic way to reach out for help. People will spiral if we pile a bunch of adverse consequences on them.
 - Part of the 988 line can help and there is a recovery help line. UW has worked on their website and there is the stopoverdose.com and ways to get Nalaxone.
 - There is also the Mason/Thurston crisis information at:
<https://www.tmbhaso.org/crisis-information>

- A parent and Family Tri-lead shared some highlights from her experience at the event as follows:
 - At first I didn't realize that Substance Use Disorder is a disease.
 - Harm reduction is a scary thing. I think it is better to know what is in the drug, rather than not knowing that there may be a really small amount of something else in it.
 - I learned to empathize with people (with this disease) and know they are still human and still good people.

Further comments

- Peer Olympia shared that folks can drop in and connect to resources. B@peerolympia.org 360-481-8306 - we have a ton of work to do. We are doing better for outreach and not doing so well on state resources, such as inpatient. I'm happy to share resource websites.
 - <https://www.peerolympia.org/>
- The statewide COPE visitor shared that they are providing a training about understanding Substance Use Disorder for parents/families in the morning and evening. It is peer led. <https://www.acommonvoice.org/>
 - A parent shared that she has attended this training and it was good and you get to hear the stories.
 - <https://wscsupport.org/family-navigator-training/>
- The Behavioral Health Advocate participant asked about the additional 'something' that it is being added to Fentanyl.
 - Jason answered that this is probably Carbfentanyl and there has been a quick shift across the country. Fentanyl ended up being included in other meds. Xylazine is another one. It is a horse tranquilizer that is being combined with Fentanyl. Nalaxone does not work on Xylazine because it is not an opioid and there is increased risk for overdose fatalities.
 - We've only had a few cases. It is not as prevalent on the west coast.
 - This is a good opportunity to have testing and solid education.
- The parent that attended the training sessions added that Xylazine slows your breathing so much that you stop breathing. She also commented that Nalaxone does not work on Xylazine but helps with opioid overdoses and a nose spray can be used as well as an injection.
- The Behavioral Health Advocate participant mentioned that the sores from Xylazine, if they appear, present like burns and people are at risk for infection.
- The Catholic Community Services participant shared with the group that they are working hard to make sure that staff have Nalaxone because it saves lives and they also provide lock boxes.

- She also answered a parent question, saying that (yes) behavioral health agencies are required to distribute Nalaxone. They can be mailed to your door and there are no adverse effects from it.
- Jason answered a parent question about pain clinics, saying that they work with them and the state has worked to increase monitoring of the clinics. There are some people with chronic pain that are over medicated with opioids in the late 1990's and early 2000's. There needs to be access to other options for those with chronic pain.
- A parent mentioned that Narcan works on synthetic opioids and Jason commented in response that it works on all opioids, heroin or opium. People use opioids usually in combination with other drugs.
 - The same parent shared that there are several excellent videos on Xylazine use and how it affects people on youtube. Most videos have been filmed in Vancouver, B.C. where it's a pretty big problem.
- A youth asked about the prevalence with teens/schools and is it the same as what is found at behavioral health agencies. Jason answered that it is pretty all over the place.
 - Jason continued by sharing that schools are doing more to remove restrictions on Nalaxone and prevention work.
 - Mason and Thurston county opioid response staff are working in schools.
 - A parent commented that they hear stories that students are being punished for having Nalaxone. Jason responded saying that there is more work to be done. There have been quite a few deaths around the region and not very good publicly funded withdrawal management. Access to medications that help is tough.
- The Catholic Community Services (CCS) participant shared that she had lost two of her three brothers. One brother left and is addicted to Heroin. She also commented that it would be nice to write a letter to the schools.
- The Behavioral Health Advocate participant asked Jason if he has access to which schools are prohibiting Nalaxone and Jason responded that he does. There are county staff that make contact with the schools and Educational Service District 113 (ESD 113) can share their experience. A letter to districts from the group or from individuals may be helpful.
- The Juvenile Rehabilitation participant shared that within the last few years it has been made mandatory for all staff to be trained on Narcan. She stated that staff are given two to carry at all times. Also, when youth are released they are educated and their parents are educated and trained on how to use it in the community. She mentioned that if youth are given it to carry and then the school stops them from carrying it, then it could stop them from saving lives. People are dying and this is a life saving support.
- The COPE participant said that she was wondering if everything starts with leadership and that the ESD is limited because each district has their own school board and that is a place it could be brought up.

- The CCS participant stated that some situations are due to procedures and law and that some laws haven't caught up. Sometimes laws are violated to be able to carry Narcan.
 - Jason responded saying this is true. Shifting to making Nalaxone/Narcan available over the counter will help to some degree.
- Jason shared that there will be Mason county events and they are working with a learning collaborative for youth and I'll send that information out when it is ready to be shared.
- The Juvenile Rehabilitation participant shared that they are trying to locate a community provider for a Substance Use Disorder (SUD) co-occurring professional that can work with our youth under supervision. This would be at Green Hill, Echo Glen or community facility like Touchstone. This has worked well and we were using Community Youth Services, but having difficulties and the Daybreak facility has closed down. It helped to have providers for youth with SUD challenges due to trauma, who are transitioning to get immediate assistance. If anyone is aware of this type of professional and can provide contact information, please send it my way. We are looking for partnerships because we serve multiple counties as follows.
 - Juvenile Rehab, Department of Children Youth and Families is in the process of establishing contracts with providers in region 6 who offer:
 - Aftercare treatment support.
 - Integrative SUD treatment and co-occurring treatment services navigation support.
 - Recovery Support
 - For young people who reside in JR's Touchstone Community Facility at 2010 Puget Street NE, Olympia 98506
 - And youth who are transitioning back into their home and their communities in region 6 (Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Lewis, Mason, Pacific, Skamania, Thurston, Wahkiakum)
 - Contact:
 - Jennice Foy, MFT, Juvenile Rehabilitation Mental Health Coordinator
God's Broken Home Contract Manager
Washington State Department of Children, Youth & Families
Region 5 & 6
Jennice.foy@dcyf.wa.gov
Cell 360 628-3224 | FAX 253 593-5074
- The CCS participant commented that we have state funding to help license mental health professionals to become SUD certified. It is a heavy lift and we have Wraparound with Intensive Services (Wise) and crisis stabilization services staff to help youth with co-occurring needs. It is a lot of work including the supervision requirements and if Jason and the Juvenile Rehabilitation participant have ideas about that, they are welcome. We need a supervisor.

- Jason responded that they just made a pitch to Treatment Sales Tax to help share that load and burden.
- The Juvenile Rehabilitation participant said that they are willing to take SUDP's and get paid under our contract if an agency can supervise.

The Family Tri-lead let the group know that we would be asking everyone to participate in a vote with a choice of two meeting times. One would be for the current meeting time, 10 am until noon and the other 2:30 to 4:30 pm. Since the poll wasn't working it was decided to share votes in the chat.

A Youth Co-Tri-lead then introduced Donna Kelly to share her interest in a System Tri-lead position. Following is the statement shared.

- I became a member of SOCP in October, 2022. Since joining, I have become increasingly interested in the partnership and the thoughtful manner it addresses the needs of the youth in our area. I am pleased with the way SOCP works together and the tri-leads offer their time and leadership to address the needs of the group and the youth in the area. In my almost 14 years as a Behavioral Health Ombuds/Advocate in an office that serves the public, I have worked closely with youth, family and systems. I have addressed the needs of youth in my family, schools and the community. I have worked for the OSD (Olympia School District) and spent many years as a volunteer. If chosen, I would be glad to serve as a system tri-lead for SOCP.

Participants shared their votes in the chat after the statement was shared.

A Co-Family Tri-lead introduced Share Time and explained that it is time set aside for anyone in the group to talk briefly about successes, challenges, questions, comments, information, updates or anything else you would like to share that brings joy to your life. This is also a time when questions or comments about today's goals/agenda are welcome.

- A parent shared that they enjoyed the information shared by Jason. The parent then shared that they have two sisters who went through that and as a sister it was not easy. This was thirty years ago and they are flourishing now. They also said that they have a good friend who overdosed and finds herself in and out of the hospital due to drug use and I've been a part of that for the past twenty nine years. I have watched her deteriorate and pictures of her heart that has almost turned to glass and is shredding. There are new experimental treatments but the end result is that her life is going to be shorter than normal because of the use and overdoses. There is no shaming or blaming but it is hard for those that go through this, harder for some than others. It is good that we have new things that can help and we can come alongside them. I'm here and have an ear to have someone to talk to.
 - A youth thanked the parent for sharing and that this is bitter sweet.

- A parent asked another question for Jason going back to the thing about the schools and no tolerance for carrying Nalaxone and what can be done about that, to counteract that. They are taking that out of the hands of the students. It kind of sticks with me and it is so important. Youth get scared and might not go to an adult and now they are having life saving measures taken from them. What do you think about training the students?
 - Jason answered that there has been some outreach to administration. Plus, the opioid overdose coordinators in Mason and Thurston counties have done some outreach. It is a public outreach issue. Maybe some of you were part of the DARE program and it didn't work. There needs to be some work to change that mindset. Youth sometimes get information/training from a community event or a doctor. Some carry because they use or a friend or parent uses. Having real conversations about that will continue to move things forward. I carry it because I don't use but don't want to see another friend use. No one should ever have to die for it to be important. Jason answered an additional question about situations where students are having it taken away from them, is it possible for the staff to carry and his answer was yes. He added that it is about slowly changing systems and policies.

A Co-Family Tri-lead let the group know that anyone can contact a Tri-lead with concerns or questions any time and their contact information is on the agenda. Also, the Tri-lead shared that an email with a link for the quarterly meeting evaluation will be sent. The Tri-lead then thanked everyone for their participation. She then announced that the next meeting will be held on August 25th and adjourned the meeting.