

Advisory Group Meeting

June 24, 2025

12 – 3pm



Washington
Thriving

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

Welcome!



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

Members:

- For Advisory Group Members: add "M -" before your name

For example, M – Hanna Traphagan - Partner

- If comfortable and able, we encourage members to turn your camera on
- We invite members to raise your hand or type your comments and questions in the chat throughout the meeting.

Non-Members:

- If you would like to speak during the public comment period, send a message in the chat starting with **COMMENT** – this will help the team identify how many people would like to speak.
- Other than requesting time for a public comment, we ask that non-members refrain from using the chat, so the co-chairs and project team can see and respond to all messages from members
- For the same reason we ask that non-members keep their cameras off except for during breakout discussions and public comment period

Everyone: Please remember to mute yourself when you are not speaking.

Advisory Group Introductions

In the chat, please share:

- Your name
- Where you are joining from today
- What is your favorite thing about summer?



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



- Washington Thriving updates
- Share and discuss the Quantitative Landscape and Gap Analysis work with Mercer
- Breakout discussions: Imperative 3 emerging recommendations
- Children and Youth Behavioral Health Work Group (CYBHWG) & Subgroup updates

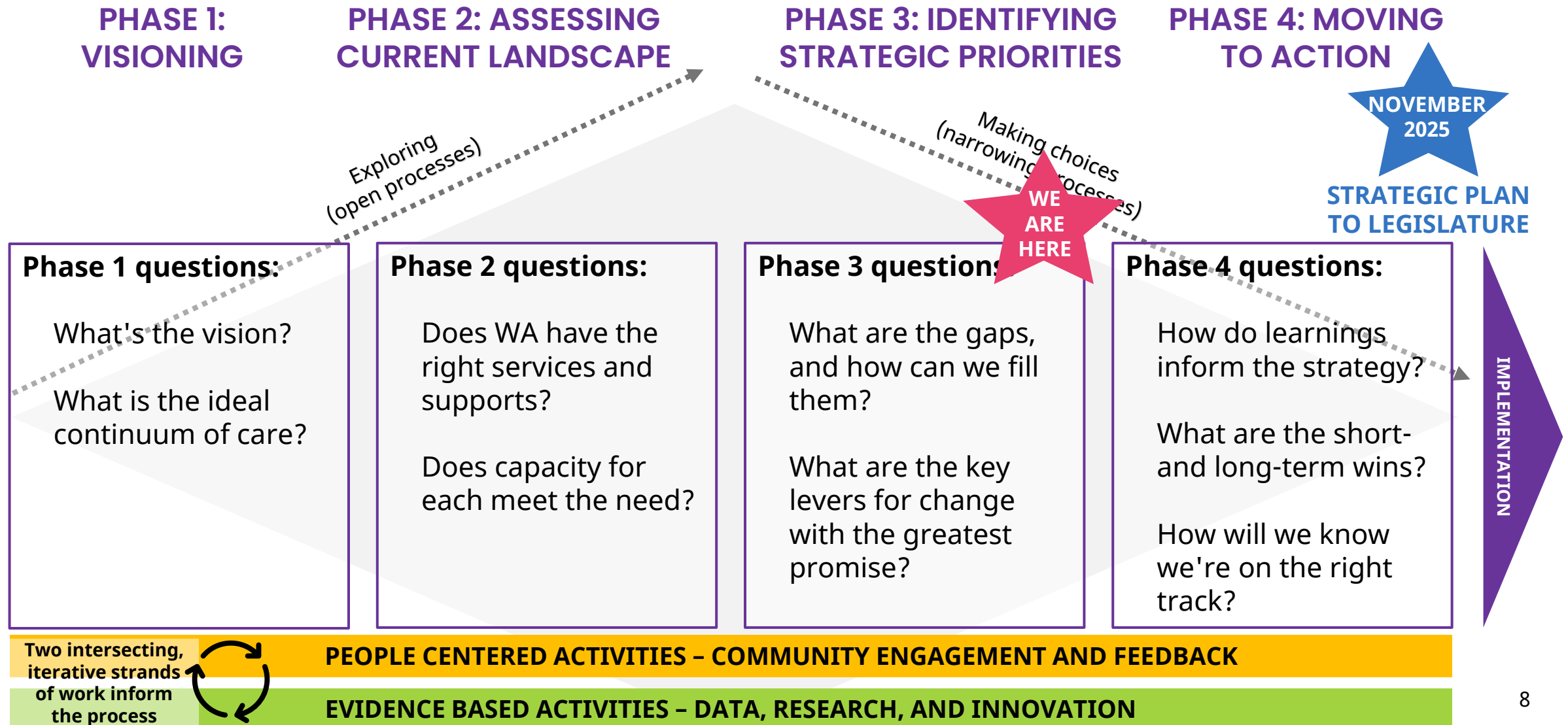
Agenda



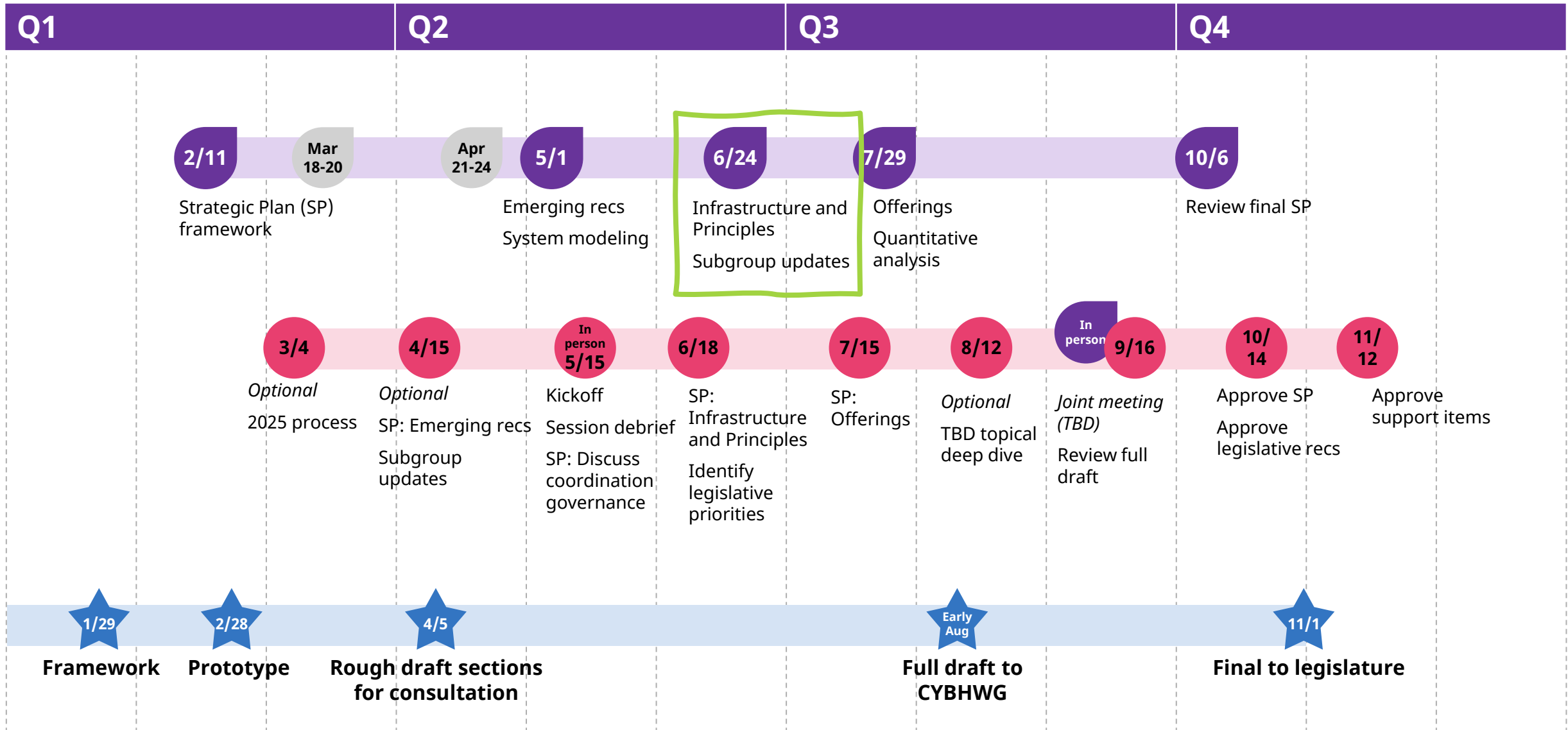
Time	Topic
12:00-12:10	Welcome and introductions
12:10-12:20	Washington Thriving high-level updates
12:20-1:05	Quantitative report updates and discussion
1:05-1:15	Public Comment
1:15-1:20	Break (5 min)
1:20-2:20	Imperative 3 & emerging recommendations discussion
2:20-2:40	Children and Youth Behavioral Health Work Group and subgroup updates
2:40-2:50	Public Comment
2:50-3:00	Wrap up

Washington Thriving Updates

What is the process?



2025 Timeline



A modular set of Strategic Plan materials

Executive Summary

Legislators
Executive leadership

Comprehensive long-form document

CYBHWG, Advisory Group,
system partners

Supporting issue briefs

Those who want to learn more
about specific areas of interest

Companion website

Everyone



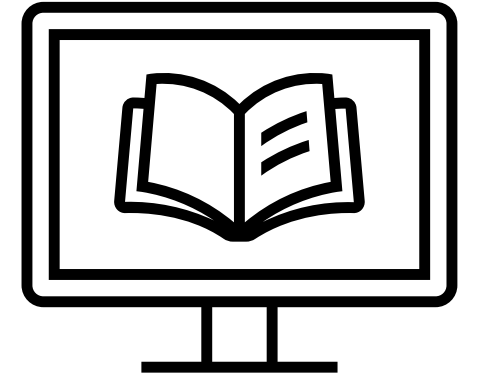
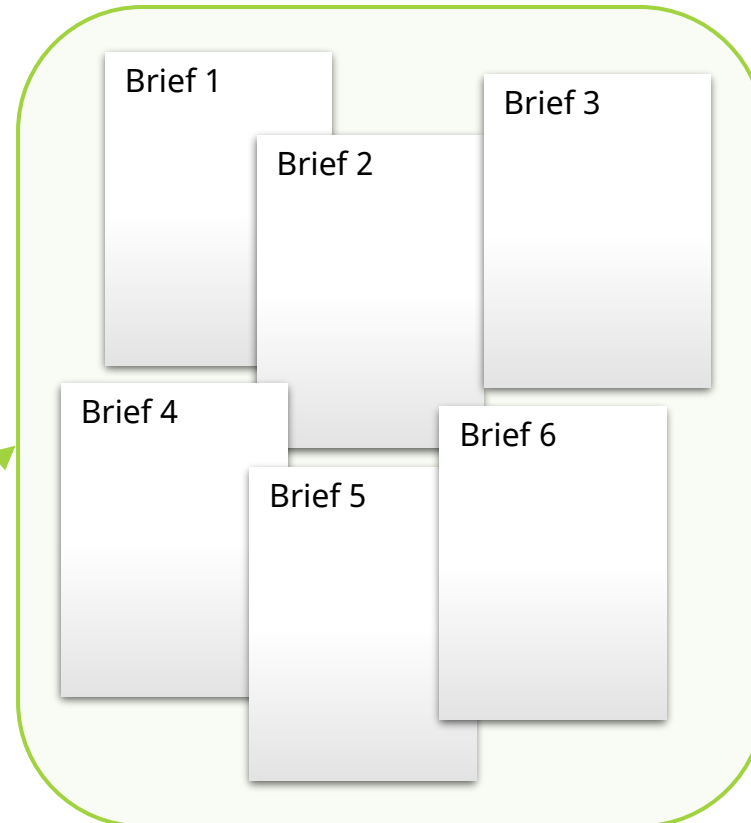
Three Priorities:

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
- V. Next Steps
- VI. Conclusion

A ~~~~~
B ~~~~~
C ~~~~~



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

Quantitative Landscape and Gap Analysis

Mercer Slides

What happens now?

Quant
report

Strategic
Plan

CYBHWG
Meeting

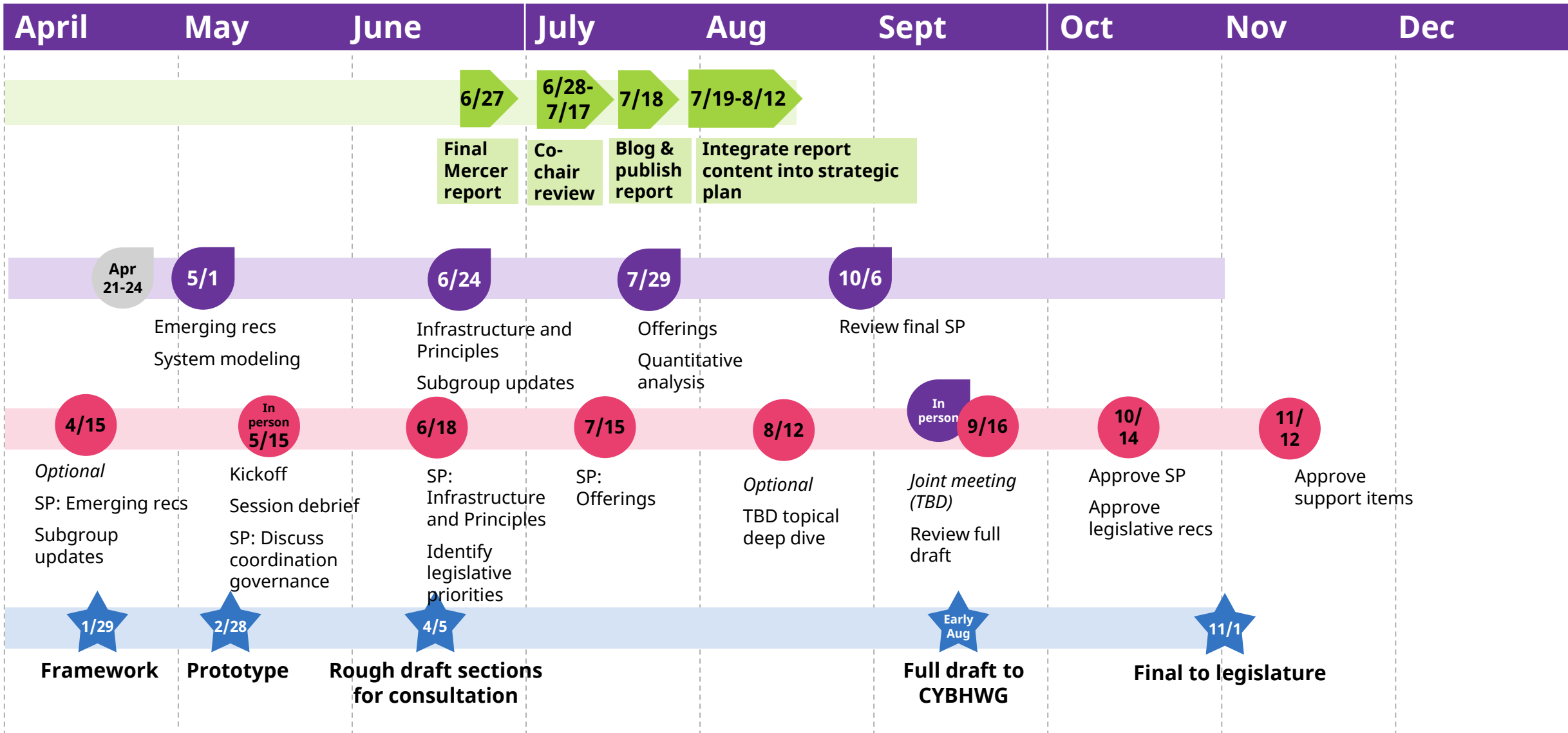
Advisory
Group
Meeting

Disc.
Group
Meeting

Next Steps

Meetings

Iteration



Discussion + Q&A

- Any questions?
- Did anything surprise you?
- What do Mercer's findings mean for the Strategic Plan?

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.

Break – 5 minutes

Strategic Plan: Imperative 3

Emerging framework and recommendations

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

Work in progress for
discussion – do not
distribute

STRATEGIC RECOMMENDATIONS FOR WASHINGTON'S P-25 BEHAVIORAL HEALTH SYSTEM

I. STRONG SYSTEM INFRASTRUCTURE

What structures, powers, and guides
the system

- A. Leadership Structures
- B. Coordination Governance
- 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. Perinatal Behavioral Health
- B. Infant & Early Childhood Support
- C. Role of schools
- D. Barriers to TAY service set
- E. Place-based supports
- F. Information & navigation
- G. Family support & advocacy
- H. Care coordination & sequencing
- I. Expand middle-intensity services
- J. Fill gaps in specialized care
- K. Crisis and residential expansion
- L. Stabilization & ongoing wellness

III. EMBEDDED PRINCIPLES

What core values frame and unify
the system

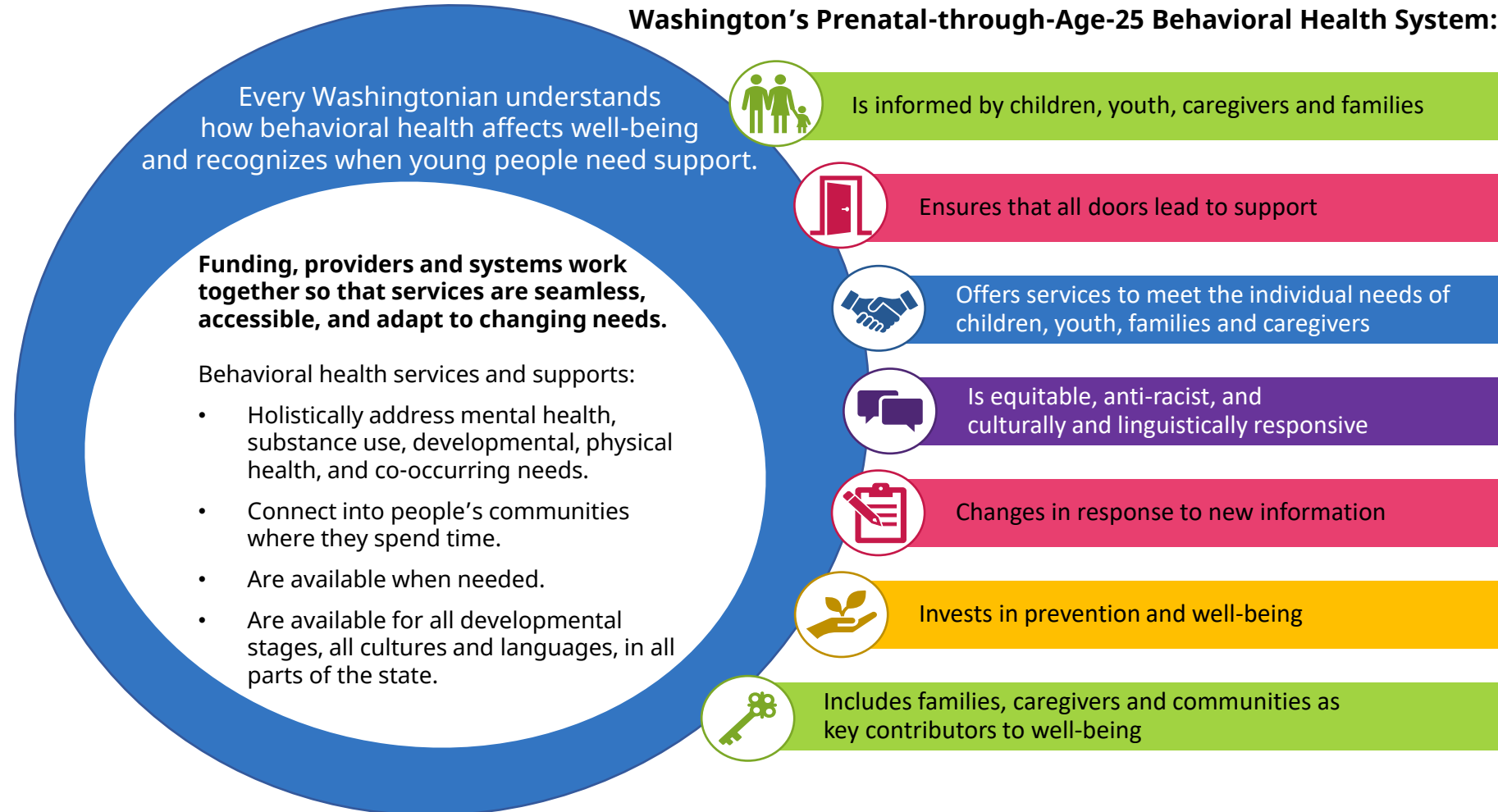
- A. Innovation for Equitable Access
- B. Positive First Encounters
- C. Meaningful Partnerships
- D. Collective Learning & Decisions

WASHINGTON'S SYSTEM OF CARE

VITAL CONDITIONS OUTSIDE THE BEHAVIORAL HEALTH SYSTEM THAT IMPACT WELLBEING

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.



3. 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) Leverage innovation to better address equitable access

- a) Address systemic inequities
- b) Deploy innovative solutions

b) Promote positive first encounter by operationalizing strengths-based, healing-centered, culturally-responsive intake and assessment practices

- a) First engagement redesign
- b) Linguistic access integration
- c) Collaborative implementation recognizing individuals and families as experts in their own experience

c) Invest meaningfully in sustainable youth, family, and community partnerships

- a) Youth-guided
- b) Family-centered
- c) Community-driven

d) Ensure adaptive, collective learning processes that power progress

- a) Cross system learning to enhance services
- b) Ongoing feedback loop for continuous improvement

3A: Leverage innovation to better address equitable access

Why it's critical:

A variety of barriers (geographic, cultural, linguistic, economic) create significant gaps in access and outcomes, particularly for rural, BIPOC, 2SLGBTQIA+, and low-income communities, yet traditional service models fail to effectively address these inequities.

Key to wider strategy:

Innovative approaches to service delivery—including technology integration, mobile services, cultural adaptation, and community-based models—expand the system's reach to underserved populations, creating multiple pathways to care that advance equitable access and outcomes.

Innovation can mean:

- **Technology:** Telehealth, web or mobile applications, wearable devices, and other digital behavioral health tools
- **Training:** Equipping the workforce with skills and support specific to the unique populations they are working with
- **Look across the care continuum:** Learn from others who have successfully implemented innovative solutions to support and serve across the continuum of care (prevention to recovery)

3B: Promote positive first encounter by operationalizing strengths-based, healing-centered, culturally-responsive intake and assessment practices

Why it's critical:

Current assessment protocols often focus on clinical practices over understanding individuals—particularly within marginalized communities—focusing on problems over potential, missing cultural contexts, reinforcing power imbalances, and causing early distrust from a system that feels unsafe, dehumanizing, or culturally irrelevant.

Key to wider strategy:

Transforming first interactions through strength-based, trauma-informed, anti-racist, and culturally-responsive approaches builds trust and cultural safety from the start, shifts power dynamics, elevates community voice and individual strength, improves engagement, reduces disparities, and ensures future engagements build upon strengths rather than reinforcing harmful narratives.

Compassionate, relational, whole-person centered assessment and engagement practices should:

- Build trust by acknowledging the individual's unique journey and needs
- Recognize inherent strengths of individuals and build partnership and not dependency
- Counteract distrust, stigma and overwhelm typically experienced

Discussion #1

Advisory Group members:

- Choose between 3A & 3B and join that breakout group
- Assign a notetaker
- **Discussion questions:**
 - What would it take for this recommendation to be successful?
 - Who (agency/legislature/other) would need to be involved?
 - When and where do the above parties need to be working?
 - What are the potential enablers and barriers (policy/money/coordination) to this recommendation being implemented?
- Report out to group

3C: Invest meaningfully in sustainable youth, family, and community partnerships

Why it's critical:

Despite Washington's commitment to youth-guided, family-centered approaches, current partnership practices often maintain traditional power dynamics that devalue those with lived and living experience.

Key to wider strategy:

Authentic partnerships that share decision-making authority with youth, families, and communities transform Washington's behavioral health system from a provider-driven model to a co-created ecosystem where lived experience drives system design, accountability, and continuous evolution at every level from individual service planning to statewide policy.

Youth, families, and community partners should:

- Be embedded into the decision-making infrastructure of the behavioral health system as experts of their own lived and living experience
- Have intentional and meaningful roles in cross-system partnerships to authentically represent the people and communities across the state
- Receive support and investment from system leadership in their sustainable participation in decision-making processes impacting the behavioral health system

3D: Ensure adaptive, collective learning processes that power progress

Why it's critical:

Current knowledge development is siloed leading to exclusion of community experiences, and this prevents effective system learning, adaptation, and growth based on diverse perspectives.

Washington needs collaboration with national partners, state-to-state information sharing, and pathways to learn from both community-driven and national/international best and emerging practices.

Key to wider strategy:

Collaborative learning infrastructure creates the framework necessary for continuous improvement, enabling cross-system insights, rapid feedback loops, and integration of diverse knowledge that drives innovation throughout the system. This includes benefits of community knowledge-building and alternative approaches to support within the workforce that prioritize value-based care.

Collective learning should:

- Connect knowledge and data systems across the behavioral health system
- Be active and ongoing allowing for consistent learning and responding to emerging findings
- Engage in ongoing feedback loops with communities including opportunity to provide qualitative insights from those with lived and living experience
- Be integrated into the decision-making structures of the system

Discussion #2

Advisory Group members:

- Choose between 3C & 3D and join that breakout group
- Assign a notetaker

- **Discussion questions:**

- What would it take for this recommendation to be successful?
 - Who (agency/legislature/other) would need to be involved?
 - When and where do the above parties need to be working?
 - What are the potential enablers and barriers (policy/money/coordination) to this recommendation being implemented?
- Report out to group

CYBHWG Subgroup Activities

CYBHWG Subgroups

Prenatal-through-5 Relational Health

- Universal information promotion and prevention
- Strengthening the early identification system
- Developing and maximizing access to services
- Recruiting and retaining the workforce

School-Based Behavioral Health and Suicide Prevention

- Statewide guidance for BH in schools
- System support needs for schools
- In-state residential treatment + education

Youth and Young Adult Continuum of Care

- Age of Consent
 - Developmental capacity
 - Defining roles and decision-making processes
- Peer Support
 - Increasing utilization and access
- Crisis Services
- Serious Mental Illness

Behavioral Health Integration

- Build Behavioral Health into Primary Care services
 - Reinforce current systems of care to increase accessibility
- Establish reliable referral relationships and structures
- Finance and sustain multidisciplinary team within primary care

Workforce and Rates

- Pathways to the workforce
 - K-12 Pipeline
 - Competency Framework
 - Training and Certifications
- Retention and Reimbursement
 - Capacity and Staffing
 - Workforce Wellbeing
 - Financial Sustainability and Capacity
- Administrative Burden
 - Training Requirements
 - Auditing Issues

Public Comment – 10 minutes

Public Comment



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- 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.

Wrap-up

Next Steps

- Today's meeting materials will be sent out to members and shared to the HCA website next week and the recording will be available on TVW soon
- Project team to incorporate information from today's discussions into the materials
- Join us at the upcoming Office Hours over the next few weeks
- 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.

Upcoming Meetings

Event	Date	Time
Office Hours	June 25, 2025	12-1
<i>[Follow-up] Advisory Group meeting</i>	July 1, 2025	5-6pm
Office Hours	July 10, 2025	12-1
Office Hours	July 17, 2025	12-1
Advisory Group meeting	July 29th, 2025	12-3pm
<i>[Follow-up] Advisory Group meeting</i>	August 5, 2025	5-6pm

Thank you!



Washington
Thriving

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

Washington Thriving Quantitative Updates

State of Washington
June 24, 2025

Jeff Payne | Melissa Buchner | Eva Velez | Brenda Jackson

A business of Marsh McLennan

Quantitative vs. Qualitative Comparison

QUANTITATIVE ANALYSIS

(MERCER'S ROLE)

- Analyzes the services being offered, identifies the recipients and providers of these services, examines the payment structures, and assesses the frequency of service delivery.
- Relies on information sourced from publicly available data and collaborations with data partners.
- Requires the establishment of sharing agreements.

QUALITATIVE ANALYSIS

- Evaluates the quality of services provided.
- Utilizes consumer feedback gathered through surveys and input from stakeholders.
- Assesses service quality through individual data metrics.

Key Findings

From 2018 to 2023, the number of children, youth, and transition aged youth monthly receiving inpatient mental health services doubled from 438 to 932.

Washington has lower than the national average of 15 pediatric beds per 100,000 population.

From 2018 to 2023, number of children, youth, and transition age youth receiving outpatient services monthly continued to increase, growing from 6,555 to 7,921 (+20.8%).

Only 37% (statewide average) of individuals needing SUD treatment were able to receive SUD treatment in State Fiscal Year 2022.



Significant access
challenges for BH
services

Key Gaps in Services

The highest unserved group for BH services was for children aged 0 years–4 years. The highest unserved group for substance use disorder (SUD) was for adolescents aged 13 years–18 years.



Children with BH

Do not receive services



Children with SUD

Do not receive services



Pregnant Women with SUD

Do not receive services

Challenges and Recommendations

Limited Evidence Based Practices

Geographic Deserts for Inpatient and Residential Care

Need for more Education and Coordination of Care

Out of State and out of District Placement



Increase case management to specific populations



Reinvest in expanding inpatient and residential services for children



Focused education for pregnant women



Adjust reimbursement rates for EBPs



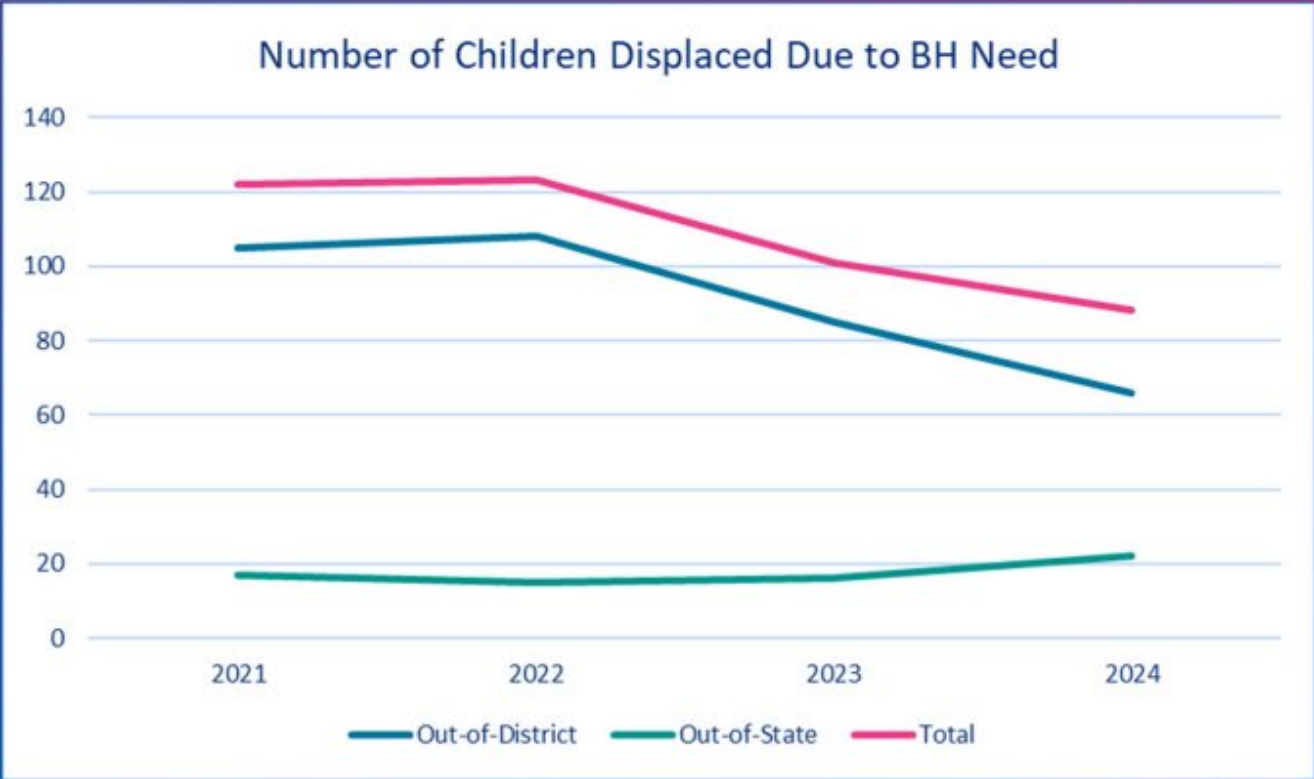
Reexamine coverage strategies



Increase training on specific populations

Prevent Out-of-State and Out-of-District Placement

SFY 2024	Number of Children	Total Estimated Cost
Children Placed Out-of-State	22	\$4,198,353.00
Children Placed Out-of-District	66	\$2,640,000.00
Statewide Total	88	\$6,838,353.00



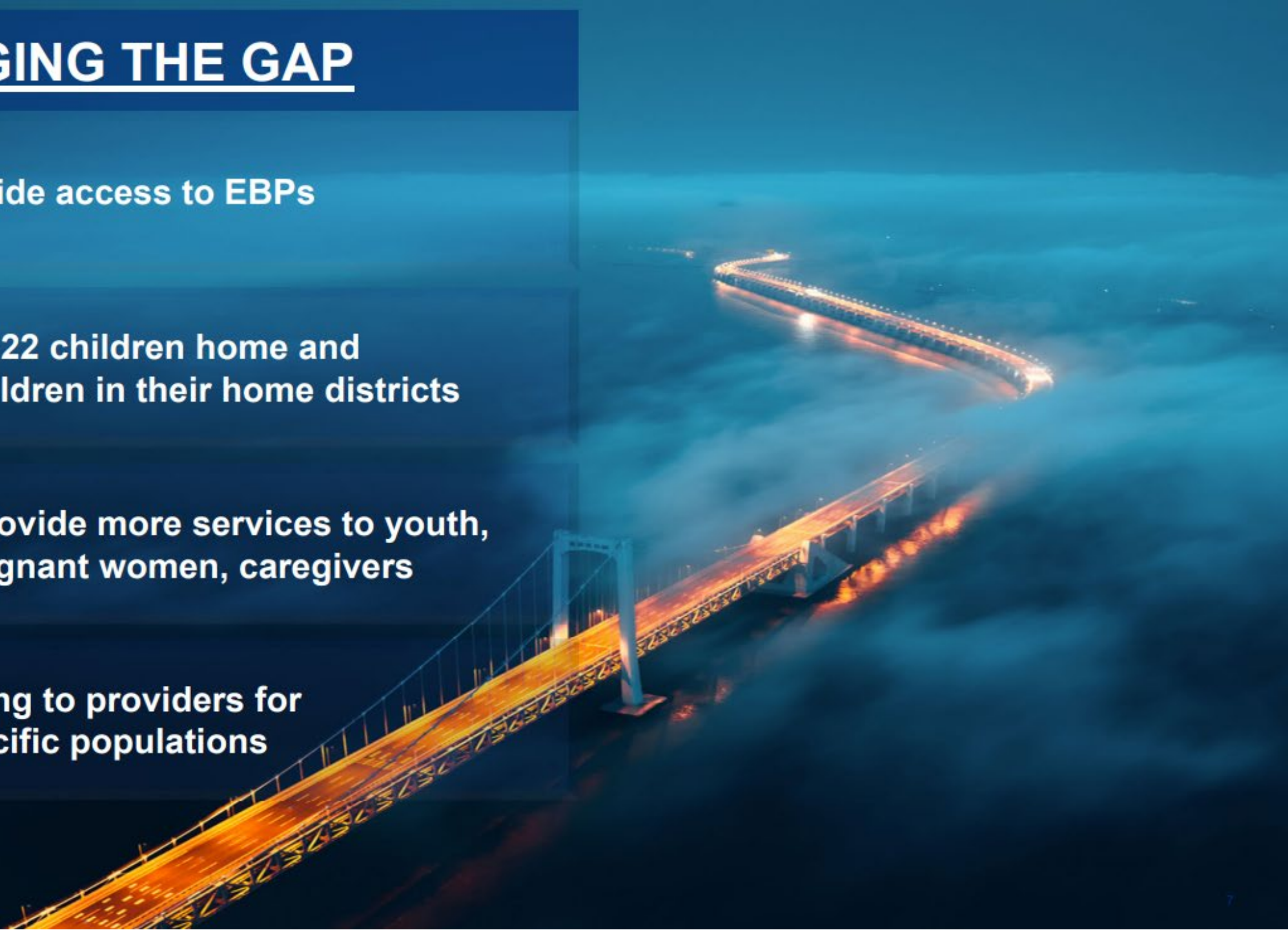
BRIDGING THE GAP

Statewide access to EBPs

**Bring the 22 children home and
serve the 66 children in their home districts**

**\$565 million to provide more services to youth,
children, pregnant women, caregivers**

**Training to providers for
specific populations**





Open Discussion