

NORTH THURSTON PUBLIC SCHOOLS
Community Conversations
Responsible, Resilient, Empowered Learners
Tuesday, October 23, 2018
5:30 p.m.
John W. Gott Administrative Center

School Board President, Graeme Sackrison welcomed the attendees and thanked the panel for joining the conversation surrounding Strategic Goal 2, “Responsible, Resilient, Empowered Learners”. He shared that community engagement is one of the major principals by which our board operates - to try to stay in touch, listen to what people have to say and inform ourselves so that we can make good decisions. He expressed that this evening’s meeting is an opportunity to hear from professionals in the area and for community members to share ideas, thoughts, and concerns. President Sackrison shared Goal 2 of the District’s Strategic Plan: Responsible, Resilient, Empowered Learners, “Every Student will feel safe as an empowered, responsible, and resilient learner, open to and accepting cultural diversity and perspectives, and empowered to advocate for and pursue their own educational passions.” He shared outcomes to the goal as, “a. Increased percentage of students meeting social, emotional, and behavioral expectations b. Increased percentage of regular school attenders c. Increased opportunities for student voice d. Increased percentage of students open to and accepting cultural diversity”. He shared that the board sees this goal as a critical part of the educational experience.

President Sackrison introduced Board Member Mel Hartley who would facilitate the discussion with the panel.

Mel Hartley introduced the evening’s panelists:

- **Gilberto Maldonado, Program Manager – Sea Mar Behavioral Health**
Gilberto began his career with Sea Mar in December 2015 as the Mental Health Therapist at the Tacoma Adult Treatment Center. Before joining Sea Mar, Gilberto worked at a private psychiatric hospital in Kentucky as part of a multidisciplinary team in a co-occurring setting. Gilberto completed his undergraduate work in Social Sciences while serving on active duty in the United States Army. He then completed his Master of Social Work degree at the University of Louisville while specializing in drug and alcohol counseling. Gilberto is a veteran of the Armed Forces with more than 20 years of active federal service. He is an advocate for veterans and their families along with all underserved populations in the community.
- **Alicia Ferris, Chief Clinical Officer - Community Youth Services**
Alicia helps lead CYS, a non-profit based in Olympia that specializes in serving adolescents and young adults through a broad and integrated continuum of care. Alicia has a Masters in Counseling Psychology from Alaska Pacific University and experience working in a range of settings including: juvenile justice, community health clinics, schools, tribal behavioral health centers, and homeless drop-in centers. Tasked with starting up CYS’ Integrated Counseling Division, she has worked with universities, state agencies, and the legislature to create innovative ways to meet the unique needs of a population that often falls through the cracks.
- **Shelly Willis, Executive Director – Family Education & Support Services**
Shelly has over 25 years of experience working directly with children and families as an educator, advocate, and advisor. In 1982, Shelly began her career working in Early Childhood Education with a specialty in Infant/Toddler development. In 1998 Shelly began her non-profit work with Behavioral Health Resources serving families impacted by addiction. Later, she supported the missions of Child Care Action Council, Family Support Center, and Community Action Council before launching Family Education and Support Services (FESS) in 2000. Currently, FESS serves over 7,000 individuals annually with a mission to ensure the healthy development of children through the provision of evidence based family strengthening services.

- Jessica Shook, Clinical Manager – Olympic Health & Recovery Services
Jessica is a Licensed Mental Health Counselor and Designated Crisis Responder. She currently works as Clinical Manager for Olympic Health and Recovery Services, a behavioral health agency that provides involuntary treatment assessment for seven local counties, including Thurston and Mason. Previously she worked for the Division of Behavioral Health and Recovery for the state. She has an undergraduate degree in Psychology from the University of Washington, and a Master's of Counseling Psychology from the University of Denver.
- Eliza Smith, Supervisor – Crisis Services
Eliza has worked extensively in the area of mental health and social services both here and abroad. She has her Master of Science in Mental Health counseling and has worked in several settings including inpatient adolescent treatment units, adult outpatient services and in-home family therapy. She helped with the first Mobile Outreach Crisis Team in Pierce County, providing mental health services and crisis intervention. She is currently supervisor for crisis services at Providence St. Peter Hospital, working as a clinician and leader on the Behavioral Health Leadership Team, providing services to 7,000 individuals last year.
- Leslie VanLeishout, Director of Student Support – North Thurston Public Schools
Leslie has worked in education for over 30 years in all levels from preschool to higher education and with her M.Ed. in Educational Leadership from Seattle Pacific University. In her current position she oversees mental health, counseling and health services for all students in the North Thurston Public Schools. Ms. VanLeishout is a Golden Apple Award winner and has been a national speaker and published author on standards, assessment, and teacher evaluation. Leslie relishes advocacy for the marginalized and disenfranchised child.

Mel Hartley thanked the members of the panel for their participation this evening and explained that there would be three questions for the panel followed by a time for Community Questions.

Question #1

How has your organization supported emotional and behavioral health of youth?

Gilberto Maldonado shared that Sea Mar Behavioral Health supports emotional and behavioral health of youth by providing mental health assessments, individual therapy, group therapy, psychiatric services that include psychiatric med management. They provide case management that includes advocacy for the students. They do limited school based services in the Tumwater School District where they are located. They have also initiated a collaborative care model that has allowed them to place mental health professionals in their primary care clinics that will help youth and their families navigate and locate mental health and behavioral health services.

Alicia Ferris explained that Community Youth Services has been around for almost 50 years and about six years ago they wanted to add behavioral health to the continuum of care there. That continuum of care includes everything from therapeutic foster care to crisis residential centers, young adult housing, and juvenile diversion. What was missing in all of those services was tending to the emotional and behavioral needs of those youth and it was recognized that if CYS is not providing real whole person care it is difficult to sustain those outcomes in any of the other services that they provide. So, they brought on services specifically geared toward transitional aged youth (adolescents and young adults), helping them to stabilize in their home and community, as well as build skills to be able to make the transition to adulthood and provide support to families to be able to help those youth with the same things. She indicated that CYS focuses on trauma informed care, recognizing that these issues are complex and they are never just as simple as a therapy session working with the symptoms that youth may be presenting. CYS really stays focused on strength based care, and also helping youth to build up protective factors that will help them to bounce when things aren't going well in their life.

Shelly Willis shared that Family Education and Support Services has a mission to ensure that children thrive to their greatest potential and they do that by ensuring those that influence kids such as the adults, caregivers, teachers, anyone that influences kids has everything that they need to ensure that the child thrives. It is done by three primary strategies. The first is intervention based. They have a home visitation program called PCAP (Parent-Child Assistance Program) for moms who are addicted and pregnant. They stick with the mom for three years to make sure babies have the best start possible. They go into the jail and treatment programs to provide parenting classes. They partner with many community programs such as BHR, Sea Mar, and Community Action to ensure that those most vulnerable families have everything they need to raise healthy kids. They provide classes when families reach trauma such as a divorce or domestic violence or a family is negatively impacted by poverty – Family Education and Support Services helps that family stabilize and find the resources they need in the community. Family Education and Support Services provides prevention based programs where they partner with schools like North Thurston and provide free parenting classes to help parents gain the skills and resources to help continue to raise healthy kids. In Washington State there are over 53,000 kids that live with a relative caregiver. For every one child placed in foster care there are 10 that go and live with a grandparent, aunt or uncle. There is usually some trauma behind that. They help the relative or foster parent navigate through that trauma, find resilience, and raise a healthy kid. They have classes on how to handle crying babies, and address depression. They are collaborating with North Thurston to provide “How do you address Bullying in the Community” to be held on November 6th at Chinook Middle School. They are also providing a free parenting class for the community with the same speaker called “Parenting with Wit and Wisdom”. They do everything they can to collaborate with community partners to make sure that adults who influence kids have everything that they need to do the best they can.

Jessica Shook shared that Olympic Health and Recovery Services is fairly new, having started serving the community in February of 2018. She shared that her organization is the sole provider of involuntary treatment assessment in Thurston County for adults and for minors aged 13-17. They are the adults who come and do the assessment to determine whether or not a youth requires involuntary hospitalization. They also partner with Catholic Community Services to provide some crisis outreach in the community. One of the main goals at Olympic Health and Recovery Services is to improve their ability to assist youth who are in behavioral health crisis and they have been working on three things to further the goal. Their first task was to increase their outreach in the community – to go out to schools, homes - wherever the crisis is occurring. They want to avoid having youth go to the emergency room of the hospital unless it is absolutely necessary for safety. It can be a traumatic place, a place where youth can have unsafe behaviors reinforced, and often exacerbates the crisis. Their goal is to get crisis resolution and safety assessments back out in the community where they are happening. Their second task was to improve the team’s skills in working with youth. So they’ve hired professionals who are specifically children’s mental health experts who have experience in doing crisis planning and working with not only the youth, but also with their family. The third task was to really emphasize outreach and collaboration with the other providers who work with youth (many of whom are on this panel).

Eliza Smith explained that in addition to having psychiatric emergency services in the actual emergency room at St. Peter Hospital, they also have outpatient chemical dependency services. They focus on both mental health and substance use as they can be and often are co-occurring. To do that they look at exploring the mental, social, spiritual, cultural factors that can exacerbate both substance abuse and mental health in an individual and try to create coping skills. In the chemical dependency services there is an option to do intensive outpatient services, as well as outpatient services, and education for youth with a focus on a model called *The Seven Challenges*. That program really emphasizes and facilitates self-empowerment. With the crisis services department and the psychiatric emergency department Providence is able to do crisis mental health assessments, which are done by master level clinicians and using community collaboration as often as possible. Lately that has been with the mental health specialist team from North Thurston Public Schools. Crisis Services often have NTPS come to staff meetings, as well as additional community partners to address community issues.

“Thirteen Reasons Why” was something Crisis Services was involved in and they work closely with all of the programs here on the panel to make appropriate referrals.

Leslie VanLeishout shared that the North Thurston Public Schools has a wealth of multi-tiered system of support that align with the strategic plan in the district. Everything from every school having a positive behavior intervention and support framework, that states specific expectations for students, are taught to students and are reviewed regularly with a token economy to reward – to NTPS reaching out to the community – the district has many alliances from many of the people here on the panel, as well as Treehouse for foster care. NTPS has many different students who are part of the CYS program. NTPS has worked with ESD113 and True North to have assistants that are in each high school to help with any chemical dependency issues. Probably the crown jewel is the employment of master level clinicians in mental health in the school district, which is very unique. The clinicians are working with students every day, to do crisis services, meet in therapeutic groups, and meet with individual students. They refer out to the community those kids with the most need, and work with nurses, counselors, PBIS coordinators, and all of the many other people who work with students. This creates a real tiered response to what kids need. All kids need something, some kids need a little bit more, and then there are kids at the top that need even more individual services and it’s really wonderful that we’re able to do that.

Question #2

What are some of the challenges or opportunities for emotional and behavioral health of youth?

Shelly Willis explained that the community has had some challenges lately. She said that this year there had been a tripling of suicides and homicides and that has impacted our children and youth and the homes that they grow in. Resiliency can make a difference. Hope can make a difference. She shared that she felt there were some exciting things happening in the community to address those issues. She agreed with Leslie that there were some phenomenal mental health workers in North Thurston School District and they are very busy and more are needed. She shared that there is also a great collaboration with ICM (Integrated Case Management), a collective multidisciplinary team that gets together and talks about how to best serve some of the kids who seem to be falling through the cracks, but that serves only four kids a month and there is a need for more. She shared that she sees a challenge with self-regulation, kids not meeting their emotional level and looking for services in the community. There isn’t a lot of help available for kids aged six through eight. Kids impacted by complex trauma and addressing those issues seems to come up over and over again. Anxiety, depression, and emotional regulation are the top three concerns that they see in the kids that they serve.

Alicia Ferris shared that there are a ton of opportunities and they are also challenges in and of themselves. One of those is the move of the whole medical field and behavioral health field to whole person care and value based care. That is some really exciting movement. Integrated behavioral health, mental health and substance use services so that youth only have to see one counselor instead of going to different clinics and several different appointments; but operationally and logistically those are challenging to implement. Another opportunity is the state’s dedication to evidence based practices and increasing those in behavioral health providers across the state; also logistically challenging to implement, but producing phenomenal outcomes. Same thing along the lines with the Medicaid transformation project in this state, integrating physical health with behavioral health – operationally and logistically challenging, but a great opportunity to really meet all of the needs of the youth and their families in one place with one relationship with a provider to make sure some of their needs aren’t falling through the cracks.

Gilberto Maldonado noted that he wanted to talk specifically about the population that Sea Mar Behavioral Health serves in Thurston County. The change and the transformation in the insurance coverage and how people get served, and where they can get served are unique challenges. Locally he had the opportunity to meet with child mental health specialists in a round table discussion to talk about complex psycho-social factors and how that impacts the ability of a youth to be able to obtain the mental health services that they need. A lot of the kids come from the foster care system, from multiple foster homes where Sea Mar is not always able to

collaborate and communicate with the previous foster parent and there is a lot of information that gets missed. There is a lot of complex trauma. There are unstable homes, and a lot of times there is substance use involved that creates barriers for the child to obtain services that they need. He also identified technology as a potential challenge – the information that is being communicated to the youth, information that is intended for a more mature audience and the impact that has on the developing youth. Also, technology can be seen as an opportunity in that it has allowed Sea Mar to provide telemedicine to families that are in rural areas that would otherwise not be able to come to Tumwater or Olympia. There are also challenges such as the political environment and how that is impacting our youth with feelings of hopelessness and draining their resilience especially for those youth that don't have the ability to vote at this time. For example, it was recently communicated that there is a law that is going to identify gender and how that impacts the youth served in Thurston County and how it is taxing on them and creates hopelessness for people who feel like they don't have a voice, but then technology also provides that opportunity to voice themselves – for example the “Me too” movement, allowing people who would otherwise feel like they're voiceless to voice that opinion. Technology is creating both an opportunity and a challenge.

Leslie Vanleishout answered that because NTPS has mental health in all of our schools, we have the opportunity to provide a proactive training to families and children in our school district. We have that opportunity, we have the people – the challenge is that it is difficult to do when you have so much crisis. Our mental health providers have between two and five schools and crisis also comes up. Consequently, it makes it difficult to do the proactive stuff that we really want to be doing, and really the reason that we wanted them so much in the schools – to start with the things you are talking about and be able to have conversations about the things that are bothering them in the community, in the public, and in their own individual lives. When you are dealing with crisis every day that is hard to get to. That is something that I think is important as we reach out with our community partners to be able to move some of the crisis to another location. We might be able to get to that proactive place. That's our challenge.

Eliza Smith shared that she thinks the opportunity is in collaboration. Professionally, collaboration is the name of the game. We look to rely on our community partners to help deal with some of the challenges that we all face. In the emergency room, what we experience specifically is being able to refer someone after we mitigate the current crisis to appropriate and accessible services. Often times there is an overwhelming number of patients, and the services while they may be available may be months out. That doesn't help mitigate the exacerbation of mental health symptoms from the emergency department. We are trying to be creative with our community partners as best we can, but then it comes down to getting families to engage as a whole. If you get a youth that is willing to engage, but if you don't have the parental support that is also engaging or the guardian that is engaging it becomes a futile effort. Youth, as we've experienced, don't have discernment yet. They don't have the ability to decide and get the support on their own. And if they do we run into a lack of ability or lack of funding for specific services that could be beneficial for that youth. Whether that is because of insurance, not being able to get an authorization because it's not in our power even though we assessed that need - and community resources, having developmental disabilities, child protective services have limited resources, so where do we go from here - especially if there is a placement concern. From the emergency center standpoint, and even from the substance abuse standpoint; accessibility, engagement with families as a whole, and overall availability are challenges.

Jessica Shook echoed a lot of the challenges that other people had brought up. She indicated that when she sees youth in crisis, they are identified in that moment as having a crisis, having challenges, having some safety concerns perhaps; but those safety concerns and those challenges seldom occur in a vacuum. Sometimes it can be difficult to put together a holistic, family based plan to provide treatment and provide the safety and security that the youth needs. She shared that it is also an opportunity in this place and this time. Currently in Thurston County there are more subacute resources and more family based resources than she has ever seen before working in crisis. There is definitely a lot of work and a lot of support being put into place to manage that challenge that is ongoing. That is the nature of working with youth and families. Another challenge that

Olympic Health & Recovery Services has had in coordinating services, is coordinating treatment in safe, less restrictive options for kids involved in the foster care system and also youth who have co-occurring intellectual disability. It can be very difficult to access the mental health resources that they need – getting those systems to talk to one another and coordinate with one another has been an ongoing challenge for the crisis system.

Question #3

What are your next steps as an organization for achieving your mission?

Leslie VanLeishout shared that the North Thurston Public Schools is working very hard this year to make sure that every adult in the school district starts with a trauma lens, that they become informed about trauma and the behaviors that they will see with students who've been in trauma, and that they are knowledgeable about the things that they can do. Number one of which is to be a protective factor by creating a strong relationship with the child and possibly with the family, if the family will engage. Our district is also working very hard on student voice. This creates a positive climate for our students, with our staff and with those in the community. In addition, we are working every day to create a positive school climate and have a lot of work that we are doing including surveys with family and staff around how to do that. Next year we are also coming out with a Pre-K through 5 curriculum for social emotional learning. We are building time in the school day, in elementary school that every student will actually learn social skills such as how to regulate emotion and basically the Casel Standards and are hopefully the new benchmarks in SEL that are coming out in Washington State. This is a critical part to creating a child that can reregulate, have protective factors, and be ready to move on. Board member Mel Hartley commented that we are building resilient learners, as in the strategic plan. Ms. VanLeishout agreed.

Eliza Smith shared that the goal of the chemical dependency clinic is to continue to use *The Seven Challenges* to meet youth and adolescents where they are, where they're at with their mental health and substance use to try to promote a safe and trusting environment to optimally support youth overall while accessing those services. Providence is also looking to educate the community about the limitations of their psychiatric emergency services and boost connections with community partners to ensure that families, as well as youth are being referred appropriately and that there is a good understanding of what we are able to provide. She indicated that they are always working to retain and keep dedicated clinicians in the emergency department as well as chemical dependency to help the overall community and promote Providence's mission and values to know the patient, care for the patient and ease their way overall.

Jessica Shook responded that as an agency, Olympic Health & Recovery Services is continuing to work toward their goal of improving their ability to do assessments and outreach in the community – to assess youth where they are at, where the crisis is occurring, and to keep them out of the emergency room at the hospital unless they really do need to go. Their goal is to handle that in a less restrictive and less traumatic environment. To the end of staff training and development, a number of staff are currently pursuing their education as chemical dependency professionals. With recent changes in the law that allow for involuntary hospitalization due to substance use disorder, in the same way that their organization can provide involuntary hospitalization due to mental health disorder they are seeking to improve their skills in assessment and intervention regarding substance use.

Shelly Willis shared that her organization also continues to promote resiliency, promote hope, and promote social competencies. Her organization wants all parents and all kids to know that they can navigate and be resilient.

Alicia Ferris provided next steps for Community Youth Services are to be start a supportive employment program which will help those with behavioral health challenges to be successful in engaging in employment, continue and expand their reunification services that help youth that are at risk or currently homeless to reunify with their family members, and eventually in the near future they are hopeful they will be able to serve all

youth, not just youth on Medicaid - they don't currently have nearly enough non-Medicaid slots available to serve the community's youth. There are a lot of uninsured and under-insured youth. CYS will begin accepting private insurance and looking for gap grants. Lastly, they want to address the physical health piece, because a lot of youth that are referred for physical health care are not getting their needs met because they're not going. Eventually they plan to bring those services internal, for now they want to improve the collaboration with the existing personal care providers, for those who have them. They plan to expand their collaborative care.

Gilberto Maldonado shared that Sea Mar is a community based organization that is committed to growing and evolving in the dynamic process that is mental health. They have agreements with local pediatricians in Thurston County and have committed to accepting referrals for mental health and working with primary care settings outside of Sea Mar. They are also committed to developing skilled clinicians, child mental health specialists that are capable of managing the least restrictive alternatives to keep families in their community and they plan to do this as the community grows and as the needs change they are committed to changing with them to be able to meet the need.

Turn and Talk Activity

Board member Gretchen Maliska asked that all participants work together with their table partners to complete cards asking three questions:

1. What have you learned about support structures for emotional and behavioral health for youth?
2. What questions do you have about emotional and behavioral health of youth?
3. What suggestions do you have to strengthen support for emotional and behavioral health of youth?

Comment cards were collected and select questions about emotional and behavioral health were posed to the panel by Board Vice President, Dave Newkirk.

What are the gaps in the community that make it hard to achieve your mission?

Shelly Willis answered that there is a lack of awareness about trauma informed strategies and cultural competent strategies. She indicated that she felt that we could do better in the community informing leaders and adults who influence kids about those things and there are some gaps in our service system where kids are falling through. Especially kids who have dual diagnosis or fall into the gap between those who have trauma and those who have complex trauma.

Leslie VanLeishout added that one of the things that NTPS mental health staff are doing is serving in a gap for parents who have no insurance or parents who have insurance with large deductibles who can't afford to go to mental health. Our staff are serving those students and in addition to that they are serving students who are afraid to go to mental health because they may be undocumented or are fleeing domestic violence and don't want their name in the records. Those kids are in a bubble that we are unable to find resources for and those are the kids we end up serving most in the school district.

Shelly Willis commented that poverty impacts the community's youth and families' ability to access services. Domestic violence services is a classic example. If you are a low income male it would be very difficult for you to find services to help you address that. In our community poverty is an issue.

What are we doing to utilize technology and social media as a framework for teaching youth about mental health and self-care? How can we use these tools to benefit students?

Eliza Smith in the emergency center they use a resource called *Teen Link*. It has availability for parents and youth. It provides education for parents and a forum for teens to be able to chat with a peer counselor. Crisis

Services tries to utilize peer support when possible. *Teen Link* allows youth to use social media to get education about what they may be going through, as well as education for the parent. Providence also consults with Catholic Community Services or Community Youth Services about apps that address self-care. When they have a teen that is focused on apps they can recommend apps to promote self-care and mitigate dangerous behavior and educate parents why that may be a beneficial use of their time.

Gilberto Maldonado shared that at Sea Mar they have the availability to use social media for outreach, but unfortunately because of confidentiality there is a limit to what they can do. They have to be very careful with email and communicating on unsecured networks, but one of the greatest opportunities identified is the opportunity to do telemedicine. It allows a family that has transportation challenges to go to their primary care and have a consultation with a psychiatrist. He explained that they had been able to utilize this technology with patients as far out as Vancouver and Aberdeen and it has proven to be a valuable resource for the families.

Jessica Shook added that social media also helps to facilitate peer support and the recovery that can come along with peer support – which is really powerful for someone of any age, but particularly for youth and adolescents. It can be a fine line when that can become harmful or possibly a problem, but there is a tremendous resource there as far as facilitating peer support.

Alicia Ferris commented that in recognizing that people are texting more often and using apps and that the behavioral health field is slow to transition into some of that, but one thing we know is that youth reach out using text. CYS has started using text as a way for youth to set up appointments, cancel appointments, or reach out if they need a sooner interaction with a therapist. There is also a national crisis line for youth to text to. To reach the Crisis Text Line Text HOME to 741741 for free, 24/7 crisis support with a trained Crisis Counselor. It allows youth to reach out in a way that may feel more comfortable to them. There are also apps available for families. A recent one that CYS is piloting is called *iconnect* – it is available to all youth, not just through CYS and uses an evidence based approach called contingency management that allows there to be a reward system that is set up for the behavior that's wanted instead of the disruptive behavior. The teen can see how many points they've earned and the parents can manage the rewards. There are a lot of great technological opportunities right now.

Do the students and parents know where to get the information to seek help? Who can they reach out to besides the counselor?

Leslie Vanleishout answered that all of the school district's counselors attend a yearly meeting for all mental health providers in our community to come in and talk with the counselors. All of the counselors are well versed and have a list of possible providers, listed by what their strength is and what insurance they accept, what their specialty is and what organization they belong with. School counselors are the first line for kids and parents to seek help in our district. Counselors also have the ability to refer to the mental health provider in their school, who has even more in-depth knowledge of how to get the right corresponding needs met.

Alicia Ferris added that for Thurston County specifically there is a website that BHR helped to create that is called the Hub, (System of Care Partnership of Mason and Thurston Counties) www.systemofcarehub.com The site has filters that allow providers and families to enter what they are looking for and help to decide what may be the best number to call because sometimes there is so much information and so many places to go that it can be a little overwhelming.

What are some ways your organizations are supporting LGBTQ youth? Competency trainings, workshops, seminars, etc.? Do you have any specific point people at your organization to advocate and support LGBTQ youth?

Shelly Willis shared that they provide parenting classes for those who are raising a child who may be gender questioning.

Eliza Smith answered that Providence provides trainings where they bring in outside organizations who specifically specialize in this type of training to provide training to not just the mental health staff, but all hospital staff.

Gilberto Maldonado responded that at Sea Mar they've included LGBTQ as part of the cultural competence for their providers and made it a point to create a safe environment for all people to come and receive the help that they need in a welcoming and safe environment. It will be an ongoing training on a quarterly basis to make sure that all staff are aware of Sea Mar's culture and environment even when they have staff turnover.

Leslie VanLeishout added that all staff at North Thurston Public Schools have mandated training around the issue of gender equality and in addition to that there are several organizations and clubs in the schools such as the Gay Straight Alliance, Pizza Klatch, and Stonewall Youth. The district also has a Director of Equity that is involved in making sure that equity in all ways is considered at all of our schools in all of the work we do.

How would you rate the Peer to Peer approach for youth as a best practice?

Alicia Ferris shared that at CYS they have certified peer counselors who are now adults, but who as youth experienced mental health challenges or behavioral health challenges and have now become certified to be able to be a peer counselor. It is a certification through the state and they get a lot of training to be able to share their story of recovery, be able to be a model and a mentor and also be able to model that successful transition to adulthood. It changes the dynamic to be interacting with a peer counselor as opposed to a professional – it takes it to a different level. They can do a lot of great outreach and engagement with our youth.

What does collaboration look like between the members of this panel?

Gilberto Maldonado indicated that Sea Mar collaborates with several behavioral health partners both on the panel and other agencies in the community. He said, "There isn't any one of us that's as good as all of us." In community healthcare we have to rely on each other to fill the gaps that we've identified this evening.

Leslie VanLeishout shared that in the last two weeks she had worked with each of the members of the panel around difficulties or challenges in getting a child placed into the right services. School districts cannot do it alone. It absolutely requires the collaboration of all in the community.

Shelly Willis added that the teachers in this school district are really good about reaching out to the community as needed. She has seen teachers reach out for experts for IEP meetings. School teachers have been at CPS meetings. The school is not just in the structure, but it is also out in the community and they are very collaborative.

Jessica Shook shared that the crisis team collaborates with a lot of different providers in the community because if we end up seeing their clients we want to work with those case managers and those professionals because they know their clients the best and they can help us to create a seamless plan for safety. In particular, she works closely with Eliza as her DCR's spend a lot of time in the ER working with clients. They work on discharge plans and work on whatever blocks are in place. She also works with Alicia for clients that they have in common.

Eliza Smith shared that Crisis Services' goal is to implement the most effective restrictive alternative to someone needing to go to an inpatient level of care. The way that they are able to do that is to reach out and ask community partners what options they may have to meet the client's needs for health and safety and then look to how they can sustain that within the community at home. The emergency center wouldn't be able to do that

without community collaboration. The mental health specialist team, DCR team, Catholic Community Services and CYS have come to the Crisis Services staff meetings. She indicated that each group relies on each other to make those connections and provide services.

Alicia Ferris added that there is an opportunity for community members to engage in the collaboration through the Thurston/Mason Systems of Care Partnership. It is a monthly meeting where all of the providers are at the table as well as the school systems, the juvenile justice system and others to talk about where the gaps are and where there are needs? Where are opportunities for us to collaborate together to meet the needs that our community has and the needs of youth and families? Families and youth may speak at that table. It is a tri-led process that the state has recognized as one of the best.

What percentage of youth in any group are in crisis at any given period of time? How large is the problem?

Shelly Willis responded that 80% of youth in relative care are there due to parental addiction. She shared that it is a pretty big problem.

Alicia Ferris shared that a recent statistic for youth between the ages of 13 and 18 showed that the percentage of youth that are experiencing some level of mental health or addiction challenge was 22%.

Leslie VanLeishout answered that data from last year showed that in every classroom in Washington there is a homeless child. Vice-President Newkirk remarked that it was very humbling to hear that statistic.

What do you think the average amount of time it takes for someone in crisis to get help? How can we shorten that time or get them help faster?

Gilberto Maldonado responded that it varies based on a triage process that Sea Mar uses to give priority to folks coming out of a residential setting – but it really just depends. They try to get anyone in within 5 days for an assessment and 30 days for a psychiatric evaluation, but it really depends on the need and the time.

Shelly Willis shared that she feels that waiting lists kill people so they try really hard not to have them. They spend a lot of time, energy, and money on a small population that takes a whole lot of resources. She'd love to see more of an investment on kids and see more time, effort, and resources spent on prevention so that we don't have the need for the intervention.

Leslie VanLeishout added that every day the district has counselors sitting down throughout the day with kids who are in crisis. Our mental health people are getting with those kids daily. The district's mental health professionals are a stop gap right now. When kids are trying to get into a program, it can take months. In the meantime, the mental health professional at the school is meeting with that student sometimes daily or even several times a day. That type of stop gap system is really tough on the system, because there is a lot of other work that has to be done by counselors. It's very hard because there is a waiting period for most programs.

What are the critical factors that lead to mentally healthy youth, and how can we recreate this experience for the at risk students?

Gilberto Maldonado replied strength based community supported, peer supported – what we want to do is improve self-image. That will increase the youth's resilience and the more resilient people are - the less impact a crisis or a change will have. It takes a village. Increasing resources and access to those resources in each community is the goal of everyone on the panel.

Leslie VanLeishout responded that evidence based practices – Dr. Kenneth Ginsburg's, 7 C's Model of Resiliency is probably the most evidence based thing around building resiliency in youth and that is our method in our

district to use. That starts with having a personal relationship with every child in every class. That is the deep, deep work we have to do in our schools and in our homes and in our community. We have to work to know every kid by name and by strength so that we can pull them up. It is one person that makes a difference in a kid's life.

Shelly Willis dovetailed on Ms. VanLeishout's comment by saying that kids learn about resiliency first by example and then by having someone believe in them and guide them through it. Mentor a kid to be a positive influence for a kid.

Alicia Ferris commented that there is a resource used to train staff at CYS that she would definitely recommend it to absolutely anyone, whether a family member, community member, or professional. That is the *Search Institute*. They have done large scale, international studies that have shown what makes some youth bounce or be resilient and others not. It lists those developmental assets. There are 50 of them – some internal, some external and it gives really concrete examples of how to build those in youth.

How do you help kids with depression and anxiety?

Jessica Shook answered that at the point she contacts them they are in an immediate crisis. She protects them by assessing their needs and their risk and making very specific concrete, in the moment decisions about what they need and sometimes it's not what they want, but it's what they need. Holding the responsibility around keeping people's physical safety foremost is help.

Eliza Smith responded that in the emergency center they do a lot of the things that Jessica had just talked about, but also aim to educate. She hears someone say that they are depressed and they explore what that really means to the patient, and have that be a place to discuss self-empowerment and self-understanding within the emergency center and how that's affecting a crisis and how that affects overall wellbeing. In the chemical dependency or the services that we offer for substance use, using the *Seven Challenges* is a way to really focus on that and how those symptoms (or what is going on) impacts their use, or when they choose not to use. Those things go hand in hand in what Crisis Services tries to do in the emergency center and outpatient.

Shelly Willis shared that pro-social activities - sports, art, music, faith based clubs, service learning, get kids moving. She also shared that pro-social peers help. What friend group is that kid hanging out with, and are those kids making things better or worse? What can we do to promote strong peer groups? She shared that thirdly pro-social adults – coaches, teachers, faith based mentors, friends. What can we do to enhance our community around mentors?

Leslie VanLeishout every adult needs to hug kids - physically or intellectually, emotionally and let them know that you care about them and want them to be part of your tribe. Make them feel included. There is nothing more powerful than saying to a child, "I've been watching you. I see how great you are, and I want you to be included in what I'm doing." That is the key to prevent depression and anxiety.

Alicia Ferris shared that CYS focuses on an underserved population of adolescents and young adults that are often falling through the cracks. They are often not engaging in services or they are not getting the same outcomes as services for children or services for adults. They use a youth driven, family guided approach. They meet the youth in home and community, providing wrap around services and provide whole person care that is very much focused on engaging that population. CYS can't help them with treatment or connection to resources or building up the pro-social aspects of their life if they're not engaging in services. One of the components of that is stigma. That is one of the reasons that we have peers in our services, not just for the youth but also for the caregivers. In addition to that there are some community efforts that have been quite helpful. One is the youth mental health first aid classes provided to the community. True North through ESD 113 is doing a great

job with this through project aware. It's something that's taking place and being supported on a federal level as a way that we can influence that stigma and also help navigate those kids to treatment.

Leslie VanLeishout added that November 7th and 8th, NTPS will be holding that training for staff.

Gilberto Maldonado responded that Sea Mar has a client centered, strength based treatment plan that they do with all of their clients. They empower their clients to take charge of their life and to understand what better looks like. They try to be a facilitator to get to that point and allow the client to take an active role of what improvement looks like in their life is critical to achieving those goals.

Dave Newkirk thanked the audience for their wonderful questions and introduced Chuck Namit for Closing Remarks.

Board Member Chuck Namit acknowledged the panel as valuable community resources and shared next steps with the audience. He shared that the board would review all of the feedback that had been provided at this evening's meeting and at the November 27th board meeting, the board would discuss resilience and take action based on the feedback from the community conversation.

The meeting adjourned at 7:00 pm.