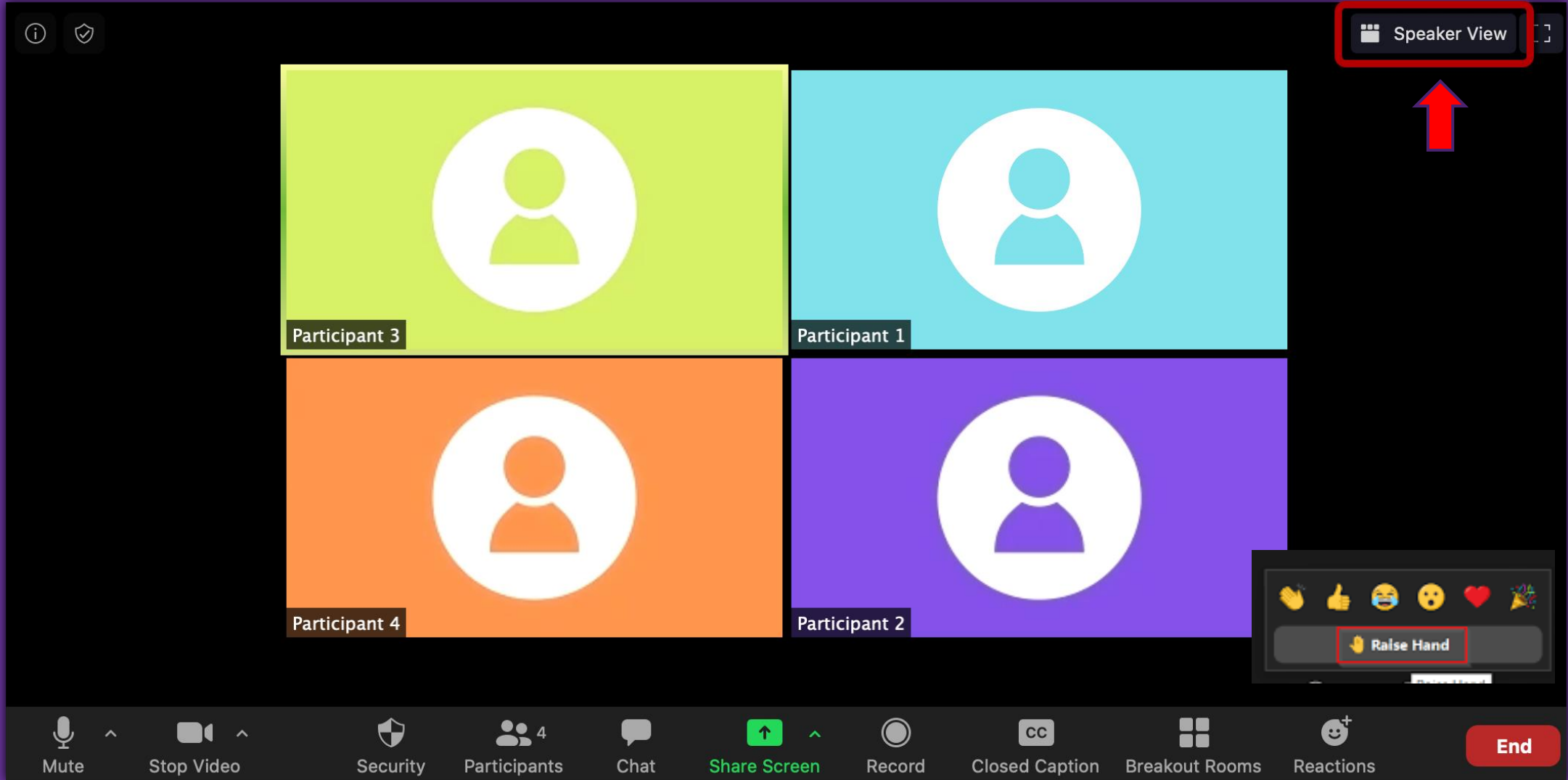
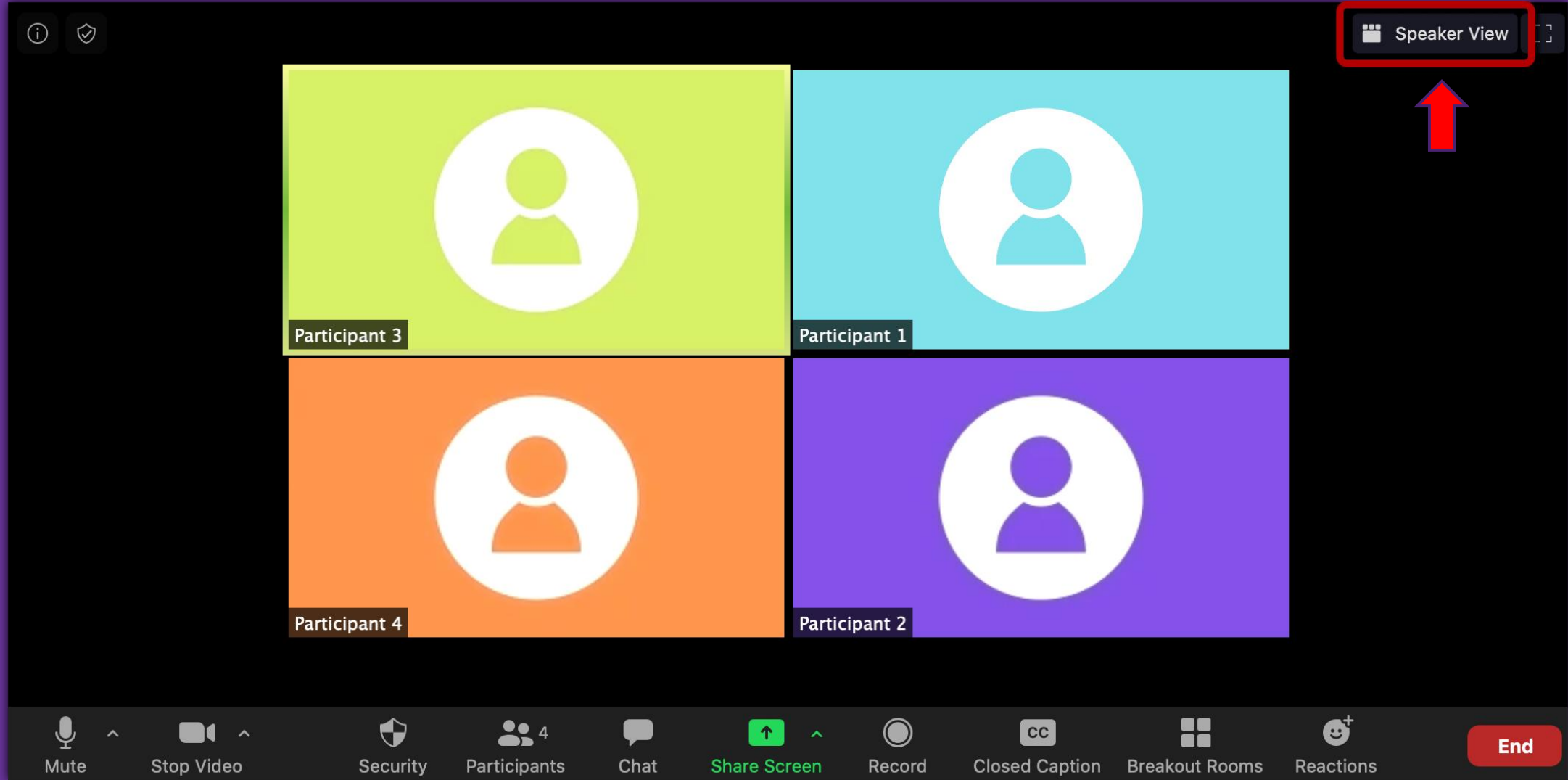


Zoom Etiquette: Advisory Group Members



Zoom Etiquette: Members of the Public



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

Advisory Group Meeting

December 3, 2024: 2:30 – 5:30 pm



Washington
Thriving

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

Formerly the P-25 Strategic Plan Advisory Group

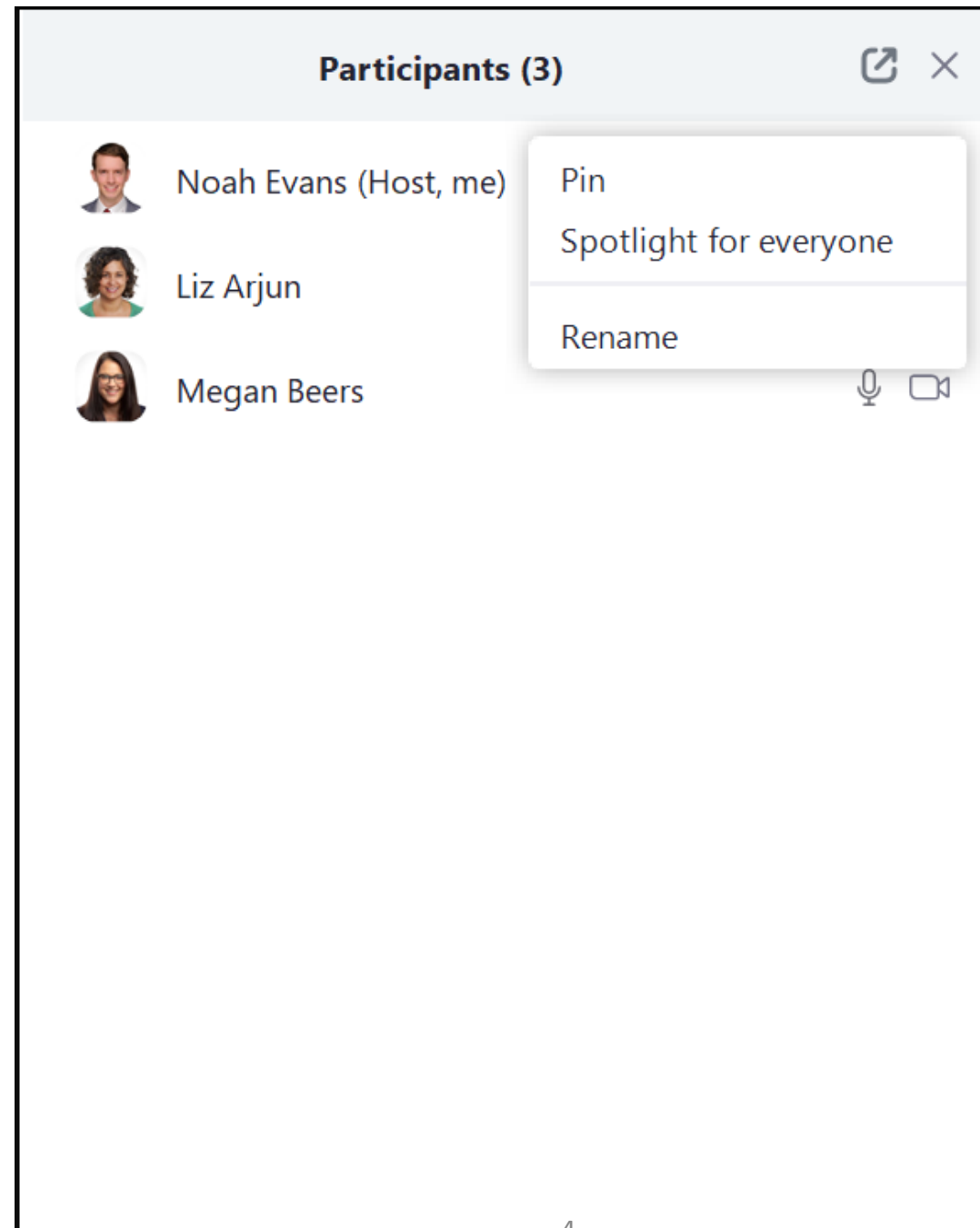
Welcome!

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 with a participants list titled "Participants (3)". The list includes three participants: Noah Evans (Host, me), Liz Arjun, and Megan Beers. A context menu is open over Noah Evans, showing options: "Pin", "Spotlight for everyone", and "Rename". At the bottom right of the participants list, there are icons for microphone and video.

WA Thriving Advisory Group Introductions



- *In addition to **your name**:*
- *Where you are joining from today*
- *Favorite winter activity*

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

Review 2024 work and preview and discuss 2025 workplan for developing the strategic plan

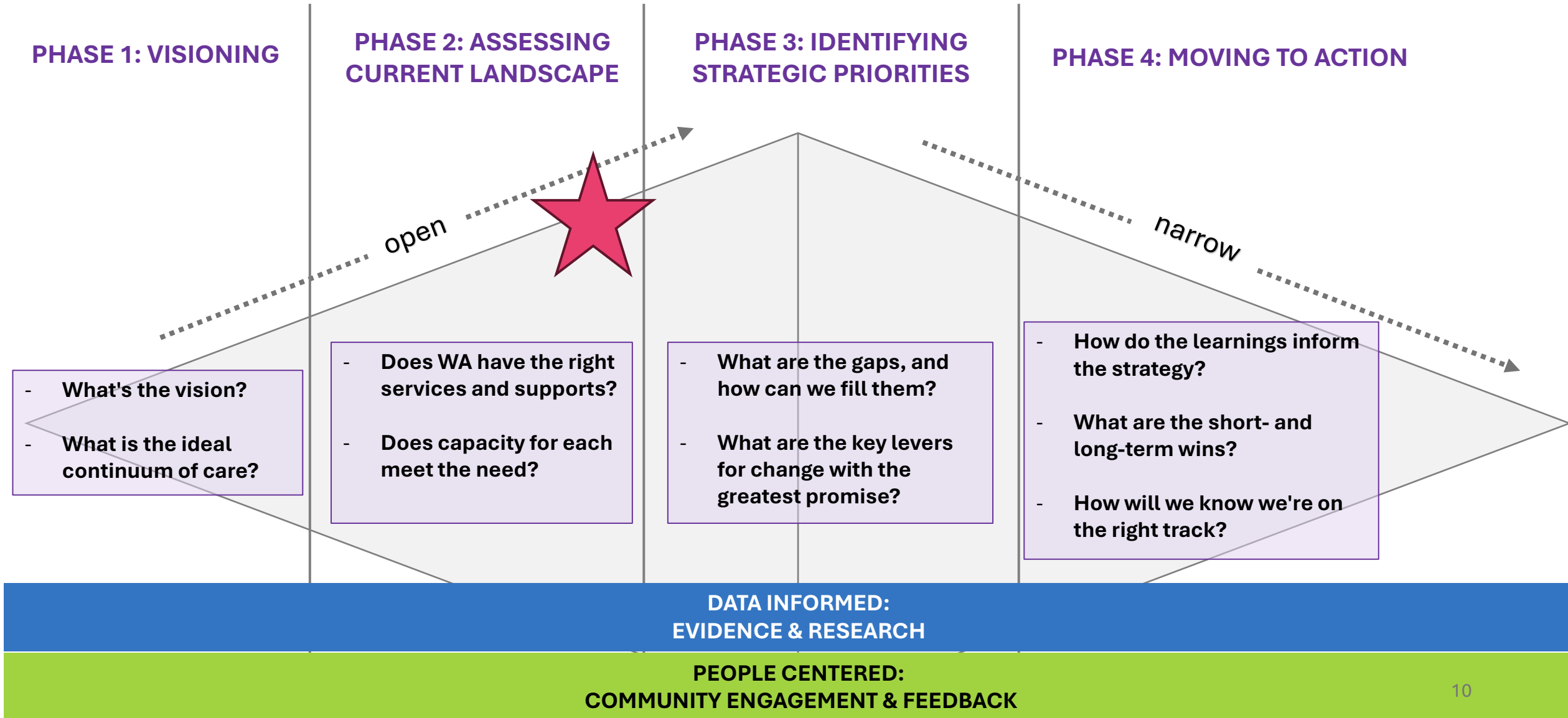
Discuss Section 1 of the Current Landscape

Agenda

2:25 pm – 2:30 pm	Housekeeping
2:30 pm – 2:45 pm	Welcome and Introductions <i>Lisa Callan & Diana Cockrell</i>
2:45 pm – 3:45 pm	2025 Proposed Workplan for Strategic Plan Development <i>WA Thriving Project Team</i>
3:45 pm – 3:55 pm	Break
3:55 pm – 5:00	Developing a Current Landscape <i>WA Thriving Project Team</i>
5:00 pm – 5:15 pm	Public Comment
5:15 pm – 5:30 pm	Wrap Up and Next Steps <i>Lisa Callan & Diana Cockrell</i>

2025 Proposed Workplan

Strategic planning process – Where are we?



2024 WA Thriving Progress Report

- Linked [HERE](#)
- Outlined next steps to to deepen collaboration between state agencies in designing the strategic plan in 2025.
 - Engaging state leaders and legislators
 - Systems modeling
 - Work with national partners

2025 Overview



Q1 | Q2 | Q3 | Q4

- 1/17 Outline of Mercer landscape analysis
- 1/31 Sample dashboard design proposal
- 2/14 Outline of Mercer gap analysis
- 4/1 Draft Mercer deliverables
- 4/30 Final Mercer deliverables

Jan-Apr: Lit review and expert consultation

Jan-Jun: Systems Modeling

Community and cross-system engagement

Apr-May: Analysis | Jun-Jul: Drafting v1 SP | Aug-Oct: Iteration | 11/1 Submit final SP

- Combined analysis of landscape and gaps
- Filling in sections of SP as info comes in
- Roadmapping with implementers and advisors

- Refining recommendations
- Cost-benefit of recommendations

- Socializing v1 SP
- Iterating v2

Feb

- SP outline
- Key strategic questions

Apr

- Mercer findings

Jun | **Jul**

- Preview of proposed recommendations
- Preview of roadmap

Jul

- v1 SP

Sep

- TBD

Sep

- TBD

Oct

- Review final SP

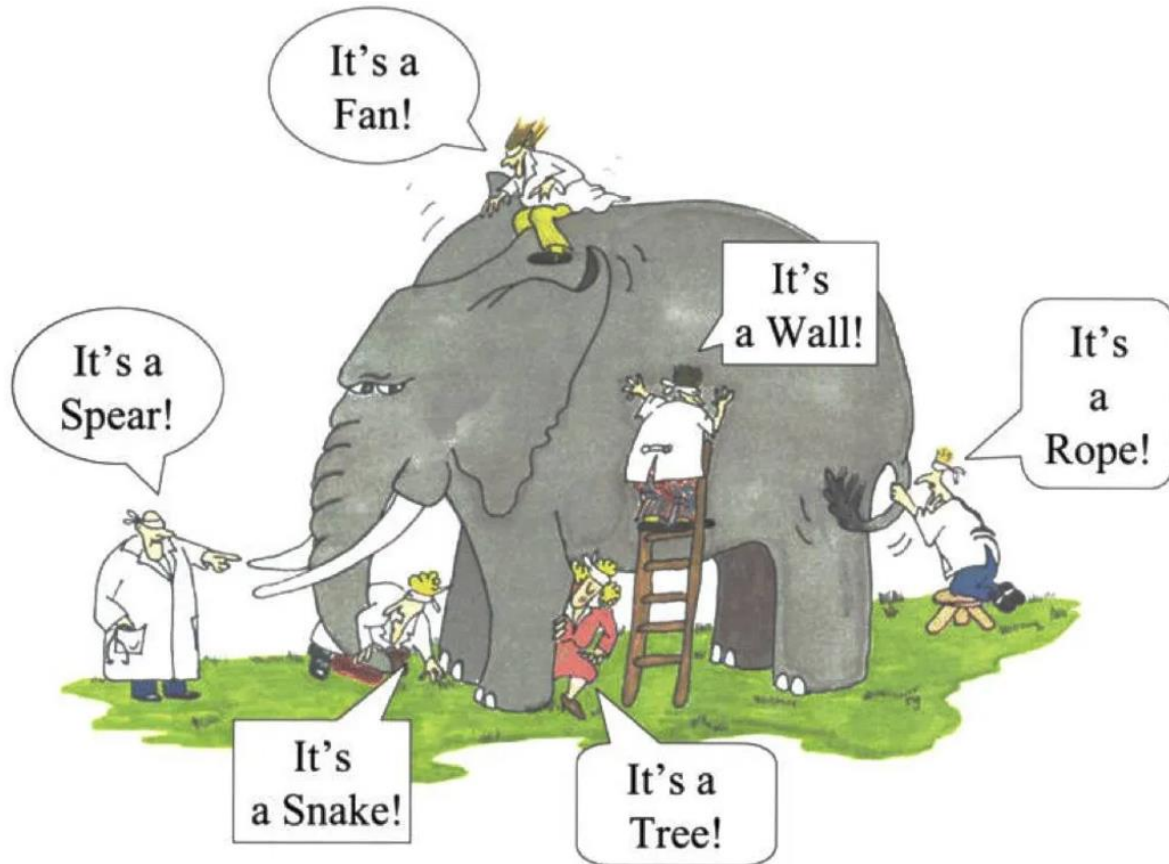
Oct

- Review final SP

What is meant by systems modeling

- A "system" is a group of things that work together to achieve a common goal or purpose. These can be people, objects, or processes, and they all interact in some way to make the whole system function properly. In short, a system is like a team of parts that all do their job so that the whole thing can work effectively.
- For example:
 - A **school** is a system where teachers, students, classrooms, and books all work together to help students learn.
 - Systems can be complex and nested – a school is itself a system that exists within a wider education system. A classroom is a system that exists within the system of the school.
 - A **phone** is a system where different parts like the screen, battery, software, and camera work together to allow you to make calls, send texts, and take photos.
- Systems modeling is like creating a detailed map of how things work together in a system, and how the system will behave in different situations. It can show:
 1. What are the parts of the system?
 2. How do these parts interact with each other?
 3. What happens if one part changes?

How will systems modeling help the strategic planning work



Systems modeling allows us to imagine more concretely what might happen and inform better collective decision-making by:

- Checking our **assumptions**
- Creating a **shared perspective** of the system
- Considering and **discussing alternatives** and **high-leverage actions** or places to intervene

Washington Thriving is undertaking a systems modeling effort looking **at Washington State's Behavioral Health System** for the P-25 population and their caregivers

We expect this work to be **informative** and **directional** as **one of many tools** in the Washington Thriving workplan to consider strategic decisions

Q&A and Discussion



Break Timer

10:00

Developing the Current Landscape

Landscape Sections

Section 1: A description of how behavioral health services for the prenatal through age 25 population in Washington are **funded, overseen, and administered** and **the type of services and programs available.**

Section 2: A people-focused qualitative analysis about the experience of the children, youth, caregivers/families who use services and support and system partners/providers administer and deliver services within the system.

- Includes information gathered from the WA Thriving Advisory Group, the monthly Discussion Groups and the targeted engagement activities that took place during the late Summer and Fall of 2024.

Section 3: A data-focused quantitative analysis about the **access to, demand for, and cost of care** for behavioral health services provided by publicly and privately-funded sources.



Focus for Today

Section 1: A description of how behavioral health services for the prenatal through age 25 population in Washington are **funded, overseen, and administered** and **the type of services and programs available.**

Current Landscape

The current landscape of behavioral health services for the P-25 population begins with acknowledging that there is not one entity accountable for funding, administering, delivering and overseeing the entirety of the current array of behavioral health services for this population.

Future Vision (1)

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



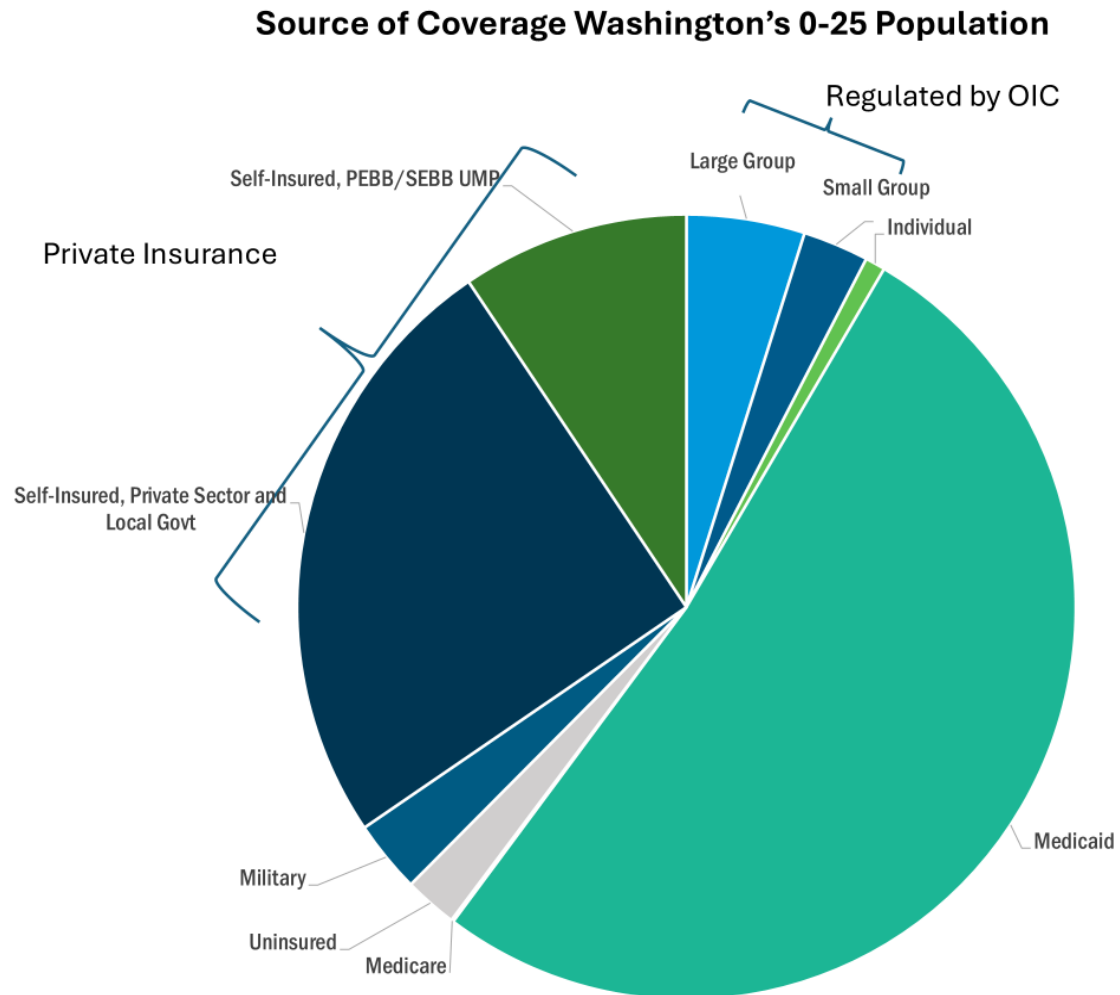
Invests in prevention and well-being



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

Health Insurance Coverage

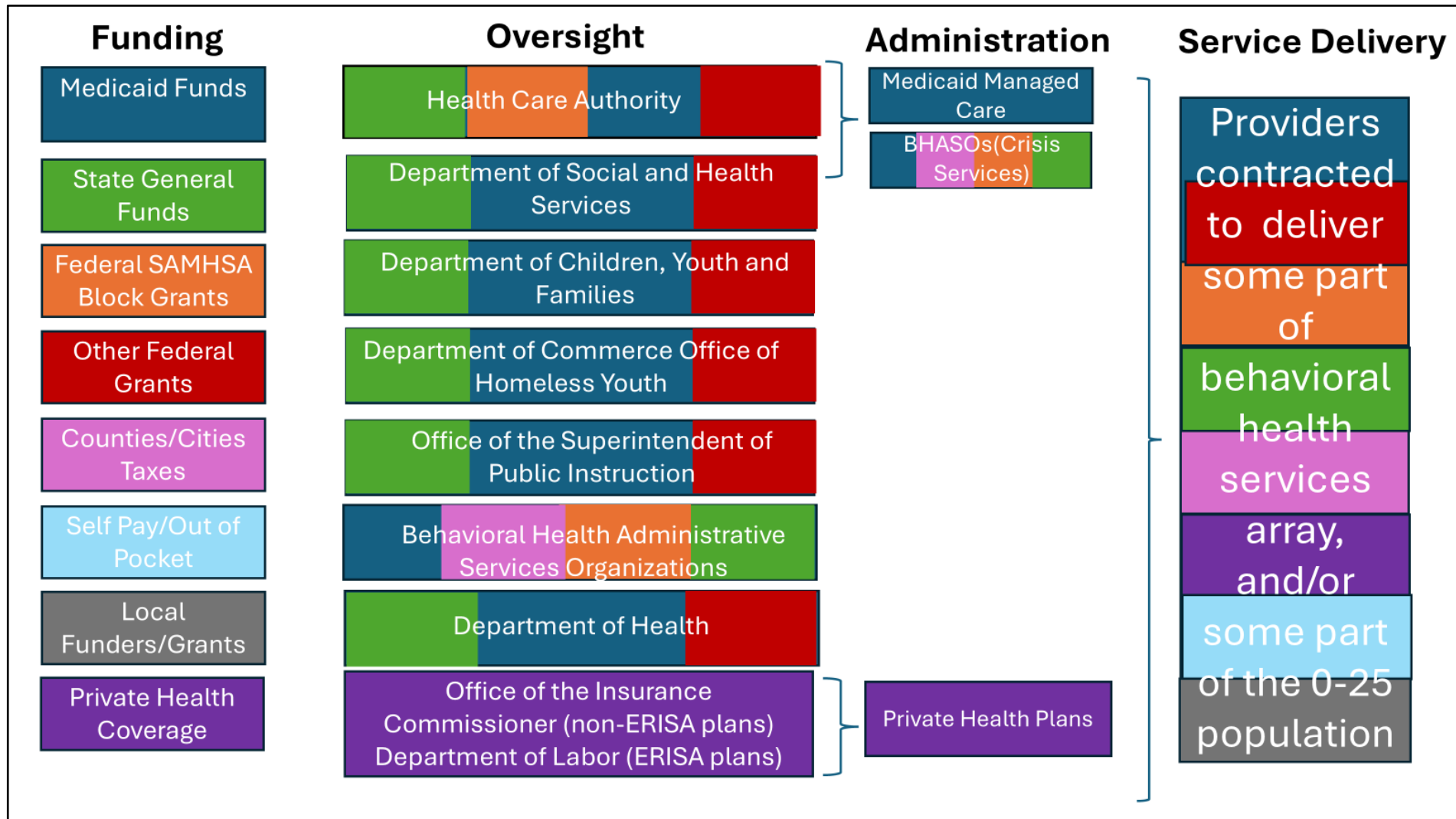
Behavioral health services are a **required benefit for all sources of health coverage**, either publicly or privately funded. There are differences in the scope of the services and the specific programs offered.



About half of the 0-25 population relies on Apple Health for Kids (Washington's Medicaid and Children's Health Insurance Program).

Of the remaining (almost half) covered by private coverage, **the state (OIC) only has visibility and ability to regulate 25% because of federal law**

Funding, Administration, and Oversight of the P-25 Behavioral Health System in WA (draft visual)



**Working document as of 11/27/24

Proposed Framework for the Comprehensive Array of Behavioral Health Services/Continuum of Care

Comprehensive Service Array for Children, Youth, Young Adults and Families



Values: Family and youth driven, community-based, culturally, and linguistically competent.

Principles: A comprehensive, individualized, strength- and recovery based, evidence- and trauma-informed, service array; least restrictive, natural environment; systems and service level coordination; seamless transitions; integrated and equitable health and behavioral health.



Community

Community-wide and school-based interventions that address social conditions and build emotional wellbeing.

Tiered Service Coordination



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.



TriWest Group. (2024). Comprehensive service array for children, youth, young adults and families.

Different entities are involved with different parts of Behavioral Health Services (draft visual)

Entities Involved	Behavioral Health Service
BHASOs, Counties, DCYF, DOH, HCA, PHC, OSPI	Health Promotion Prevention and Early Intervention
HCA, PHC, OSPI	Outpatient and Integrated Care
BHASOs, HCA, DSHS	Intensive Home and Community Services
BHASOs, DOH, HCA, PHC	Comprehensive Crisis Care
BHASOs, HCA, PHC	Inpatient Care
BHASOs, Counties, DCYF, DSHS, HCA, PHC	Residential Treatment
HCA, BHASOs, DSHS	Tiered Service Coordination
BHASOs, Counties, DCYF, DSHS, DOC, HCA	Recovery Supports
BHASOs, Counties, DCYF, DOC, DSHS, HCA	Community Services

BHASOs = Behavioral Health Administrative Services Organizations
DCYF = Department of Children, Youth and Families
DOC = Department of Commerce
DOH = Department of Health
DSHS = Department of Social and Health Services
HCA = Health Care Authority
PHC = Private Health Coverage

**Working document as of 11/27/24

Future Vision (2)

The Prenatal to 25 behavioral health system in Washington:

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.



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

Key Takeaways

- Primary source of funding is a person's health coverage – public and private
- Medicaid is **the largest source of funding** for behavioral health services, **most children, youth, families and caregivers are covered through private health coverage**
- Behavioral benefits **are required in both Medicaid and private health coverage**, but the **programs available** differ based on an individual's insurance type
 - There are programs (e.g., Collaborative Care, WISe) that are available to the Medicaid population but may not be available for individuals with private insurance
- There are other **publicly-funded programs** available to children, youth, caregivers and families:
 - Engaged with foster care
 - Engaged with juvenile justice
 - Experiencing homelessness youth experiencing homeless,
 - In different counties or regions that are locally funded

Key Takeaways (cont.)

- Visibility into and oversight for about 25% of those with private coverage is challenging due to Federal law
- Providers are accountable to several different entities to offer a variety of services
- In addition to health coverage, different behavioral health services are funded, overseen and administered by several other entities which vary according to what they are providing.

Small Group Discussions

- While quantitative data is coming that will tell us more about access, demand and cost of these services, what do these initial takeaways suggest needs to be included in the strategic plan?
- There are many pockets of brilliance among the behavioral health services and programs being administered across the state, through different state and local agencies, funded by many sources. How can we learn from and incorporate what is working well into a statewide strategic plan that supports individual community needs?

Report Out



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 wathriving@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



December Opportunities to Learn & Engage More

Discovery Sprint Sessions

Topic	Date/Time
Transition Age Youth	12/4/24: 3 - 4 PM
Complex Hospital Discharge	12/5/24: 2 - 3 PM
Behavioral Health During Pregnancy	12/6/24: 12:30 - 1:30 PM
K-12 Behavioral Health	12/9/24: 12:30 - 1:30 PM

***Discuss how findings and recommendations will be incorporated into the Strategic Plan*

Thriving Together Theater: Experiencing the Challenge of Increasing Community Well-being

Date/Time
12/13: 10 AM - 12:30 PM
12/18: 8 - 10:30 AM

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 **or send a message in Chat to Hanna Traphagan.** Cindi Wiek will reach out to you with details.

Meeting Feedback



<https://forms.office.com/Pages/ResponsePage.aspx?id=KOCY-gH0PkunWnaJP8TvTyHPQL8pnSlOkmr8aSpydZXUOVUySVhNWDJTRzdFVEVNSVU2TjVfV1IyQy4u>

2024 Washington Thriving AG & Discussion Group Meetings

Date	Time	Meeting
Wednesday, December 18th	10 – 11:30 AM PST	Parent/Caregiver Discussion Group
	4 – 5:30 PM PST	Youth/Young Adult Discussion Group
Thursday, December 19th	1 – 2:30 PM PST	Provider/System Partner Discussion Group

Next Meeting of the WA Thriving Advisory Group:

February 11, 2025: 5:30 – 8:30 PM

Thank you!

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
Sam D	Youth/Young Adult Member

Advisory Group Members continued

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

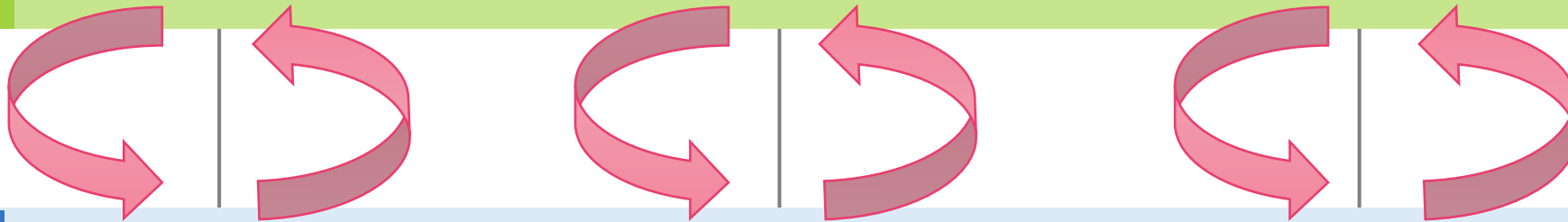
PHASE 4: MOVING TO ACTION

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
- 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.

CONTACT US

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.

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 helps to minimize or eliminate the stigma often associated with the term; and
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:

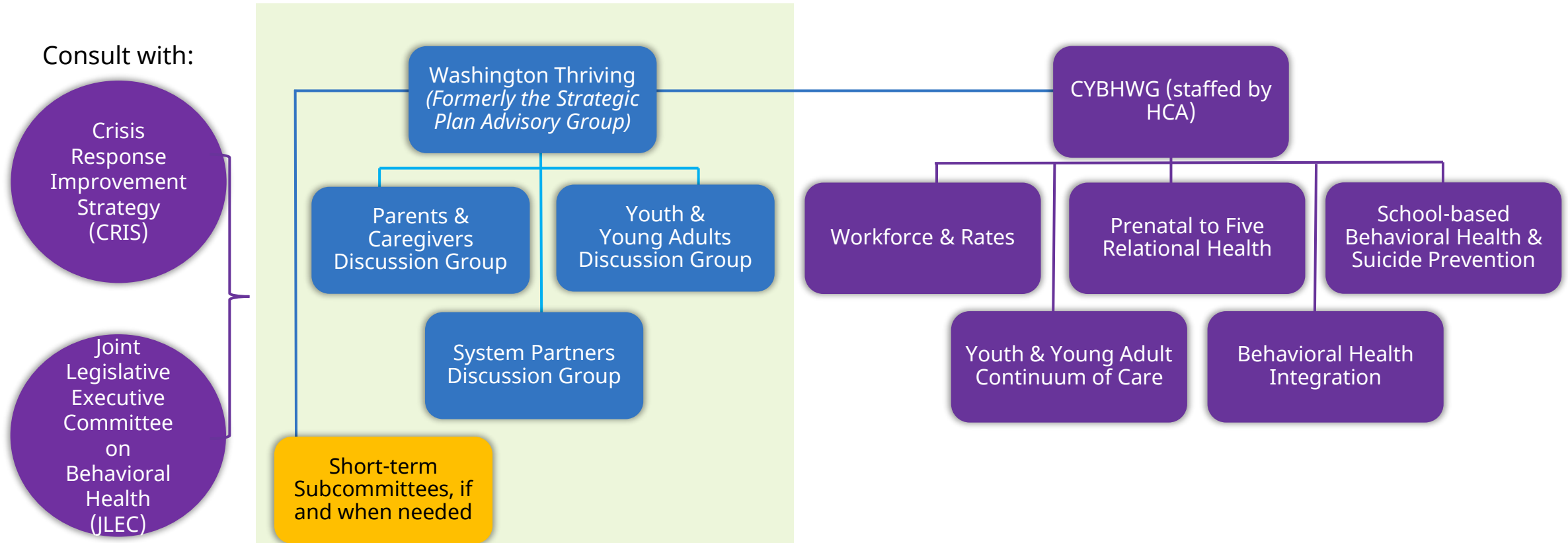
"Behavioral health involves the interaction between a person's body, brain, and the people and places around them and includes the feelings and actions that can affect one's overall well-being"

- 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.

Project Organizational Structure



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

