



**MASON THURSTON SYSTEM OF CARE PARTNERSHIP**  
A REGIONAL FAMILY YOUTH SYSTEM ROUND TABLE PARTNERSHIP  
**JUNE 24, 2022 SUMMARY MEETING NOTES**

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***The Youth 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.

***The convener read through the roster to sign in participants. Then the Youth Tri-lead read the vision, mission and eight-part comfort agreement.***

***The Youth Tri-lead continued and read the goals for the day.***

- Family Tri-lead Statement of Interest
- Area of Focus Top Needs Vote Results & Next Steps
- Share Time

***The Family Tri-lead let the group know that Dena Wagner was going to share her interest in becoming a Family Tri-lead. Here are some highlights from the conversation:***

- Dena shared this statement:
  - My past few years of being involved with SOCP and the WISE program has been a great learning experience for me. I'd like to be a Family Tri-Lead so I can continue to learn more and help facilitate in helping others find the wide range of support, knowledge and resources in our community that helped our family so much.
- Dena was asked if she had any specific areas of interest or goals and shared the following:
  - She said that she is interested in and good at finding information and resources and shares these with people who need it. She also wants to raise awareness and wants to normalize mental health support in our communities and schools. She explained that we all need help from time to time and need to take time for self-care. She shared that she is very involved with the LGBTQIA+ community and can help with guidance and resources using her understanding as an ally. She has offered seminars online to share knowledge. She describes herself as a geek who loves learning. She said that she is always surprised at how many programs are available in Thurston and Mason counties

that she had never heard of and is interested in learning and passing that on. She is also interested in how systems connect and work together.

- Dena asked if there were any questions and posted her phone number in the chat.

***The Family Tri-lead then let systems participants know that we are looking for a Systems Tri-lead and that they can contact a Tri-lead or the convener.***

***The System Tri-lead then displayed the top needs that were voted for and organized into similar groupings. She then explained that there was no clear majority vote for any two items. So we decided to take statements with similarities and group them together for everyone to see and find out if there is common ground to be found on these and if so, to move forward with actionable items.***

***The System Tri-lead reminded the group that these were the needs from the Area of Focus (work item) that they had chosen.***

***Here are the needs chosen (voted for) by the group and notes with ideas/actions/tasks highlighted in yellow:***

#### School Staff

1. More information/training on trauma-informed care for all staff (ex. office staff, custodial staff, etc...), not just teachers (2 votes) – Analysis of what staff are already doing; identify gaps (Sara with Educational Service District 113 – ESD 113); talking to school staff about what they know/are doing directly; consider attending school board meetings (parent and family partners); Have someone from The Office of the Superintendent of Public Instruction (OSPI) come and talk about what is required (Sara with ESD 113)
2. Increasing teacher knowledge of behavioral health needs could decrease likelihood of unknowingly exacerbating mental health symptoms (2 votes)
  - a. I feel like teachers are the worst with anxiety disorders in particular, thinking children can do ‘exposure therapy’ by making them do things that make them anxious. When in reality exposure therapy without consent creates more anxiety and trauma.
3. Care/support for school staff so that they can be responsive to student needs
4. Acknowledgment that student and staff needs have changed throughout the pandemic
  - a. Opportunities for kids to go into the community/schools to share about experiences and accessing mental health services
  - b. Classroom or assembly based presentations (Sara with ESD 113)
5. Resource inventory/sharing for school staff (with explanations)
6. Sharing information with families.

#### School Policy/Environment

- It can be challenging to impact policy in a school setting; there are already requirements around both of these points at the school/district/state level

1. Anti-Stigma training/information to reduce stigma or "weaponization" of Behavioral/Mental health differences that can be seen as "Weird" – SOCP focus time on what is already happening in schools and other agencies
2. Updated bullying policies in our schools. (2 votes)
  - a. OSD & Tumwater already gather data; obtain that data v. asking for this information to be gathered. Have someone from OSPI come and talk about what is required (Sara with ESD 113); consider developing a survey that goes out to all school personnel (ask behavioral health navigator Jasmine through ESD 113 – gather existing data and information and then group)
  - b. I'm specifically wondering if the 'zero tolerance' types of policies are still in place, punishing children for defending themselves against bullies.
3. Resources are not all accessible in one place/advertised using consistent process. – Possible refinement of System of Care Hub, marketing; making sure schools have access to this information
4. Not all behavioral health needs are visible (ex. how we present on the outside may not match how we feel on the inside)

### Parent Groups

1. Parent groups – having information given to them is a good way to get information out; build on strength of parents who are advocating for their children
2. Sharing what the family groups are/more family groups in general, put the information out to the community to increase knowledge about what is available/get more involvement (increase knowledge across districts and neighborhoods)
3. Needs for informing how services can be initiated (such as Family Initiated Treatment) – Statewide Family Network had a training about this; the convener could contact manager there to present about Family Initiated Treatment if there is interest in this.

### Partnerships

1. More partnerships with providers in our region
  - a. Who is accepting clients/has openings? (2 votes)
  - b. Get the word out about what is available – not just to/through parent groups

### ***Additional Comments that may be inclusive of the items about and/or expand on them:***

- The ESD 113 participant said that she thinks we are going to have trouble with any policy influence because there are model policies. Districts will be very resistance to changing these policies. Zero tolerance policies have been removed
- The Catholic Community Services (CCS) participant commented that some are good ideas and some experience these, but I worry that we set goals and can't change things if we don't know the baseline. We need to get districts to the system of care meetings.
- The ESD 113 participant said that one of the first things I would do is an analysis of what schools are already doing, like trauma informed care training for behavioral health every 2 years. The first step might be to find out what they are doing and identify gaps. We don't want it to be redundant.

- The System Tri-lead then asked the ESD 113 participant if that is info that they could gather and the answer was affirmative, but it would always be at the courtesy of the school district. There is always local decision-making.
- The CCS participant said that we could have a meeting to talk about programs not just in the schools , but what's already happening in other places. Then asked who would be responsible for that – ESD, BHR, other agencies?
- The TMBHASO participant commented that there is overlap in school policy and identifying resources making them more aware of resources. Refinement or marketing around the hub or?
- The System Tri-lead filtered back into what the ESD 113 participant said about what research may show to identify those gaps.
- A parent said that this is about school needs and finding out what the staff is doing. I find success in dropping them an email or call and find out and ask and as far as what else they may be working on. School board meetings are pretty lively and you can attend those.

***The System Tri-lead asks again for ideas for action steps – our goal is to through the conversation to see if one of these areas will be a good way to work on this area. We talked about policy at school, parent groups and partnerships***

- The ESD 113 participant said that some of this is educating ourselves and have people come like OSPI and talk about school discipline, training and what is required. We need to have good information and come from a place of empowerment and find out if there are gaps identified.
- A Parent asked if we ever had a school counselor come to the meetings. The System Tri-lead answered that we have an Olympia School District as part of our group and the convener answered that the Wa He Lut school counselor is invited and we have a school nurse from the North Thurston Public Schools in our group.
- The Behavioral Health Resources (BHR) participant mentioned Family Initiated Treatment and that we could get more information about that. The convener brought up that if group is interested she can connect with the statewide family network and they presented information about this recently and could coordinate this.
  - Another parent brought up that an in-person retreat is coming up in September sponsored by the statewide family network.

***The System Tri-lead then reminded the group about our area of focus. “More mental health awareness and fluency taught in schools, to parents and to staff. The Ending the Silence presentation with NAMI Mason/Thurston is a good starting point.”***

- The TMBHASO participant said that it is important to make sure that all parents receiving services are aware of all services through provider agencies.
- The CCS participant said that the idea about potential action helping kids in schools is from my personal life. In conversations with high school and middle school students and recovering from the pandemic struggle with grades and mental health – in WISE and crisis – about building strengths as opposed to meeting needs. Might be nice to have some youth available to share positives about building skills.

- The ESD 113 participant said that there are already presentations typically in health classes about stress, anxiety and coping and we also have a contract with Miss Washington to deliver that and it could be expanded to differentiate between stress and anxiety , how to cope and when to seek help. It is 45-50 minutes long and we also have an advocate that can deliver that in schools that don't have a student assistant professional. We will also be doing a series of monthly parent education opportunities (Parents Night Out & Question, Persuade, Refer/QPR) next school year and will be able to share information about that.  
[https://www.wpi.edu/sites/default/files/inline-image/QPR\\_Gatekeeper\\_card.pdf](https://www.wpi.edu/sites/default/files/inline-image/QPR_Gatekeeper_card.pdf)

***The System Tri-lead asked for any other ideas. She mentioned that this topic is kind of unwieldy and restated the groupings as school staff, environment, parent groups, partnerships.***

- The TMBHASO participant said it would be good to have a way to tie topics, analysis and what's needed and how to share knowledge or resources. He suggested developing a survey to go out to all school personnel and offered a way to organize the information collected.
- The ESD 113 participant said that we already have a behavioral health school navigator and that schools are surveyed out and don't want any more surveys. Nobody shares information from the surveys and answers have not been consistent. The ESD supervisors just sent a survey. I would ask the navigator (Jasmine) what we already have and how we go about getting more information and she can talk about her role which is focused on suicide prevention. She also brought up that the Joint Legislative Audit and Review Committee has done multiple studies.

***The System Tri-lead summarized saying that it sounds like we need to gather that information (above) and then decide on next steps based on an assessment of what we've found. All of this information will be brought to the next Tri-lead meeting.***

***The Youth Tri-lead then introduced Share Time and explained that it is a time for anyone in the group to talk about successes, challenges, questions, comments, information, updates or anything else that a participant wants to share with the group.***

***The Youth Tri-lead asked the Educational Service District 113 (ESD 113) to explain the crisis issue she had requested to the group.***

- The ESD 113 participant says that they were surprised that there was a change for youth in crisis and we hear from family that the crisis system is hard to navigate, knowing which number to call and if the one phone call if that is not the right one the youth/family will usually not try others. I don't think we've done a great job in our state to know which number to call if your kid is in a crisis.
- The Chief Operating Officer for the Thurston Mason Behavioral Health Administrative Services Organization (TMBHASO) introduced himself. He said that you (ESD 113 participant) are right, it is confusing. The Olympic Health and Recovery Service (OHRS) runs a 24 hour crisis line and anyone can call that any time and if it is youth specific we send that to Catholic Community Services (CCS) Crisis Stabilization. They have a child/youth specific model and it is different from

the adult crisis and the Designated Crisis Responder service. They can also call CCS Crisis Stabilization directly. There are two ways to call and it is going to get more complicated by July 16 when we will be moving toward a one line system, which is 988. The hope is to create one behavioral health crisis line and be transfer to what is needed. There will be three hubs and our calls will come from Volunteers of America (VOA). They are not going to market this very widely for now, because it is a complicated system and there is still work to be done.

- The CCS Crisis Stabilization participant provided an update for their program. She said they have been focusing on our children's crisis program since 2010. We've made changes and have transformed services into brief mental health interventions for short periods of treatment. This would be for anxiety, behavior management and suicide prevention. We have new supervisors and we are fully staffed. As a result, we have tripled the number of youth we served since last summer. We partner closely with OHRS and we respond in person 24/7. Our intervention is primarily mental health. We open services and do therapy. There is a belief that there will be hospitalization and we don't do that. We work with families closely and never separate family members. I think that some people think we will transport to the hospital. We are similar to physical healthcare and our team can help with the hospitalization process. The number to call is 360-480-5721 and our service will do a quick screen to make sure it is an appropriate situation for crisis and not appropriate for a police call. We can be in place for 77 days.
- A regular TMBHASO participant commented that there is no wrong door for crisis services, but there may be confusion and some things we can do better.
- The ESD 113 participant asked where can we find that information? Families don't know what to do and we need 7 times 7 ways to put that out in the community. They need to see it and hear it 7 times. The crisis clinic is also in the mix.
- The CCS Crisis Stabilization participant said that direct referrals are great. She also said that CCS doesn't have a local website.
- The ESD 113 participant said that crisis stabilization is a sophisticated post.
- A parent said that it would be good to get that out there.
- The TMBHASO participant said that it would be good if schools would be willing to post that on their websites.
  - Note: School districts are required to post mental health resources on their websites.
- The CCS participant said that they have been thinking about the name 'crisis' and where that falls in the continuum of care. Also, that they may be moving away from the name 'crisis' because it really it is a mobile response. We are thinking about a name change.
- A Parent sad that when she speaks with other parents, their idea of crisis or if they're going to call a crisis line, they want to get help right away. They are expecting something that is different than what is being offered. A totally different expectation than what is given.
- Another parent said that crisis means immediate, that something has gotten out of control and it means they need help immediately, immediate assistance – means now.
- The TMBHASO participant asked "do you think the word crisis is universal?"
  - The parent answered, yes it means they are searching for immediate support .
- The North Mason Schools participant said that the TMBHASO administrator mentioned the 988 number and asked if it is going to be used for crisis or like 911? –

- The TMBHASO administrator answered that it (988) will be marketed as a behavioral health emergency line. It is the national suicide prevention line responded to by VOA and will eventually will be able to dispatch responses, but that is probably a year or year and a half away. It will include the OHRS, CCS and this will eventually be one line. It will include more funding for enhanced crisis teams and we are already doing that with CCS with the 77 days. We are ahead of the game in Thurston/Mason but this should roll out across the state. There will be six new crisis stabilization facilities and two new youth crisis stabilization facilities. This is a big investment long term goal to be one number, the 988 number.

***The Youth Tri-lead asked a parent to talk about an Home Health Assistance presentation.***

***Highlights below:***

- The parent let the group know that there is a Home Health Assistance service that is contracted by Medicaid/Medicare and they will help you with needs like helping to making appointments, referrals, pharmacists, counselors, providers and explain what services are covered. She said that she has been talking to one of their reps and wants to see if there is (SOCP) interest in a presentation.
- The Behavioral Health Resources participant said that she is interested in a Home Health Assistance presentation.
- Another parent let the group know that she experienced that support (Home Health Assistance) for an adolescent with needs. Providers were full or there was a wait list. It was very difficult to be with a teen in crisis and that support that the parent (above) described was so helpful. She said it felt like she had someone come along side her and was getting instant results and wasn't left alone getting doors shut in her face with behavioral health providers. She supports having a presentation.
- The parent let the group know that she will continue to pursue this and also let group know they can get in touch with her. Her phone number is in the chat.

***The Youth Tri-lead let the group know that the convener was going to talk about an Opioid prevention informational presentation. Highlights below:***

- The convener explained that TMBHASO, specifically Jason Bean-Mortinson says that staff are open to providing an informational meeting about opioid overdose prevention if there is SOCP interest. This would be offered outside of our regular meeting time.
  - Two parents said they would be interested.

***The Youth Tri-lead let the group know that anyone can contact a Tri-lead with concerns or questions any time and contact information is on the second page of the agenda. The Youth Tri-lead then thanked everyone for their participation and announced that the next meeting will be held on July 22<sup>nd</sup>.***