Advisory Group Meeting

May 1, 2025

12 – 3pm

Washington
Thriving

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

Welcome!

MEMBERS: 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
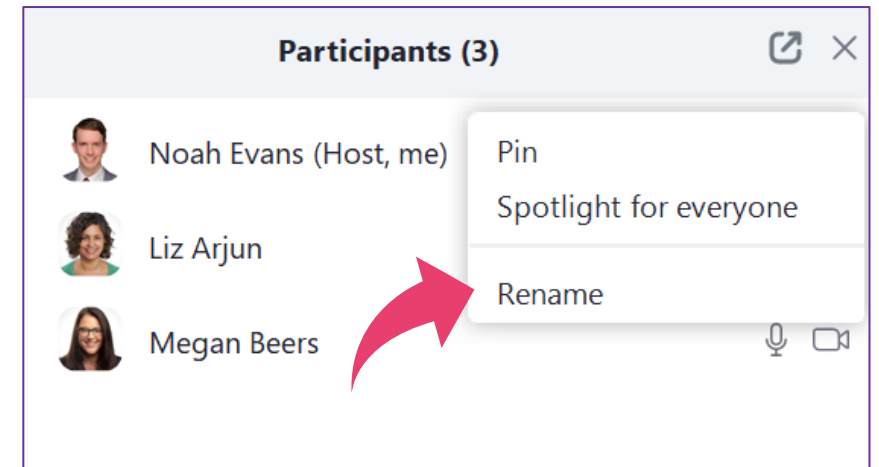
For example, M – Hanna Traphagan - Partner

This meeting is being recorded and will be shared on TVW following today's session

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
- What is something you are looking forward to this month?

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

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Today's Goals

- Washington Thriving updates

- Recap the March and April Discussion Groups

- System Modeling workstream updates and discussion

- Strategic Plan updates

- Strategic imperatives and emerging recommendations discussion
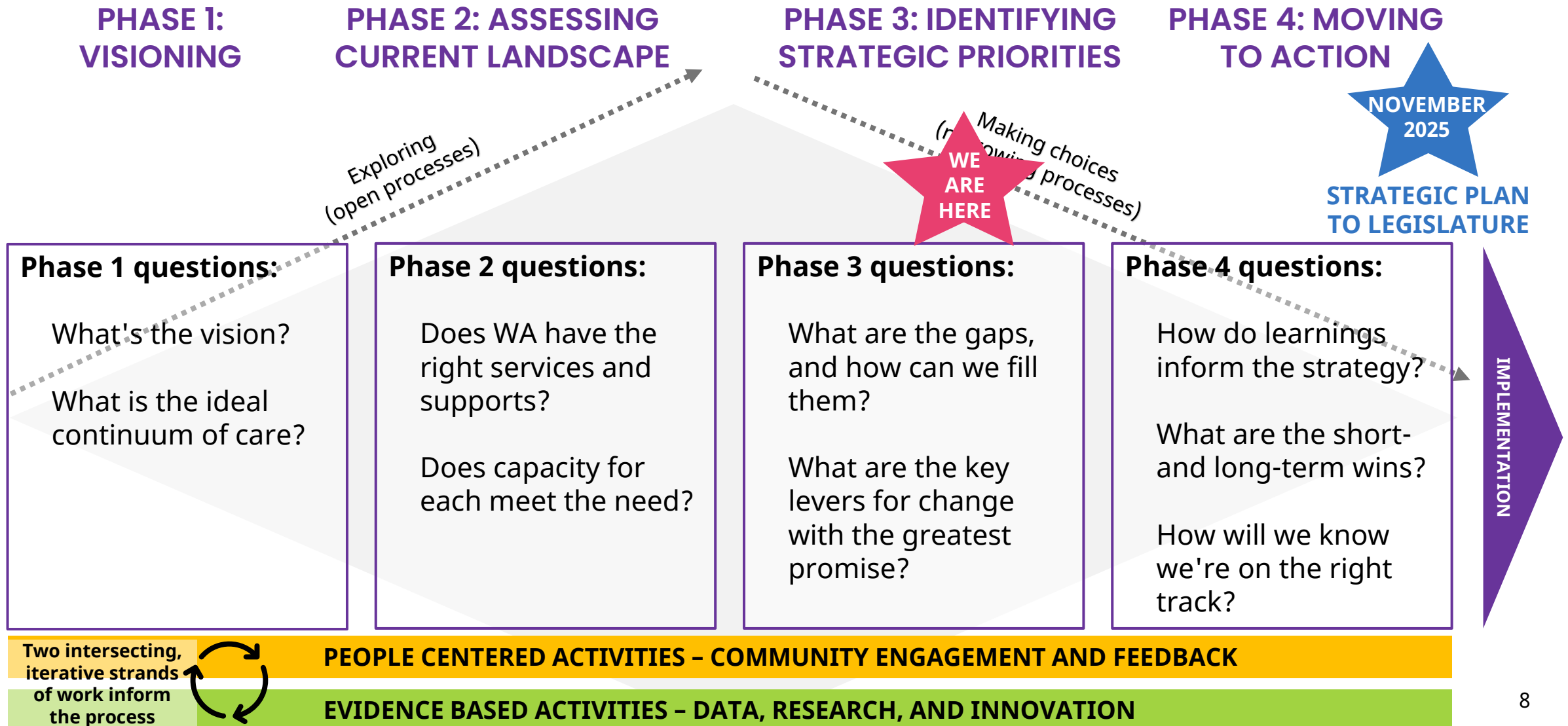
Agenda

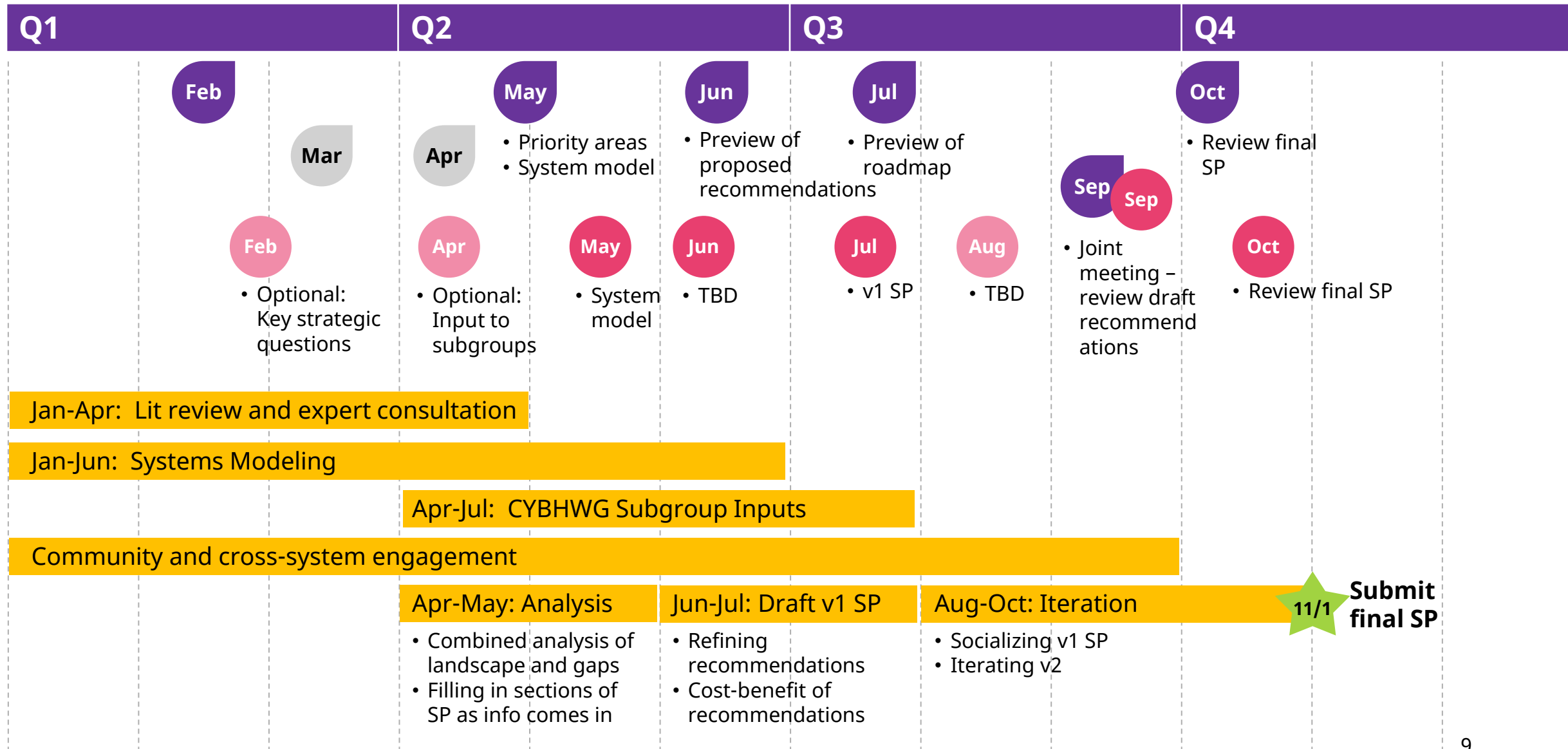| Time	Topic
12-12:10pm	Welcome and introductions
12:10-12:25pm	Washington Thriving high-level updates
12:25-1:25pm	System modeling updates and discussion
1:25-1:35pm	Break and Public Comment
1:35-2:35pm	Strategic Plan updates and discussion
2:30-2:50pm	Public Comment
2:50-3pm	Wrap up and next steps

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)

Making choices (narrowing processes)

WE ARE HERE

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

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2025 Overview

Advisory Group Meeting — **CYBHWG Meeting** — **Disc. Group Meeting**

Q1	Q2	Q3	Q4

Feb

Mar

Apr

May
- Priority areas
- System model

Jun
- Preview of proposed recommendations

Jul
- Preview of roadmap

Sep
- Joint meeting – review draft recommendations

Oct
- Review final SP

Feb
- Optional: Key strategic questions

Apr
- Optional: Input to subgroups

May
- System model

Jun
- TBD

Jul
- v1 SP

Aug
- TBD

Sep

Oct
- Review final SP

Jan-Apr: Lit review and expert consultation

Jan-Jun: Systems Modeling

Apr-Jul: CYBHWG Subgroup Inputs

Community and cross-system engagement

Apr-May: Analysis
- Combined analysis of landscape and gaps
- Filling in sections of SP as info comes in

Jun-Jul: Draft v1 SP
- Refining recommendations
- Cost-benefit of recommendations

Aug-Oct: Iteration
- Socializing v1 SP
- Iterating v2

11/1 Submit final SP

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March Discussion Group Sessions

March Focus:

- Share and discuss the System of Care framing and visual

- Preview and discuss initial set strategic imperatives and emerging recommendations

Youth & Young Adults

- Barriers associated with living in rural communities
- Need for earlier education and promotion
- Impact of stigma and fear of punishment for seeking support
- Language and cultural barriers
- Availability of addiction services in high school and earlier

Parents & Caregivers

- Integration of behavioral health across systems
- Addressing cultural differences
- Community and school involvement in behavioral health
- Law enforcement and carceral system and behavioral health
- Impact of stigma
- Importance of education
- Ensure lived & living experience is prioritized

System Partners

- Need for communication across the continuum
- Agencies and systems need to work together as a part of larger coordinated efforts
- Impact to rural communities
- Acuity of patient's needs on their ability to access offerings
- How will mental and behavioral health stigma be addressed?
- Need to invest in a diverse and well-trained workforce that is culturally responsive and responsive to families needs

April Discussion Group Sessions

April Focus:

• Share and discuss specific emerging recommendations based on input from previous Discussion Group Meetings

Youth & Young Adults

• Behavioral health services in schools (k-12 and college) for those in foster care
• Addressing stigma in seeking services in and out of school setting
• Rapport building with trusted adults for support
• Importance of peers
• Meeting people 'where they are at'

Parents & Caregivers

• Inclusion of foster care and child protective services
• Listening to, learning from and trusting parents and caregivers as experts in their experience to inform system improvements
• Accessible peer support
• System distrust – behavioral health, law enforcement, etc. and need for coordinated support that feels like support
• Improve awareness of available training/supports

System Partners

• Addressing from a unified system point of view (not pointing fingers)
• System accountability and leadership
• Built in/structural expectation or requirement for collaboration across the systems
• Centralized and accessible hub of information and resources to support navigation

System Modeling

The aspiration of the systems modeling effort is to create a shared perspective and inform better collective decision-making

Advisory Group Activities

Q4 2024	Q1 2025	Q2 2025	Q3 2025

The Washington Thriving Advisory Group's vision, priorities, and questions frame the focus and approach

Visioning, scoping, & steers	Initial ecosystem mapping	Model v1 build	Informed discussion

Community & cross-system engagement

Developing model scope and purpose

Considerations for how it might inform Strategic Plan recommendations and implementation

Create big picture view of P-25 BH system in Washington State

Simple with important connections

Focus on key chains, loops, flows of resources that drive how the system works

Input key data and informed assumptions

Sense check

Simulate how the system works today

See and discuss how changes in one area (money and effort) might affect other areas and make biggest difference

IMPLEMENTATION

Dec
• **Thriving Together Theater**

Feb
• **Steers, sign off scope & purpose**

May
• **Initial map ready**

WE ARE HERE

Jun
• **Model v1.0 with initial data ready**

Jul
SP recommendations discussions & iterations

Sep

11/1 *Submit final SP*

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

VITAL CONDITIONS

Basic needs like housing and a healthy environment (these are sometimes referred to as social determinants of health)

% THRIVING
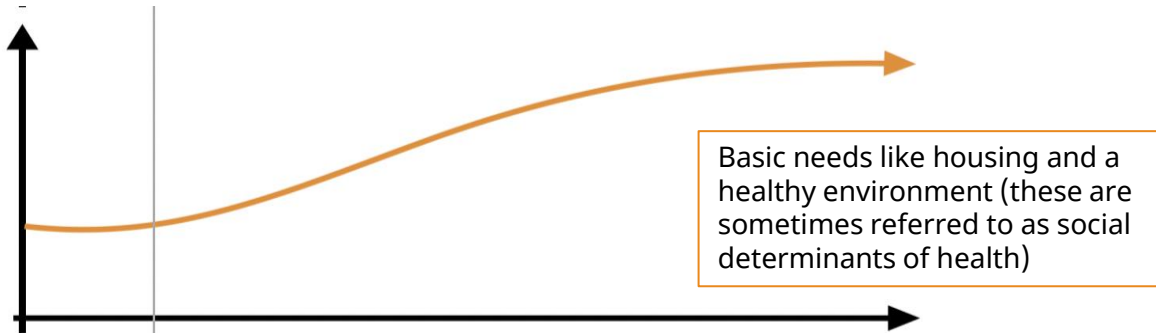
Growing, developing, contributing meaningfully and engaging in life while having one's own needs met, regardless of one's abilities or circumstance. Not struggling or suffering.

ADEQUACY OF BH CAPACITY

Behavioral health workforce Reasonable and timely access to care, in sufficient number
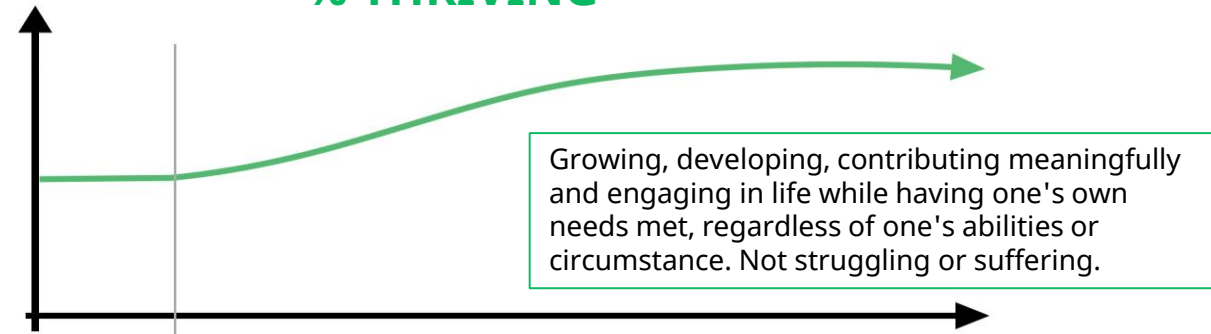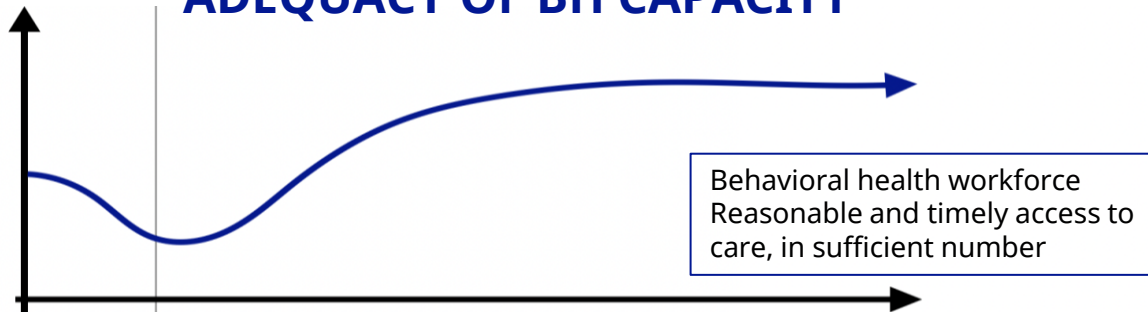
% IN CRISIS

EQUITABLE ACCESS

Fairness in system design – no one is excluded from access to vital conditions and BH capacity
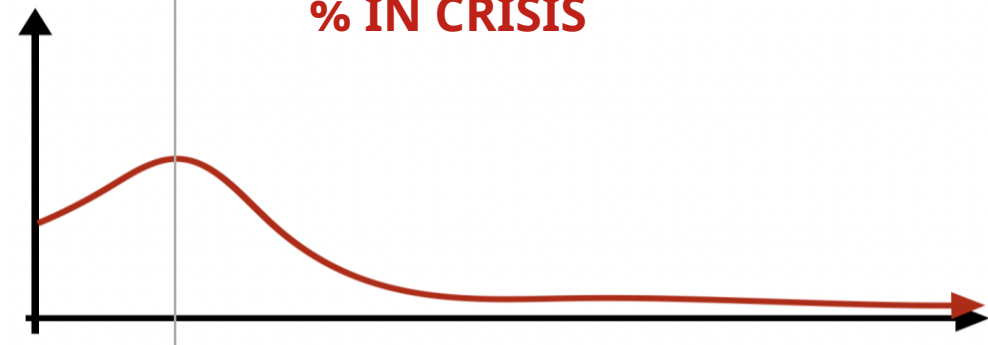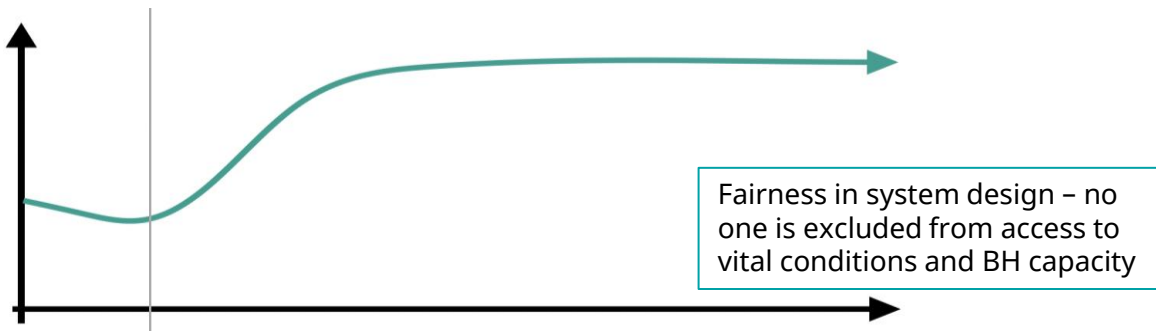
% WITH UNMET BH NEEDS

14
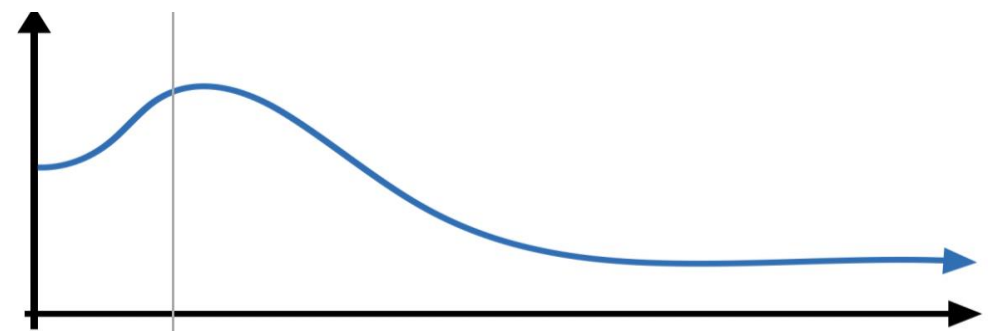
Answering the Q:
Impact for whom, in what areas, over what timeframe?
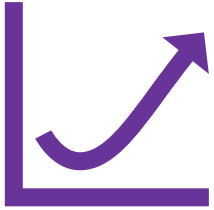
Time Horizon. The model will consider both **short-term** (1-5 years) and **long-term** (5-20 years) impacts to understand:

- 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/special needs, 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

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The model should help us understand:

- How do current policies and resource allocation affect *access* to behavioral health services?
- What *systemic barriers* prevent children and youth from receiving appropriate care?
- How can *workforce capacity* be optimized to meet growing demand?
- What intervention points might have the greatest impact on addressing children and youth in *crisis*?
- What intervention points might lead to longer-term *prevention* impacts?

Key Advisory Group Feedback Themes

1. System & Infrastructure Elements
- **System Capacity & Quality**: Metrics for behavioral health service adequacy and quality standards
- **Workforce Development**: Training, retention strategies, demographic factors affecting provider availability
- **Access Disparities**: System behavior differences based on insurance type and geographic location
- **Data Infrastructure**: Sources (HYS, FYSPRT, WSIPP), limitations, and evolutionary approach to measurement

2. Promotion, Prevention & Early Intervention
- **Upstream Interventions**: Early/universal promotion and prevention programs
- **Leading Indicators**: Pre-crisis determinants (school factors, economic stability, family dynamics)
- **Screening & Assessment**: Systematic early identification processes and tools
- **Information Access**: Ensuring families can navigate available resources effectively

3. Family & Community Factors
- **Caregiver Wellbeing**: Causal relationship between caregiver health and child outcomes
- **Demographic Considerations**: Addressing unique needs of underrepresented populations
- **Community Support Systems**: Informal networks and non-clinical support structures
- **Cultural Responsiveness**: Tailoring approaches to diverse cultural contexts

4. Implementation & Evaluation Framework
- **Scope Definition**: Realistic influence boundaries for the P-25 Strategic Plan
- **Success Metrics**: Clear measurement approach for tracking progress over time
- **Inclusive Definitions**: Broad conceptualization of key terms (thriving, crisis, etc.)
- **Diverse Pathways**: Recognition of multiple valid trajectories to wellness and health

Update on the initial mapping effort

Initial Mapping: From February through April 2025, Washington Thriving convened a diverse team of system partners to build an initial system map of Washington's P-25 Behavioral Health System.

Purpose: Create a picture of how Washington's behavioral health system currently works for young people from before birth through age 25 that is:

- Simple enough to understand
- Complex enough to show key connections
- Capable of revealing patterns invisible when looking at just one part

Why This Matters: Washington's fragmented behavioral health system creates confusion, delays in care, and missed early intervention opportunities. This model will help us test improvement ideas before implementing them.

Today's Goal: Share progress, gather insights to ensure the work reflects real people's experiences in the system.

Washington Thriving convened a small team of system partners to inform the initial mapping effort

System actors, decision-makers, and subject matter experts across domains in Washington's P-25 Behavioral Health system who provide services, pay for them, govern and administer them.

Area	Person	Organization or entity
Public health system	Renee Tinder	Department of Health
	Sarah Wilhelm	Best Starts for Kids – King County
Pediatrics/BH & social services providers	Mary Ann Woodruff	Pediatrics Northwest
	Andy Tucker	Akin
Education system	Dixie Grunenfelder	OSPI
	Erin Wick	Educational Service District (ESD) 113
State agencies	Christine Mickelson	Health Care Authority (DBHR)
	Sarah Holdener	DCYF (infant & early childhood)
	Jeff Kincaid	DCYF (child services, juvenile rehabilitation)
	Nichole Jensen	DSHS/DDA
	Isaac Fall	Office of Homeless Youth (commerce)
Insurance ecosystem	Maureen Sorenson	Coordinated Care (Managed Care Organization)
Lived experience	Sarah Rafton	Non-affiliated community member

Let's check in!
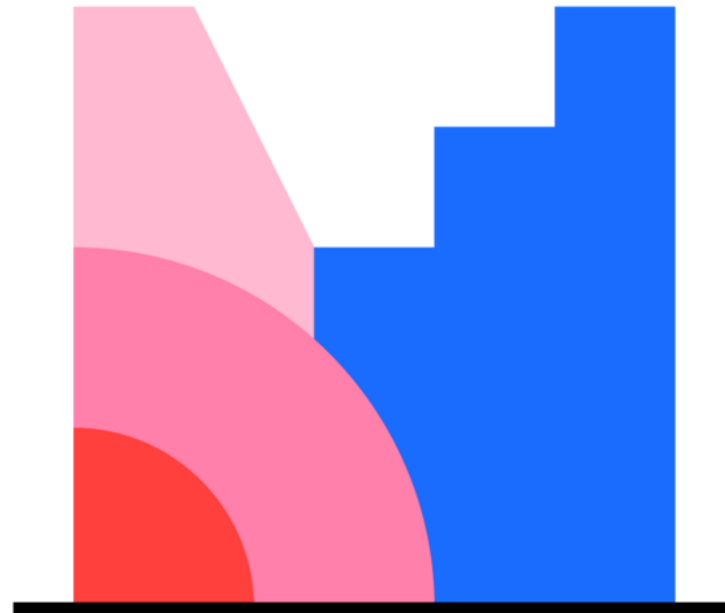
Inside the Initial Modeling Sessions

Objective: create a map that is simple enough to understand but still shows key connections, allowing users to see patterns that might be invisible when looking at just one part of the system.

This meant focusing on the **essential chains, feedback loops, and resource flows that drive system behavior**, rather than trying to capture every detail of a highly complex system.

During the six sessions, the team shaped assumptions and mapped out**:**

- How Washington's young people move through the behavioral health system through their **life course** and **based on need**

- How **money** and **workers** flow through the system

- How **vital conditions** and **basic needs** like education, stable housing, healthy environments, economic stability, social supports and community connection, nutrition and food security, and more need to be in place before specialized behavioral health services can be fully effective

- How factors like **stigma**, **trust**, and **system overwhelm** affect care and willingness to engage

- Initial considerations for **where small changes might create big improvements**
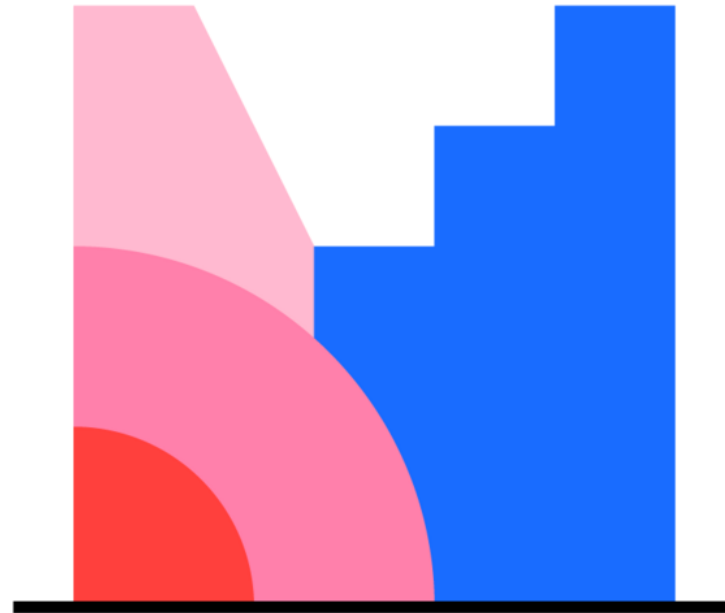
One of the biggest "aha moments" for participants was the ability to visualize how little of our current formal system and funding focuses on prevention, early identification, and community-based support.

Objective: create a map that is simple enough to understand but still shows key connections – focusing on **essential chains, feedback loops,** and **resource flows** that drive system behavior.

WA THRIVING — ECOSYSTEM MAP
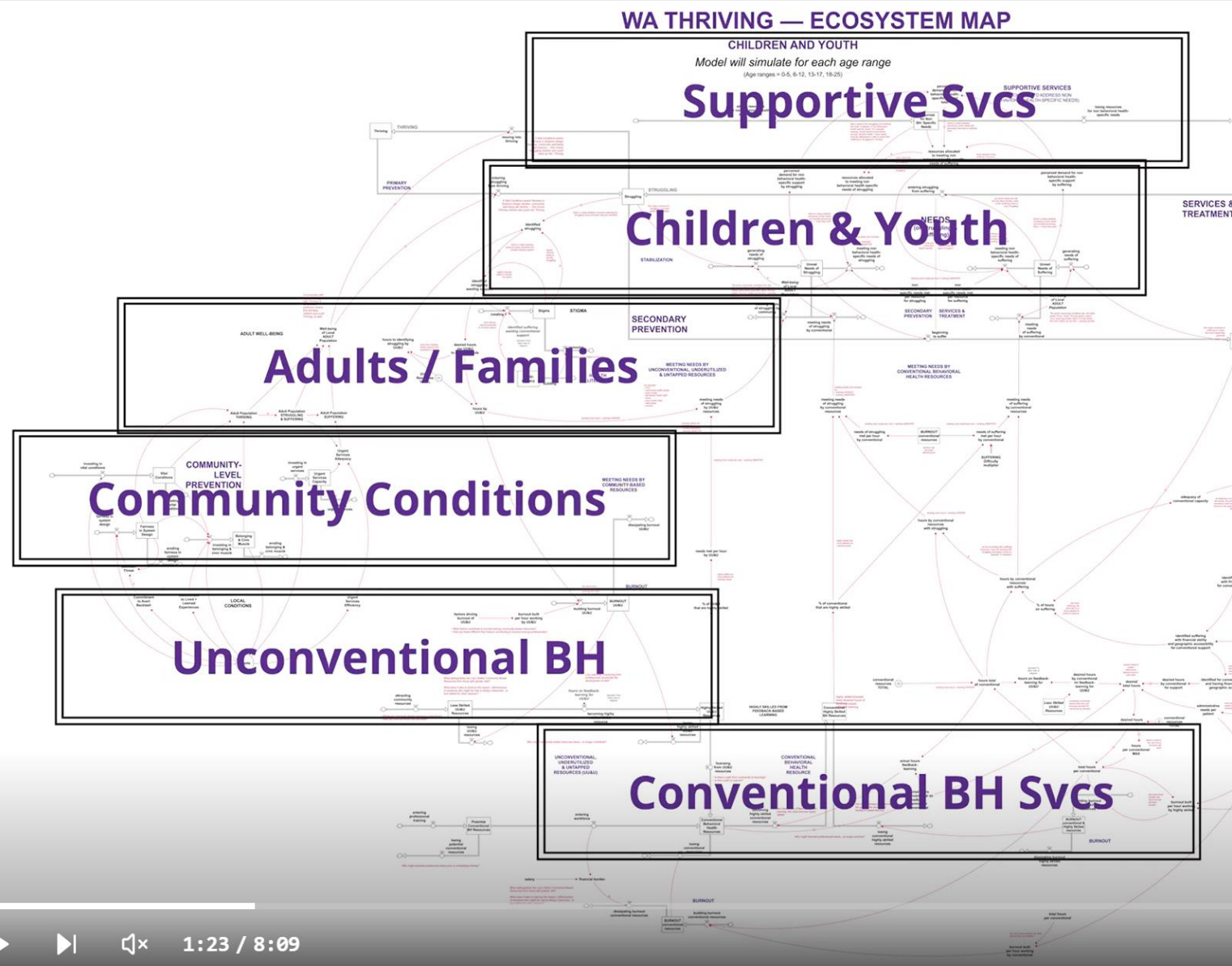
- **Population of children and youth (split by ages and stages):** All young people grouped by their age and growth stages and what they need as they develop.

- **Adult population and families:** Parents, caregivers, and family members whose own health and parenting affects how children grow and feel.

- **Community conditions and environment:** The places where people live, learn, and play, including neighborhoods, schools, and social connections that affect behavioral health.

- **Unconventional, underutilized, and untapped resources:** Helpful resources that people don't always consider, like community groups, religious organizations, online support, and cultural traditions.

- **Conventional resources:** The more formalized Behavioral Health resource most people think of first, like therapists, counselors, and treatment centers.

- **Supportive services: Non-behavioral health specific:** Programs that aren't directly about behavioral health but still help, such as after-school activities, health clinics, and housing and food assistance.
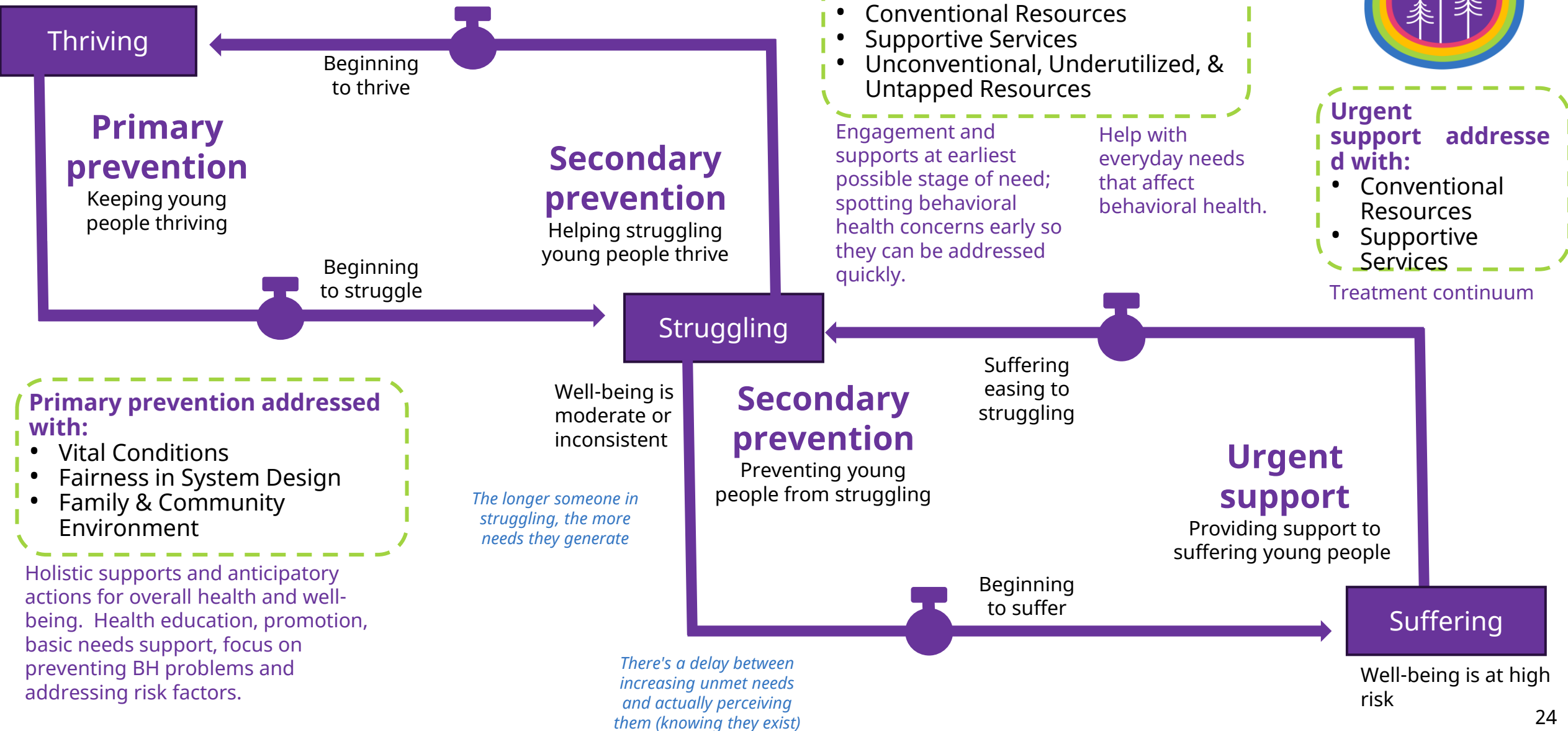
Let's check in!

P-25 population Main Chain & 3 States of Wellbeing

Well-being is strong, consistent, and progressing

Thriving

Beginning to thrive

Secondary prevention addressed with:
- Conventional Resources
- Supportive Services
- Unconventional, Underutilized, & Untapped Resources

Urgent support addressed with:
- Conventional Resources
- Supportive Services

Treatment continuum

Primary prevention

Keeping young people thriving

Secondary prevention

Helping struggling young people thrive

Engagement and supports at earliest possible stage of need; spotting behavioral health concerns early so they can be addressed quickly.

Help with everyday needs that affect behavioral health.

Beginning to struggle

Struggling

Well-being is moderate or inconsistent

Primary prevention addressed with:
- Vital Conditions
- Fairness in System Design
- Family & Community Environment

Holistic supports and anticipatory actions for overall health and well-being. Health education, promotion, basic needs support, focus on preventing BH problems and addressing risk factors.

Secondary prevention

Preventing young people from struggling

The longer someone in struggling, the more needs they generate

Suffering easing to struggling

Urgent support

Providing support to suffering young people

Beginning to suffer

There's a delay between increasing unmet needs and actually perceiving them (knowing they exist)

Suffering

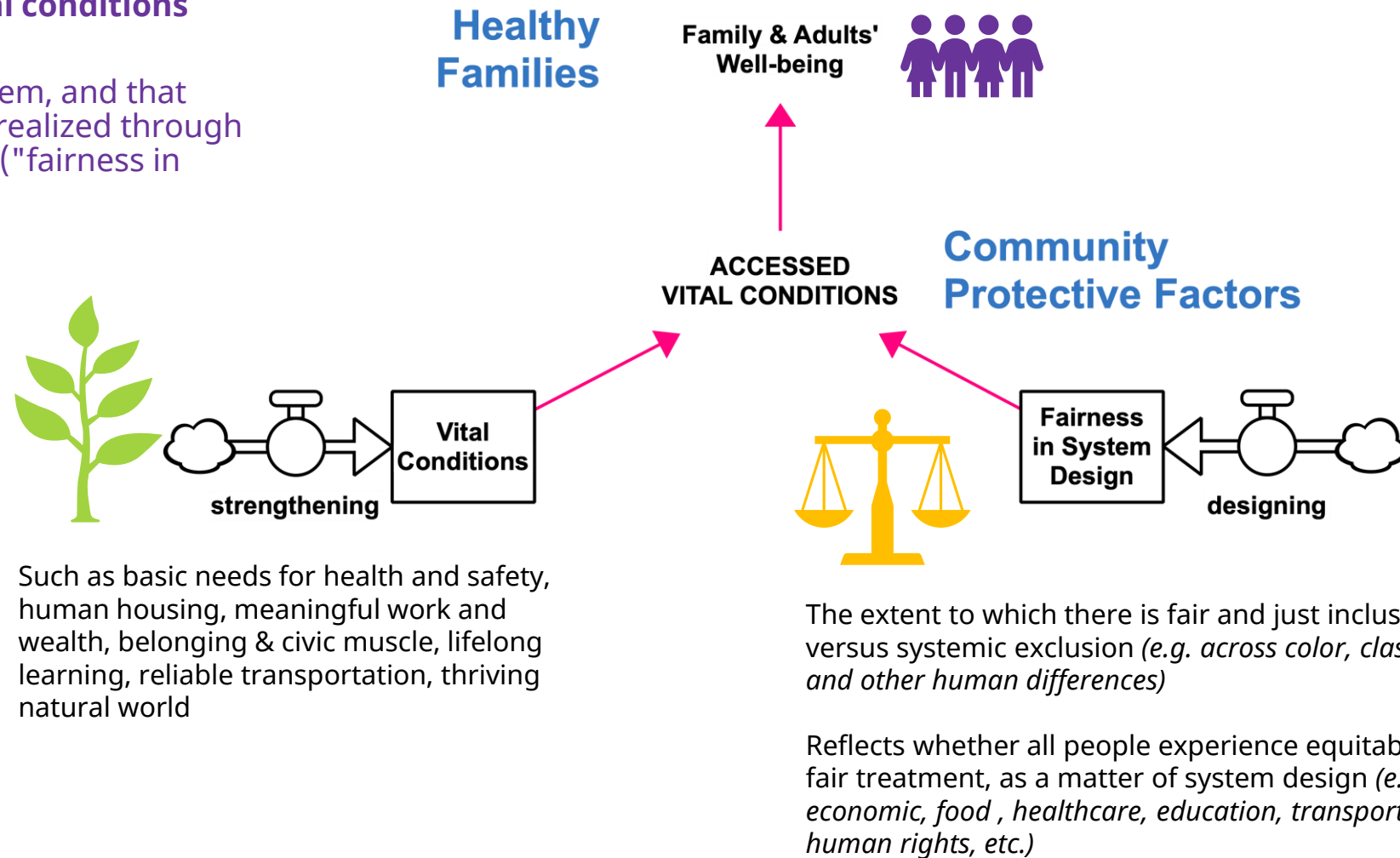Well-being is at high risk

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Vital Conditions + Fairness in System Design

The map assumes that in order for everyone to thrive:

Every community needs **vital conditions**

Everyone needs access to them, and that equitable access an only be realized through **intentional system design** ("fairness in system design")

Healthy Families

Family & Adults' Well-being

ACCESSED VITAL CONDITIONS

Community Protective Factors

strengthening | Vital Conditions

Such as basic needs for health and safety, human housing, meaningful work and wealth, belonging & civic muscle, lifelong learning, reliable transportation, thriving natural world

Fairness in System Design | designing

The extent to which there is fair and just inclusion for all people versus systemic exclusion *(e.g. across color, class, gender, ethnicity, and other human differences)*

Reflects whether all people experience equitable opportunities and fair treatment, as a matter of system design *(e.g. environmental, economic, food , healthcare, education, transportation, civil rights. human rights, etc.)*
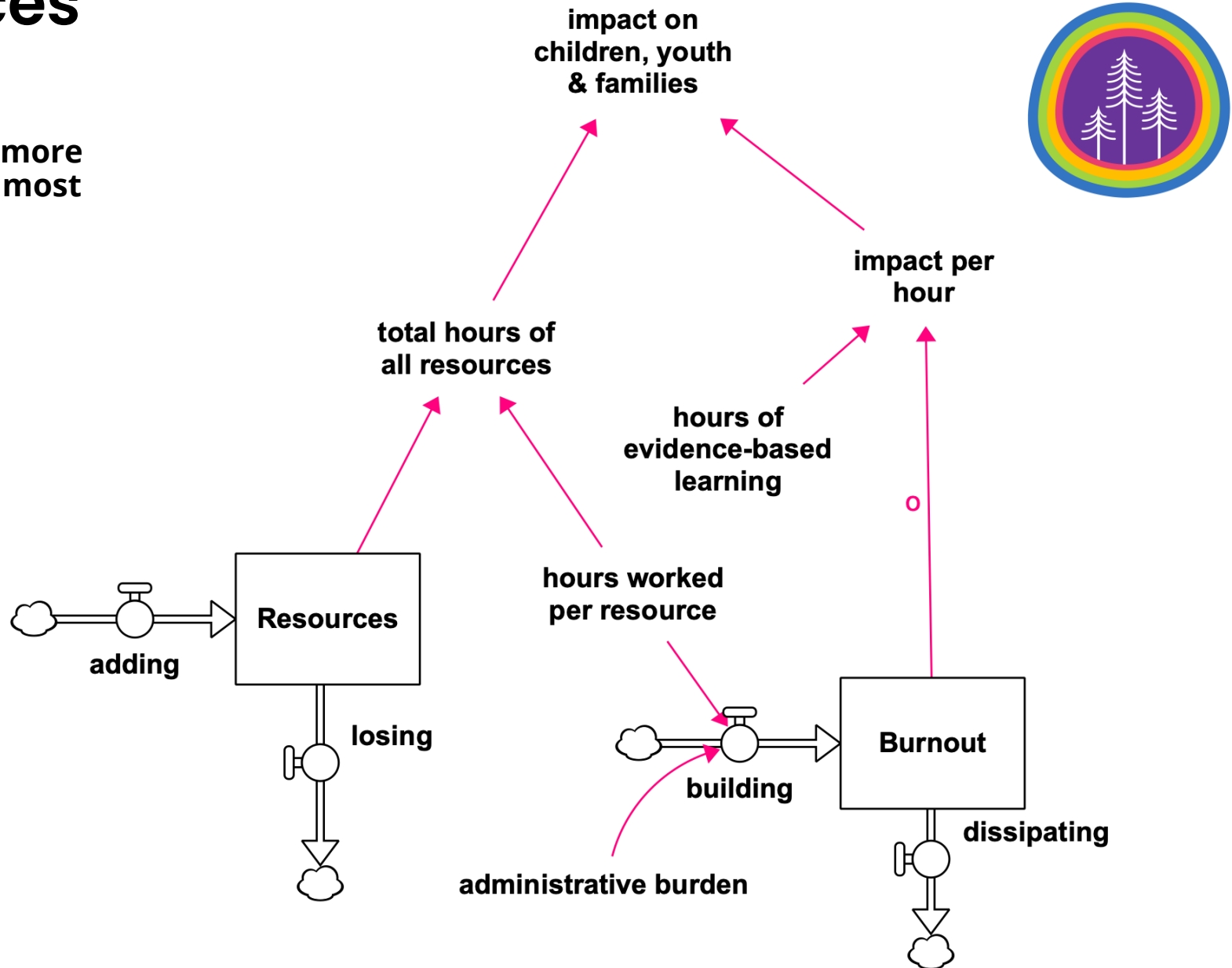
Conventional resources

For the P-25 Behavioral Health system, conventional resources are defined as the **more formalized Behavioral Health resources most people think of first, like counselors, therapists, specialists, and treatment centers.** For these resources:

**Administrative burden** reduces impact

Burnout reduces impact

Unconventional, underutilized, and untapped (UUU) resources

For the P-25 Behavioral Health system, UUU resources are defined as the **helpful resources that the formal Behavioral Health system doesn't always take into account**, like PCPs, social workers, educators, faith-based community groups, cultural traditions, peer-to-peer supports

For these resources, **motivation** increases impact
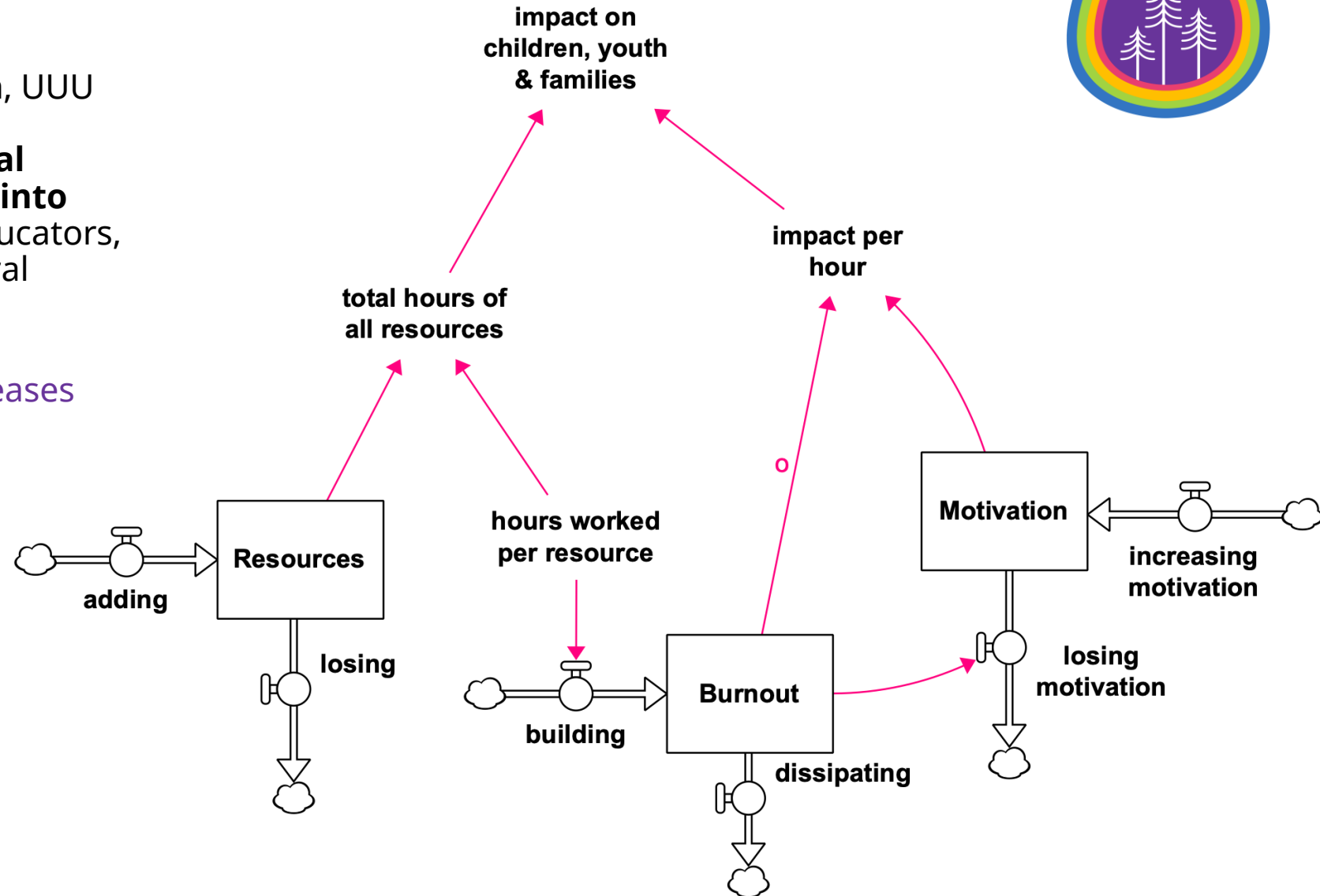
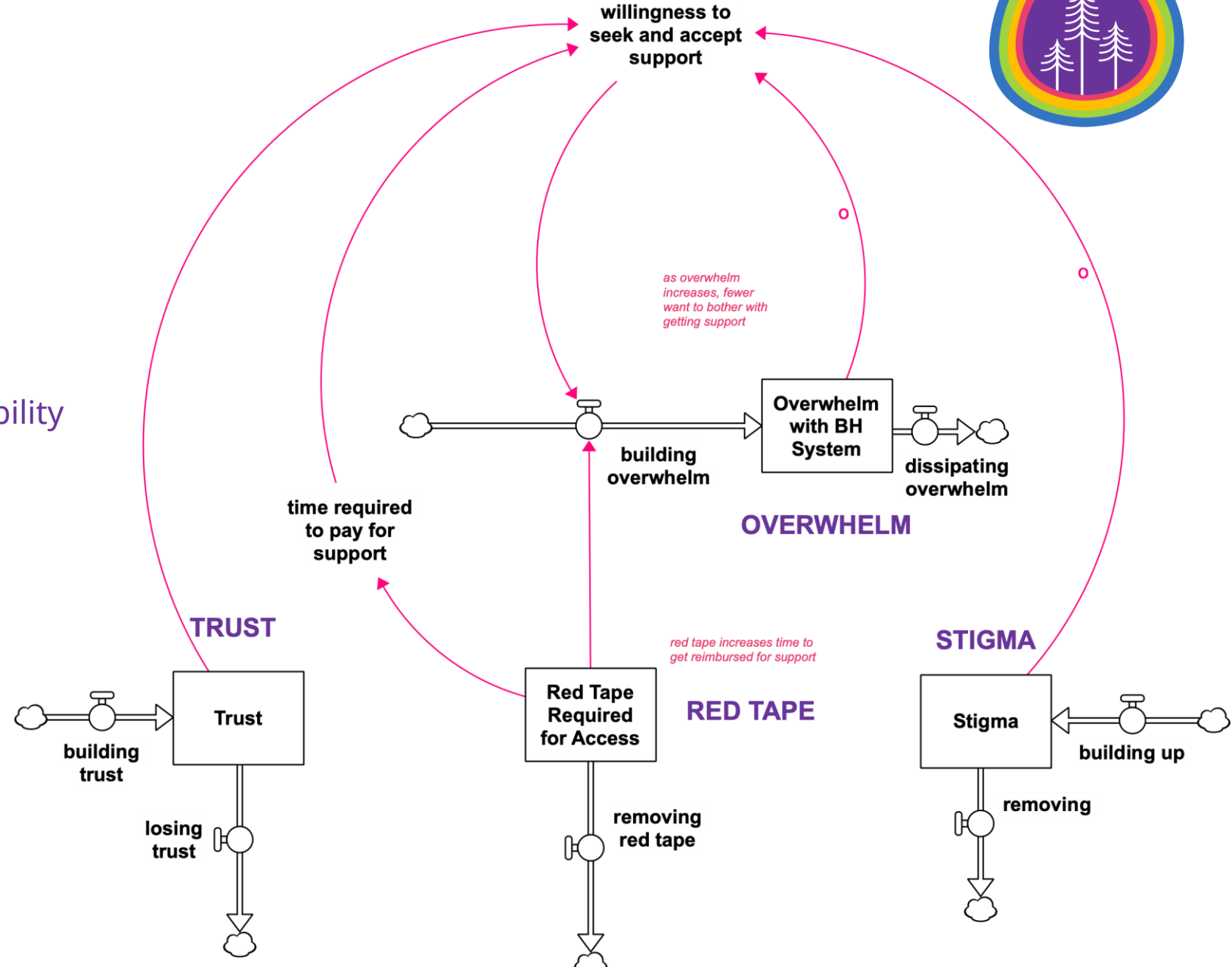# Willingness and ability to utilize supports: what's needed to want to *and* be able to use services

The map assumes that for P-25, caregivers, & families:

Trust increases willingness & ability

Stigma reduces willingness & ability

Overwhelm reduces willingness & ability

willingness to seek and accept support

as overwhelm increases, fewer want to bother with getting support

Overwhelm with BH System

building overwhelm

dissipating overwhelm

OVERWHELM

time required to pay for support

TRUST

red tape increases time to get reimbursed for support

Red Tape Required for Access

RED TAPE

STIGMA

Trust

building trust

losing trust

removing red tape

Stigma

building up

removing

Supportive services (non-BH specific)

For the P-25 Behavioral Health system, **supportive services are required to meet unmet needs of many children and youth**, in addition to specific Behavioral Health services & supports.

These are intersecting with the Behavioral Health system because they affect the behavioral health of young people.

This may include housing, education, job placement, social services, food assistance, or other areas that intersect with basic needs and the conditions everyone needs to thrive.

These **support in enabling the individual protective factors and addressing the individual risk factors** known to influence behavioral health.
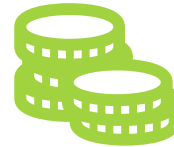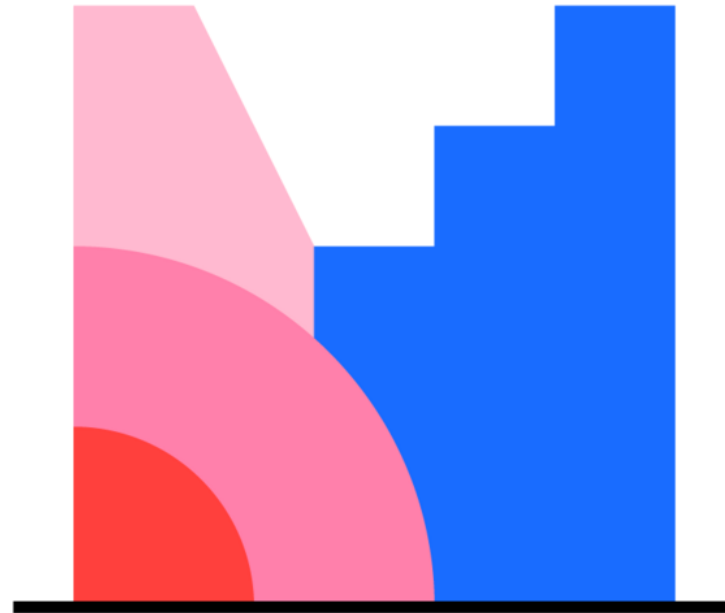
Group Discussion

- Where in your experience have you seen this dynamic play out?

- Do these dynamics match what you've observed in real life?

- Based on your experiences, what's missing from this portion of the model?

- What changes or investments could Washington make in this part of the ecosystem that would make the biggest positive difference?

Let's check in!

What happens next

Scheduling coming soon for:

- **May office hours** to engage further with the system model.
- **June/July discussion** around model v1 and its possible applicability to Washington Thriving

Read the **blog post** for more information:

https://www.washingtonthriving.org/blog/v4ffcaxtc2rdwwgs4spw2ilk6enko6

Explore the **interactive map** under development:

https://exchange.iseesystems.com/public/pontifex/wa-thriving--ecosystem-mapping-initiative/index.html#page1

Watch Chris's **video tour** of the map:

https://privatepontifex.substack.com/p/preparation-for-modeling-team-session-a5a?r=2cre2&utm_campaign=post&utm_medium=web&triedRedirect=true

Example model:
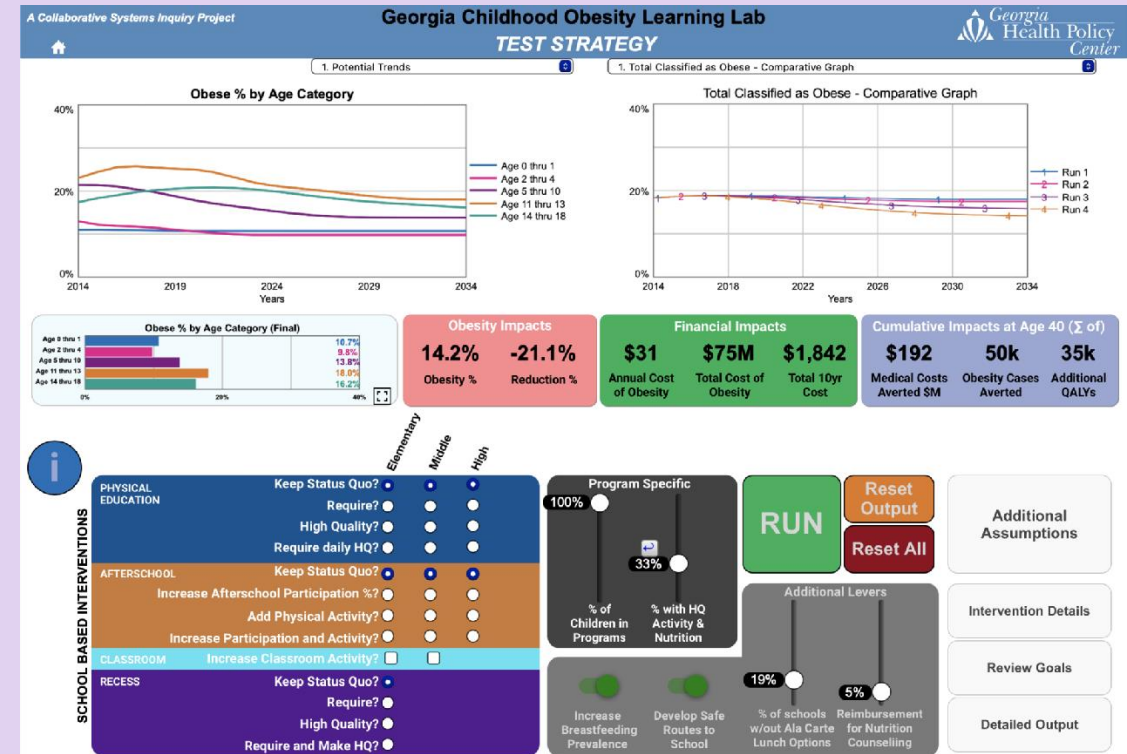
Break & Public Comment — 10 minutes

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.

- Each person will have **2 minutes** to share their comment.

- 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.

Developing the Strategic Plan
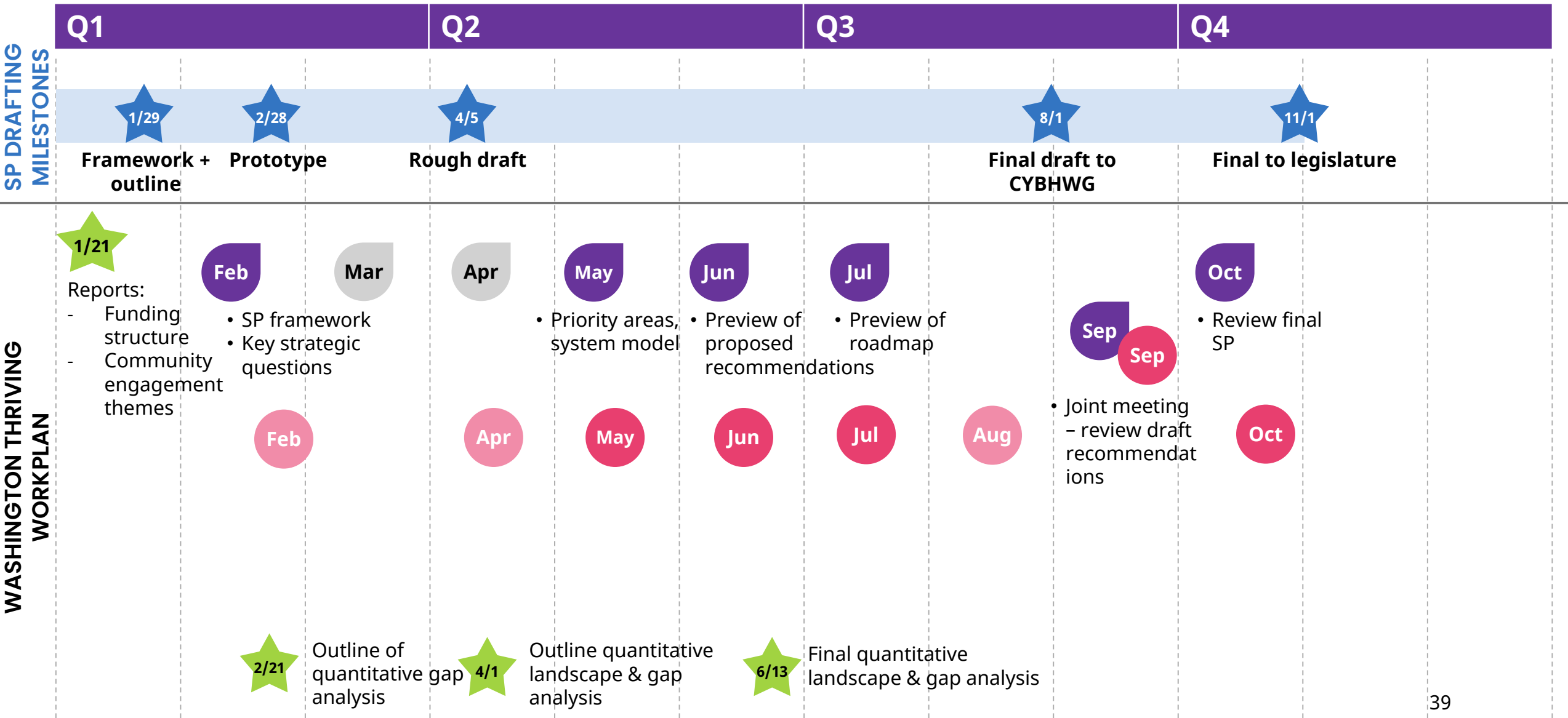
2025 Strategic Plan Drafting Timeline
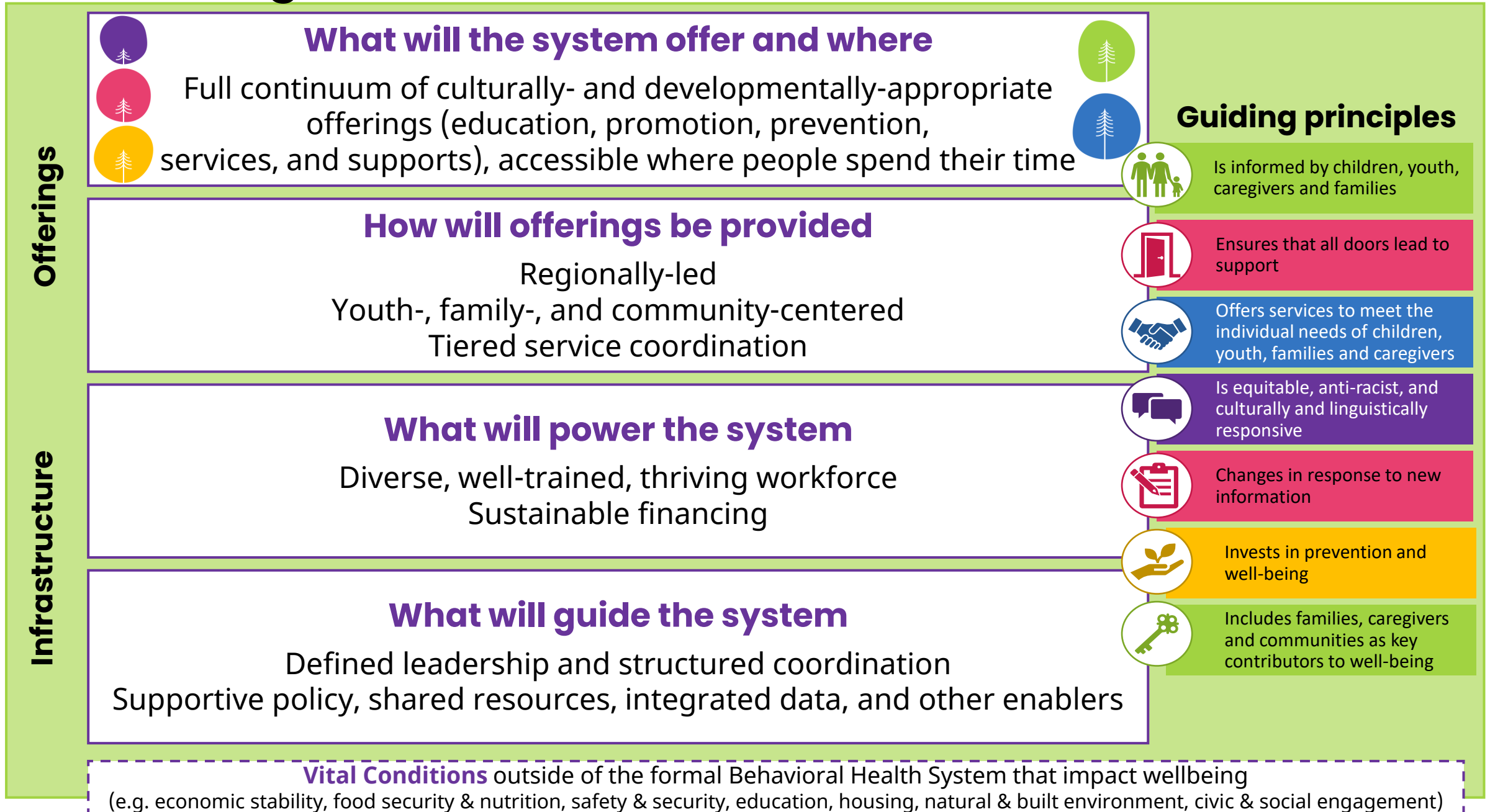
Disc. Group Meeting | Advisory Group Meeting | CYBHWG Meeting | Inputs | Key outputs

SP DRAFTING MILESTONES

Q1	Q2	Q3	Q4

- ⭐ 1/29 — **Framework + outline**
- ⭐ 2/28 — **Prototype**
- ⭐ 4/5 — **Rough draft**
- ⭐ 8/1 — **Final draft to CYBHWG**
- ⭐ 11/1 — **Final to legislature**

WASHINGTON THRIVING WORKPLAN

⭐ 1/21

Reports:
- Funding structure
- Community engagement themes

Feb
- SP framework
- Key strategic questions

Mar

Apr

May
- Priority areas, system model

Jun
- Preview of proposed recommendations

Jul
- Preview of roadmap

Sep / **Sep**
- Joint meeting – review draft recommendations

Oct
- Review final SP

Feb (CYBHWG) | Apr | May | Jun | Jul | Aug | Oct

⭐ 2/21 — Outline of quantitative gap analysis

⭐ 4/1 — Outline quantitative landscape & gap analysis

⭐ 6/13 — Final quantitative landscape & gap analysis

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The Strategic Plan will address these areas

Offerings

What will the system offer and where

Full continuum of culturally- and developmentally-appropriate offerings (education, promotion, prevention, services, and supports), accessible where people spend their time

How will offerings be provided

Regionally-led
Youth-, family-, and community-centered
Tiered service coordination

Infrastructure

What will power the system

Diverse, well-trained, thriving workforce
Sustainable financing

What will guide the system

Defined leadership and structured coordination
Supportive policy, shared resources, integrated data, and other enablers

Guiding principles

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

Vital Conditions outside of the formal Behavioral Health System that impact wellbeing
(e.g. economic stability, food security & nutrition, safety & security, education, housing, natural & built environment, civic & social engagement)

A modular set of Strategic Plan materials

| Executive Summary	Comprehensive long-form document	Supporting issue briefs	Companion website
Legislators Executive leadership	CYBHWG, Advisory Group, system partners	Those who want to learn more about specific areas of interest	Everyone

Washington Thriving

Three Priorities:

1. Strengthen the behavioral health system infrastructure

2. Expand comprehensive offerings

3. Embed core values

Washington State Prenatal-through-Age-25 Behavioral Health Strategic Plan

I.   Introduction
II. Current State
III. Broad Vision
IV. Strategic Recommendations
     A ～～～
     B ～～～
     C ～～～
V.   Next Steps
VI. Conclusion

Brief 1
Brief 2
Brief 3
Brief 4
Brief 5
Brief 6
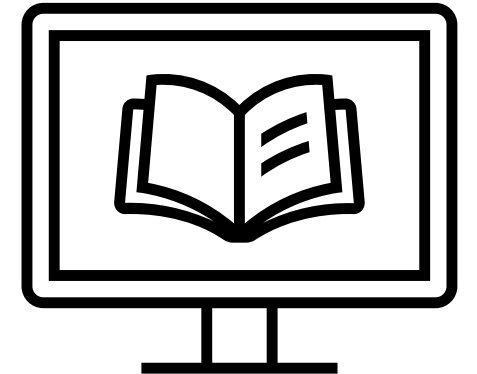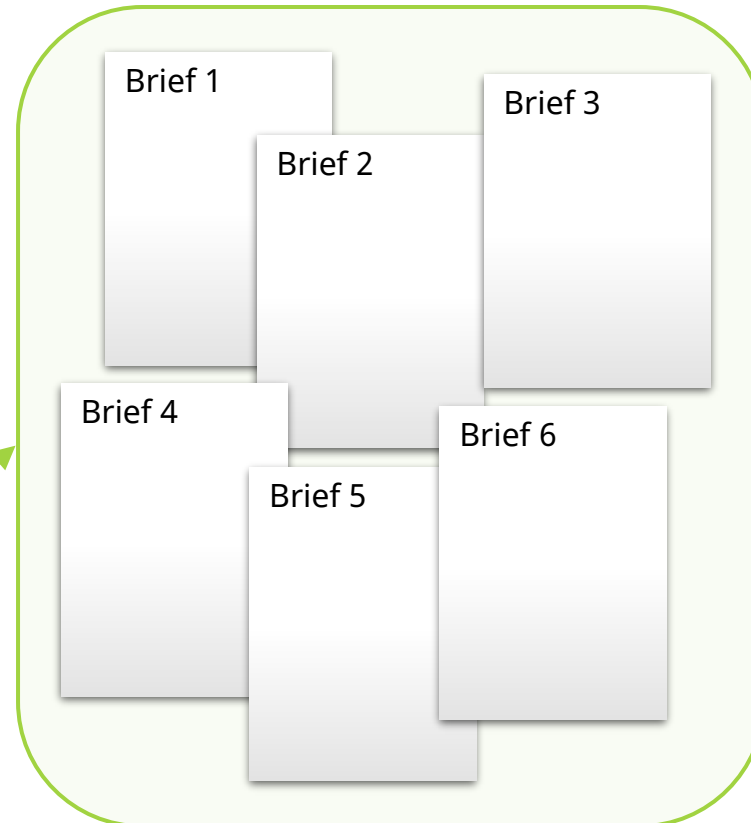
Engaging interface presenting nested levels of detail

Interactive navigation to allow folks to dive deeper into areas of interest including:
- Issue briefs
- More detailed roadmaps
- References

The Strategic Plan will likely be structured as follows

P-25 BH STRATEGIC PLAN SECTIONS	INCLUDES
Section 1: Introduction	• Executive summary & letter from co-chairs • Washington State context & legislative charge • Summary of plan structure • Methods & approach (high level)
Section 2: Current State	Summaries of: • current landscape (supply & demand of supports and services) • bright spots in Washington's system • gaps, barriers, & challenges
Section 3: Broad Vision for Washington's P-25 BH System of Care	• Washington Thriving's purpose & vision • System of Care framing
Section 4: Strategic Recommendations (deep vision for P-25 BH System of Care)	• 3 interconnected imperatives • Paints the picture of the breadth of system intervention • 14 (8, 3, 3) recommendations
Section 5: Next Steps	• Implementation roadmap • Strategic financing considerations • Measuring success over time – indicators & data dashboard proposal • Implementation lessons & success factors
Section 6: Conclusion	
Annexes	• Activities undertaken in SP planning process • Inputs to SP • Register of involved parties with heat maps/disaggregation • Backlog of specific recommendations • Bibliography, relevant literature references • Definitions & acronyms

VISION: A FUTURE WHERE EVERY YOUNG WASHINGTONIAN IS THRIVING, SUPPORTED BY THEIR FAMILIES, CAREGIVERS, AND COMMUNITIES

INTERCONNECTED STRATEGIC IMPERATIVES FOR WASHINGTON'S P–25 BEHAVIORAL HEALTH SYSTEM

I. STRONG SYSTEM INFRASTRUCTURE

What structures, powers, and guides the system

A. Leadership Structures
B. Coordination Playbook
C. Data Systems
D. Payment Models
E. Integrated Funding
F. Upstream & Community
G. Workforce Retention
H. Workforce Pipeline

II. COMPREHENSIVE OFFERINGS

What the system will offer, where, and how offerings will be provided

A. Developmental Milestones
B. Supportive Ecosystem
C. Fill Biggest Gaps

III. EMBEDDED PRINCIPLES

What core values frame and unify the system

A. Collective Learning
B. Culturally Responsive, Healing-Centered, Strengths Based Starts
C. Meaningful Partnerships

WASHINGTON'S SYSTEM OF CARE

VITAL CONDITIONS OUTSIDE THE BEHAVIORAL HEALTH SYSTEM THAT IMPACT WELLBEING

Recommendation structure:

Strategic Imperative

There will be several emerging recommendations for each of the 3 strategic imperatives.

Emerging Recommendations

Each of the 14 emerging recommendations will include supporting detail:

Problem definition	Outlines the core issue being addressed + illustrated impact
Strategic solution(s) with essential components	Proposes the central recommendation
Transformative potential	Explains broader systemic benefits that would result
Alignment with state priorities	Demonstrates how the recommendation directly supports and operationalizes existing WA State initiatives and priorities
Learning from others	Provides evidence-based support for the recommendation by examining successful models from elsewhere
Leveraging state assets	Identifies existing WA-specific assets that can be incorporated into implementation
Implementation options / strategic starting points	Outlines practical approaches to putting the recommendation into action
Funding considerations	Addresses financial aspects of developing and implementing the recommendation
Key success factors	Identifies critical operational elements that determine success

Interconnected Strategic Imperatives

I. **Strengthening system infrastructure** through coordinated leadership, workforce development, sustainable financing, and community-responsive practices that create a cohesive, navigable system.

II. **Expanding comprehensive offerings** across all developmental stages and levels of care to ensure the right help is available at the right time for every child, youth, caregiver and family.

III. **Embedding core values** that guide how the system is structured, how services are delivered, and how young people, caregivers, and families experience care.

Three interconnected strategic imperatives with (14) emerging recommendations that create the framework for systemic rather than piecemeal change

	I. Transform the Maze into Pathways: Build Foundational Infrastructure
Governance	A. Establish leadership structures to reduce system fragmentation
	B. Create a playbook with clear expectations for working together
	C. Build integrated data systems that allows the system to see itself
Funding	D. Adapt payment models and reimbursement structures
	E. Integrate funding from multiple sources to invest meaningfully across the system
	F. Fuel upstream, community-first solutions
Workforce	G. Create behavioral health careers worth staying for
	H. Ignite the behavioral health talent trajectory from classroom to career
	II. Expand Support for Every Age, Stage, & Level of Need: Build Out Comprehensive Suite of Offerings
	A. Concentrate support at developmental milestones when impact is greatest
	B. Create one seamless supportive ecosystem around the young person and their caregivers/family
	C. Strategically fill the most critical service gaps first
	III. Get the "How" Right: Convert Key Guiding Principles that Center People into Everyday Practice
	A. Ensure adaptive, collective learning processes that power progress
	B. Operationalize culturally responsive, strengths-based, and trauma-informed assessment practices
	C. Invest meaningfully in sustainable youth, family, and community partnerships

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Breakout Discussions

Advisory Group members are randomly assigned to breakout groups to discuss one of the three interconnected imperatives and the emerging recommendations.

Washington Thriving Staff will be assigned to each group to take notes. Be ready to report out when we return.

Goal: Provide input and discuss a strategic imperative and emerging recommendations to ensure clarity and success in addressing the needs in each area.

Discussion questions:

1. Does this strategic imperative and emerging recommendations resonate?

2. What is missing from the strategic imperative and the emerging recommendations?

3. Could the language in this strategic imperative and the emerging recommendations be improved to make it clearer? What would you change?

4. <u>If relevant to the strategic imperative assigned</u>: Are there existing programs/services/supports in Washington that are doing well in this area?

I. Strengthening system infrastructure

through coordinated leadership, workforce development, sustainable financing, and community-responsive practices that create a cohesive, navigable system

Transform the maze into pathways; build foundations of a system people can navigate and trust by:

Governance
a) Establish leadership structures to reduce system fragmentation
b) Creating a playbook with clear expectations for working together
c) Build integrated data systems that allow the system to see itself

Funding
d) Adapt payment models and reimbursement structures
e) Integrate funding from multiple sources to invest meaningfully across the system
f) Fuel upstream, community-first solutions

Workforce
g) Create behavioral health careers worth staying for
h) Ignite the behavioral health talent trajectory from classroom to career

II. Expanding comprehensive offerings

across all developmental stages and levels of care to ensure the right help is available at the right time for every child, youth, caregiver and family.

Expand support for every age, stage, and need - build out comprehensive offerings by:

a) Concentrating support at developmental milestones where impact is greatest
- Increase implementation of comprehensive perinatal-5 developmental support
- Implement universal school-based screening for school-aged youth
- Address administrative barriers to integrated transition-age youth service sets
- Ensure dedicated navigators for life event and circumstance-based milestones (all ages)

b) Creating 1 seamless supportive ecosystem around young people and their caregivers

c) Strategically filling the most critical service gaps first
- Stronger pathways from identification to treatment
- Middle-intensity service development
- Specialized population services and support for complex and co-occurring conditions
  - e.g. externalizing behaviors, IDD/ASD populations, whole family SUD treatment, in-home support options for those not qualifying for DDA services, specialized programming for services for children under 13
- Crisis care and residential expansion
- Sustained recovery supports

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III. Embedding core values

that guide how the system is structured, how services are delivered, and how young people, caregivers, and families experience care.

Get the "how" right; convert key principles that center people into everyday practice by:

a) Ensuring adaptive, collective learning processes that power progress
   a) Address systemic inequities
   b) Community-centered approach
   c) Innovative workforce development that value diverse forms of expertise

b) Operationalizing culturally responsive, strengths-based, and trauma-informed assessment practices
   a) First engagement redesign
   b) Linguistic access integration
   c) Collaborative implementation recognizing individuals and families as experts in their own experience

c) Investing meaningfully in sustainable youth, family, and community partnerships
   a) Youth-guided
   b) Family-centered
   c) Community-driven

Breakout Discussion Share Out

- Each group has 3-5 minutes to share out a summary of the discussions
  - Group I
  - Group II
  - Group III

Discussion questions:

1. Does this strategic imperative and emerging recommendations resonate?
2. What is missing from the strategic imperative and the emerging recommendations?
3. Could the language in this strategic imperative and the emerging recommendations be improved to make it clearer? What would you change?
4. <u>If relevant to the strategic imperative assigned</u>: Are there existing programs/services/supports in Washington that are doing well in this area?

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.

- Each person will have **2 minutes** to share their comment.

- 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 next week

- Project team to incorporate information from today's discussions into the materials

- Finalizing dates and times for additional engagement opportunities. These will be shared in the upcoming newsletter, through email distribution, and on the Washington Thriving website

- 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.

2025 Advisory Group Meetings

Event	Date	Time
[Follow-up] Advisory Group meeting	May 8, 2025	5-6pm
Advisory Group meeting	June 24th, 2025	12-3pm
[Follow-up] Advisory Group meeting	July 1, 2025	5-6pm
Advisory Group meeting	July 29th, 2025	12-3pm
[Follow-up] Advisory Group meeting	August 5, 2025	5-6pm
Advisory Group meeting	October 6th, 2025	12-3pm
[Follow-up] Advisory Group meeting	October 13, 2025	5-6pm

Washington **Thriving**

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

Thank you!