

August 20, 2018 FYSPRT Meeting Minutes

4-6pm

Location: YWCA 3609 Main St, Vancouver, WA 98663

Meeting Opening

- Introductions
- Sign-In Sheet
- Comfort agreement
- General Announcements
 - Daybreak announced new services for Mental Health and Co-occurring
 - Peace and Justice Fair is September 8th 9am-4pm at Esther Short Park. FYSPRT will have a booth and volunteers are needed. An email will be sent out with additional details.
 - Triple Point is hosting a training: Creating safe space for LGBTQ youth.
 - Jerri Clark announced that she was interviewed by NPR and CBS regarding her work with Mothers Of Mentally Ill (MOMI).

Update on Statewide FYSPRT Meeting

- Michelle provided an update on the topics discussed at the Statewide FYSPRT meeting, held the previous week in Olympia. Key topics included:
 - Individuals shared their stories of homelessness, including a FYSPRT Tri-lead who experienced homelessness and a college-educated parent who was homeless because of her son's behaviors and got kicked out and now they can't find an apartment due to an eviction on her record.
 - Washington State Office of Superintendent for Public Instruction (OSPI) presented on SEL (social emotional learning) development. Ridgefield is enacting it but there are not enough funds yet to mandate in all school districts.
 - Youth peers are continuing to become important and we should look at how to increase the presence of youth peers in our region.

Understanding and Helping students with Traumatic Brain Injuries (TBI)

- Carla-Jo Whitson, the TBI Resource Manager for Clark, Cowlitz, Lewis Counties from the Brain Injury Alliance of Washington presented.
- Some highlights from her presentation included:
 - Be sure to ask patients if they have ever had a head injury because they might not have connected it. Symptoms: forgetful and not always doing what they should be doing, but not all symptoms are apparent immediately.
 - Statistics are that TBI is leading cause of death and disability in youth. With just 1TBI, there is an increased risk for re-injury and concussion is the most common type of brain injury.
 - Misidentification of TBIs may include depression, learning disabled, drunk, anxiety, PTSD, schizophrenia.
 - Mental health diagnoses such as depression are chemical, but TBI is physical so they need different treatments.

- Treatment for a TBI is to reduce, rest 1-3 weeks with no screen time since the brain is less efficient in parsing out energy. Cognition is lowered because all of it is used for healing and planning motor tasks.
- If no treatment, may develop post-concussive syndrome which is usually temporary, but if left untreated it can cause permanent damage. Second impact syndrome: after a concussion, even a minor impact may result in catastrophic brain injury or death.
- TBIs have an impact on sensory changes, memory, organizational problems, mental processing, social emotional symptoms, speech and language symptoms, if you cry or laugh for no reason
- A neuropsychological evaluation can help clarify underlying brain function, but is hard to get then with about a year wait and expensive.
- The full presentation is available electronically upon request.

SWOT Analysis

- The Tri-Leads and Convener conducted a small group activity to identify the Strengths, Weaknesses, Opportunities, and Threats for our SW WA FYSPRT group.
- Each group reported out to the large group and Leah captured the input. The Tri-Leads will review and bring it back to a future meeting and use for creating our work plan for this year.

Wrap up and Evaluations