



MASON THURSTON SYSTEM OF CARE PARTNERSHIP

A REGIONAL FAMILY YOUTH SYSTEM ROUND TABLE PARTNERSHIP

NOVEMBER 18, 2022 SUMMARY MEETING NOTES

A Youth 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 Tri-lead read the vision, 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.

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

- Wraparound with Intensive Services (WISe) Data
- Area of Focus – Follow Up from October & Brainstorm Ideas
- Share Time

The Youth Tri-lead then let the group know that the Catholic Community Services (CCS) Director would be sharing data and information about the Wraparound with Intensive Services (WISe) Program.

- The CCS director shared a Power Point with WISe data (see below). She explained that a lawsuit (TR) created WISe as part of the settlement agreement. She also explained that every youth receiving WISe Services gets a WISe assessment and then every three months using the Child and Adolescent Needs and Strengths Survey (CANS) and it is entered into the state system. Families can be assured that we (CCS) are going to be paying attention due to on-going assessment. Following is the PowerPoint document and some highlights from participants:



WISe data - SOCP
11-18-22_CatholicCor

- There was a question about whether youth with an Autism diagnosis (ASD-Autism Spectrum Disorder) can be served. This was answered by the presenter saying that treatment cannot heal ASD. We provide services for a person with ASD who also have a mental health diagnosis. We can also refer to other programs such as New Journeys (First Episode Psychosis) and Applied Behavioral Analysis (ABA), which is considered the gold standard of treatment for ASD. We may also work hand in hand with ABA provider
- The presenter offered a shout out to the juvenile justice system commenting that the justice system thinks about how youth feel and what helps to make them better.
- The presenter brought up family functioning and considers the family as their client in a way and also the community. She also stated that when family members understand each other, improvements can be made over time.
- A question about ages served in WISE and answered as up to age 21.
 - The WISE manual says age 20 and under.
- A parent shared that they received WISE for their son and it helped when we understood how to work with him better and also included working with my daughter. They helped our family members understand each other.
 - The provider said that they never just treat the child and help the family and members of the community such as teachers to understand parent strengths.
- There was a question from a System participant about who to contact for referrals and the provider shared the WISE Coordinator information.
 - Donna Obermeyer: email familyalliancewashington@gmail.com or 360-790-7505
- The Community Youth Services participant shared that they will be sharing their WISE programs data next month for Multisystemic Therapy and Transitional Age Youth.

A Co-Family Tri-lead reminded the group about the Ending the Silence presentation by the National Alliance on Mental Illness (NAMI) participant in October and asked for feedback. The following are highlights with comments from parents/system participants:

- I enjoyed it. A lot of good information from the last meeting and this meeting that I was not aware of.
- It was one of the best presentations I've seen in this group. I really enjoyed it a million percent! I liked the verbage and agree it should be shared with school districts. It was great! It helped with less pushy words to help others.
- I was impressed by the groups and programs they have in the community.
- I like the word choices. If you have a family member who could use some help and don't want to say it the wrong way. I wrote them down. I was able to use that wording with a family and got a good response.

The Family Co-Tri-lead asked how the group believes it was broken down about how to talk with school staff or health providers. Here are some comments from the group:

- I thought it was helpful with supports and ideas, because it is difficult when you have a situation and there is no handbook. This is how I could have gone this way to be heard more.

- As a provider it is hard to remember how much stigma there is and the shortcuts and acronyms we use. We make statements about people with struggles that may sound like we are judging them. I hope most providers don't look down on people that need services. Having conversations with people who understand that, can provide a way to get over hurdle of providers respecting them.

The Family Co-Tri-lead then asked how the group felt about promoting the NAMI presentation and also to share about any similar training in chat. Here are a few comments:

- I'm not going to answer your prompt. We (Olympia School District) signed Memorandums of Understanding (MOU's) with Catholic Community Services and Community Youth Services about how they deliver service in our schools. It helps with continuity of service and it is meant to reduce barriers. Schools have been reducing access to buildings and if a therapist needs to come into a building and has a relationship with staff, then they will be able to come to the school to provide services.
- I'm new with Shelton School District and we have MOU's with Behavioral Health Resources, University of Washington, Consejo Counseling, Catholic Community Services and True North. That's all I know and I'm still learning, but you would come to me to ask about a presentation.
- We (CYS WISe) don't want to be a barrier to students going to class. We can build skills and shift to after school hours. We really want to wraparound these students.
- The coordination with school teachers and staff can be life changing for us all.
- I think it is great that providers want to meet at school. Schools can sometimes be the only safe space for services.

The Family Co-Tri-lead reminded the group about the Collection of Stories discussions and the purpose. Some of the reasons would be to reduce stigma, isolation and let other people know they are not alone. You can contact a Tri-lead and we had also discussed putting this out in a podcast, but if we do that we would like to identify a point person. Here are some of the comments:

- I think that's a really good idea.
- I think going back to a certain group of parents, like Parent Teacher Associations (PTA's) makes you feel comfortable and not alone. My daughter is doing this, sharing stories through the Instagram. Just getting people talking about it is helpful oftentimes. I feel it should go to a Tri-lead to make it more secure.
- I'm a podcaster and I'm willing to help any Tri-lead. I'm visually impaired and you don't need any special equipment. I do it from my I-pad and it is linked to my facebook page. It could be linked to the youth's Instagram account, the Family Alliance facebook page and have episodes on there. There are plenty of ways to link it and share the stories.
- There was a question about whether school districts have a texting line which includes sharing of stories or sending of resources.

The Family Co-Tri-lead let the group know that this would be discussed at the next Tri-lead meeting.

A System Tri-lead then asked the group for their ideas about mental health awareness in schools. Here are the ideas that were shared including those sent just after the meeting:

- Opportunities for youth to volunteer with other youth to help – everyone learns and this provides mentorship opportunities for youth.
- Matching youth 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.
- Mental health initiatives at schools to create/inform around mental health needs-student driven and led.
- Schools to share resources and trainings about signs to look out for around domestic violence in student's homes.
- Teaching modules about safe and loving relationships-early dating, friends, understanding good versus bad signs in relationships-early intervention and skills training for prevention.
- Short seminars to create shared understanding around domestic violence and mental health-BLOOM (Texas)
- Share stories about health and not healthy relationships.
- Needs assessment on the side of schools – what are they currently doing?
- Feedback from schools on what they've tried and how it went
- Motivational speakers in the schools around mental health – one suggestion is Erin Jones. She is a friend of a parent and might do it for free. She is in Thurston county.
- <https://www.athenaplace.com/erin-jones>
- Check into funding opportunities (for Family Youth System Partnership Round Table, etc) for speakers and other resources.
- Consideration of family culture and ways to share specific student info that might impact their learning about mental health-make sure the adults learn too, avoid triggers for youth-understand that's a problem for a lot of students in school. We don't want to make things worse.
- Growth is happening in educating staff – more is needed.
- From the perspective of staff and teachers-there's a lot of stress on their side and this is an unprecedented time, post-pandemic. How can we help them too?
- Adult social-emotional learning is important too.
- Collaborate with social – emotional learning coordinator for Olympia Schools.
- Look at Multi-tiered Systems of Support literature-employment practices, supports for teachers and maybe parents too (Office of the Superintendent of Public Instruction).
- 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.
- Look at existing Panorama survey from Olympia School District, DESSA for North Thurston Public Schools.
- Family Alliance available to parents who need support in supporting their family members. Maybe more support groups?
- South Sound Parent to Parent, NAMI, Family Alliance, Family Education and Support Services (FESS), Center for Parent Excellence (they do Parents Empowering Parents training)-all options for family support. FESS has podcasts (Parental Compass) to help families.

- Need to make sure families aren't judged and receive support, regardless of anything (no stigma!)
- Provide support and resources outside of the System of Care Partnership group.
- ***Additional ideas sent just after the meeting:***
- Crisis Clinic of Thurston county with a topic of crisis services. This may be available again in November/December 2022.
- SPEAK – Safe Place – small group/after school activity related to relationships, boundaries and consent for middle and high school student. Contact is Eileah Schlenker 360-786-8754 x 119 or eileahs@safeplaceolympia.org
- Planned Parenthood-Teen Council – sexual health, safer sex, relationships and consent – peer facilitated for high school students. 800-769-0045
- Community Youth Services, Integrated Counseling/Behavioral Health – Small or large group presentation on coping strategies/self-care for ages 16+ Those who join the presentation also get a coping kit (items to support positive self care). Tarah Earhart tearhart@communityyouthservices.org

The System Tri-lead let the group know that these ideas will be discussed at the next Tri-lead meeting to determine next steps and shared her email: heidikn@ccsww.org for anyone to send more ideas for increasing mental health awareness in schools.

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.

- This is on behalf of the youth that set up the Instagram account for youth voice, letting everyone know that she is working on the Loud Minds Speak. Traffic is up 37% and she continues to make improvements to the account. The link is in chat. Also, men's mental health month is November. Now it is time to normalize feelings that men experience.
- Catholic Community Services (CCS) signed off on a collaborative care agreement with Mason General Hospital and Family of Clinics. They are excited about this growth opportunity.
- Personal celebration! My daughter turned 3 last weekend and we had our first birthday party for her. SO FUN!!
- Asking advice. Have you had experience with someone who is having a psychotic break and calling crisis is not good?
 - It is pretty normal for people to think things are normal when they are having a psychotic break or psychosis. Sometimes people don't know that it is not real. We (CCS) have people call when youth are hearing voices and it is not a psychotic disorder. When you call crisis, all you are doing is calling for help. There is also Family Initiated Treatment if youth is 18 or younger. There is a way to do that without their agreement. If you are concerned about the individual being taken to the hospital, that is not what we do. We are going to provide treatment.
 - Youth is 20 and not living at home and family has previously tried to intervene for this individual.
 - If the individual is in immediate danger, that is a 911 call. If the individual doesn't meet criteria, they won't be taken to the hospital.

- What about all the new rules the police have. The police are there for community safety.
 - I (Behavioral Health Advocate) get calls about the ability of police to intervene and wanting someone taken to the hospital. It depends on the police department. Some have teams now where there are peers and they are absolutely willing to intervene and there are other places where this doesn't happen and they can't intervene in certain instances. They cannot come in through a locked door. So it's all different. You can call the DCR's (Designated Crisis Responder) and they can get a person to the hospital and sometimes they are successful and sometimes not. Sometimes it is the sheriff or police department but don't hesitate to call and let them be evaluated. Sometimes you'll get a different officer. Peers are fairly new and it is good to have peers on teams. Peers are going with the police where available and people are glad to see the peers.
 - This is such an exciting thing (peers) and it is so clear what a strength it is. But it can get confusing and the end goal is to get a person better. Hospitalization takes the individual out of their community. Success is not usually hospitalization, sometimes it is Wise or outpatient services and it is best if we can treat individuals in their community.
 - It is hard when you see these gaps and there's a couch surfing 20 year old. If you recognize that this is happening and they are willing to accept help, you can call and get a different response from the police or a different response depending on who is responding. It seems like we have a city of lost kids. They get nervous about getting locked up.
 - The 20 year old described is really who the Transitional Age Youth program works with at Community Youth Services (CYS). We have online referrals available 24/7 through our website. We work with 15-21 ages for Wise offering intensive services and also ages 15-25 in Thurston and Mason counties. More information will be provided next month during the CYS WISE data presentation. We try to do engagement and outreach with our peer counselors as a bridge to mental health care.
- My child has gastric problems and goes to Mary Bridge hospital. There is a huge thing with flu-like symptoms. So unless your child is really sick, don't go to the emergency department. There is lots of RSV (Respiratory Syncytial Virus).

A Co-Youth 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. The Tri-lead then thanked everyone for their participation. He then announced that the next meeting will be held on December 16th and adjourned the meeting.