Youth and Young Adult Continuum of Care — September 14, 2020

Recovery Support Services

Agenda Items	Summary Meeting Notes

Presentations; Developing a shared understanding
Clubhouse
	Rep. Lauren Davis
	• Six categories
	  ○ Peer support/recovery coaching
	  ○ Housing
	  ○ Purpose – education and employment
	  ○ Recovery communities
	  ○ Family support and education
	  ○ Technological recovery support services
	• Recovery supports not provided by Medicaid.
	• Many gaps for youth and young people in this area.
	
	Kailey Fiedler-Gohlke, CEO, Hero House NOW
	• Place where people w/ mental illness and lived experience work on their own recovery.
	• HERO – Hope Empowerment Relationships and Opportunity
	• Building community.
	• 4 accredited clubhouses and one unaccredited partner.
	• Membership is voluntary and lifelong. Staff and members work together; no hierarchy.
	• Focusing in recent years on supported education and supported housing.
	• Young adults more focused on/higher needs related to education than employment.
	• Want to have a youth-driven focus since their needs are so different.
	• Pilot program: Open our doors to people 16 ½ and older so they have access before they graduate/lose community – seeking funding. Also connecting to recovery high schools.
	• *Access to care coordination – link to services for mental and physical health?* Yes.
	• 1/5 of members are under 25.
	• Drop-in day service.
	
	Q&A:
	• Where are the Clubhouses located?
	• Is there access to care coordination – link to services for mental health or physical health?

NAMI	**Jenny Gruenberg**, Youth Outreach Coordinator • One of the largest grassroots MH orgs in the U.S. • At the affiliate level, that's where support happens. • 19 affiliates • Strong volunteer base of people with lived experience (individuals and family members). • Main program for youth: Ending the Silence – MH presentation for schools and community orgs for middle school and high school-age youth. Includes warning signs, treatment, coping strategies, how to empower youth to support each other, and to feel confident and capable to turn to an adult for help. Free, evidence-based program. Adapted presentation to be able to give online.

	• Most other programming is geared to people 18 and over. • NAMI on Campus – student-led MH interest clubs at colleges – 5 currently: WWU, Whitman, Seattle U, UW, UW-Tacoma. Raise campus awareness, reduce stigma. • *Youth specific or emergent adult support groups?* • All support groups currently online. Two staples: Connection recovery support group, Family support groups. Run by volunteers with lived experience. Some are geared to younger ages – 18-35. Young adults. NAMI-Seattle, some others. • NAMI basics online – different modules and classes for people's whose loved ones are experiencing symptoms. All are statewide now since they're all virtual. • *Attendance changes since move to online?* Online time with students is really precious now. Extra layer of working with schools around platform and time. When we have been able to give programs, attendance has been higher than in person since larger groups can congregate. • The Ending the Silence (EtS) Program has 3 unique presentations: EtS for students, Ets for Families, and EtS for School Staff. Here is a 4 model EtS for Students presentation: https://www.youtube.com/watch?v=B8URRLoYRMY If you are interested in scheduling an EtS presentation, please reach out to me, Jenny Gruenberg, jgruenberg@namiwa.org, 206-905-8594 **Q&A:** • Is there a virtual model or talk or one for Ending the Silence for this current school year? • If an evening was set up for students and parents could you carry out an "End the Silence" evening for our School District? And, who would I contact to get something like that going?

Trilogy Recovery Community	**Luis Rosales**, Executive Director
	• Services for youth, adults, and family services
	• Affiliate of Faces and Voices of Recovery.
	• Based on 5 models: person-centered, transtheoretical model, motivational interviewing, recovery capital, and ongoing research on SUDs and recovery.
	• Links to research:
	  ○ www.williamwhitepapers.com
	  ○ www.drkevinmccauley.com
	  ○ www.recoveryanswers.com
	  ○ www.naadac.org
	  ○ www.drugabuse.gov and www.samhsa.gov
	• 4 areas of service: individuals, SUD-informed counseling (only clinical service we provide – services were not available in the community), student referral services (middle schools and high schools), group support – Recovery and Me at JJ Center, SUD 101 for kids that are part of the diversion system, have a staff person at one high school, allow for youth and adults to volunteer, do youth employment.
	• Walla Walla. Also partner with neighbors in Oregon.
	• All programs must fall within these categories:
	  ○ Promote resilience and recovery
	  ○ Empower families
	  ○ Educate community re recovery and addiction to develop understanding.

	• Oct. 5 – launching software program to collect outcome data: • Focus on co-occurring. • Family services: Weekly peer-based family support group, English and Spanish. Individualized family support – education. Help developing a family plan to set healthy boundaries. Provide counseling for family members. Community Reinforcement and Family Based Training (EBP). Help with grief process. • Diversion – JJ program – Revamping Recovery and Me program to make sure it's engaging. Impact Therapy theory. Work w/ adolescence. Focus on considering change. Being intentional. Contract go in 3 days/week – youth are there from 2 days to 2 months. • *How are you funded?* Relationships – leaders of community, donors, etc. Grants from foundations and trusts, fundraisers (virtual run), contracts (as a result of building reputation), individual donations from businesses and individuals.
Update: HCA budget provisos (2019)	**Edward Michael,** Child and Adolescent Substance Use Disorder/Co-occurring Program Manager (HCA) • Currently both in contract process. • Added harm reduction to college contract.

WEconnect	**Daniela Luzi Tudor** • Human connection is the core of recovery. • Esp for youth – care plan – technology is critical. Complicated care plan. • Continued engagement – rewards for completing activities. • 1st part: Mobile app designed – digitized contingency management. Gift cards. • 2nd part: Inhouse certified peer recovery coaches. Recovery capital planning. State and national certification – Claudia Branfield – Extensions of human capital. • 3rd part: Free online mutual aid associations. • Partner with people through the health plans and engage at the provider level. In some states, grants. • Outcomes – youth pop – high engagement – on avg 2.6 link into support activities, log into 6 self care routines. Inc. primary visits 70% …get these stats from daniela. • Prepared to onboard people from EDs and Inpatient units. • 1st plans in October will be private; some discussion in public sector. • Online recovery support groups will be available daily. They are open to anyone who is dealing with substance use, mental health concerns, disordered eating, as well as any other quality of life concerns. Meetings are led by peer recovery support specialist who have firsthand experience and understand what you're going through. Everyone is welcome no matter your pathway to recovery or recovery status. • More info: www.weconnectrecovery.com daniela@weconnectrecovery.com
Pitches Youth/Young adult recovery café Peer Washington youth service site	**Jim Volendroff**, Behavioral Health Service Line Administrator (UW Medicine) and **Kevin Hale** • Cities Rise – a global initiative to create BH-friendly environment for young people and led by young people. • How do we make sure young people are supported in their communities? • Very interested in the whole digital space. • Also working on creating a report card for communities. • We want to create a space modeled after the recovery café for young people – bring in a music component and culinary arts component – time/space that youth need and want – evenings and weekends. We want this to be a physical environment eventually. • With sister city, Sacramento – creating virtual pop-up gathering spaces. • vollenj@uw.edu and kevin@cities-rise.org **Josh Wallace**, CEO & President • Peer WA – founded in 1984 – peer support through groups. 110 groups pre-Covid. Long term way we build community. • Peer coaching program since 2011 – first to pay coaches a stipend. Use motivational interviewing – what do you want to change? Help accessing the services they need and want, and leave the rest behind. Tends to be a 6 mo engagement. Accountability. • Supportive housing and supported employment. • Harm reduction. We don't tell you what your recovery has to be or how you have to live to access our services. You tell us what your recovery path is. No judgement. • Majority of folks are older than 25. 6% are 18-25. • Youth are oftentimes left out in the cold for recovery services. It's a much different conversation for an 18 yo and a 40 yo. Youth come in and don't hear stories they can relate to. Youth need to be in their own spaces to be empowered.

	• How to create a peer-led, youth-led organization for youth 16-25 year olds, so they can say these are the services we need, the conversations we need to have, the peer groups we need to invite to feel a sense of connection? • LGBTQ youth – can be someplace where they're supported for addiction or someplace where they can supported for LGBTQ issues. • Peer WA was originally an LGBTQ community.

Discussion – Criteria *Focus: Inpatient services*	• What do you think of the proposed criteria? • Any changes or additions? Discussion • How different this looks in communities of color vs. communities of white people. It looks completely different when you go to the hospital or doctor if you are a person of color – they look at your symptoms, not the whole person. Then you're out the door! *Should we change the critera to reflect this, particularly around the equity issue?* • What's not reflected are the gaps – that we did not hear about – IOP, partial hospitalization, recovery supports, etc. *Don't limit vision to what you can currently see. – Fits in strengthens and transforms – need to add to continuum.* • Maybe take back to full group – non-school systems. • It takes more of us being informed and thinking about this in a broader way. Put some of those stories into the descriptions. • Maybe put a group of people together around this area – addressing equity. • Equity is underpinning everything – issue for full workgroup. • Living document; not fixed. • Need to engage in youth – and youth of color? Decision: Accept with revisions
Breakout Groups: **Prioritizing 2001 recommendations**	Meet criteria • Youth and parent peers • Expanding mobile crisis services statewide Other priorities • Issues with funding for people exiting JJ when their Medicaid hasn't started yet. • Community education – part of prevention – lower cost option Missing from list: • Addressing early identification at wellness checks Protect: • Telehealth • Can't afford to lose anything! Policy only: • Parenting education • Issues related to MCOs saying no to further treatment when provider is suggesting further treatment is needed. Highlight: • Need for more youth/parent peers at lower levels; increased peer workforce – policy work this year to address barriers – being able to start 18 or 21 (policy, insurance, or practice). • Expand services and age of services through age 24 • Protect Mobile Crisis. Also: • Need for step up/step back services. • Need for respite for families. • Refer to MH services from all places. • Pilot – health care needs for a particular age group/particular place.

Attendees

Kashi Arora, Seattle Children's
Antonette Blythe, Parent, Family Youth System Partner Round Table
Eric Boelter, Seattle Children's
Rachel Burke, HCA
Dr. Phyllis Cavens, Child and Adolescent Clinic, Longview
Diana Cockrell, HCA
Representative Lauren Davis, Washington State House of Representatives
Kaila Epperly, Just for Girls Coalition
Kathy Fiedler-Gohlke, Hero House
Jenny Gruenberg, NAMI
Kevin Hale, UW
Kimberly Harris, HCA
Avreayl Jacobson, King County Behavioral Health and Recovery
Charlotte Janovyak, Legislative Assistant to Rep. Davis
Michelle Karnath, FYSPRT Tri-lead, Clark County Juvenile Court
Edward Michael, HCA
Nicole Miller, FYSPRT Tri-lead
Kristen Prentice
Barb Putnam, DCYF
Penny Quist, Parent advocate
Tyus Reed, Youth/young adult
Luis Rosales, Trilogy Recovery Community
Ted Ryle, DCYF
Janice Schutz, Washington State Community Connectors
Anne Stone, DSHS
Liz Trautman, The Mockingbird Society
Daniela Luzi Tudor, WEconnect Health
Liz Ventuo, HCA
Jim Vollendroff, UW Medicine
Joshua Wallace
Kimberly Wright, HCA