

Advisory Group Meeting

February 11, 2025

5:30 – 8:30 pm



Washington
Thriving

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

Welcome!

Everyone: please change your name in Zoom* to include member status and role:

- For Advisory Group Members: **add "M -"** before your name
- All: add your role, YYA (youth or young adult), Parent (parent or caregiver), Advocate, or Partner (system partner/provider), after your name

For example, M - Hanna Traphagan - Partner

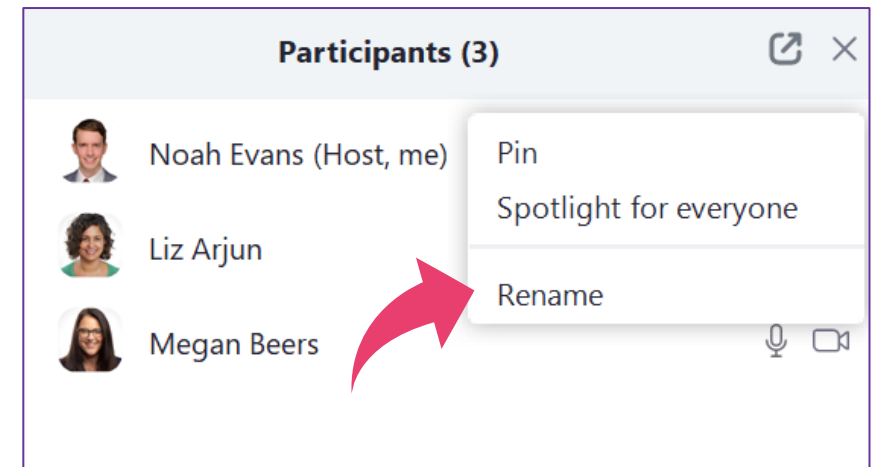


This meeting is being recorded and streamed on TVW.

Breakout groups will not be recorded.

How to change your name in Zoom:

1. Go to the participants list
2. Click on the "..." next to your name to see a drop down menu
3. Click on "Rename"



**The project team will add M to any Advisory Group members who have trouble making this change on their own.*

Advisory Group Introductions

In the chat, please share:

- Your name
- Where you are joining from today
- Something that has brought you joy in 2025



Full Value Agreement



- Use plain language (explain acronyms)
- 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, and give attention to facilitators/speakers
- Honor this time as a space for you and others to share perspectives across differences without judgment
- Acknowledge 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



- Update Advisory Group on latest developments
- Orient Advisory Group to 2025 workplan and how the CYBHWG will engage in the process this year
- Orient Advisory Group to System Modeling workstream and solicit input on what the model will solve for
- Share process for drafting Strategic Plan and highlight points of Advisory Group engagement
- Introduce framework for Strategic Plan and get input on System of Care and comprehensive array of services

Agenda



Time	Topic
5:30-5:40pm	Welcome and introductions
5:40-6:00pm	Washington Thriving high-level updates
6:00-6:45pm	System modeling workstream discussion – purpose, scope, and high-level activities
6:45-6:55pm	Break
6:55-7:05pm	2025 Washington Thriving Strategic Plan workplan with discussion
7:05-8:05	Strategic Plan framework & high-level outline, including key strategic questions with discussion
8:05-8:20pm	Public comment
8:20-8:30pm	Wrap up and next steps

Washington Thriving Updates

What is the process?

PHASE 1: VISIONING

PHASE 2: ASSESSING CURRENT LANDSCAPE

PHASE 3: IDENTIFYING STRATEGIC PRIORITIES

PHASE 4: MOVING TO ACTION

Exploring
(open processes)

WE
ARE
HERE

Making choices
(narrowing processes)

NOVEMBER
2025

STRATEGIC PLAN
TO LEGISLATURE

Phase 1 questions:

What's the vision?
What is the ideal continuum of care?

Phase 2 questions:

Does WA have the right services and supports?
Does capacity for each meet the need?

Phase 3 questions:

What are the gaps, and how can we fill them?
What are the key levers for change with the greatest promise?

Phase 4 questions:

How do learnings inform the strategy?
What are the short- and long-term wins?
How will we know we're on the right track?

IMPLEMENTATION

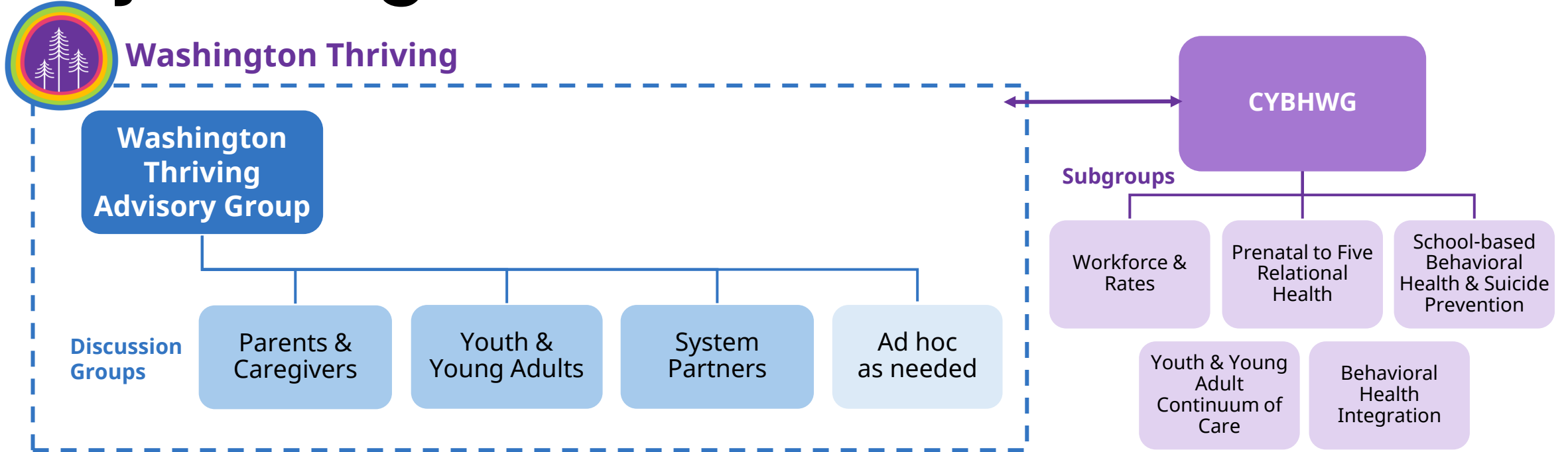
Two intersecting, iterative strands of work inform the process



PEOPLE CENTERED ACTIVITIES - COMMUNITY ENGAGEMENT AND FEEDBACK

EVIDENCE BASED ACTIVITIES - DATA, RESEARCH, AND INNOVATION

Project Organizational Structure



Washington Thriving coordinates with **related initiatives**:

- Joint Legislative Executive Committee on Behavioral Health (JLEC-BH)
- Crisis Response Improvement Strategy (CRIS)

Staff from relevant **executive branch agencies** participate in the CYBHWG and Washington Thriving Advisory Group:

- Governor's Office
- Department of Health (DOH)
- Office of Superintendent of Public Instruction (OSPI)
- Department of Children, Youth and Families (DCYF)
- Health Care Authority (HCA)
- Department of Health and Social Services (DSHS)
- Office of the Insurance Commissioner (OIC)
- Office of Homeless Youth within Department of Commerce

CYBHWG and Washington Thriving Advisory Group are staffed by **HCA**, with philanthropically-funded support from **Behavioral Health Catalyst (BHC)**.

HCA engages **various contractors** to provide key inputs.

Increasing engagement with the Children & Youth Behavioral Health Work Group

Washington Thriving Advisory Group is the key body influencing direction of P-25 Strategic Plan.

CYBHWG is the sponsor and ultimate decision-maker.

CYBHWG will hold a consensus vote in October to approve submitting the Strategic Plan.

- CYBHWG will dedicate at least half of its meeting time to the Strategic Plan this year
- CYBHWG subgroups will focus their effort this year on providing input and recommendations to the Strategic Plan elements in their domain
- Sequencing of meetings will provide Advisory Group the opportunity to inform and give feedback before things go to the CYBHWG
- CYBHWG may put forward additional, urgent recommendations, but primary recommendation will be for the Legislature to adopt and resource the Strategic Plan as the guiding framework for P-25 behavioral health in Washington
- If adopted, CYBHWG could adapt to serve as key source of accountability for implementation and iteration of the Strategic Plan over time

Governor's Directive

Governor Inslee's Directive*

Effective December 2nd, 2024, the following are frozen:

- Service contracts
- Goods & equipment purchases
- Travel
- Hiring

This impacted HCA's contracts with Health Management Associates, Bloom Works, and University of Connecticut

**No end date has been provided by the Office of Financial Management*

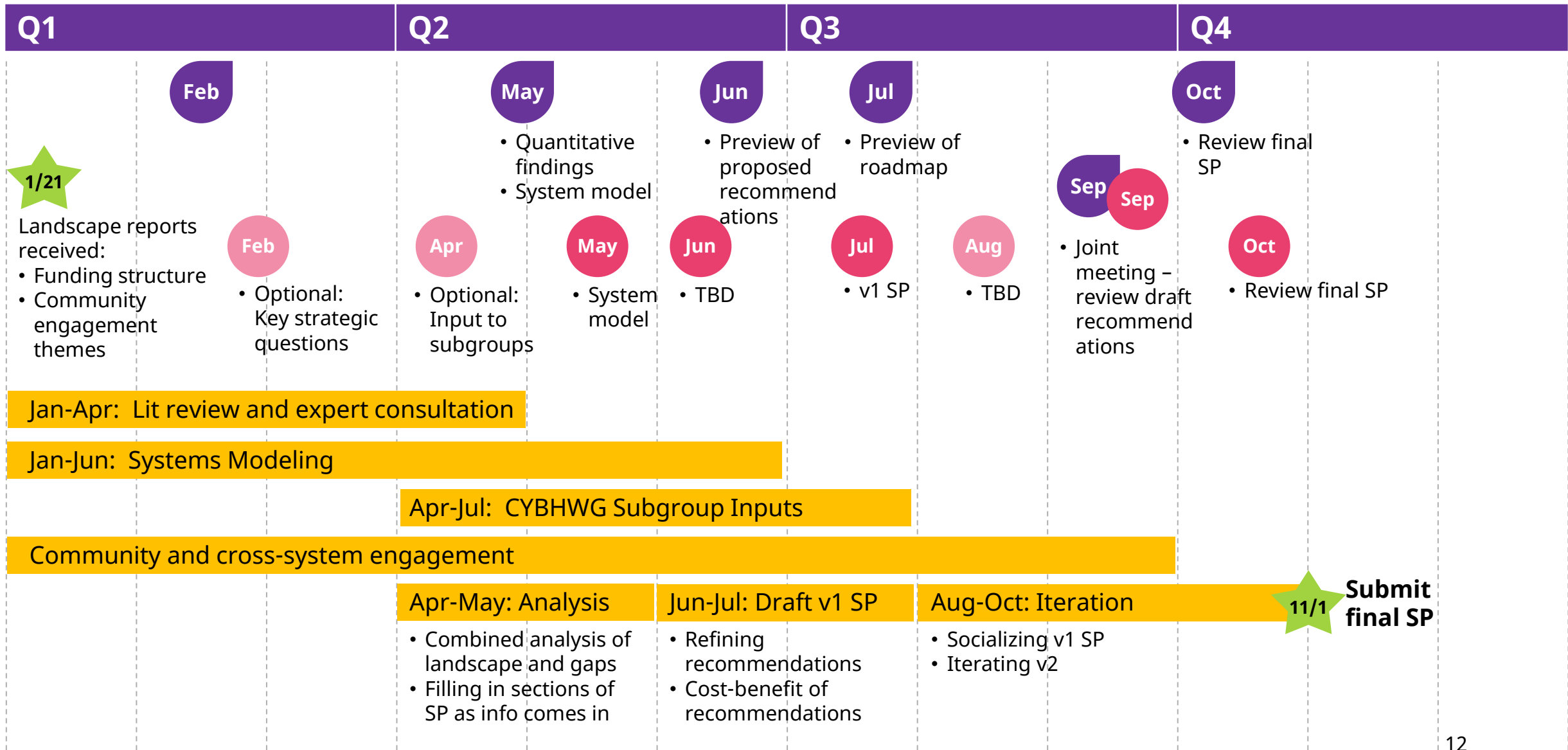
Impact to Washington Thriving:

- **Advisory Group meetings** to continue as planned, with coordination and facilitation shifting to project team
- **Discussion Group meetings** will prioritize integrity, impact, and high-quality engagement over frequency
- **Community Engagement** is a cornerstone of Washington Thriving and will continue; exploring how the approach will adapt to ensure that those with lived and living experience still have opportunities to be heard and participate throughout the process
- **New project email:** info@washingtonthriving.org

2025 Overview

Advisory Group Meeting

CYBHWG Meeting



System Modeling

Washington Thriving is building a model to better understand our P-25 BH system dynamics

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(open processes)



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(narrowing processes)



STRATEGIC PLAN
TO LEGISLATURE

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IMPLEMENTATION

Two intersecting, iterative strands of work inform the process



PEOPLE CENTERED ACTIVITIES - COMMUNITY ENGAGEMENT AND FEEDBACK

EVIDENCE BASED ACTIVITIES - DATA, RESEARCH, AND INNOVATION

How will the system model help the strategic planning work?



System 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

We will use the system model to facilitate discussion and consideration of trade-offs and relative impact. It will NOT spit out answers.

The system modeling work is one of many inputs informing the Strategic Plan.

Who is helping build the system model?



The model is **guided by the vision of the Washington Thriving Advisory Group**, which has been vetted through community engagement.



A core team of cross-system partners are informing the initial assumptions and helping source data and information.

These individuals bring real world experience and practical understanding of their part of the system spanning:

- Public health (DOH, regional public health)
- Pediatric & behavioral health providers
- Education/school system (OSPI, ESDs, school administration)
- Adjacent systems impacting behavioral health (e.g. housing, justice, child welfare)
- State agencies administering aspects of P-25 BH (DCYF, DSHS/DDA, OHY, HCA)
- Lawmakers & policy professionals
- Private & public insurance (Medicaid/AppleHealth, MCOs, health plans)
- Equity-focused professionals (e.g. commissions, Office of Equity)



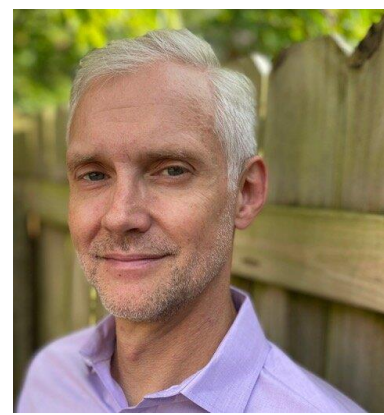
Additional expertise and insight will be engaged as needs are identified.

*After the initial model is built, a broad range of **cross-system engagement, including lived/living experience**, is planned to iterate and ensure that the model reflects reality.*



An **experienced systems modeler** will guide the process and program the model.

Chris Soderquist – System Modeler



Relevant Experience



WA Family Policy Council

- Developed community-level simulator to communicate the long-term impact of Adverse Childhood Experiences
- Developed in partnership with WA agencies (state, local) and NGOs



SAMHSA

- Modeled the 988 Suicide and Crisis Response Lifeline national strategic plan
- Providing leadership coaching to state teams and coalitions responsible for state-level strategic plans



GA Department of Public Health – Department of Behavioral Health and Developmental Disabilities

- Created strategy map for state-wide Interagency Directors Team
- Developed by cross-sectoral team from agencies (e.g. DPH, Education), advocacy groups, and NGOs



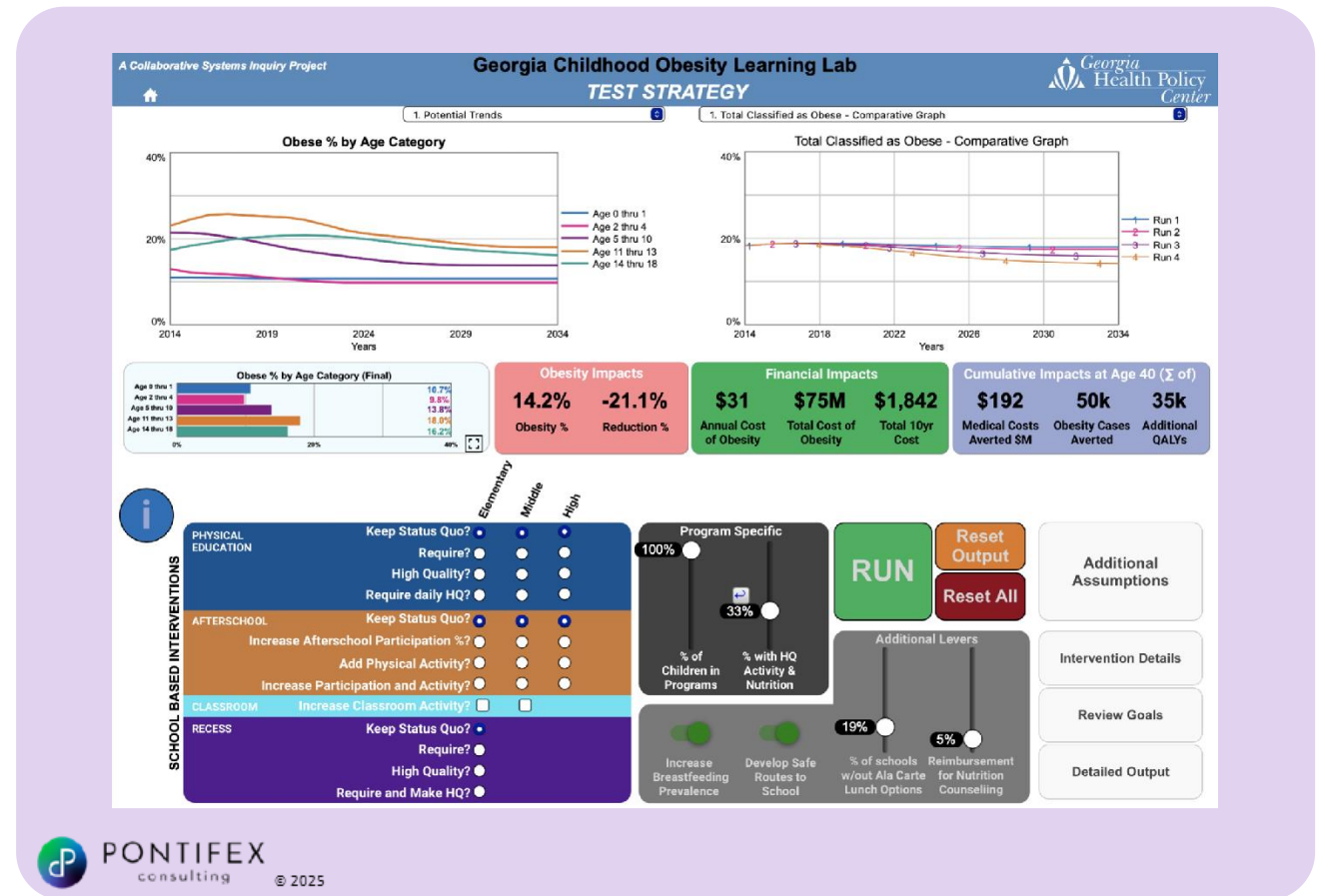
Country of Perú – World Bank and UNDP

- Developed country-level scenario planning tool to reduce chronic childhood malnutrition
- Model insights led to cutting malnutrition by 50% in less than 10 years

What is a systems model for?

- A simplified, shared "map" of the way the system operates interconnectedly
- Allows us to safely experiment with, discover, and discuss possible areas of investment and how they may or may not make the changes necessary to meet our goals
- Looks for areas of high leverage

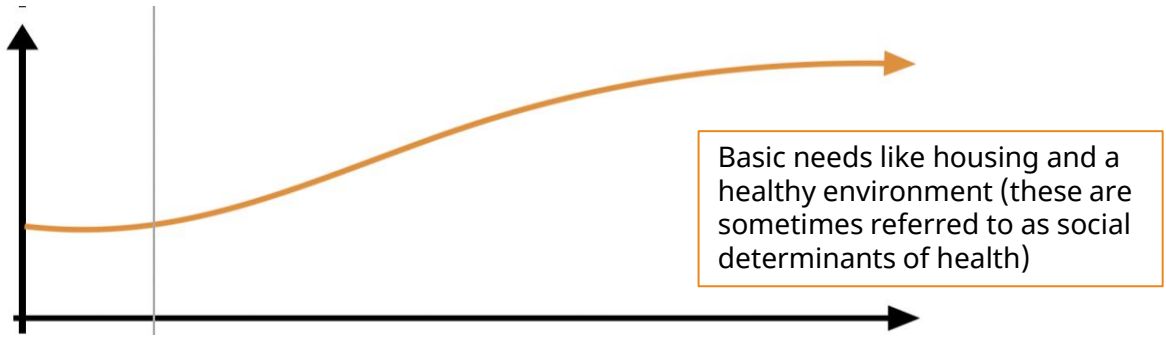
Example model:



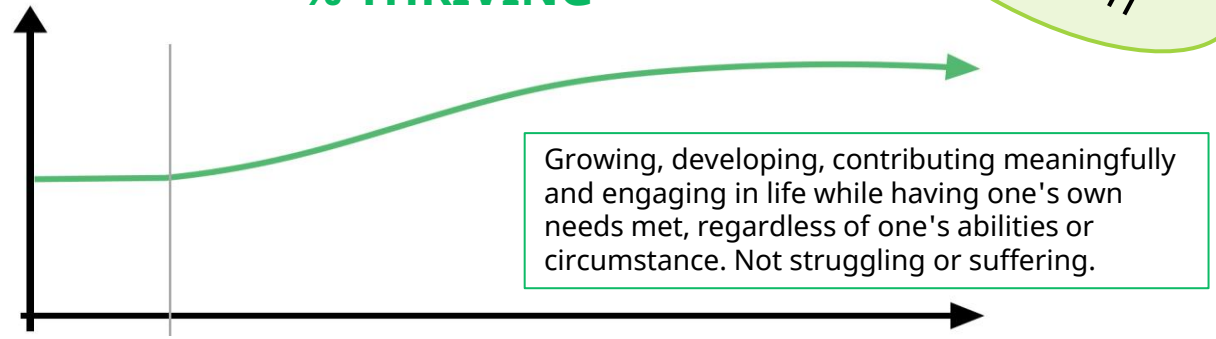
Answering the Q: Which investments have the biggest impacts on what indicators over time?

Draft for discussion

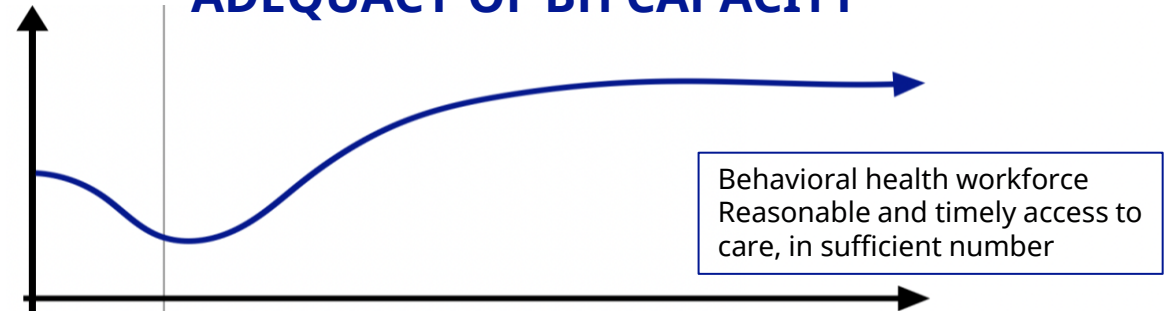
VITAL CONDITIONS



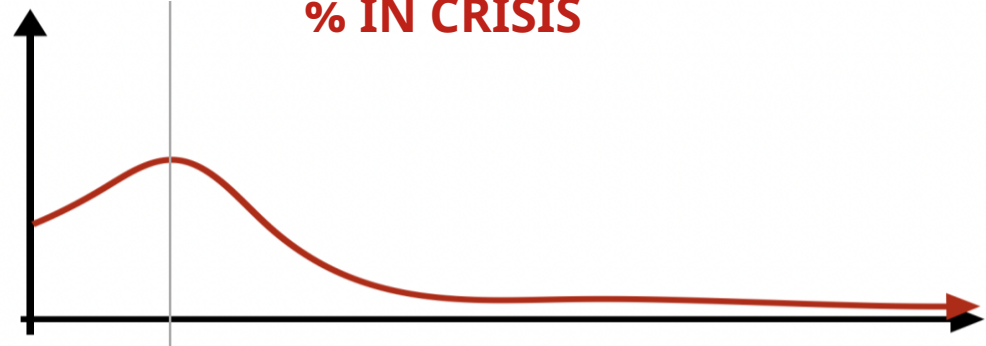
% THRIVING



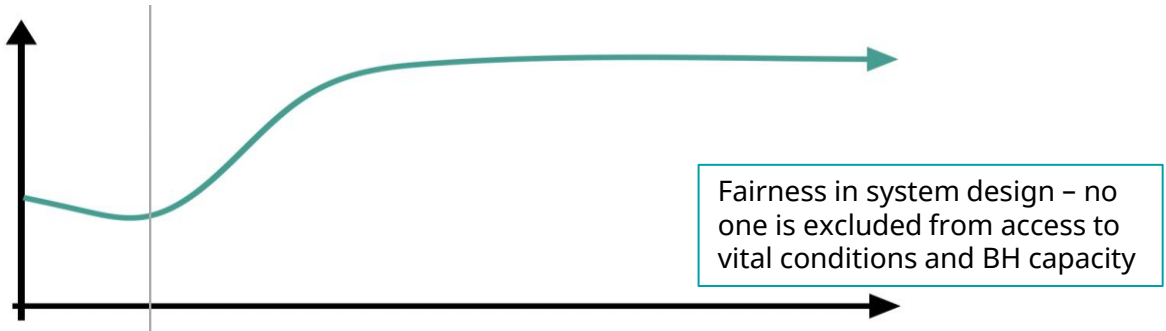
ADEQUACY OF BH CAPACITY



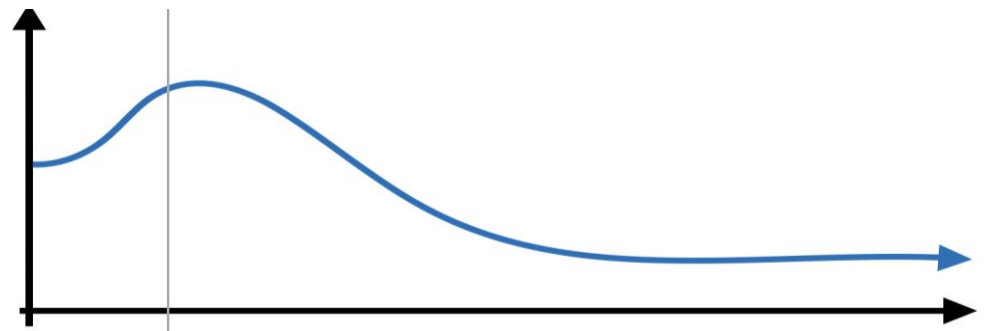
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EQUITABLE ACCESS

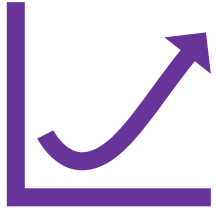


% WITH UNMET BH NEEDS



Answering the Q: Impact for whom, in what areas, over what timeframe?

Draft for
discussion



Time Horizon. The model will consider both **short-term** (1-5 years) and **long-term** (5-20 years) impacts to understand:

- Immediate policy implementation effects
- Workforce capacity and productivity
- Long-term behavioral health outcomes



Distinct Populations. The model will disaggregate data where possible, balancing complexity with insight:

- **Age group** segmentation across P-25 (*prenatal, early childhood, school-age, adolescent, transition-age youth*)
- **At-risk/high-risk populations** by identity and/or circumstance (*e.g. youth with developmental disabilities, 2SLGBTQIA+, youth in challenging circumstances such as unhoused/foster placement/carceral settings*)
- **Racial/ethnic identity** (*e.g. African American, Asian Pacific Islander, Hispanic, Native/Indigenous, Caucasian, non-English speaking*)
- **Rural vs urban** access points

Breakout discussions



Look at the identified indicators, time horizon, and populations to be considered for the modeling effort.

- Do you agree these dynamics would be helpful for Washington Thriving to understand?
- Do you see your areas of interest and/or populations of concern reflected in these indicators and population segments? What else?
- What other questions do you have that you hope the system modeling effort might help us to better understand?

System modeling activities & next opportunity for engagement

Q4 2024 Q1 2025 Q2 2025 Q3 2025

Community & cross-system engagement, modeling recruitment & precursors

Core modeling team builds initial model

Cross-system engagement with model around SP recommendations (strategies & investments)

Dec

- Thriving Together Theater

Feb

- Scope & purpose

Apr

- Model v1 ready

Jun

- SP recommendations discussions & iterations

Jul

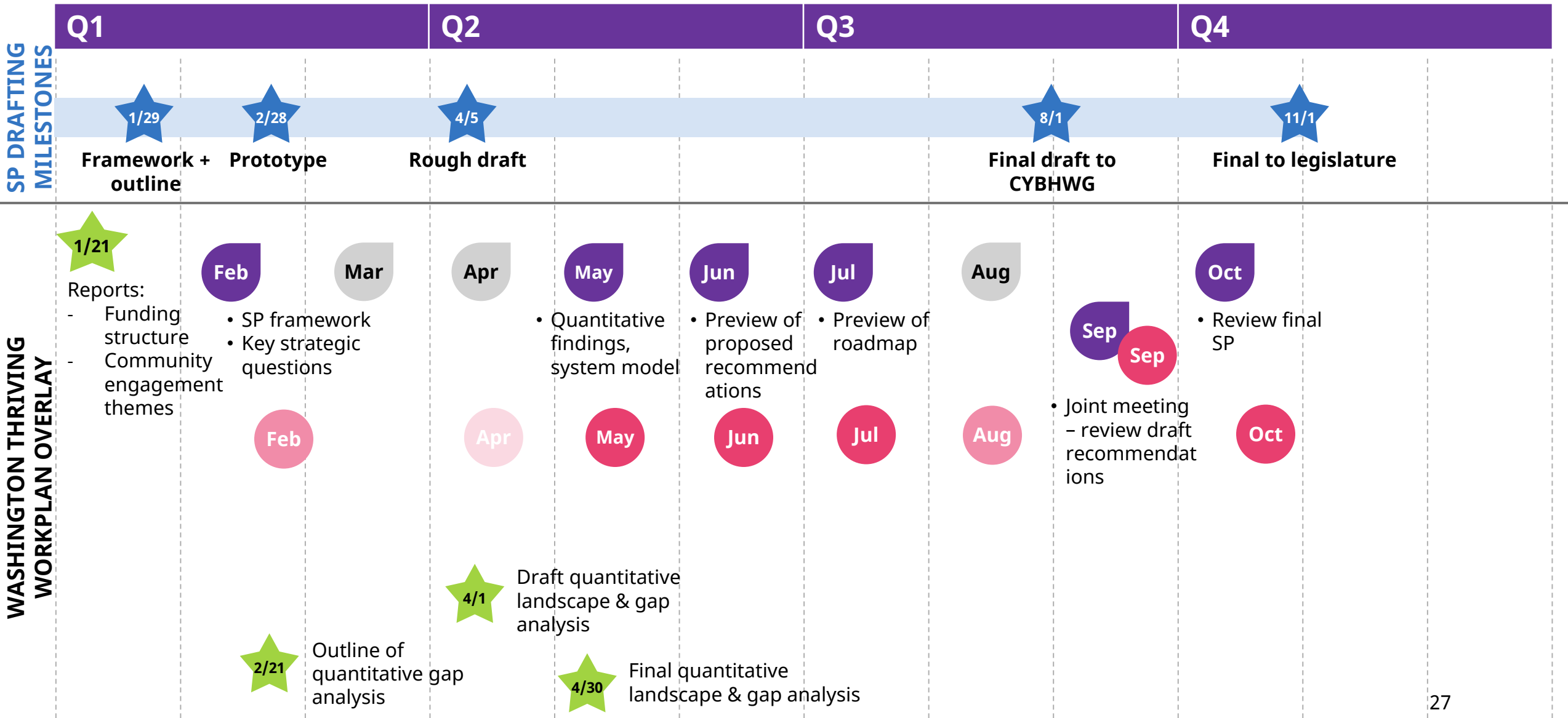
Sep

WE ARE HERE

Break – 10 minutes

Developing the Strategic Plan

2025 Strategic Plan Drafting Timeline



Strategic Plan Framework

Washington Thriving's process

PHASE 1: VISIONING

PHASE 2: ASSESSING CURRENT LANDSCAPE

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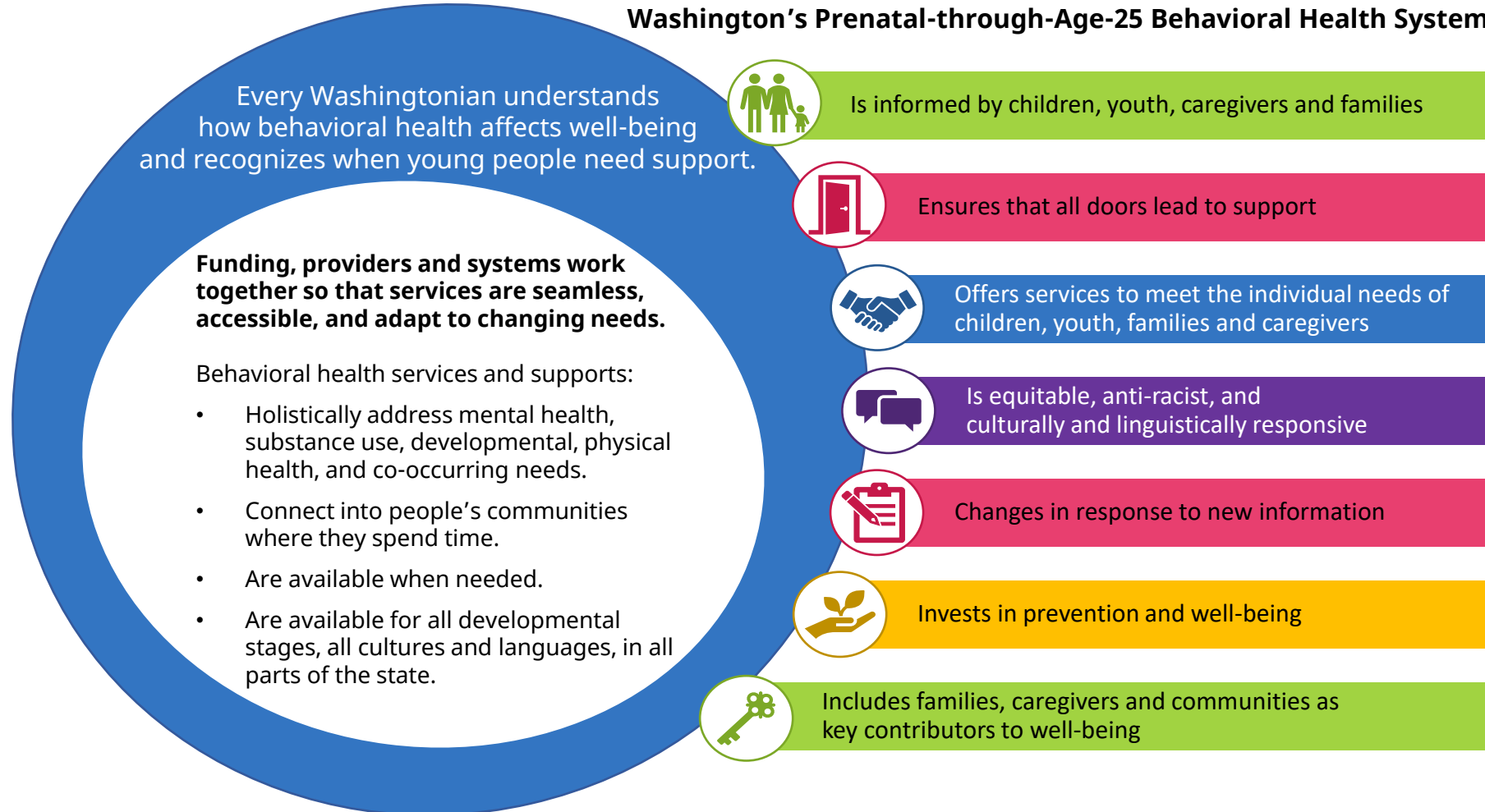
PEOPLE CENTERED ACTIVITIES - COMMUNITY ENGAGEMENT AND FEEDBACK

EVIDENCE BASED ACTIVITIES - DATA, RESEARCH, AND INNOVATION

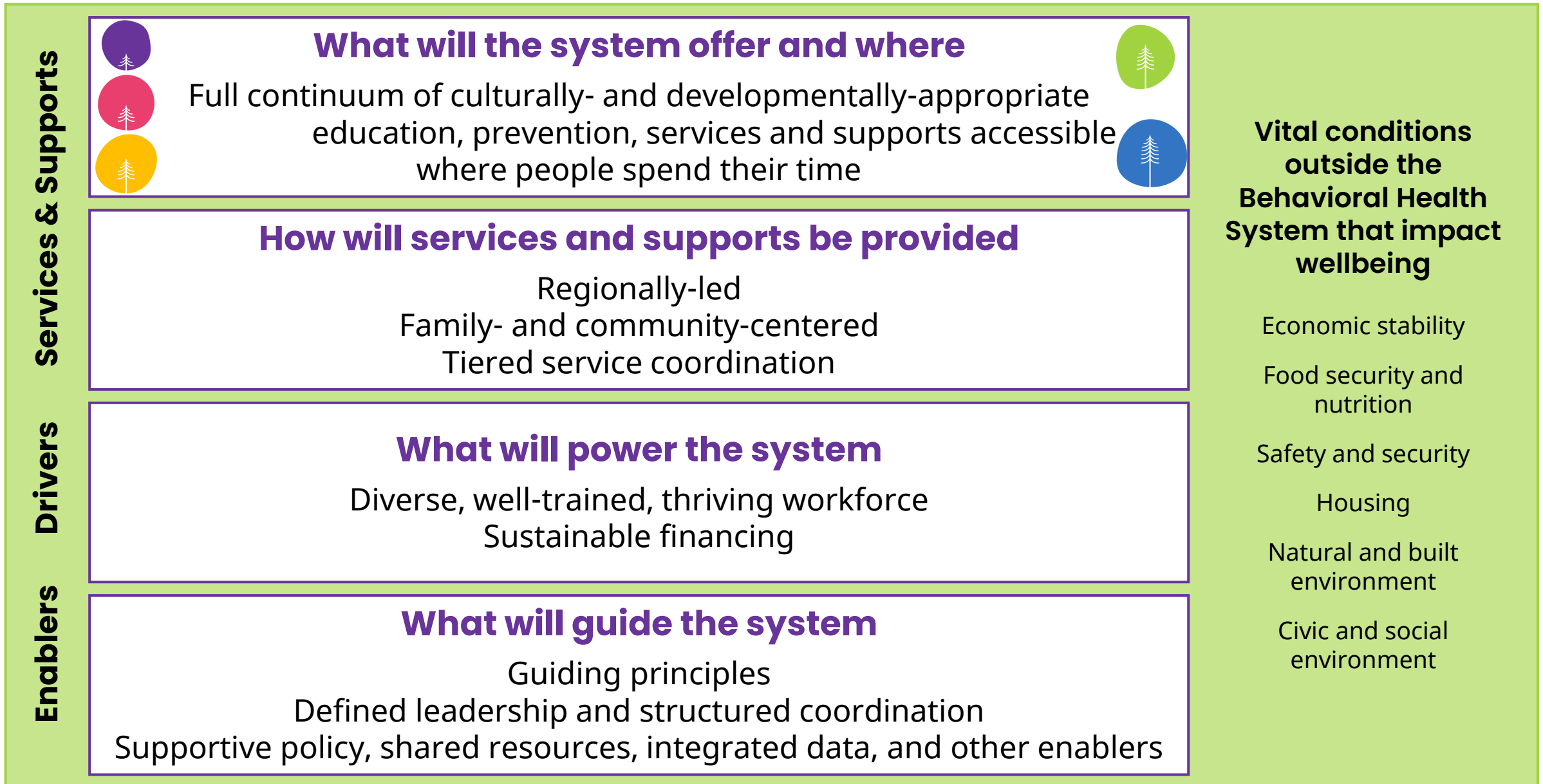
Shared Vision

A future where every pregnant person, baby, child, youth, and young adult in Washington is thriving, supported by their families, caregivers, and communities.

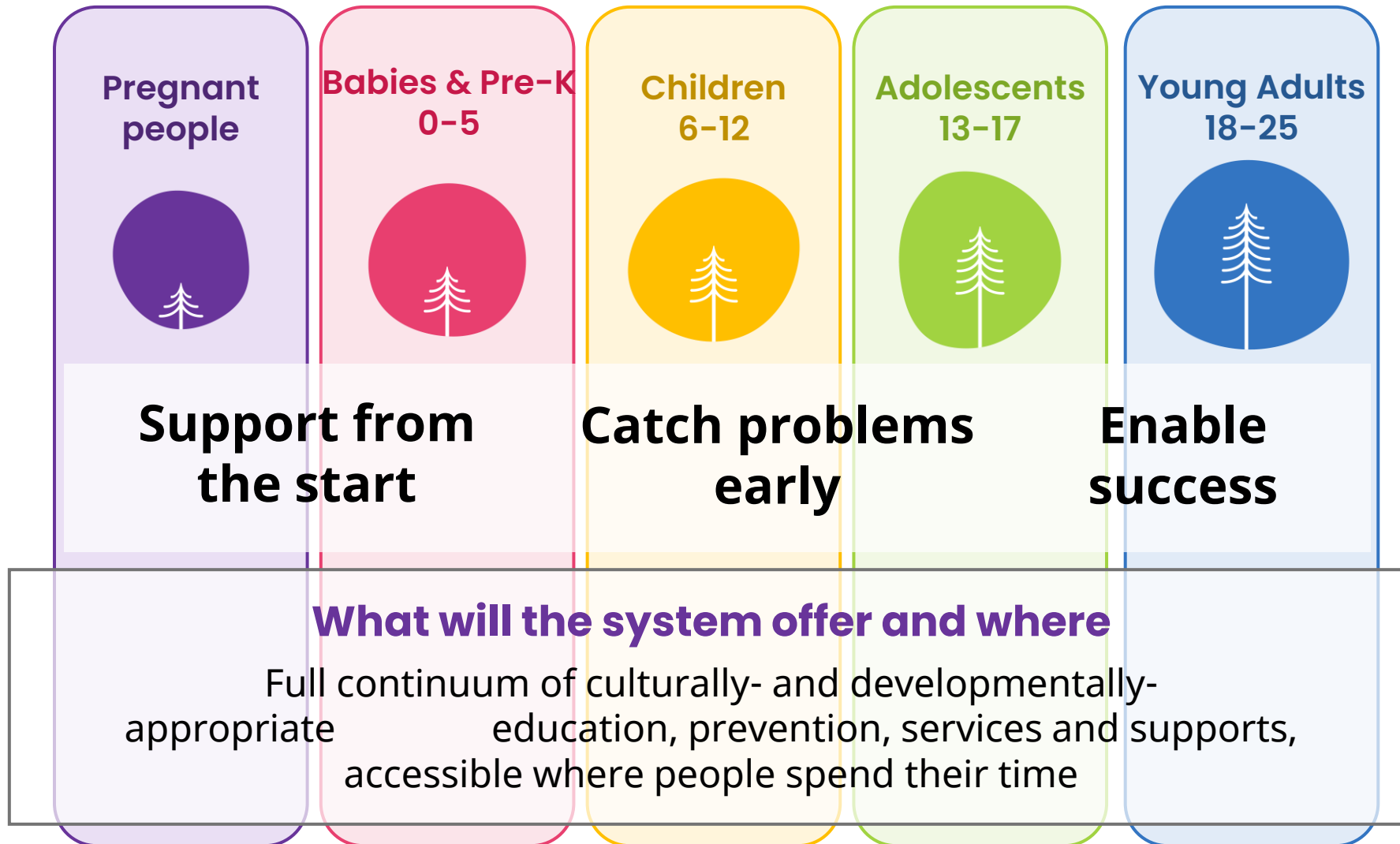
Washington's Prenatal-through-Age-25 Behavioral Health System:



The Strategic Plan will address these areas



The Strategic Plan will call out opportunities and needs at each age/stage

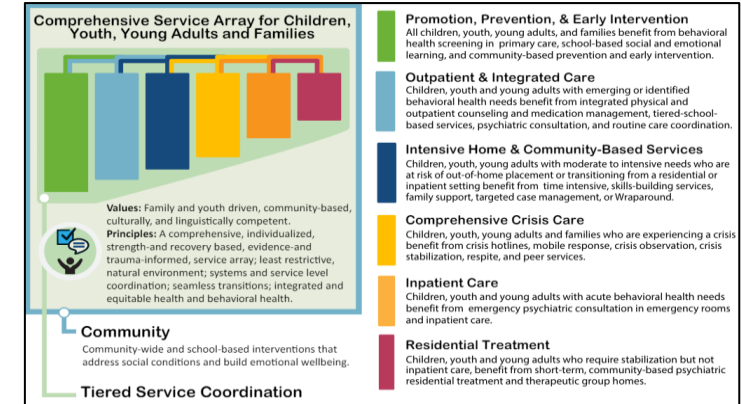
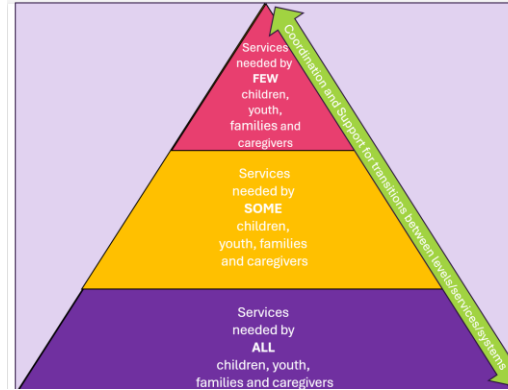
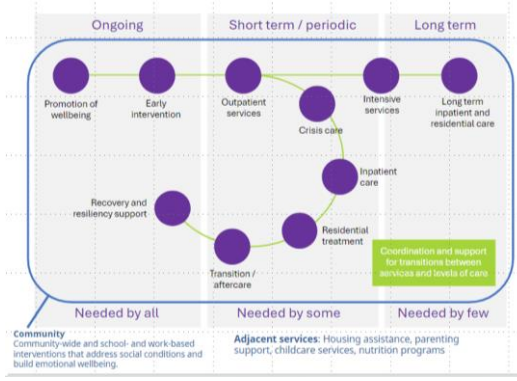
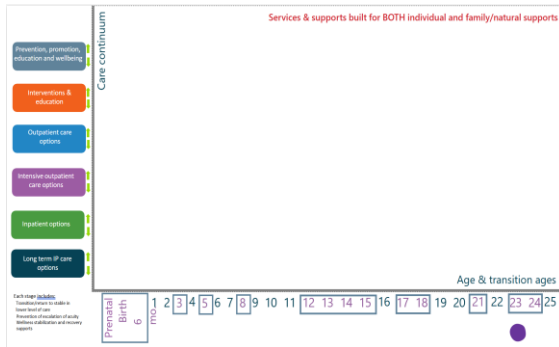


System of Care framing

Evolution of thinking: **Ideal** service array / continuum of care for P-25 Behavioral Health

Key steering questions:

- What should the P-25 BH system offer, to whom, and where
- How should services & supports be provided



Note: the ideal state includes both what already exists and what may not yet exist

Early concept (prior to June 2024)

Key feedback:

- Like axes - age + services continuum and transition services
- Importance of recognizing not every kid hits same developmental milestones at same ages

9/24 AG feedback:

- Like overall categories
- May convey a false linearity + "road to nowhere" for most acute needs

10/24 AG feedback:

- Like population-level view that captures services for everyone
- Consistent with how public health and education systems conceive of tiered services
- Not immediately clear how specific services and supports would be categorized within

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

12/24 AG feedback:

- Descriptions of categories are helpful in illuminating what situates where
- Is missing recovery services & supports
- Would be helpful in separating "upstream" services as promotion, prevention, and early intervention are distinct

The ideal system includes:

Full continuum of developmentally- and culturally- appropriate services and supports
 For pregnant people, babies, children, youth, young adults, and their parents and caregivers
 Accessible where they spend their time - community, schools, & clinical settings

What is a System of Care?



Defined by Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health as:

“a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.”

The **core values** of a System of Care are resonant with the values and vision of Washington Thriving:

- Family driven and youth guided, with the strengths and needs of the child and family determining the types and mix of services and supports provided
- Community based, with the locus of services, as well as system management, resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level
- Culturally and linguistically competent, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services and supports

Taking a System of Care approach builds on established frameworks & agreed principles

Why this approach:

- Aligns with the vision & principles of the ideal vision crafted the Advisory Group
- Has strong evidence base for the kinds of outcomes Washington Thriving is seeking
- Follows the lead of other states who we point to as success cases in P-25 Behavioral Health
- Leverages the strengths of Washington's system while allowing us to fill critical gaps
- Provides a clear structure and framing for the Strategic Plan and resulting recommendations

The conceptual diagram and array of services **build on existing frameworks** from other states and incorporates:

- The principle of supporting individuals as well as families/caregivers and communities
- A single point of contact to enable "all doors lead to help"
- The array of supports/services from education/promotion to prevention to early identification/intervention to treatment & recovery support
- The enablers to realize the values – navigation, coordination, family advocacy
- The idea of tiered services and supports, with different levels of support needed by all, some, few

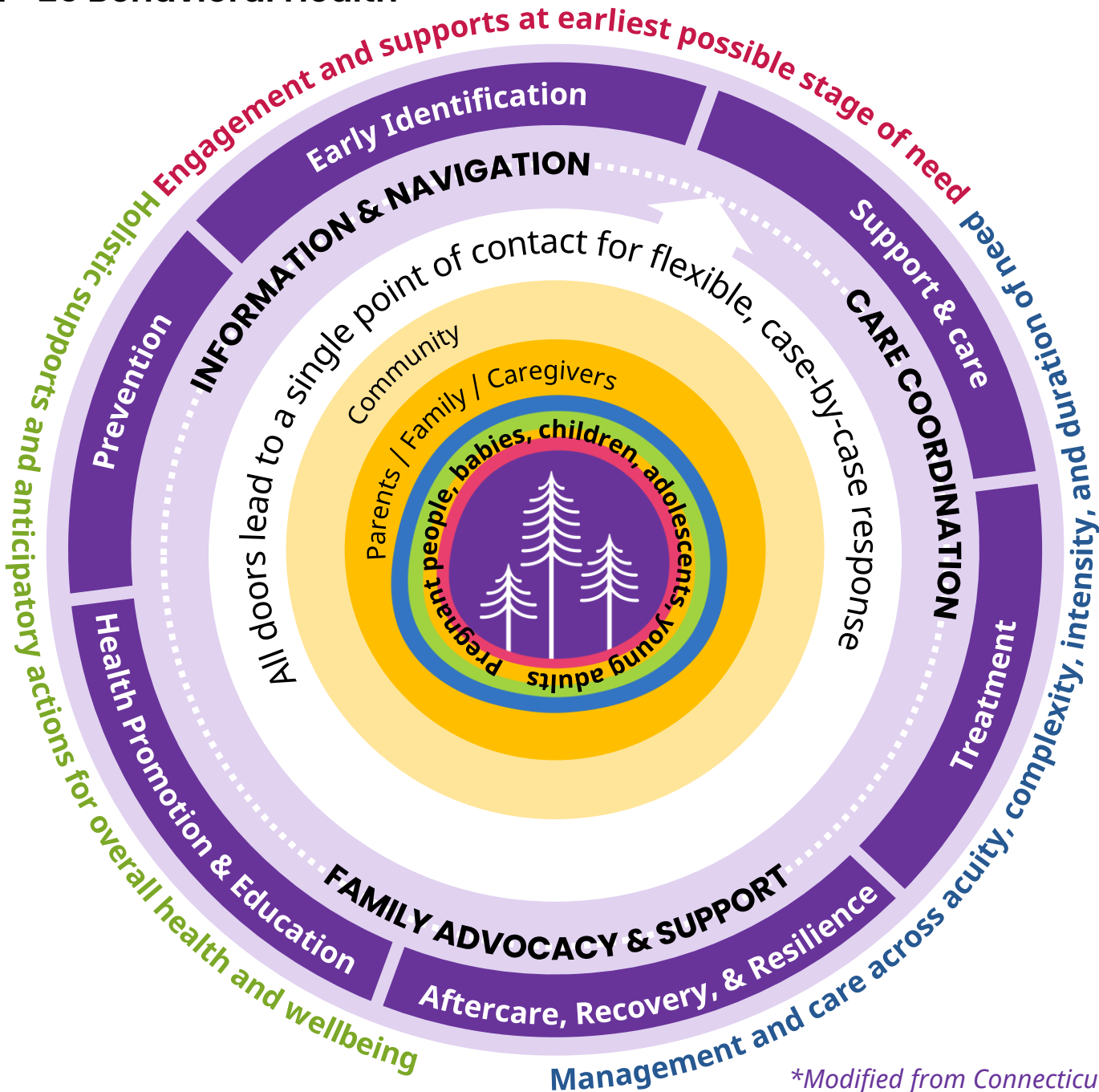
A System of Care for P-25 Behavioral Health*

Universal (all)
 Education and promotion, includes primal & primary prevention

- High quality, supportive environments
- Nurturing and responsive relationships
- Holistic promotion & prevention interventions

Improving health and quality of life by:

- Helping people take control of the factors that affect their overall health and well-being
- Building protective factors and reducing overall risk factors for negative outcomes from emerging
- Holistic supports for well-being and development of social and emotional competence & coping skills
- Providing a protective layer of support to avoid problems arising in the first place. Anticipatory actions.



Supplemental/Selective (some)
 Early intervention, includes secondary prevention

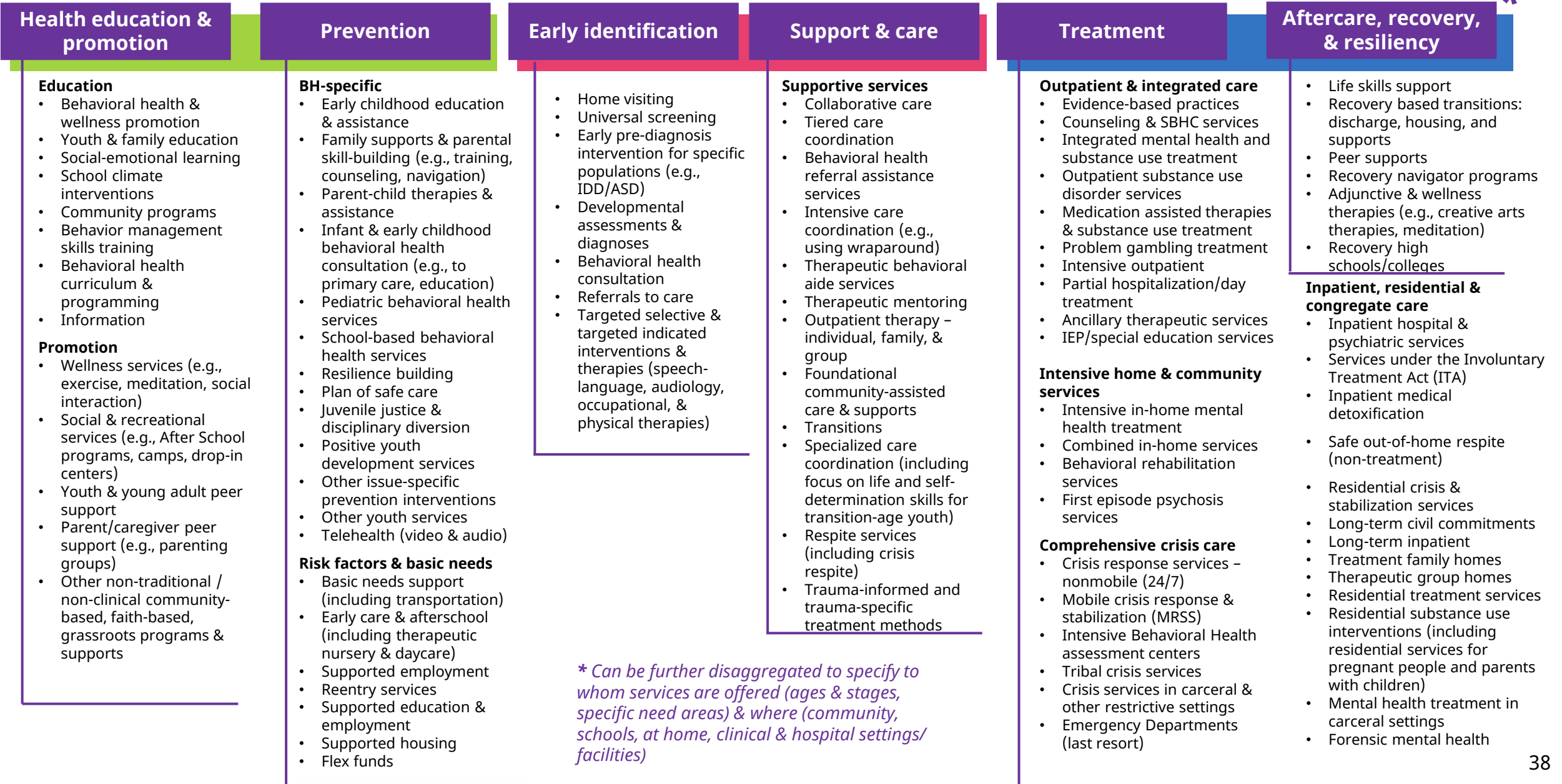
- Targeted social-emotional supports & services
- Providing support at the earliest possible stages that problems occur; a protective layer of support to stop problems – once identified – from getting worse; helps reduce the impact of a condition on an individual; and, if possible, to return the individual to a well state
- Identification, targeted prevention, and early engagement and supports for those at risk

Intensive/Targeted/Indicated (some to few)
 Treatments/interventions on spectrum of acuity/complexity/intensity, includes tertiary prevention

- Management and care with an individual at varying degrees of acuity along an array of needs, services, and supports to manage and control problems as they occur, lesson symptoms, and if possible, return the individual to a well state.
- Individualized intensive intervention for more complex and enduring needs

*Modified from Connecticut's children's BH system of care

What the System Offers: Comprehensive services & supports for P-25 behavioral health



Breakout discussions



- What are the benefits and drawbacks you see to the System of Care framing for Washington's P-25 Behavioral Health System's services & supports?
- How do you feel about the evolution of the ideal continuum / array of services & supports into this System of Care framing?
- Do you see your programs, services, supports, areas of interest and/or populations of concern reflected here? Are any critical services or supports missing?

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 members of the public who have let us know in the chat that they would like to share a public comment. If we miss your name, please message Hanna Traphagan directly.
- If you want to share a public comment and have not sent a message in the chat yet, please raise your hand.
- If you prefer not to speak, you may add your comment in the chat, and it will be documented as part of the public record.

Next Steps

- Today's meeting materials will be sent out to members and shared to the HCA website by 2/19/2025
- Share out of the qualitative materials (funding structure and community engagement theme reports) mid-March
- Project team to incorporate information from today's discussions into the materials
- Finalizing dates and times for remainder of the Advisory Group and Discussion group meetings – will be in the February Newsletter, project website, and emailed to Advisory Group members
- Sign up for the Washington Thriving Newsletter and distribution list [here](#)

Stipend payments for young people and families

You may qualify to receive 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 this describes you, please email cybhwg@hca.wa.gov to request your stipend payment. Cindi Wiek will reach out to you with details.

Meeting Feedback

<https://www.surveymonkey.com/r/KCF8PSF>



2025 Advisory Group Meetings

Date	Time
May 1st, 2025	Afternoon - time TBD
June 24th, 2025	Evening - time TBD
July 29th, 2025	Afternoon - time TBD
October 6th, 2025	Evening - time TBD

Thank you!



Washington
Thriving

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

Additional Resources

- Contact the project team: info@washingtonthriving.org
- Visit the project website: <https://www.washingtonthriving.org/>
- Learn more about the Children and Youth Behavioral Health Work Group: <https://www.hca.wa.gov/about-hca/programs-and-initiatives/behavioral-health-and-recovery/children-and-youth-behavioral-health-work-group-cybhwwg>

Washington Thriving Advisory Group Members

Member Name	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

Member Name	Membership Category
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

Member Name	Membership Category
Jane Beyer	Agency Representative Member, Office of the Insurance Commissioner
Shelley Bogart	Agency Representative Member, Department of Disability Services - Developmental Disabilities Administration
Kim Justice	Agency Representative Member, Department of Commerce, Office of Homeless Youth Prevention and Protection Programs
Matt Davis	Alternate- 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-Garland	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
Carolyn Cox	Advocate Member
Janice Schutz	Advocate Member
Peggy Dolane	Advocate Member

Vacant Member Positions:

1	MCO
1	Advocate Member
2	Tribe Member