

Northeast Region Community Collaborative

4/11/2018

Number of Attendees: 12

Attendee Affiliations included MDHHS, DHHS, MDE, MYOI, SVSU, GVSU, Delta College, Merrill Community Schools, Holy Cross, and the State of Michigan

FSM Welcome: Maddy Day, FSM Updates

- Review folder contents
- Community Collaboratives happen once per month. They allow partners to network and share resources or knowledge of a lack of resources.
- We appreciate attendees completing the evaluation so that we can tell funders why we should continue doing FSM Community Collaboratives.
- Feel free to take as many resources as you'd like. FSM has guides about financial aid, higher education, etc. (<http://fosteringuccessmichigan.com/library/fsm-guides>) and a transition checklist, and we are able to send those to you.
- Certificates available for those looking for training hours.

FSM Policy Update: Ann Rossi, Education Analyst, Kathleen Hoehne, Michigan Department of Education

- Ann/Kathleen: background of job duties.
- Overview of PowerPoint presentation (slides printed and in FSM folders).
 - ESSA replaced ESEA
 - ESSA guidelines regarding foster care
 - [Check out the PowerPoint here!](#)
- Update on Family First Prevention Services Act
 - Amend Chafee money at federal level YIT to 23, ETV to 26
 - Must be enacted by state
 - [Find your representative here!](#)
 - Ask your gubernatorial questions at townhall discussions
 - ETV/YIT are the two programs that could increase
 - [Get involved with Michigan's Children here!](#)

Panel Discussion

Recording Available:

<https://www.facebook.com/FosteringSuccessMichigan/>
https://www.youtube.com/watch?v=P_xYT9pkxflk

Panel members: Bri S. (FSM Student Ambassador, WMU Seita Scholars Program), Vanessa Brooks Herd (SVSU/Delta College FAST Program), Michael D-T. (MYOI Student/Delta College FAST Program), and Whitney Johnson (MYOI Coordinator, Bay/Arenac Counties)

Questions for All Panel Members:

How does this domain, in your own experience, impact your life?

- Paying attention to physical/mental health has had positive impact on me
- Our program staffed by social workers: hypersensitive to physical/mental health symptoms/look for opportunities to assist students even when they don't ask
Can make referrals/perform crisis management when necessary
- Hard to watch students be down on themselves/go through hard times
Affects me at work and home
Have to take care of self/be best I can be
- Keeping stride as I take on different roles/be a mentor
Knowing when to step back/pull self together
Eating right

For the two students: What have you found that helps you effectively support being mentally and physically healthy?

- Make connections/having conversations with positive people
Supportive relationships matter
Physically, going to gym/staying healthy are important
- Dedicate time to myself for mental health
Physical health: when I'm going through a lot I get worn down/sick
Use working out as a coping skill.

Is positivity something you've learned through experience?

- Yes, learned from being around negative people
Okay to be around people with same experiences, but we need people outside of that who were more positive
Find positive wherever you go

How do you make time for yourself when you're so visible and a leader?

- Found roadblocks with people I couldn't help/take those opportunities to check up on self
As foster youth sometimes I can't take on family issues/need to disappear, breathe

For professionals: As people who are in lives regularly of students with experience in foster care, are there things you are mindful about modeling?

- I'm walking model for kids/have to conduct self that way
I've learned how to support them and be transparent
They need to know that issues keep going into adulthood/out of school

- Self-actualization
Being former foster parent/adopted from foster care/mentor gave me experience
Push back students' comfort zones
System is a wall/social workers can only push it/can't see over it

Question from audience

Michael, I want to acknowledge the work you've done and encourage you to work through things and thank you for sharing with us! I heard about the students interacting with family and hoped you'd speak more on that.

- Mom had health issues/I had to find balance. Going through residential changed my approach. Was making it excuse or barrier. Had to tell self I can't control that—Mom is x miles away/can't help them all the time. I tell people when dealing with family you have to let go: can still love them but must put yourself first.
- Loving from distance is a thing
Figure out why it's hard for you/know goals for self-care
Let them know you can help but also need to take care of yourself
Be honest even though it hurts
- Major success barrier in campus support programs: some students each year can't make it because of bio families
Professionals should be there—listen, let them fall on you
- Most youth with experience in foster care want relationships with bio families/want to save world
Must be boundaries/need to help themselves
Take 'poor me' mentality/spin it to more positive thing—they're in control

No one said it, but did anyone find it helpful to engage in counseling outside of campus coaches?

- Didn't engage in counseling, but found comfort in talking to peers
Find myself without a social life/talk to peers about family—vent with people who haven't seen this walk of life—they actually say stuff that helps!
- I've used an actual therapist, soon changed to campus coach
Even without coach I have people who are there for me
Moving into grad school I will be looking for a new therapist
- Students come to me as social worker/ I respond that way
Sending them to therapist where they'd have to wait a week seems wrong
- 'Do you think I should go to counseling?' Yes
'Won't people think I'm crazy?' No
You can tell therapist things you wouldn't tell your husband or grandma (might be about your husband or grandma!)
Sometimes it hurts/I need to talk to others about how I'm doing

As we think about this domain, I'm wondering if you could speak to a specific challenge area you've found and how you moved through it, and what resources you accessed.

- Normalize mental health
Physical health: impossible to get kids to work out/manage weight
I started activities to get them to move—10 minutes into workout session everyone on the wall except me
- We were going to be physically active/go to lake
I wrote grant at the university/had to cancel because no takers
Tried again/we slept outside/so uncomfortable people didn't want to go
Had to give part of grant back to the university
- I don't do bugs--not going to play in sticks and trees
I'll go/but will bring bug spray
I'm worth trying new things
Uncertainty can scare you off
- I went to that event/was like 'we have to walk to this thing?' Then we had yoga: it was hot/no shade
Same with Whitney—I was against wall with inhaler
Worked with residential/had to run after kids/wouldn't do anything outside of that
- Just did podcast with Matthew Miller, who's running for senate
People say, 'I'm too busy for this or that'. Have to do it for yourself
[Click here to listen to the podcast!](#)

Last question: Consider all the things that go into physical and mental health, and the thought patterns you've developed. If you could wave a magic wand and improve outcomes in this domain, what would they be?

- Increase self-awareness
With direction, kids could have direction/increase physical/mental health
Give messages until they reach their 'aha' moment.
- School teaches about growing up/getting job
Self-worth is just as important/would be required course [if magic wand waved]
- Every kid would have perfect mentor/would *want* a mentor
Would do more/raise self-awareness, esteem, worth
From physical aspect, teach little things: drugs are bad, safe sex, go to doctor
- Self-advocacy—finding way out of situational mindset
In foster care, taught to find positive self-talk (piece I was missing)

RECAP:

- Increase self-awareness/reach 'aha' moment faster
- Make 'self' part of school curriculum
- Every kid has/wants mentor
- Positive self-talk/advocacy