



## **MASON THURSTON SYSTEM OF CARE PARTNERSHIP**

A REGIONAL FAMILY YOUTH SYSTEM ROUND TABLE PARTNERSHIP

### **MARCH 24TH, 2023 SUMMARY MEETING NOTES**

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***A Family 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 Youth 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 Family Co-Tri-lead continued and read the goals for the day.***

- Area of Focus
  - Discussion of Strategies & Vote
  - Story Group Conversation
- Share Time

***A Co-Family Tri-lead announced the first agenda item for discussion of the strategies (for each goal) and that they would be displayed on the screen. She welcomed participants to ask questions and make comments as she read through the strategies. Questions and comments are interspersed within the list of strategies (below) after each goal statement.***

Goal Statement:

**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.

Strategies:

- A1. SOCP to send a letter to the schools to encourage them to provide these opportunities.
- A2. Provide Teen Mental Health First Aid to schools – Educational Service District (ESD) 113 could potentially provide this, or trainers from other organizations in partnership.

**The ESD 113 participant explained that Youth Mental Health First Aid is taught by teachers.**

- A3. Hope Squad – provided in Hoquiam by ESD 113 – invite them to come to inform our community about this.

**The ESD 113 participant explained that Hope Squad is a partnership between a teacher and the school. Every school has a model for these and is usually a club that is facilitated by a teacher. I don't know how we as an external partner can do this or partner with them. Maybe we could send a letter to the schools. They are all trying to do this and I don't know how we as the System of Care Partnership could support them.**

- 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.
- A5. Have teachers ask youth who struggle what they have to offer, to provide a positive response strategy.
- A6. Allow students to read the bios to choose helpers who they feel would be a good match – ask students what help they feel they would need.
- A7. SOCP to develop a group of teen mentors
- A8. Add information to existing bulletin boards (or ask school if we can create a bulletin board if they don't exist) to connect youth who want to provide this support to kids who want to provide the support.
- A9. Research evidence-based mentorship models and share with group (Peer Driven-Adult Supported is one useful strategy).
- A10. “Suggestion box” to elicit ideas about what help is needed – sometimes done now through social media and QPR codes which might be a good idea.
- A11. Youth Equity Stewardship event – might be a good model to bring kids together to drive community action

Goal Statement:

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

## Strategies:

- B1. Olympia Schools are researching, and OSPI is promoting this and has info on their website- school-based health centers – partnership with medical/dental/mental health provider – look at this initiative to see how the SOCP can support this. Washington School-based Health Alliance also supports this. North Mason has one – Peninsula Community Health is the provider.
- B2. Educational Service District 113 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.
- B3. Ask students what information they need about mental health – what do they see?
- B4. Research evidence-based models for providing this information to youth and families through school and provide this information to SOCP.
- B5. Triple P (Positive Parenting Program) – was funded by Pierce County for anyone who wanted it online. Advocate this for our community?

**The Behavioral Health Resources participant and System Tri-lead explained that Triple P is an evidence based parenting intervention for young children and teens. Parents can enroll in the program.**

B6. We have an SOCP youth Instagram – would be good to have a text line for mental health for thought-provoking messages, and requesting feedback. “We’re Not Really Strangers” is an example of this.

- Example provided by the youth who created the Instagram link:
  - Is your heart beating fast?
  - Is your mind spiraling?
  - Are you fixated on that one thought and the more you try not thinking about it the bigger it feels?
  - Are you scared you'll never feel like yourself again?
  - Do you feel like you're in a black hole you can't get out of?
  - Does the anxiety feel real no matter how 'irrational' it may sound?
  - I don't really have advice, but I'm feeling it too as I write this. The more I open up about it the more I hear how common this feeling is. We're not alone. Reply to this email with the lowest your mental health has been and what helped you out of it. I'll make a new email soon with some solutions for us. Deep breaths, we got this.
  - It's okay to feel this way.
  - It's normal.
  - It's human.
  - It's okay.

B7. Community boards – giving them resources to post including the crisis text line. They have existing posters – we can gather and provide them.

B8. Talk to schools about establishing a designated “safe place” to contact resources and support using their mobile devices, since some schools don’t allow that. In the process of making this recommendation, find out how we can balance school priorities with this idea. Who gets permission and when? Does this need to be written into accommodations? Permission note from school counselor? Talk to schools about what would work for them.

B9. Find a way to encourage and provide affirmation “stickies” in the school restrooms.

B10. Buddy system for walking to class to check in and encourage conversation, with connection to supports if needed – encourage schools to do this.

#### Goal Statement:

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.

#### Strategies:

C1. Find a way to ask students what they want – what do they actually need? How can we help?

C2. Create a survey and find a way to distribute

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

C4. Photo/essay contests for kids in school with prizes

C5. Form a community committee to collect information from youth who are experiencing challenges, keeping their feedback anonymous for their safety.

C6. Look at OSPI website for info about student groups that can help challenged students.

The ESD 113 participant said that she remembered looking at discipline data on the Office of the Superintendent of Public Instruction website would have information about student groups and wondering about this. A state entity would not likely have this unless it is a model (for districts to use).

***A System Tri-lead let the group know that she would be taking voice and chat votes. She explained that participants would be asked to vote for one strategy for each of the goals and that the convener would be sending an email message so that anyone can send in their vote after the meeting. There was a question about what to do if someone changes their mind and the Co-Family Tri-lead said that they could send a message to the convener. The votes were taken for all three goal areas.***

***A Family Co-Tri-lead then introduced Carrie Moisey, Certified Peer Counselor and Supervisor at Catholic Community Services, for the Story Group Conversation.***

- Carrie Moisey introduced herself as a peer supervisor. She explained that their work is to share their story and provide hope to another person. She then talked about how to get people comfortable with sharing their story and that it helps to start with keeping the group very small, five to ten people, because you want it to be intimate. Here are some highlights from Carrie's conversation with the group:
  - People in the group need to know what is expected and this doesn't necessarily mean that there needs to be a comfort agreement or ground rules. People's stories are heaving and draining. I (Carrie) facilitate multiple groups and maybe two stories are shared at each group. The group needs time to sit with the story and process it.
  - Ice breakers are used in the form of asking a question, such as asking individuals in the group about their happy place. Carrie shared that hers was her childhood backyard. Another question could be to ask about when individuals in the group felt lost or defeated. Carrie shared that a time when she felt lost was in her drug addiction and that she did not know how to not be in that place.
  - People share things in tiny pieces and it is up to individuals what they want to share. It can be very vague and when individuals get braver, they may be willing to go first and set the stage and that is okay. She explained that there is so much power in sharing one story about mental health and recovery. Sharing stories is key because you give others hope and an introvert may feel that the story clicks with them.
  - Everyone at first says no. We are talking about emotions and once someone shares then they end up saying I didn't know I would share that much.
  - The facilitator may want to be available before and after the meeting.
- The Peer Olympia participant ask if groups are smaller, do you pair people?
  - Carrie responded by saying that she works with peers and they are expected to share their stories as part of their job description and that she likes putting people in a group.
- A parent commented that 'this is so great and I appreciate you share this information and I agree 100 million percent.' She continued by saying that this (could) make people feel safe and asked if Carrie has a topic for the group or does she go with the flow?
  - Carrie said that she goes with the flow and finds out what the group wants to talk about, but that there is more curriculum with peers. They talk about an ice breaker and then talk more about stories in general and why they are important. We share two stories max. We have a sign-in sheet for a group of ten to twelve and the facilitator can pick someone willing to share or I (facilitator) will share my story, not re-traumatizing myself or going to tears. Each time you meet you pick a different person and two people are going to share and meet for the next six weeks. People sign in each week to share and then it builds and the more shy people will start sharing.
- A parent commented that the group setting can help with processing emotions. 'This is great!'
  - Carrie explained that she makes it known that she is not a therapist and this is not group therapy. It is not what she does about a problem. She explained that people share so much of themselves and it her most favorite thing to do. You see people getting more comfortable. The biggest thing is to thank them and emphasize the power. In a group, you are reaching out and others are listening. She is big on the camera thing and

listeners need to keep their camera on to be focused and present. It is disrespectful to be doing other things while individuals are sharing their story.

- A parent thanked Carrie for sharing all of this and asked if there is a size limit?
  - Carrie said that twelve and under is suggested because the comfortable feeling goes away if there are more than that in the group. It is nice to meet consistently and ten in a group is a nice number.
- The Behavioral Health Advocacy participant asked if there is a way that we could not participate but listen in to your groups and where these groups are held?
  - Carrie said that could be done but participants approval would be needed and she could help with that. 'I'm here for you guys and I was asked about how I can make this helpful.'
  - The groups are meeting online using Zoom or Teams and different sites with other Certified Peer Counselors.
- A Family Co-Tri-lead mentioned that we have two podcasters that have offered to help and we are hoping to use this format that can support anonymity but would be available for public consumption. She then asked how anonymity is respected.
  - Carrie said that the purpose is to get people to feel comfortable and loved the idea of being okay with your story. This is not about the idea of self-harm, anxiety or depression. Carrie says that she owns her anxiety, depression and addiction. Carrie shared that she scratched her way back up and is thankful for the struggles she went through and hopes that this helps reduce stigma. Story groups are about helping people to feel more comfortable.
- The System Tri-lead said that she likes the idea of getting people comfortable and then move to the podcast and that it could just be the story group and/or the podcast. 'We haven't known how to get it off the ground.'
  - Carrie said that the story group is just a starting point and you can make them anything you want.
- A Family Co-Tri-lead said that these are good comments, all really great ideas and that the podcast makes it easier to be anonymous.
- The convener mentioned that the state Crisis Response Improvement Strategies meeting starts with a story from an individual with lived or living experience and this guides their work.
- A Family Co-Tri-lead that this (above comment) is something to think about.

***A Co-Family Tri-lead introduced share time and explained that it is time set aside for anyone in the group to talk 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.***

- The Behavioral Health Advocate for Thurston and Mason counties invited everyone to the March 28<sup>th</sup> forum at 4 pm and to share their experiences with the behavioral health system. She said that we need to hear from you in order to make things better or continue what is good. 'You can tell your story about what has worked and what needs to be changed and it will go to those in power.'
  - The convener promised to send the flyer for the forum and post it on Facebook.

- A parent shared that the month of March is super hard for them because of something traumatic that happened in their past. They try to avoid things and try to be physically and mentally present and remind myself that they are no longer in that situation, sometimes putting my hand out the car window helps.
- A parent shared that they had witnessed something really cool that happened and got to witness a twelve to thirteen month old take their first steps yesterday. They got it on video and shared it with the toddler's mom.
- The ESD 113 participant shared information about the Question, Persuade, Refer (QPR) training and that there is one training per month. This is a suicide prevention training for anyone who regularly interacts with youth.
  - The convener promised to share this and post it on Facebook.
- The Peer Olympia participant shared that they are going to have a new Family Navigator.
- A parent asked about the strategies for the goals that were discussed earlier in the meeting and if the items not voted for would still be available.
  - The convener responded that all documents are saved.
- A Family Co-Tri-lead let the group know that the convener had sent descriptions of all of the Tri-lead positions on March 13th and asked for everyone to think about these. She said that individuals (Youth, Parents, System) can send a statement of interest to the convener and there will be a vote in April at the monthly meeting.

***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 April 28<sup>th</sup> and adjourned the meeting.***