

# Advisory Group Meeting

October 28, 2024: 5:30 – 8:30 pm



Washington  
**Thriving**

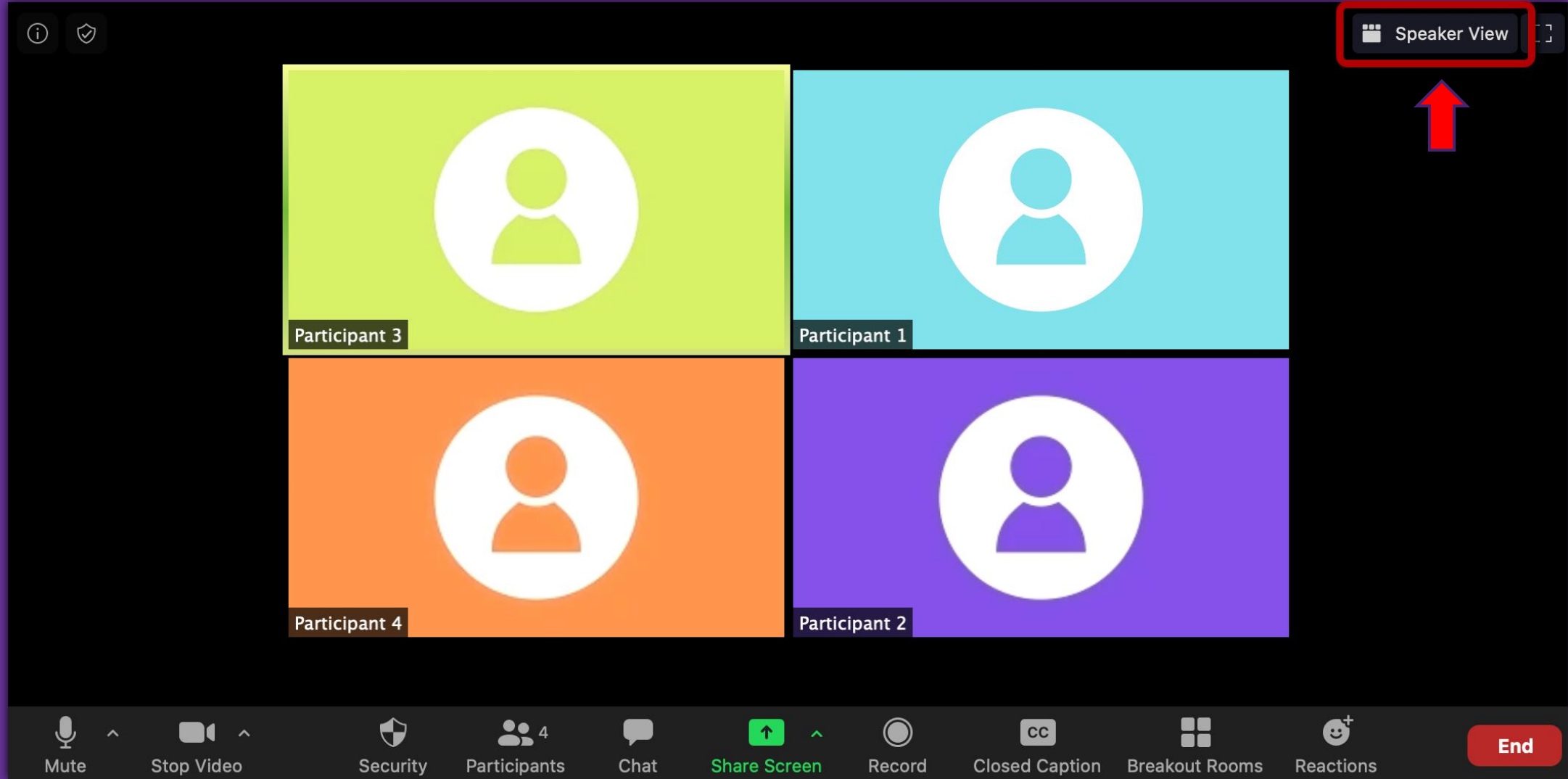
Developing a strategic plan  
for prenatal through age 25  
behavioral health.

*Formerly the P-25 Strategic Plan Advisory Group*

# Zoom Etiquette: Advisory Group Members



# Zoom Etiquette: Members of the Public



If you would like to offer public comment, please let us know

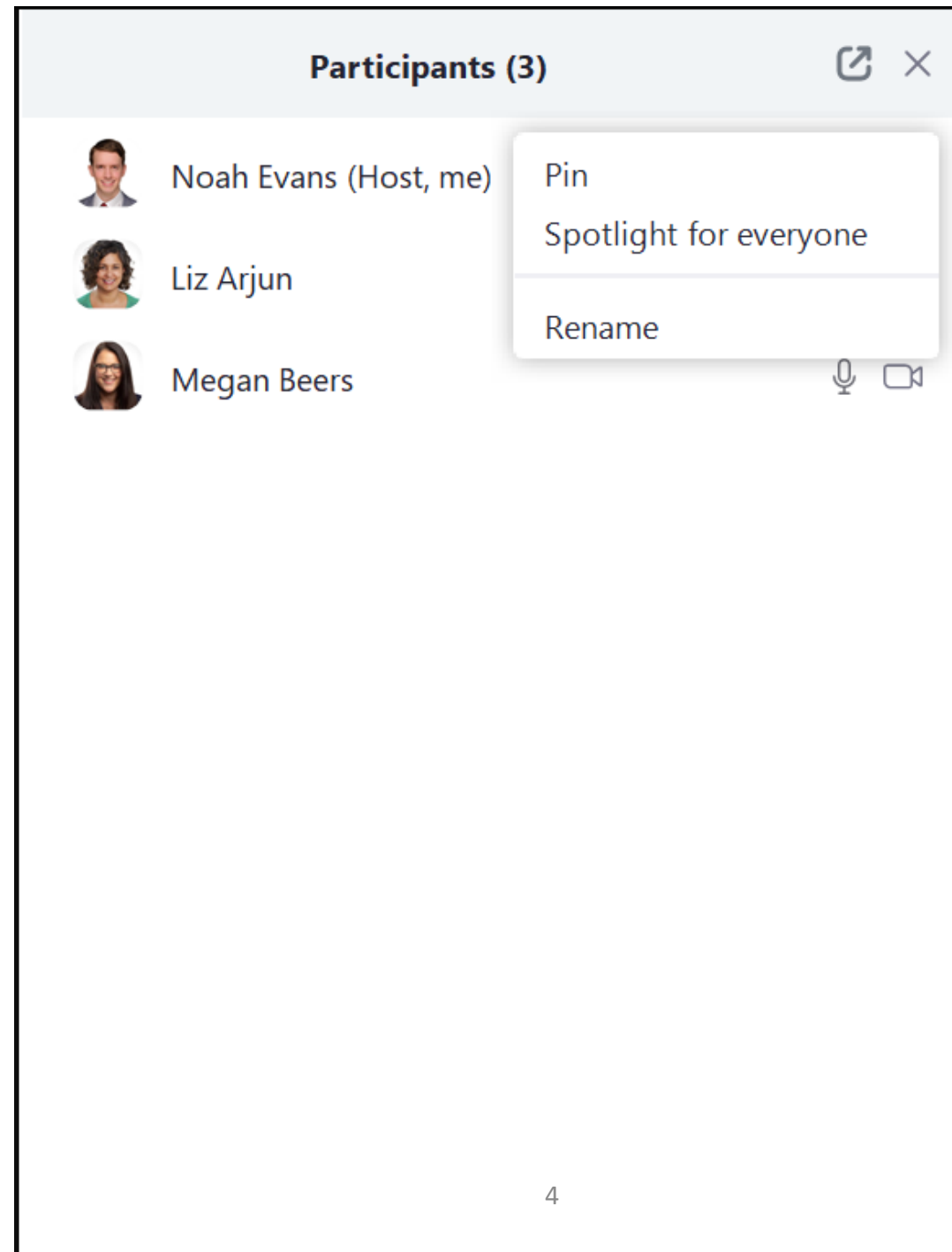
# Welcome!

Everyone,

- **Everyone**, please change your name in Zoom to include the role that brings you to this meeting:
  - YYA (youth or young adult), Parent (parent or caregiver), Advocate, or Partner (system partner/provider).
  - If you are an appointed member of the advisory group, add -M at the end.

*For example, Megan Beers- Parent (M)*

- *This meeting is being recorded and is being streamed on TVW*
- *Breakout groups will not be recorded.*



The screenshot shows a Zoom meeting interface. At the top, the title bar reads "Participants (3)" with a share icon and a close button. Below the title bar, there is a list of three participants: Noah Evans (Host, me), Liz Arjun, and Megan Beers. A context menu is open over Noah Evans, showing three options: "Pin", "Spotlight for everyone", and "Rename". At the bottom right of the participants list, there are icons for a microphone and a video camera.

# WA Thriving Advisory Group Introductions



- *In addition to **your name:***
  - *Where you are joining from today*
  - *Your favorite Halloween candy or Fall treat*

# Full Value Agreement

- Use plain language (explain acronyms, if used)
- Use first names
- Encourage grace, respect, compassion, patience, and kindness for self and others
- Be open, listen actively for understanding, be brave
- Embrace uncertainty, sit with discomfort
- Step up then step back so that everyone has a chance to be heard – one at a time when speaking & give attention to facilitators/speakers
- Honor this time as a space for you and others to share perspectives across differences without judgment while acknowledging your own lenses
- Assume best intentions and that everyone is doing the best they can with the tools they have.
- Speak your truth, from your own experience- your story, your knowledge, and your experience matters
- Stories stay private, but lessons carry forward
- Affirm and validate one another
- Everyone is a teacher, everyone is a learner
- Be mindful of trauma and recognize the impact of that trauma
- When sharing a traumatic experience, please offer warnings to others
- Receive feedback without defensiveness, show humility, take accountability
- Address issues collectively and repair early

# Today's Goals

Discuss updates on project progress and 2024 Progress Report recommendations

Review feedback and primary takeaways from discussion groups and other community engagement events

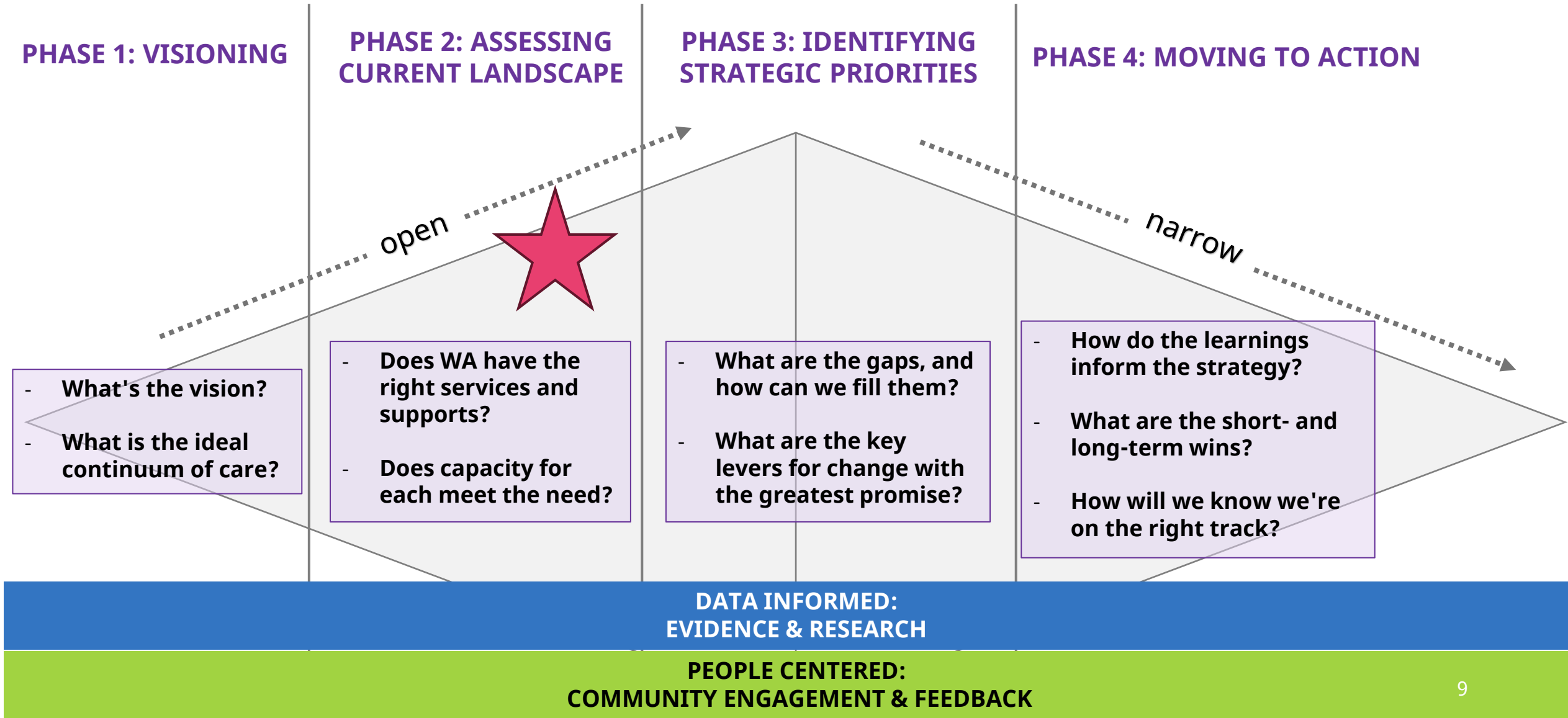
Gather input on the existing range of behavioral health services

# Agenda

Time	Topic
5:30-5:45	Welcome & Full Value Agreement
5:45-6:15	Project Updates & Discussion
6:15-7:00	Community Engagement <ul style="list-style-type: none"><li>• <i>Report on Summer/Fall</i></li><li>• <i>Input on Future Events</i></li></ul>
7:00-7:05	Break
7:05-8:00	Input on Service Array and Gaps <ul style="list-style-type: none"><li>• <i>Small Group Discussions</i></li></ul>
8:00-8:15	Public Comment
8:15-8:30	Wrap Up and Next Steps



# Strategic planning process – Where are we?



# Project Updates

# Communications (1)

## • Communications

- New name and logo – Washington Thriving
- New website & blog: <https://www.washingtonthriving.org/>
- [WAThriving@healthmanagement.com](mailto:WAThriving@healthmanagement.com)
- Newsletter

Washington Thriving  
**NEWSLETTER**  
October 2024 / Vol 1

**The Prenatal through age 25 Behavioral Health Strategic Planning process is now Washington Thriving!**

Washington Thriving (formerly the Prenatal through 25 Behavioral Health Strategic Plan) is focused on developing a strategic plan for behavioral health for children, youth, young adults, caregivers, and families from prenatal through age 25 in Washington. The plan is being developed in partnership with communities across the state, including people with lived and living experience, and behavioral health providers and state partners. The process includes engaging with community members, gathering information on what services are available and what is needed, and collaborating across the state to develop a roadmap for the future to deliver to the legislature in late 2025.

**A Message from the Co-Chairs: Representative Lisa Callan and Diana Cockrell**

Washington Thriving is about working together with communities and partners across the state to design a vision for a future behavioral health system centered on the needs of young people, caregivers, and families as well as building a roadmap for how to get there. An important difference from previous efforts like this one is the commitment to ongoing connecting with communities to ensure that the voices which haven't been heard from or well represented in the past can better participate in decisions about how to improve the system to better serve them in the future.

We are delighted to share the first edition of the monthly Washington Thriving newsletter with you all. Each newsletter will provide updates on the Washington Thriving work, spotlight partners across the state, and link to opportunities for connecting with the strategic planning process.

The stories and experiences community members share indicate that more needs to be done to meet the behavioral health needs of the children, youth, young adults, caregivers, and families in Washington.

To learn more about these opportunities, please contact us here.

**Upcoming Events**

- October Washington Thriving Strategic Planning Advisory Group: October 28, 5:30 - 8:30 PM
- Parents/Caregiver Discussion Group: October 16, 10:00 - 11:30 AM
- Youth/Young Adult Discussion Group: October 16, 4:00 - 5:30 PM
- Provider/System Partner Discussion Group: October 17, 1:00 - 2:30 PM

Washington Thriving  
Thriving is a strategic plan for prenatal through age 25 behavioral health.

**October Discussion Groups**

On October 16th and 17th, the Washington Thriving project team facilitated three discussion groups: one for parents and caregivers; one for youth and young adults; and one for providers and system partners, to discuss the strategic plan. Discussion centered on the proposed behavioral health definition, the creation of a landscape analysis of existing services, representing that landscape, and gaps in the current system to be filled in that of the future.

The groups engaged in rich discussion on these topics, adding to the list of factors that impact behavioral health, shifting the way the term is used to further emphasize prevention and maintaining good health, examining the quality of services offered to all, some and few, and weighing the potential for diminished system costs through increased programs providing social resources earlier on.

We invite you to sign up for the upcoming Washington Thriving discussion groups. Please contact us here to connect.

**The Vision: All children and young people, as well as their caregivers and families, will be able to access high-quality, developmentally-appropriate, culturally-attuned care when and where they look for it.**

**CONTACT US**

Oct 25 • Written By Washington Thriving

## Defining Behavioral Health

One of the key pieces of feedback throughout the Washington Thriving work has been the need to better define what "behavioral health" means. Three primary reasons for clearly defining this term identified by community members are the need to:

1. Define behavioral health in a way that is easily understood by children and youth;
1. Define behavioral health in a way that helps to minimize or eliminate the stigma often associated with the term; and
1. Help educate and communicate to the broader community that behavioral health needs should be viewed and treated in same way the system currently approaches physical health needs. Many of the folks participating in this discussion shared that existing common definitions of Behavioral Health use technical language not familiar to everyone, aren't inclusive of all aspects and intersections that people with lived and living experience define as a part of their own behavioral health, and often focus on illness or disorder but exclude health and wellness.

Through several sessions with youth and young people, parents and caregivers, practitioners and systems partners across the community, Washington Thriving has been workshoping a community-developed proposed definition of Behavioral Health that better addresses these insights and goals:

**"Behavioral health involves the interaction between a person's body, brain, and the people and places around them and includes the feelings and actions that can affect one's overall well-being."**

- Behavioral health can:
  - Impact how a person relates to and interacts with their families and communities and maintain long-term positive relationships that are vital for well-being
  - Affects a person's physical body and overall well-being in the same way that a short-term or long-term illness might
  - Stem from many things, including the stress and trauma they have experienced or are experiencing or challenges with substances or other ways of coping that get in the way of overall well-being
  - Can include a broad range of diagnoses and can change or be exacerbated by lack of intervention
  - Coincide with other things, including the impacts of communities' being under-resourced, homelessness, disruption of schooling, challenges finding employment, and youth being at risk of incarceration. These other things can be both a "cause of" or "result of" behavioral health challenges
  - Lead to children, youth, and young adults struggling to navigate life, maintain positive relationships, achieve their educational goals, and adapt to change
  - Intersect with intellectual and developmental disabilities and compound their behavioral health. Over time, as children and youth grow and develop, these challenges change
  - Be impacted even before birth and through exposure to maternal stress or substances and/or poor social and emotional connections during the earliest months and years of life"

Developing a shared language is a foundational piece in developing a shared understanding at the state level of what is necessary to include in the strategic plan, responding to the lived and living experience of Washingtonians by their own definition of what comprises the full range of behavioral health services and supports necessary for young people and their families to thrive.

This definition continues to develop as Washington Thriving integrates additional voices and perspectives into the process. If you have suggestions or ideas for how to improve our definition further, please email the Washington Thriving project team at [WAThriving@healthmanagement.com](mailto:WAThriving@healthmanagement.com).

# Proposed Vision

# Future Vision

Every Washingtonian understands how behavioral health affects well-being and recognizes when young people need support.

**Funding, providers and systems work together so that services are seamless, accessible, and adapt to changing needs.**

Behavioral health services and supports:

- Holistically address mental health, substance use, developmental, physical health, and co-occurring needs.
- Connect into people's communities where they spend time.
- Are available when needed.
- Are available for all developmental stages, all cultures and languages, in all parts of the state.

## The Prenatal to 25 behavioral health system in Washington:



Is informed by children, youth, caregivers and families



Ensures that all doors lead to support



Offers services to meet the individual needs of children, youth, families and caregivers



Is equitable, anti-racist, and culturally and linguistically responsive



Changes in response to new information



Invests in prevention and well-being



Includes families, caregivers and communities as key contributors to well-being



# Proposed Definition of Behavioral Health

# What We Heard: Behavioral Health Definition

Comment	Addressed
Add “can change or be exacerbated by lack of intervention”	Added.
Reference additional challenges faced by refugees coming from a foreign country dealing with trauma, or those with generational trauma	Keeping a broader lens, will consider for more detailed materials.
Emphasize attention to prevention and wellbeing, acknowledge that sometimes what can bring people into contact with BH services are things that are more in the broader world like housing, cost of living, food	Changed language.
Perhaps consider changing the word “conditions” in “broad spectrum of conditions”	Changed language.
The language is still very clinical for youth; use ‘body’, ‘brain’ instead of ‘biological’, ‘psychological’	Shifted language.
Perhaps consider adding psychological addictions (e.g., videogames)	Keeping a broader lens, will consider for more detailed materials.



# What We Heard: Behavioral Health Definition continued

Comment	Addressed
Consider calling out veterans, foster kids as groups that particularly deal with trauma	Keeping a broader lens, will consider for more detailed materials.
Don't use mental health to mean mental illness or mental health challenges, or behavioral health to mean behavioral health condition; frame this as being about helping kids reach their full potential, having their wellness being addressed across systems of care so they can	Changed language.
Calling out 'behaviors' in first sentence could be problematic by implying choice, that people are in control of their actions	Changed language.
Rearrange the order: the second sentence felt like a better opener than the first	Changed language.
Do people know what 'relational health' means?	Changed language.





# Defining Behavioral Health

- Behavioral health involves the interaction between a person’s body, brain, and the people and places around them and includes the **feelings and actions that can affect one’s overall well-being**.
- Behavioral health can:
  - Impact how a person relates to and interacts with their families and communities and maintain long-term positive relationships that are vital for well-being
  - Affects a person’s physical body and overall well-being in the same way that a short-term or long-term illness might
  - Stem from many things, including the stress and trauma they have experienced or experiencing or challenges with substances or other ways of coping that get in the way of overall well-being
  - Can include a broad range of diagnoses and can change or be exacerbated by lack of intervention
  - **Coincide with other things**, including the impacts of communities’ being under-resourced, homelessness, disruption of schooling, challenges finding employment, and youth being at risk of incarceration. These other things can be both a “cause of” or “result of” behavioral health challenges
  - Lead to children, youth, and young adults **struggling to navigate life, maintain positive relationships, achieve their educational goals, and adapt to change**
  - Intersect with intellectual and developmental disabilities and compound their behavioral health. Over time, as children and youth grow and develop, these challenges change
  - Be impacted even before birth and through exposure to maternal stress or substances and/or poor social and emotional connections during the earliest months and years of life



# Progress Report

# Progress Report Details

- Required by legislation
- Part of the Children and Youth Behavioral Health Work Group annual report that goes to the Legislature
- Landscape assessment work has highlighted the siloed way in which behavioral health services are funded, overseen, administered, and delivered.
  - Includes the perspectives and experiences shared by young people and caregivers about the lack of coordination across service systems.
- Progress report includes recommendation to deepen collaboration between state agencies in designing the roadmap during 2025.
  - This will include:
    - Engaging state leaders and legislators
    - Systems modeling
    - Work with national partners



# Discovery Sprints

# Discovery Sprints Details

- Data-informed and research-based approach to identifying leverage points for system changes
- 4 Discovery Sprints Completed
  - Behavioral health in K-12
    - Behavioral Health in K-12 Deliverables
  - Behavioral health during pregnancy
    - Behavioral Health during Pregnancy Deliverables
  - Complex Hospital Discharge
    - Complex Hospital Discharge Deliverables
  - Transitional Age Youth
    - Transitional Age Youth Deliverables

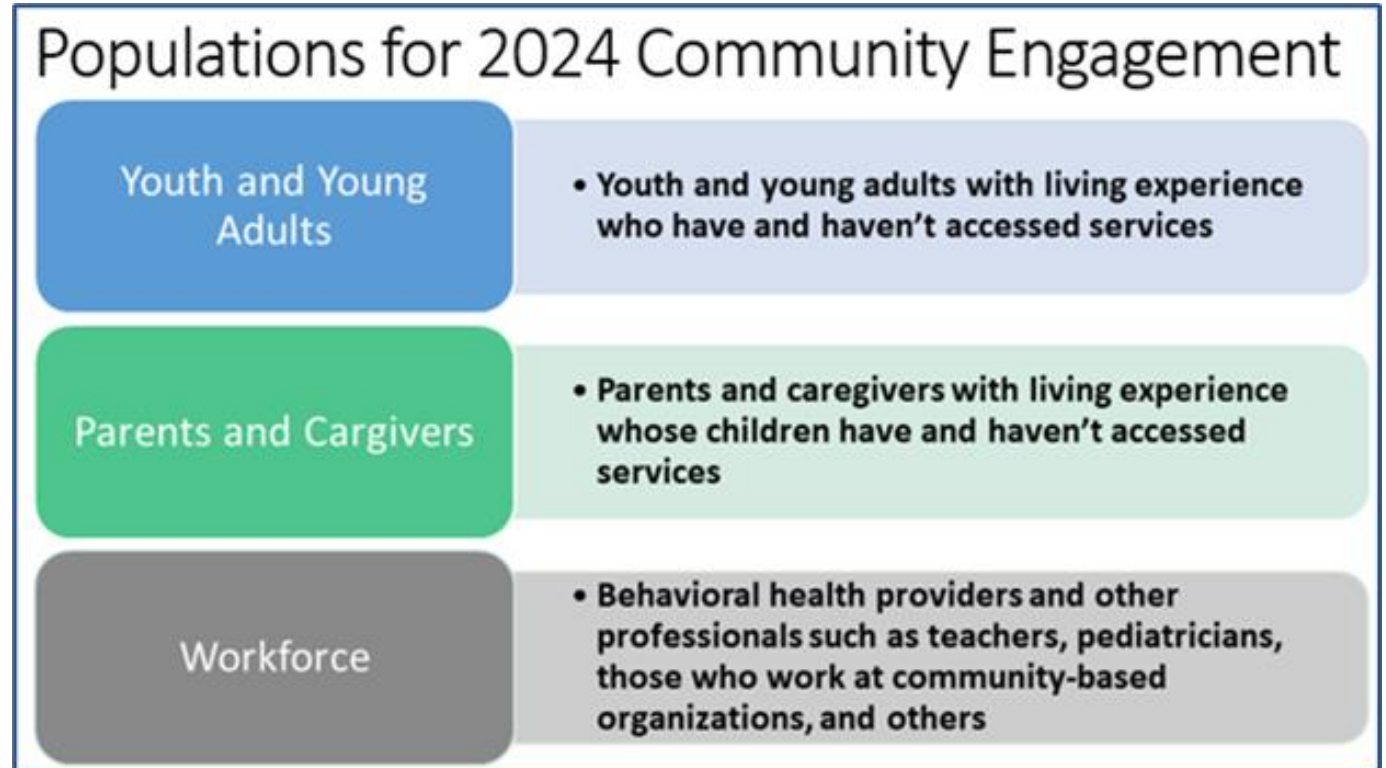
# Discussion (1)



# Community Engagement

# Current Engagement Workstreams

- Discussion Groups and Advisory Group
- In person and virtual listening sessions across the state
- Project updates and input gathering through existing channels (e.g., Tribal Centric Behavioral Health Advisory Board, Bridge Coalition, Family Youth System Partner Roundtable)





# Full Frame Initiative Outreach

- Over 85 people
- **Geographies – Statewide**
  - **Northwest:** Whatcom, King, Kitsap, Pierce, Snohomish, Thurston
  - **Southwest:** Clark
  - **Central:** Okanogan, Yakima
  - **Northeast:** Spokane
  - **Southeast:** Walla Walla

# Diversity in Outreach

## Various organizations, networks and leaders

- Parents/caregivers; Youth/young adults
- Lived experience; Peer networks
- Immigrants/refugees
- BIPOC
- Faith organizations
- Rural communities
- Health organizations

# Listening Sessions

Peer Pathways Conference - Yakima

Connecting Communities - Leavenworth

Northwest Youth Services, Youth Action Board - Bellingham

Rural communities - Okanogan

Washington Boys and Girls Clubs Youth Summit - Mercer Island

Cities Rise, Youth and Youth Alumni - Virtual

Outreach Follow-up - Virtual

# What we are hearing

- What's working well?
  - Sports, clubs, parks and recreational activities
  - Community events, festivals
  - Being outside in nature/the forest
  - Volunteer opportunities

# What we are hearing continued

- Ideas for a behavioral/mental health system
  - Address stigma (e.g., don't call it therapy).
  - Incorporate play/art therapy into treatment with adolescents and include therapies other than narrative therapies (e.g., equine therapy).
  - Make sure people know the type of services that are available and how to access them.
  - Make it more financially accessible and offer online services.

# Discussion (2)



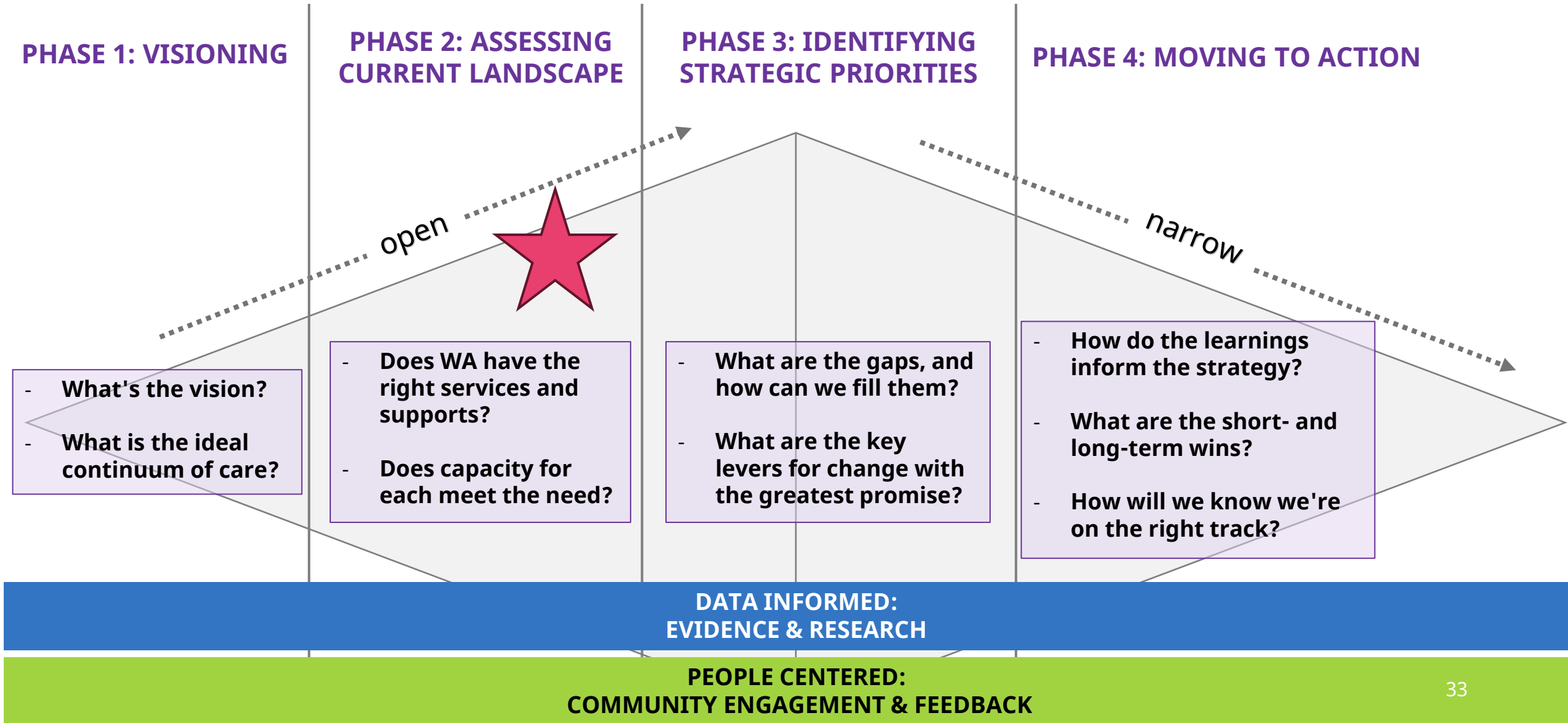
**Video**

**5:00**

# Representing the Range of Services



# Reminder: where we are



# Goals of the Landscape Analysis

- **Do we have the right services and supports?**
  - Youth, young adult, caregiver, and family experiences with current system
  - Ideal continuum and services based on literature and other state models
  - Expanded catalogue of services
- **Does our capacity for each service meet the need?**
  - Youth, young adult, caregiver, and family experiences with current system
  - Quantitative (numbers-based) data
- **Does the system have the agility to adapt?**
  - Oversight and funding
  - Systems mapping

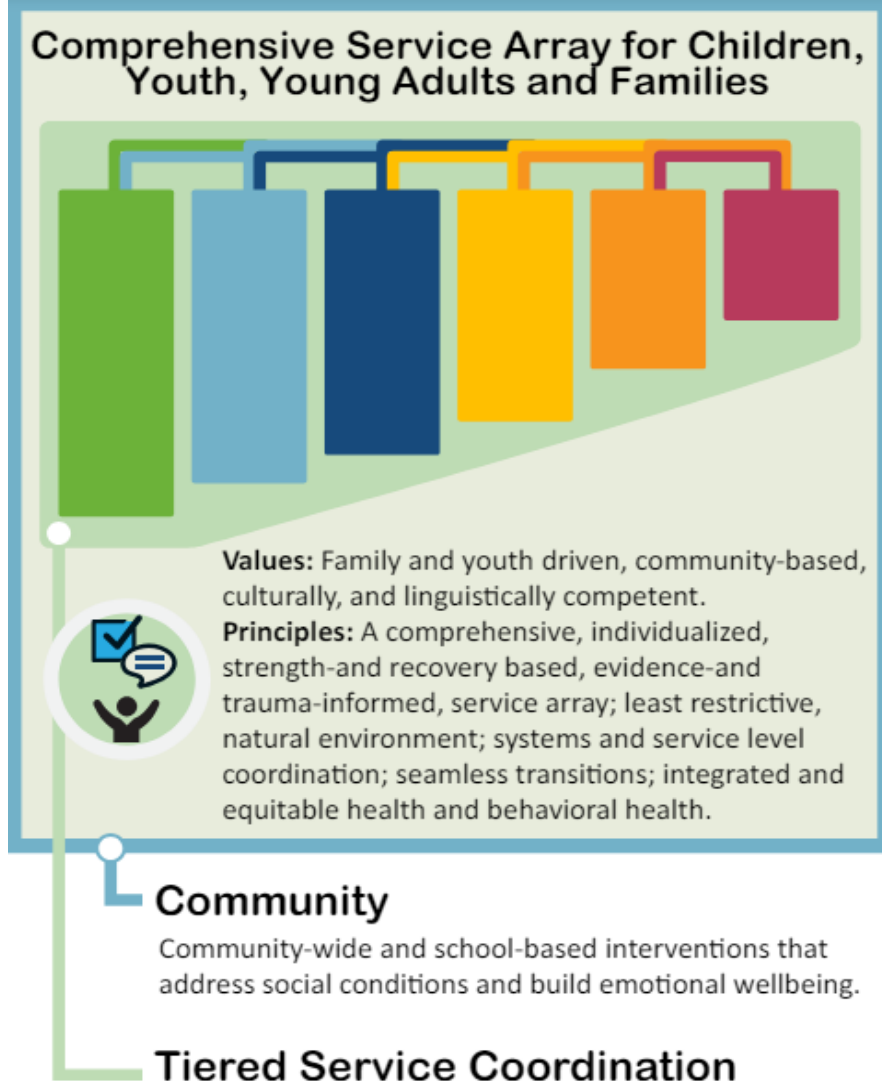
# The Range of Services

A key element of achieving this vision is ensuring a robust continuum of care. When Washington Thriving talks about a “robust continuum of care” this means that Washington offers **services and supports** to address the broad range of behavioral health and co-occurring needs, in **the settings that work** best for children, youth, families and caregivers – home, daycare, school, a provider’s office or in some cases, inpatient or residential settings. It recognizes that there are **services that all will need, services that some will need and services that only a few will need.**

## **The envisioned behavioral health continuum of care for children, youth, families and caregivers:**

- Includes prevention and well-being and identifies risks early across all age groups
- Offers age-appropriate, culturally-relevant mental health and substance use supports at every stage
- Offers integrated support that recognizes and addresses co-occurring challenges, including intellectual and development disabilities
- Offers ongoing support to prevent crisis and ongoing support for recovery after a crisis
- Includes navigation support and coordination between services and levels of care
- Integrates with physical healthcare

# Best Practice Research



- Promotion, Prevention, & Early Intervention**  
All children, youth, young adults, and families benefit from behavioral health screening in primary care, school-based social and emotional learning, and community-based prevention and early intervention.
- Outpatient & Integrated Care**  
Children, youth and young adults with emerging or identified behavioral health needs benefit from integrated physical and outpatient counseling and medication management, tiered-school-based services, psychiatric consultation, and routine care coordination.
- Intensive Home & Community-Based Services**  
Children, youth, young adults with moderate to intensive needs who are at risk of out-of-home placement or transitioning from a residential or inpatient setting benefit from time intensive, skills-building services, family support, targeted case management, or Wraparound.
- Comprehensive Crisis Care**  
Children, youth, young adults and families who are experiencing a crisis benefit from crisis hotlines, mobile response, crisis observation, crisis stabilization, respite, and peer services.
- Inpatient Care**  
Children, youth and young adults with acute behavioral health needs benefit from emergency psychiatric consultation in emergency rooms and inpatient care.
- Residential Treatment**  
Children, youth and young adults who require stabilization but not inpatient care, benefit from short-term, community-based psychiatric residential treatment and therapeutic group homes.



# Quantitative Framework for the Proposed Dashboard Design

Looking at these four categories by Age, Cohort, and Payer

## Demand

- Demographic changes in overall demographics
- Identification of populations of interest (e.g., unhoused, Intellectual and Developmental Disabilities [I/DD], racial/ethnic groups, and indigenous groups)

## Capacity

- Workforce.
- Urban/rural or other geographic features
- **Promotion, prevention, and early intervention service utilization**

## Access/Utilization

- Holes in payer coverage
- Disparities in access by socioeconomic, racial, and populations of interest
- Delivery system gaps by age or other populations of interest
- **Outpatient and integrated care.**
- **Intensive home and community-based services**

## Outcomes

- Juvenile Justice referrals/charges/dispositions
- Emergency department (ED) visits
- **Inpatient hospitalizations**
- **Residential treatment utilization**
- Out-of-home placements
- Access to crisis services

# People-Focused: Experiences of the Service Array – Small Group Discussions



# Promotion, Prevention Early intervention: What has your experience been?

- Did you receive or do you hear information about what behavioral health means and the importance in your community, through your doctor, at your school?
- Did you or do you or your child regularly get screened for behavioral health needs or health related social needs when you visit any providers, schools, daycare settings or elsewhere?
- Were the messages or the services culturally responsive? In a language that you or your child understood? What about gender differences? Developmentally appropriate?

# Outpatient and Integrated Care: What has your experience been?

- If or when you or your child was referred to a service or had an identified behavioral health need were you able to access the service that you needed in your regular provider's office or through school?
- Were the services culturally responsive? In a language that you and your child understood? What about gender differences? Developmentally appropriate? Family-centered?
- Were they coordinated with other things? School? Other providers?



# Intensive Home-Based or Community – Based Services: What has your experience been?

- If and when you and or your child was referred to intensive home or community-based services that couldn't be addressed in a regular office visit or school setting, were you able to access the service that you were referred to or that you needed?
- Were the services culturally responsive? In a language that you or your child understood? What about gender differences? Developmentally appropriate? Family-centered?

# Comprehensive Crisis Services: What has your experience been?

- If and when you and/or your child needed crisis support, were you able to access the service that you were referred to or that you needed?
- Were the services culturally responsive? In a language that you or your child understood? What about gender differences? Developmentally appropriate? Family-centered?
- If you and/or your child received crisis services were services connected and coordinated to the community?

# Inpatient or Residential Services: What has your experience been?

- If and when you and/or your child inpatient or residential services, were you able to access the service that you were referred to or that you needed?
- Were the services culturally responsive? In a language that you or your child understood? What about gender differences? Developmentally appropriate? Family-centered?
- If you and/or your child inpatient or residential services were the services connected and coordinated to the community?



# Public Comment

- At this time, we invite all of you who are not members indicate in chat if you have a comment you would like to share.
- We'll be starting with those who let us know in the Chat, in the order we received requests. If we miss your name, please message Noah Evans.
- If you want to speak and have not messaged us, please raise your hand. You can also add a comment as part of the public record by putting it in chat or sending it to [washingtonthriving@healthmanagement.com](mailto:washingtonthriving@healthmanagement.com)

# Next Steps

- Watch for the slides in the next day and a meeting summary in the next week
- Incorporate the feedback into the materials
- Share out at Discussion Groups, to this group via email, on blog and at next meeting, and with the broader community



# Children and Youth Behavioral Health Work Group

## Stipend payments for young people and families

We are excited to tell you that we may be able to offer payment (called stipends) of \$45/hr to you for being a part of this meeting if:

- you personally received behavioral health services at the age of 25 or under, or wanted services but couldn't access them (no matter what reason); *or*
- you are the parent or caregiver of a youth or young adult who received or wanted services aged 25 or younger; *and*
- you are not a state employee or being paid by your employer or anyone else for your time in this meeting.

We are also able to reimburse you for child or elder care, if needed.

If that describes you, please email [cybhwg@hca.wa.gov](mailto:cybhwg@hca.wa.gov) or send a message in Chat to Hanna Traphagan. Cindi Wiek will reach out to you with details.

# Meeting Feedback

- <https://www.surveymonkey.com/r/7SXMDK7>



# 2024 Washington Thriving AG & Discussion Group Meetings

Date	Time	Meeting
<b>Wednesday, November 20<sup>th</sup></b>	10 – 11:30 AM PST	Parent/Caregiver Discussion Group
	4 – 5:30 PM PST	Youth/Young Adult Discussion Group
<b>Thursday, November 21<sup>st</sup></b>	1 – 2:30 PM PST	Provider/System Partner Discussion Group
<b>Tuesday, December 3<sup>th</sup></b>	2:30 – 5:30 PM	WA Thriving AG
<b>Monday, December 18<sup>th</sup></b>	10 – 11:30 AM PST	Parent/Caregiver Discussion Group
	4 – 5:30 PM PST	Youth/Young Adult Discussion Group
<b>Thursday, December 19<sup>th</sup></b>	1 – 2:30 PM PST	Provider/System Partner Discussion Group



**Thank you!**

**Get involved!  
Please use this QR  
code to complete a  
survey to let us  
know you are  
interested!**



**Washington  
Thriving**

Developing a strategic plan  
for prenatal through age 25  
behavioral health.

Or email us @  
[WAThriving@healthmanagement.com](mailto:WAThriving@healthmanagement.com)

# Additional Resources

# Advisory Group Members

Advisory Group Member	Membership Category
Patricia Leckenby	Provider Member
Nucha Isarowong	Provider Member
Natalie Gustafson	Provider Member
Kaneesha Roarke	Provider Member
Tessa McIlraith	Provider Member
Xochi Wade	Provider Member
Andrew Hudson	Parent/Caregiver Member
Kelly Sweeney-Widman	Parent/Caregiver Member
Jessica Russell	Parent/Caregiver Member
Richelle Madigan	Parent/Caregiver Member
Brendan Smith	Parent/Caregiver Member

Krista Perleberg	Parent/Caregiver Member
Celeste Taylor	Parent/Caregiver Member
Brittany Miles	Parent/Caregiver Member
Jordyn Howard	Youth/Young Adult Member
Dillon Hill	Youth/Young Adult Member
Kelly Duong	Youth/Young Adult Member
Sierra Camacho	Youth/Young Adult Member
Sage Dews	Youth/Young Adult Member
Tracey Hernandez	Youth/Young Adult Member
Darren Bosman	Youth/Young Adult Member
Amanda Shi	Youth/Young Adult Member



# Advisory Group Members continued

Advisory Group Member	Membership Category		
Jane Beyer	Agency Representative Member, Office of the Insurance Commissioner		Agency Representative Member, Office of the Superintendent of Public Instruction, Project AWARE
Shelley Bogart	Agency Representative Member, Department of Disability Services - Developmental Disabilities Administration	Bridgent Underdahl	Agency Representative Member, Department of Children Youth and Families
Kim Justice	Agency Representative Member, Department of Commerce, Office of Homeless Youth Prevention and Protection Programs	Vickie Ybarra	Legislator Member, Co-Chair
Matt Davis	Alternate- Agency Representative Member, Department of Commerce, Office of Homeless Youth Prevention and Protection Programs	Rep. Lisa Callan	Legislator Member
Amber Leaders	Agency Representative Member, Office of the Governor	Rep. Carolyn Eslick	MCO
Diana Cockrell	Agency Representative Member, Health Care Authority, Co-chair	Carolyn Cox	Advocate Member
Michele Roberts	Agency Representative Member, Department of Health	Janice Schutz	Advocate Member
Mary Sprute-Garlant	Agency Representative Member, Department of Children Youth and Families	Peggy Dolane	Advocate Member
		Vacant	Advocate Member
		Vacant	Tribal Member
		Vacant	Tribal Member

# WA Thriving is being informed by two broad, interacting areas of work that cut across all phases

PHASE 1:  
VISIONING

PHASE 2: ASSESSING  
CURRENT LANDSCAPE

PHASE 3: IDENTIFYING  
STRATEGIC PRIORITIES

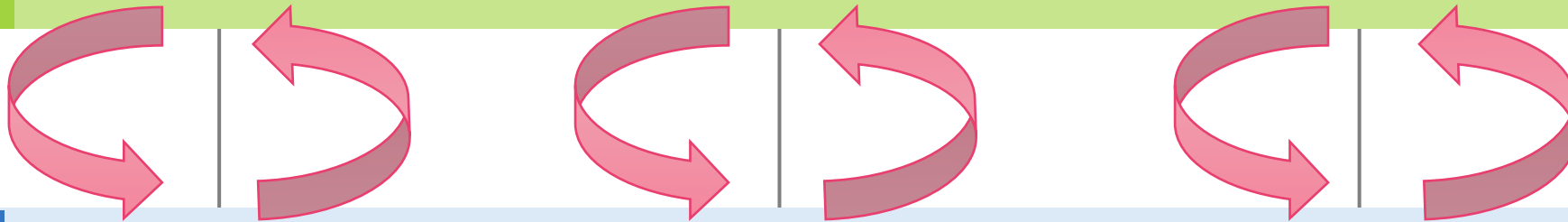
PHASE 4: MOVING  
TO ACTION

PEOPLE  
CENTERED:

COMMUNITY  
ENGAGEMENT &  
FEEDBACK

Activities include:

- Gathering **success stories** and **inspiring examples** from other contexts
- **Regional in-person listening events**, individualized by community
- **Targeted conversations** with **relevant agencies** and **subject matter experts**
- Attendance and input gathering at **coalition & provider meetings** and **workgroups**
- Ongoing **engagement & feedback** from **advisory groups, subcommittees, and discussion groups**



DATA  
INFORMED:

EVIDENCE &  
RESEARCH

Activities include:

- Cross-functional **discovery sprints** to further understand complex areas of system
- Gather **statistics** and **qualitative data & insights**
- Review of **reports and studies, peer-reviewed publications, evidence-based practices & guidelines**, and other literature
- **Model the system** to organize, clarify, and unify behavioral health system knowledge into useable data
- Targeted discussions with **subject matter experts to deepen understanding** in key areas
- Design of **data dashboard** responsive to ongoing insight and changing system dynamics

# Interdependencies of information...

## PHASE 1: VISIONING

Shared definition of "behavioral health"

Vision & principles ("big frames")

Ideal array of services and supports (continuum of care)

## PHASE 2: ASSESSING CURRENT LANDSCAPE

Current cost of care

Catalogue of available services

Simplified conceptual understanding of BH system relationships, actors, and trends (systems map)

Quantitative indicators of the current landscape

Qualitative insight - what has and has not worked

## PHASE 3: IDENTIFYING STRATEGIC PRIORITIES

Gap analysis with qualitative and quantitative insight

Recommendations for options to fill gaps

Systems modelling insights

Strategic imperatives & levers for change, tactics

## PHASE 4: MOVING TO ACTION

Cost-benefit analyses

Experience- & evidence-based insights

Organizing principles for strategic framework

Methods and details of service delivery (delivery service model)

Strategic framework

Roadmap for implementation

Oversight & funding recommendations

Policy recommendations

Data dashboard with key indicators

Ongoing incorporation, synthesis, and consolidation

# Communications (2)

## • Communications

- New name and logo – Washington Thriving
- New website & blog: <https://www.washingtonthriving.org/>
- [WAThriving@healthmanagement.com](mailto:WAThriving@healthmanagement.com)
- Newsletter

Washington Thriving  
**NEWSLETTER**  
October 2024 / Vol 1

**The Prenatal through age 25 Behavioral Health Strategic Planning process is now Washington Thriving!**

Washington Thriving (formerly the Prenatal through 25 Behavioral Health Strategic Plan) is focused on developing a strategic plan for behavioral health for children, youth, young adults, caregivers, and families from prenatal through age 25 in Washington. The plan is being developed in partnership with communities across the state, including people with lived and living experience, and behavioral health providers and state partners. The process includes engaging with community members, gathering information on what services are available and what is needed, and collaborating across the state to develop a roadmap for the future to deliver to the legislature in late 2025.

**A Message from the Co-Chairs: Representative Lisa Callan and Diana Cockrell**

Washington Thriving is about working together with communities and partners across the state to design a vision for a future behavioral health system centered on the needs of young people, caregivers, and families as well as building a roadmap for how to get there. An important difference from previous efforts like this one is the commitment to ongoing connecting with communities to ensure that the voices which haven't been heard from or well represented in the past can better participate in decisions about how to improve the system to better serve them in the future.

We are delighted to share the first edition of the monthly Washington Thriving newsletter with you all. Each newsletter will provide updates on the Washington Thriving work, spotlight partners across the state, and link to opportunities for connecting with the strategic planning process.

The stories and experiences community members share indicate that more needs to be done to meet the behavioral health needs of the children, youth, young adults, caregivers, and families in Washington.

To learn more about these opportunities, please contact us here.

**Upcoming Events**

- October Washington Thriving Strategic Planning Advisory Group: October 28, 5:30 - 8:30 PM
- Parents/Caregiver Discussion Group: October 16, 10:00 - 11:30 AM
- Youth/Young Adult Discussion Group: October 16, 4:00 - 5:30 PM
- Provider/System Partner Discussion Group: October 17, 1:00 - 2:30 PM

**Washington Thriving**  
Thriving is a strategic plan for prenatal through age 25 behavioral health.

**October Discussion Groups**

On October 16th and 17th, the Washington Thriving project team facilitated three discussion groups: one for parents and caregivers, one for youth and young adults, and one for providers and system partners, to discuss the strategic plan. Discussion centered on the proposed behavioral health definition, the creation of a landscape analysis of existing services, representing that landscape, and gaps in the current system to be filled in that of the future.

The groups engaged in rich discussion on these topics, adding to the list of factors that impact behavioral health, shifting the way the term is used to further emphasize prevention and maintaining good health, examining the quality of services offered to all, some and few, and weighing the potential for diminished system costs through increased programs providing social resources earlier on.

We invite you to sign up for the upcoming Washington Thriving discussion groups. Please contact us here to connect.

**The Vision: All children and young people, as well as their caregivers and families, will be able to access high-quality, developmentally-appropriate, culturally-attuned care when and where they look for it.**

**CONTACT US**

Oct 25 • Written By Washington Thriving

## Defining Behavioral Health

One of the key pieces of feedback throughout the Washington Thriving work has been the need to better define what "behavioral health" means. Three primary reasons for clearly defining this term identified by community members are the need to:

1. Define behavioral health in a way that is easily understood by children and youth;
1. Define behavioral health in a way that helps to minimize or eliminate the stigma often associated with the term; and
1. Help educate and communicate to the broader community that behavioral health needs should be viewed and treated in same way the system currently approaches physical health needs. Many of the folks participating in this discussion shared that existing common definitions of Behavioral Health use technical language not familiar to everyone, aren't inclusive of all aspects and intersections that people with lived and living experience define as a part of their own behavioral health, and often focus on illness or disorder but exclude health and wellness.

Through several sessions with youth and young people, parents and caregivers, practitioners and systems partners across the community, Washington Thriving has been workshoping a community-developed proposed definition of Behavioral Health that better addresses these insights and goals:

**"Behavioral health involves the interaction between a person's body, brain, and the people and places around them and includes the feelings and actions that can affect one's overall well-being:**

- Behavioral health can:
  - Impact how a person relates to and interacts with their families and communities and maintain long-term positive relationships that are vital for well-being
  - Affects a person's physical body and overall well-being in the same way that a short-term or long-term illness might
  - Stem from many things, including the stress and trauma they have experienced or are experiencing or challenges with substances or other ways of coping that get in the way of overall well-being
  - Can include a broad range of diagnoses and can change or be exacerbated by lack of intervention
  - Coincide with other things, including the impacts of communities' being under-resourced, homelessness, disruption of schooling, challenges finding employment, and youth being at risk of incarceration. These other things can be both a "cause of" or "result of" behavioral health challenges
  - Lead to children, youth, and young adults struggling to navigate life, maintain positive relationships, achieve their educational goals, and adapt to change
  - Intersect with intellectual and developmental disabilities and compound their behavioral health. Over time, as children and youth grow and develop, these challenges change
  - Be impacted even before birth and through exposure to maternal stress or substances and/or poor social and emotional connections during the earliest months and years of life"

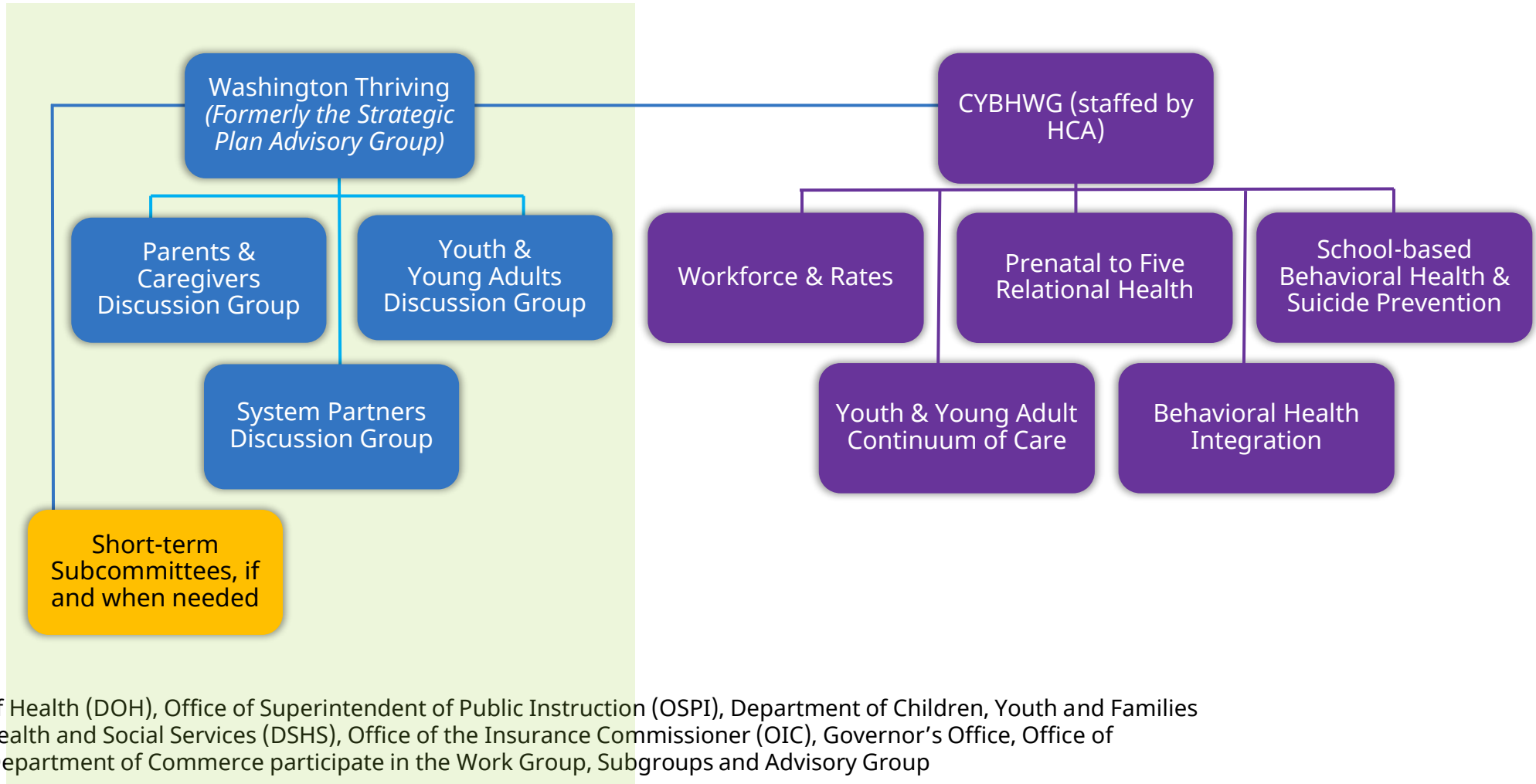
Developing a shared language is a foundational piece in developing a shared understanding at the state level of what is necessary to include in the strategic plan, responding to the lived and living experience of Washingtonians by their own definition of what comprises the full range of behavioral health services and supports necessary for young people and their families to thrive.

This definition continues to develop as Washington Thriving integrates additional voices and perspectives into the process. If you have suggestions or ideas for how to improve our definition further, please email the Washington Thriving project team at [WAThriving@healthmanagement.com](mailto:WAThriving@healthmanagement.com).



# Project Organizational Structure

Consult with:



Staff from Department of Health (DOH), Office of Superintendent of Public Instruction (OSPI), Department of Children, Youth and Families (DCYF), Department of Health and Social Services (DSHS), Office of the Insurance Commissioner (OIC), Governor's Office, Office of Homeless Youth within Department of Commerce participate in the Work Group, Subgroups and Advisory Group



# What We Heard: Proposed Vision

Comment	Addressed
Define Behavioral Health	Added definition of behavioral health to proposed vision materials
Don't say need "help"	Changed to "support"
Replace "all geographies"	Changed to "across the state"
Need to focus more on developmental stages vs. ages	Changed language to "developmental stages"
Need to talk about infants/young children	Need to address
Add families: "funding systems and families work together so services can be seamless"	Families has been added throughout
Parents need touch points they can go to in this without knowing the lingo	Changed the language to be more community-member friendly
Substitute "systems" with "care providers" or "those who provide the services"	Changed to funders and providers



# What We Heard: Proposed Vision continued

Comment	Addressed
Indicate this is aligned with System of Care values so context this fits into comes through	Will be embedded in accompanying narrative.
Include the terms “holistic approach” or “addressing neurodivergence” (to show that people with co-occurring conditions, e.g. one mental health related and the other autism, are encompassed within the scope of this)	Added holistically and physical health needs.



# What We Heard from You: Continuum

Comment	Addressed
People don't like the linear progression from left to right implied by the visual; perhaps use pyramid like MTSS	
Doesn't like how intensive and long-term inpatient/residential services branch off and don't go anywhere; no transition back after care; loop it back around? Or 2 circles	
Arrows could go either direction between each circle, showing it's nonlinear	
In-patient/residential institutions represented heavily in this, when many fought hard to keep people out of them	
This is a really good continuum view of Medical BH system of care; not seeing what DDA and foster care system offers for wellness; other things DOH is doing related to promotion of wellness, and DCYF (maybe not foster bc of stigma)	

# What We Heard from You: Continuum continued

Comment	Addressed
Define this as a continuum of something specific: of mental health services (then a separate continuum of DCYF supports, DDA supports; getting all into one is hard)	
Could add family housing – kinship care increased tremendously in all states esp. WA, increasing homelessness affects children BH	
Adding peer supporters, who can help people understand their trauma	
Adding pairing support, school-wide work-based interventions, social structure interventions	
Peer connections could also be part of the community section	
Could include nuances around what each of the developmental life stages look like and need	
Softening the message, recognizing words like "early intervention" and "intensive services" can be triggering	