



MASON THURSTON SYSTEM OF CARE PARTNERSHIP

A REGIONAL FAMILY YOUTH SYSTEM ROUND TABLE PARTNERSHIP

MAY 27, 2022 SUMMARY MEETING NOTES

A 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.

Another Youth Tri-lead read the goals for the day.

- Youth Tri-lead & Meeting Setting Vote Results
- Wraparound with Intensive Services Panel Presentation
- Area of Focus Strengths & Needs Review
- Share Time

The Youth Tri-lead then announced vote results for the Youth Tri-lead and the Meeting Setting as follows:

- The group voted in favor of Spencer McQuilkin as Youth Tri-lead
- The group voted to continue using Zoom for our meeting setting.

The Family Tri-lead then announced that Catholic Community Services (CCS) and Community Youth Services (CYS) would present Wise data and information for the group:

- The providers explained that they were not able to access as much data from the Behavioral Health Assessment System (BHAS) as they wanted to share. However, they shared the following items that were sent to the group after the meeting:
 - CCS - Average Impact and Strengths Development data from two different time periods.
 - CCS - Additional analytics and information from BHAS.

- CYS – Average Impact and Key Intervention Needs data.
- CYS – Strengths Development data.
 - A new participant that runs an organization to support youth on the street who are houseless asked for an explanation of the numbers on the graphs.
 - A parent thanked the providers for using bold colors on the graphs making it easier to read.
 - A parent commented that it sounds like a great program.
 - Two parents commented on the lack of education/knowledge about domestic violence and trauma informed care and that this has been very discouraging and said that EMDR can be helpful.
 - The Educational Services District 113 (ESD 113) representative defined EMDR as Eye Movement Desensitization Reprocessing.
 - A parent said that trauma informed care training for children exposed to violence could be helpful.
 - The Catholic Community Services (CCS) provider asked everyone to check out the WISe reports for information about quality assurance:
 - <https://www.hca.wa.gov/about-hca/behavioral-health-recovery/wraparound-intensive-services-wise-0>
 - Parents and providers thanked each other for the discussion.

The System Tri-lead then reminded the group that they voted for item 'h' from the list of needs and that it received the majority of votes. She then read it aloud to the group and explained that we stopped last month before the discussion ended and will be reviewing the list of needs and strengths and see if there are any additions from the group before sending a vote request to the group to choose the top two needs.

Item h: 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.

Following is the list from April that was displayed for the group and reviewed.

➤ **Strengths:**

- Infrastructure to support schools (Educational Service District 113/ESD 113) – Tier 1 and Tier 2 behavioral health supports, includes advocate and navigator, Youth Mental Health First Aid, technical assistance office hours
- Requirements for schools to support social emotional learning
- Wraparound with Intensive Services (WISe) partners with schools, has Memorandums of Understanding (MOUs)
- Behavioral Health Resources (BHR) parents with schools, has Memorandums of Understanding (MOUs)

- North Thurston accommodates special needs of students through alternative school options like GRAVITY
- Positive Behavior Intervention and Supports (PBIS) is an example of a Multi-Tiered System of Support (MTSS)
- Tier 1 – all students get classroom-based learning, parent and staff education (ESD provides some of this)
- Tier 2 – students at risk, early interventions, often small groups (often ESD or counselors)
- Tier 3 – treatment (often formal behavioral health supports from other agencies)
- Education Liaison from National Alliance for Mental Health – could present Ending the Silence
- 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
- Shelton School District – administration and teachers supportive when parents have questions or concerns
- North Mason School District – Thom Worlund and team have been supportive for students and parents
- WISe and Community Youth Services (CYS) leadership staff partnered with ESD 113 around Tier 3 Wraparound Pilot in Tumwater, Hood Canal, and Shelton school districts (SMART – School Mental Health Assessment Research and Training)
- ESD 113 has a robust set of resources including a coordinator who works with some districts to help them build a multi-tiered system of support or assess the services they already have and make changes (SHAPE – school health assessment performance and evaluation system)
- School districts of a certain size must have resources on their website – many already have this

➤ **Needs:**

- Schools and parents are not always aware of what is available or accessible
- Resources are not all accessible in one place/advertised using consistent processes
- Not all behavioral health needs are visible (ex. how we present on the outside may not match how we feel on the inside)
- Needs for informing how services can be initiated (such as Family Initiated Treatment)
- 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)

- Pre-service training for teachers, use state projects or teachers' union for ongoing training about mental health awareness (there are requirements for school staff about ongoing training on behavioral health topics, but it is only required every 5 years currently)
- Increasing teacher knowledge of behavioral health needs could decrease likelihood of unknowingly exacerbating mental health symptoms
- Districts of a certain size must have resources on their website
- Kids miss some education/instruction when receiving school based behavioral health services; this also often leaves parents out of treatment
- Suggestion to tap into district information sharing techniques (ex. weekly voicemails/emails) to share about parent groups and other behavioral health resources
- More education for staff around how to respond to varying needs of students (ex. students who have IEP or 504 Plan may be mainstreamed), so that students can remain in class
- Life skills classes or groups (ex. after school Dungeons and Dragons group)
- Having schools rotate times of meetings if client refuses to meet with family
- Anti-stigma for school personnel and students (“de-weaponize stigma around weirdness”)
- Trauma-informed teaching strategies (assume kids could be impacted by trauma, so using techniques that take this into account)
- More information/clarification about the language we’re using to explain the services we’re providing
- Care/support for school staff so that they can be responsive to student needs
- Acknowledgment that student and staff needs have changed throughout the pandemic
- More information/training on trauma-informed care for all staff (ex. office staff, custodial staff, etc...), not just teachers
- Crisis response in school buildings (as opposed to kicking students out for showing challenging behaviors); training for staff on de-escalation
- Instruction or information for students about behavioral health (so that they understand what their peers may be experiencing/displaying)
- Keep the kids in schools (as opposed to expulsion for disciplinary issues) when possible
 - The state discipline laws were updated 2 years ago and suspension is only an appropriate response for certain dangerous behaviors
- Collaboration with resource officer

- There was a comment from a parent saying that we need more school districts here at the meeting.
 - The convener commented that Olympia and North Thurston school districts have representatives who couldn't be there today.
- A parent said that she would love to see college students at local schools come and provide mentorship within the high schools. This could provide credits for the college students.
- Another parent brought up the need for crisis phone numbers and a parent responded that they could be contacted for that information
 - The convener said that the group had created a crisis matrix and sent it out to the group after the meeting.
- The ESD 113 participant provided information about their school-based services:
 - Medicaid eligible youth as well as youth that not eligible for Medicaid.
 - Limited (mental health) services in Rochester and Shelton schools.
 - Substance Use Services (SUD) in North Thurston, Tumwater, Rochester, Tenino, Yelm and Shelton districts.
 - Co-occurring services in North Thurston school district for Medicaid eligible students only.
- The ESD 113 further commented that it is super important to get the data that has already been collected and not ask schools to do more.

The (new) 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 Family Tri-lead let the group know that there has been a request from the statewide family network to send a survey with five questions and we will be sending that survey.

The Family 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 Family Tri-lead then thanked everyone for their participation and announced that the next meeting will be held on June 24th.