

## Welcome to 2021! Notes

### QUESTION 1

#### “Looking back, what did we do that worked between 2018 and today – 2021?”

We act on ideas that make change possible – we bust barriers that don’t make sense, like change laws to allow more CDP counselors.

More long-term programs for adults and youth. Funding put towards the right programming.

Moved to single payer health care.

We identified cell phones and other devices as a source of developing addictive behaviors.

We revised the RCW and CFR 42 to allow for open and effective Care Coordination across the spectrum of resources. ✓

Shifted our funding priorities @ state/federal/local levels > FULLY FUND services for mental health, SUD, etc.

We found a way to hold the space for pain & ways to address it.

1. Age appropriate education on drugs and prevention skills (life skills) for K-12
2. Dedicated funding for system implemented best practice intervention/prevention and Tx
3. Removed social normed stigma from community discussions/outreach activities

We began to talk about root causes – ACES – in a different way.

We embraced the path and honored the person.

Created safe space for youth and families to be honest with struggles . . . Removed fear barriers. ✓

Created co-occurring WACs!

Recognized Addiction as a Public Health Issue (not moral issue).

Required all families to belong to at least one community group.

Hosted community conversations that mattered!

Provided information to community and in schools to de-stigmatize people that suffer from addiction. ✓

We made our schools, families and kids a PRIORITY!

It is the norm that all parents/guardians participate in learning “parenting” skills (such as SFP & Guiding Good Choices) & APPLY them! ✓

Community-wide collaboration for evidence-based interventions that involve schools, parents/family, physicians, all community members working together as a force of Nature! ✓

ALL YOUTH have self-regulation & self-control skills. \*

We were part of a coalition that emphasized Universal Healthcare for nationwide continuity of care. Not have Universal Healthcare!

We implemented sensible, comprehensive drug/alcohol education early – NOT DARE. ✓ ✓

Seeking Best Practices.

We recognized, finally, that it takes a village to help a child – AND organized to do so. ✓ ✓

Authorized school counselors to be more proactively involved with kids who look like they need help. ✓

Put counselors in every school.

Created more awareness and opportunities for youth to access MAT. Reduced judgement and stigma surrounding Medication Assisted Treatment. ✓

Dump Trump.

Early Intervention.

Elem school involvement!

Providing the right service in the right amount at the right time – individualized care, which requires flexibility, expertise and money.

Properly funded efficient “systems” to engage and assist at many levels.

Education in the school (well rounded person).

Stopped just focusing on 1 Drug.

We came up with intervention options that were alternative to the criminal justice system.

Had screenings @ depth with Pediatric Mental Health professionals to address TRAUMA in children. ✓

Have school based health centers in each school district to decrease barriers to health & mental health services. Access for all! ✓ ✓

Courts/Judges had more Options (treatment Parent Req's) for mandatory consequences. \*

Fostered strong families and helped them be sustainable on their own.

School based education that was mandatory (includes students & parents).

Universal prevention strategies in schools; implemented in a trauma-informed manner.

More treatment, less incarceration. Advisory Board members working with stakeholders, Leg, for more beds, treatment facilities. ✓ ✓ ✓

Listened, learned, acted. ✓ ✓

More education in schools, youth groups, etc. where the kiddos hang out – on drug use – and prevention treatments given for them or someone they may know.

We found, funded and utilized alternate methods for addressing pain management, such as virtual reality therapy, and as a result diminished the number of people becoming addicted to heroin due to prescription meds. ✓ ✓ ✓

Following through with continuing care and maintaining contact/accountability.

Educate youth about addiction issues and give context for change.

Added more CPS workers who could intervene earlier.

Increased access to long acting reversible contraception for all. ✓ (\$ education about)

Mental Health and substance were treated w/ less stigma and more respect like physical illness. (Also more \$ :)

More community wide cooperation about all domains.

Pray: Holy Spirit. Faith Houses.

Passed a law that requires age appropriate education in grades K thru 12 on health and addiction. ✓

Required Strengthening Families programming to all families thru school districts.

Funded more professionals for mental health and substance use and created housing options.

Instituted a mandatory curriculum of addiction education in high schools. ✓

Assigned Navigators/Coaches to all at-risk students, including students who have a frequent pattern of truancy. ✓ ✓

Annual relapse/recovery checkups for remission.

Detox and Recovery services for youth.

Making sure the youth feel a part of, needed/wanted/loved! 😊

Have better data tracking systems and improved data sharing, so we know the full scope of the problem.

Implemented intergenerational FAMILY-focused prevention/treatment/recovery/support services. ✓

Accessible housing for minors (and adults 18+) to leave homelessness. Trauma Informed communities. Recovery Housing that accepts people on MAT. ✓ ✓ ✓

Access to housing is not denied on basis of criminal history (i.e. drug arrest, etc).

Social Norming/Reduce Stigma surrounding asking for help. Let's be REAL. \* ✓

Began coordinated interventions and training in Elementary and Middle Schools in all Districts. ✓

Increased community-based PREVENTION by 20,000% thus decreasing youth use, misuse & abuse to almost zero. ❤️

SUSTAINED FUNDING.

Increased \$\$\$ to help w/ education, treatment & prevention. ❤️

As a community we all took on the problem and worked together to resolve by funding the solution.

\$ in school programs. ✓

Increased education about mental illness and addiction within the school system, starting in elementary schools. ✓ ✓

CPS was transformed/rebuilt. ✓ ✓ ✓

Listened to what kids say they need (and asked them what they need). \*\*\*\* ✓

WELLNESS is the norm, and access to mental health support systems is de-stigmatized and considered "well". ✓ ✓

After the Zombie Apocolypse there were fewer people and more resources to adequately care for the survivors!

Social Emotional Learning in elementary schools.

Target ALL youth for prevention services and education on issue, coping, resiliency, etc. Regardless of if we deem them at-risk or not. Not all at-risk youth carry that label on their foreheads! Some hide it well and often fall through the cracks! ✓ ✓

**MADE** oxycontin harder to prescribe than Suboxone!

Effective systems to dispose of un-used Rx drugs. Incentives to dispose.

Pediatricians and family practice providers trained to Rx suboxone for parents and youth to help stabilize families.

## QUESTION 2

**"How are things different in 2021 for youth, families and communities?"**

There are strong embedded intervention programs in EVERY school and pre-school. > These programs are also community wide and normalized. ✓

Treatment services have been adequately funded. ✓

Adults are held accountable for their care and handling of the children they are responsible for. ✓

Communities are investing in programs that support families and youth. Programs are sustainable! ✓

In my community there is a group of students, parents, teachers and other community member who learn, practice, and teach mindfulness skills to promote wellness for youth and families. ✓

Youth have more supportive adults to rely on. ✓ ✓

Families are better supported during rough times.

Less stigma in communities and open understanding.

Legislature is allocating more \$ toward prevention, awareness and community resources/centers. ✓

Our communities have come together with families to recognize and address problems early. ✓

Housing is affordable, accessible, and safe for all. ✓

Free and low cost activities for families and youth to be engaged and involved in (stay busy).

We are talking about issues early.

Reduced stigma around addiction – no shame in getting support; we treat people experiencing addiction w/ respect.

There are more resources for families in need.

Communities are trauma informed across all domains. ✓

Multiple paths and programs to meet needs of cultures; Living and family conditions.

Immediate access to services. ✓ ✓

long term 6-9 month inpatient programs.

Detox and recovery houses for youth in all areas of the state for family access and engagement.

Schools are giving health the same level of education as they do English, Math, Science.

Free or low cost transportation for anyone accessing MH or SU services (or treatment in home). ✓ ✓

The UNITY in commUNITY is visible: it is seen, heard, and ever-present. ✓

SBIRT is standard practice in all clinics/schools. ✓ ✓

Stigma is gone! Acceptance of disease model and MH is being addressed. ✓

Less drugs. More healthy options.

The Legislative decision makers TRUST & LISTEN TO the professionals in the field(s), and decisions are truly "informed." ✓ ✓ ✓

There is more prevention and intervention, thus treatment needs are reduced.

We have more supports in place for pregnant women, new moms, & young families. ✓ ✓

Less Rx's for opioids. More accountability for physicians.

We are listening to the families needs. We have the funds, and resources available to fulfill these needs. We are educating families on the elements of addiction and mental health so enlighten them to avoid these occurrences in future generations. ✓

Every Family knows how to mitigate trauma and where to get support.

There are Family Support Centers in all communities with Comprehensive Programs for Parents and Youth. ✓ ✓

We went from a hub and spoke model (silo's and linear action) to a spider web model (recognizing the need to understand issues and long term solutions, as integrating (?) and dynamic).

Acceptance and open communication of substance use and mental health.

Communities are talking a more wraparound approach to working with youth and families who may be struggling. ✓ ✓

More Peer support for families & youth! ✓

The conversations are starting earlier around coping skills. More protective factors are in place for youth and families. ✓

Families have more resources, more counselors. Earlier intervention starts at pre-natal help and public health nurses for all to ensure a solid foundation.

Early education in schools on addiction.

We are emphasizing empathy, kindness, and quality of life in schools, at work, and in government. We found that just pursuing money and “stuff” was part of the reason people sought escape through drug use. ✓

Systems in schools and community to ID early subst use and effective education of youth and families. ✓

All pregnant females have good social and medical services esp those w/ SU issues.

Strategy. NFP for all pregnant females.

All parents are educated about brain disease of addiction and signs symptoms of early use. ✓ ✓

Focusing on empowering individuals and educating clinicians and families on individualized care! Destigmatizing MH and CD.

More wrap around services for community and it's youth consisting of education – support and learning new life skills. Both Parents and Youth.

Addictions are NO longer Attacked and Forced underground But treated in a setting of Respect & openness w/out Judgement.

Our community(ies) cares! No us and them. Just US!

More options for families yet adults are held more accountable for their children.

More accessible resources – no waiting for what's needed.

Greater community knowledge. ✓

Fewer deaths.

Increase in Protective factors.

Universal availability of NFP for all first time parents.

Dr. Leibrand is out of a job because early intervention and education is rampant!

NS ASO AB in close contact with the 5 MCO's and communities at-large.

There is no need for treatment because education and prevention actually works!! 😊

The **majority** of community stakeholders **understand** the continuum of care for behavioral health, and value and **believe** in the cost benefits of prevention and health promotion. ✓

Each family is more connected as we are required to be part of at least one community service group.

Youth, families and communities are less isolated and have more direct contact. Isolation leads to mental health, lack of interpersonal skills and much more, and contribute to many issues prevalent in 2018. Better connectedness leads to healthier communities. ✓ ✓ ✓

-More funding for mental health, long term treatment, and community resources! ✓

-More education and resources for community members to feel connected.

-Faith communities are “in” all conversations – barriers of beliefs are removed and clergy are equipped.

More open minded resources.

We are mindful of how our language & messaging either increase or decrease stigma. ✓

Adequately funded individualized care.

All Families prioritize time together to learn.grow.connect.

Younger children are learning more about things we “hush-hush” now.

NO MORE TRUMP. X

Publicly subsidized MAT on demand. ✓ ✓

More opportunities to connect youth to healthy adults in the community. ✓

Education includes classes on addiction, ✓

More Family Support – NO Shame. ❤️ ✓

Youth led community support – safe space with youth support/peers. ✓ ✓

Family treatment.

Well known and well attended community centers/hubs that provide a sense of belonging and investment in the community. Resources are now very accessible to all.

We are present with people.

Open to communication w/o Judgement. ✓

Access to mental and physical healthcare services for students via school based health Centers. ✓

No child is born addicted because birth control is widely available and utilized.

### QUESTION 3

**“What are we doing differently now? Think of the domains: Prevention, Intervention, Treatment and Community.”**

Long-term facilities, detox beds, and recovery houses in all areas. Immediate access to behavioral health services, even in detention.

Every Chamber of Commerce has engaged 5-10 Employers or more who PROVIDE paid-skilled internships for 16-24 year olds. . . (COMMITMENT) for them to have Vocational path. ✓

There is a “traveling” educational “road show” that visits all points of contact for evening presentations – educating on opioids and reducing stigma. ✓

All school parents and staff are participating - offered at community groups – Chamber of C groups – libraries, etc.

Every H.S. and Jr. High has a case manager/navigator with VERY broad based local knowledge to assure direct and continuing contact with @Risk Kids and make perfect referrals. ✓ ✓ ✓

↑ EVERY school, regardless of how young students are. 🤔 ✓

Teaching mental health practices to kids starting in kindergarten (mindfulness techniques, self-awareness, etc) ✓ ✓ ✓ ✓

We are focusing on positive perspectives, good news, creative practices, physical exercise, cognitive therapy. Positive government and community, Social awareness, contributing to society – rather than just making money.

We have adequate child/youth mental health services/providers. ✓

Treatment and Mental Health Services are FREE & Abundant!! 😊

Seamless continuum of services: Education/Intervention/Tx/Recovery Support – with dedicated funding/resources. ✓ ✓ ✓

We are now involving the whole community in going back to the culture of healing hurts, traumas and living in a balanced way!

We have a system of support that is not in a box. Prevent., intervention, tx. Prevention is able to be done at all levels. ✓

There are abundant CDPs in every community.

Investing both upstream and downstream for a generational change.

Greater focus on ASCA model in school counseling vs. administrative tasks.

School staff, community organizations, businesses all approach each individual/family in a trauma-informed, relational way.

School counselors are aware of student “ACEs” score, and intervention is done accordingly.

Prevention and Intervention: there are more beds and housing options for those who need it. ✓

Treatment: more inpatient beds.

Community: free community healthy living opportunities that build positive relationships, and healthy lives. ✓

All recovery homes accept youth, young adults who are using MAT.

NFP for all pregnant families. ✓

Naloxone is readily available, and kids and adults are trained on how to administer it – like CPR! (every kid trained and knows how to access naloxone and isn't ashamed. ✓ ✓

Prevention done so well no need for intervention/treatment! ✓ ✓ ✓ ✓

MAT Rx is as easy (or easier) to get as antidepressants, insulin, etc.

Every prescribing provider is able to – and willing to – prescribe suboxone/bup.

<3 Compassionate politicians. NO MORE TRUMP. ✓

We are listening to those around us without judgement and following up.

All families are required to participate in at least one community group. We are a more connected society. We looked to Native American tribalism and clan philosophy. North Sound was already a leader here and we built upon this inclusiveness for every individual. ✓ ✓

We have incorporated age appropriate education in the schools K-12 – resources and information. ✓

Government has changed from a popularity contest and only responsible humans are in charge. Funding is now being allocated by reason and real need. ✓ ✓ ✓ ✓

Amen to that!

True! 😊 <3

Now understanding the importance of when and why the issues actually start – even multigenerationally.

Involving youth in treatment, prevention, intervention, etc. plans. Youth Task Force!!! They know where more help (and what help) is needed! ✓ ✓ ✓

Money has been reallocated to provide wholistic services to end the cycle, educate, increase access to services break stigma of receiving/needed services, tapping into resiliency and promote cultural healing. Supports begin to build immediately to reduce and falling through the cracks. ✓ ✓ ✓ ✓

Have a comprehensive list of services needed.

- Housing
- Mental Health
- Treatment

Paying Human Services professionals more, so we can get more people to be able to affect this hard work.

Stronger culturally competent approaches and integration of MH and CD.

No wait lists for treatment.

We have supportive housing for families. ✓ ✓ ✓ ✓

Stronger family units is a preventable measure.

Accessible birth control makes this possible.

Middle school health class with drug awareness, brain science, refusal skills, resistance skills. ✓ ✓ ✓ ✓

Elementary school (age appropriate) class on drug use/interactions. ✓ ✓

Aligned gov't non-profit and private agencies for funding! Tax breaks to businesses that contribute to a flex fund use for all – prevention, intervention, etc. And there are Qtrly “investment” mtgs to discuss ROI, outcomes, etc. Heather T.

Valued Prevention and Intervention as important as Math and English!

Prevention is wayyyyy better.

Letting the students communicate in their schools at assemblies openly and honestly about substance use/mental health.

Smaller class sizes so kids are noticed. If there is a problem, hurt they one be able to hide it so easily or get lost.

“Stricter” Intensive Outpatient groups – (intervention) make it harder to use while in groups – and how to bounce back after a relapse.

12 month inpatient treatment. Mothers can have their babies with them.

Youth Recovery Housing. ✓ ✓

Trained CPS workers. ✓

Universal prevention in all elementary and middle schools. ✓

School social workers at every school. ✓ ✓

By think beyond domains and looking at THE PERSON as a whole.

Letting youth and community build their own treatment plans with supports and listening to their needs.

Connecting people to Resources because they are in place. (Prevention, Family support, Intervention in all schools, PIs, Treatment thorough and accisssible). ✓

Listening to youth and acting on their ideas. ✓ ✓

AA for under 18!

Addiction is treated as a chronic disease by insurance companies and they PAY IN FULL for it. ✓ ✓ ✓

Avoiding stigma by speaking out.



More Counselors and training for them in schools and the community. ✓ ✓

Public Health is full funded for robust Prevention and Intervention. ✓ ✓

Full agonist opiates banned by FDA and replaced by partial agonists for pain.

No longer denying we have a major problem.

Early interventions in all domains.

Focusing resources in a strength-base model. We fund what our community thrives on! ✓ ✓

All school staff is getting the same basic training on Human Services related issues.

We have integrated prevention and health and wellness into the school district reaching beyond just satisfying credits. ✓

Community creating an atmosphere of communication and acceptance and treating it as a norm to be dealt with instead of a moral problem. ✓

We are integrating available services between healthcare, schools, and social service through better communication and division of labor.

Engaging families and teaching each generation about addiction and life skills. ✓ ✓

Integrating social, school, somefic (somatic?) and behavioral care for all. ✓

We have state legislation supporting treatment services and families trying to get their children services.

Collaborating with local agencies to see how their work can connect with other organizations work to improve safety net. ✓

Peer support is starting to take place. Having someone that can relate in ways others can't. ✓ ✓

Seeing individual from a holistic point. Teaching at an early age about healthy living. Fully funding school and mental health. ✓

### **Word Counts**

Prevention/education 46

Treatment/MAT 30

Intervention 22

Family/parents/parenting 54

Trauma/ACE 9

School 46

Community 39

Stigma 14

MH/mental health 22

Housing 9