

# PN25 Behavioral Health Strategic Plan Advisory Group Meeting Notes

Wednesday, April 24, 2024  
3–5 p.m. Pacific Time

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# PN25 Behavioral Health Strategic Plan Advisory Group Meeting Notes

April 24, 2024

## Members

Youth/Young Adults			
<input type="checkbox"/> Hannah Adira	<input type="checkbox"/> El Dolane	<input type="checkbox"/> Sol Rabinovich	<input type="checkbox"/> Lillian Williamson
<input checked="" type="checkbox"/> Darren Bosman	<input checked="" type="checkbox"/> Tracey Hernandez	<input type="checkbox"/> Casi Sepulveda	<input type="checkbox"/>
<input type="checkbox"/> Xana Caillouet	<input type="checkbox"/> Bree Karger	<input checked="" type="checkbox"/> Amanda Shi	<input type="checkbox"/>
<input type="checkbox"/> Sierra Camacho	<input type="checkbox"/> Kaleb Lewis	<input type="checkbox"/> Chanson Toyama	<input type="checkbox"/>
<input type="checkbox"/> Sage Dews	<input type="checkbox"/> Desi Quenzer	<input type="checkbox"/> Oscar Villagomez	<input type="checkbox"/>

Parents/Caregivers			
<input checked="" type="checkbox"/> Tina Barnes	<input type="checkbox"/> Amy Fumetti	<input type="checkbox"/> Niki Lovitt	<input checked="" type="checkbox"/> Sharon Shadwell
<input checked="" type="checkbox"/> Marta Bordeaux	<input type="checkbox"/> Melia Hughes	<input type="checkbox"/> Sarah McNew	<input type="checkbox"/> Lamara Shakur
<input type="checkbox"/> Melissa Brooks	<input type="checkbox"/> Rokea Jones	<input type="checkbox"/> Alexie Orr	<input type="checkbox"/> Tui Shelton
<input type="checkbox"/> Christi Cook	<input checked="" type="checkbox"/> Michelle Karnath	<input type="checkbox"/> April Palmanteer	<input type="checkbox"/> Kimberly Slattery
<input type="checkbox"/> Alyssa Cruz	<input type="checkbox"/> Karen Kelly	<input type="checkbox"/> Rosemarie Patterson	<input checked="" type="checkbox"/> Danna Summers
<input checked="" type="checkbox"/> Peggy Dolane	<input type="checkbox"/> Brandi Kingston	<input type="checkbox"/> Liz Perez	<input type="checkbox"/> Marcella Taylor
<input type="checkbox"/> Jamie Elzea	<input checked="" type="checkbox"/> Nicole Latson	<input type="checkbox"/> Jessica Russell	<input type="checkbox"/>
<input type="checkbox"/> Heather Fourstar	<input type="checkbox"/> Starleen Lewis	<input checked="" type="checkbox"/> Janice Schutz	<input type="checkbox"/>

Other Members		
<input checked="" type="checkbox"/> Shelley Bogart (Department of Social and Health Services-Developmental Disabilities Administration)	<input checked="" type="checkbox"/> Hugh Ewart <i>or</i> Laurie Lippold (Workforce & Rates subgroup)	<input checked="" type="checkbox"/> Sarah Rafton <i>or</i> Kristin Houser (Behavioral Health Integration subgroup)
<input type="checkbox"/> Kelli Bohanon <i>or</i> Kristin Wiggins (Prenatal-5 subgroup)	<input type="checkbox"/> Steven Grilli, Department of Children, Youth and Families	<input checked="" type="checkbox"/> Michele Roberts (Department of Health)
<input type="checkbox"/> Lisa Callan, Co-Chair (House of Representatives)	<input type="checkbox"/> Summer Hammons (Tulalip Tribes)	<input checked="" type="checkbox"/> Delika Steele (Office of the Insurance Commissioner)
<input type="checkbox"/> Britni Dawson-Giles Suquamish Tribe	<input checked="" type="checkbox"/> Kim Justice (Commerce - Office of Homeless Youth)	<input checked="" type="checkbox"/> Bridget Underdahl (Office of Superintendent of Public Instruction)
<input type="checkbox"/> Byron Eagle (Developmental Disabilities Administration-Child Study Treatment Center)	<input type="checkbox"/> Amber Leaders (Governor's Office)	<input type="checkbox"/> Diana Cockrell, Co-Chair (Health Care Authority)
<input checked="" type="checkbox"/> Carolyn Eslick (House of Representatives)	<input type="checkbox"/> Jeannie Nist (School Based Behavioral Health & Suicide Prevention subgroup)	

Staff		
Erika Boyd (Legislative staff)		Cindi Wiek (HCA)
Rachel Burke (HCA)		Amanda Avalos (HCA)

Others: Astrid Newell, Betty Jensen, Brisa, Brisa Sanchez Cornejo (Office of Superintendent of Public Instruction), Chloé Wilkins (HCA), Christian Stark (Office of Superintendent of Public Instruction), Christine Mickelson, Codie Garza (HCA), Diana Boggess (Behavioral Health Catalyst), Erika Rodriguez, Jane Beyer, Jessica Reyes, Julie Kemner (Behavioral Health Catalyst (BHC)), Kari Goudge (Great Rivers BH-ASO), Kate Cross (Department of Health), Kelly Sweeney-Widman, Krystina Morton, Lexie Lee, Libby Hein (Molina Healthcare), Mary Lynne Courtney, Maureen Sorenson, Ray Horodowicz (HCA), Renee Fullerton, Renee Tinder, Richelle Madigan, Gordon Bock (SEA), Sonja Pipek (HCA), Steph Budrus (DCYF), Suzanne Swadener (HCA), Tara Janes (MD), Thalia Cronin (CHPW/CHNW), Todd Slettvet (HCA-Medicaid), TVW Streaming, Whitney Queral

## REVIEW FULL VALUE AGREEMENT

See TVW recording (35:22)

- Advisory group members reviewed and approved the full value agreement, revised to include the proposed changes from the May 22<sup>nd</sup> meeting.
- This included the approved edit request, “Speak your truth, from your own expertise.”

### [Full Value Agreement](#)

## PROJECT UPDATES

See TVW recording (37:15)

- Last year gave us an opportunity to better understand the current situation and needs for the prenatal-25 population, and new legislative developments will further shape our efforts going forward.
- **As we reassess:**
  - We agreed parents and caregivers and providers and communities that experience health and equity needed to be equal partners in the development of this plan; including bipoc and two spirit, LGBTQ2+ voices.
  - In the last year we began to understand what the current behavioral health landscape is for children, youth and families in Washington state, got started on a vision for the future, and affirmed the need for ongoing involvement and input from young people, parents and caregivers.
  - We learned a lot about what a project of this scope takes in time and resources, timeline and funding.
  - Legislation has extended the timeline and funding of the strategic plan to August 2025.
  - 4 contractors are working with us throughout, specifically focusing on community and engagement. We are expanding the advisory group.
- **Moving forward:**
  - We’re striving for strategic plan we can all get behind that gives means for sustained cycle of improvement.
  - Youth and other stakeholders should see themselves in it, and there should be tangible improvements in the near term.
  - We hope work in these efforts will succeed in doing four things:
    - Help legislators realize the importance of investment in and improvement of children, youth and young adult behavioral health wellbeing, and that support services for families are part of that.
    - Give legislators and agencies a roadmap for consistent improvement, assessment, and implementation over a number of years, with goals reaching further than just one legislative session at a time.
    - Build bridges and shared understanding between agencies, community-based organizations, and providers for a shared vision.

- Develop sustainable lines of reciprocal communication between parents, individuals and stakeholders to continue to inform the work.
  - No wrong door, a system coordinated and connected enough so we can get individuals and families to help if they don't have that expertise, without making them feel further burdened through navigating it.
  - A system informed by children, youth and providers to young adults, by those who use these services or would use them. A robust and valuable system of care, early intervention, for all types of settings and intensities for the prenatal to 25-year-old population.
  - Guided by outcome metrics; for earlier intervention to address unaddressed conditions before they lead to crisis levels.
- **Questions and Answers:**
  - How will this work tie into using system of care framework and values?
    - As we move through and get feedback from communities and providers, we expect what we hear will match system of care framework and values that we built over last decade. Youth and family driven, culturally and developmentally appropriate are showing up already, and are embedded in feedback so far.
  - Do our systems of care values include families and children with behavioral health needs?
    - The belief is yes, and if we're not seeing and hearing it in the framework so far, let's keep in front and center in our minds and further incorporate it as it arises in the feedback from the community.
  - Dialable- what does it mean?
    - Like an accordion, when more need arises in one place, it can be expanded to meet that need. Using data to build a system based on outcomes in which we can see if we're getting the outcomes we want, and if so, how to increase those desired outcomes elsewhere as well.
- **Moving forward, cont'd:**
  - We're expanding the advisory group memberships to include membership from the full set of stakeholders and communities that will have to act to implement the strategic plan: parents, caregivers, youth, tribal partners and community advocates will make up at least 50% of membership; providers, state agency reps and other partners will make up the other half.
  - Introducing 3 separate subcommittees for parents and caregivers, one for youth and young adults, and one for system partners. The goal of those monthly meetings is to dive into current system plan work and create more frequent opportunities to provide and hear feedback to influence this.
  - We'll also focus on alignment with the strategic plan work with the Crisis Response Improvement Strategy, or CRIS, and work for the statewide improvement of crisis response services as well as joint legislative executive committee of behavioral health, JLEC, which does strategic planning work for behavioral health system as a whole.
  - The P-25 strategic plan groups are one way we hear from the community about what needs to be included in system design and vision.
  - Integrated timeline- extending thru July of 2025, more time to engage with people.
  - Bringing in Mercer, new contractor being brought on to help with the quantitative analysis of the system. They're going to explore what data and info will be most useful for informing strategic plan development.
  - Identify actionable recommendations to carry forward. Takeaways from discoveries will help us add to strategic plan.
  - How we might improve services and support to people at risk of child welfare involvement due to behavioral health, and what components of system needed to create a developmentally on-point and integrated set of services and support to transition-age youth experiencing mental health, substance abuse and/or co-occurring complications.

- We are also planning to work with full framed initiatives; unique approach to community; intentional conversations with communities that don't already know we want to speak with them; support their voice and needs being listed, in ways that honor them, make sure we're doing reciprocal communication patterns and relationships to continue building and strengthening these relationships as we move forward.
- What might you need from us to talk to your circles of influence; what they might need from you to do the same to their networks?
- The hope is that through building reciprocal communication channels with communities, we'll get qualitative data on these topics as well.

## BREAKOUT GROUP EXERCISE: SETTING A VISION

*See TVW recording (1:07:07)*

### Themes that arose in discussion:

- Looking at cause over symptoms
- Full circle loop of communication
- Why can't policy maker walk in the shoes of individuals with multiple children with special needs for a day?
- Consent from those with developmental disabilities for treatments
- Addressing stigma, which really limits people's seeking help
- Huge disincentive for men to seek mental health services when it comes to divorce courts
- Look at what's already been collected in surveys before conducting more surveys
- Mistrust of surveys, that your answers will be used against you
- Stigma around mental health in the east-Asian community
- If a survey is administered, change needs to follow to respect the time of those who participated, and the more you make that change obvious to the participants, the more trust you build
- Include non-traditional caregivers like grandparents in the conversation
- We're seeing an increase in mental health concerns in children and youth - what's happening to society? It's not because of a lack of services. Maybe smartphones. We need to figure out what's going on
- Surveys and resources need to be made usable for blind and otherwise disabled; only severely disabled individuals and their parents can legally leave Ukraine right now, so in Ukrainian communities in the US disabled individuals who have trouble accessing resources aren't uncommon
- Some immigrants find the experience of giving birth in US hospitals traumatic
- Defining/explaining behavioral health - different cultures may think of wellness and healing differently than from a clinical standpoint. Some cultures may not speak about mental health, but rather about physical manifestations of it
- Need to determine root causes of mental illness increases
- Cost of education to become behavioral health professional is so expensive, people feel obligated to work in a private clinic setting as opposed to for the public
- Look at systems that are inclusive by nature - New Jersey has an inclusive system for parents
- Use schools to make health care education and community-based health providers more accessible
- Beginning by seeking small tests and early wins
- Nothing about us without us
- Accountability
- Go into community to capture people's perspectives, not just checking a box
- Use conversational language
- Reach out to people about this through networking, social media platforms
- Connect with systems like schools, caretakers, extended community members

- Reach isolated people with billboards, doctor's offices, messengers, behavioral health staff embedded in the system
- Prioritizing outreach to community members so they're aware of the work being done; community members leading the subgroups getting adequately compensated for skills and time
- Identify the historically underserved; thinking about how the 'undiagnosed' can receive services
- Importance of going to where people are, boots on the groundwork
- Families who need this most are least likely to show up to a meeting
- Need for talented note-takers who can listen, capture what is shared, and organize it into something functionally usable
- Creative outreach: geofencing campaigns, radio, PSAs (also in Spanish), multilingual messages
- Offer resources when ask for responses
- Hard to capture those falling through the gaps: carceral facilities, biggest behavioral health needs that went unmet, probation officers, staff at jails. People who did get help early enough
- Someone who lacks insight into their psychotic condition is an unreliable witness to the access issue they face
- Medicaid Administrative Claiming program - is there an arm of this that goes beyond the under 18 population?
- Thinking about individuals with co-occurring developmental conditions
- ECEAP, great place to do outreach for young population
- Adopted families, foster families, kinship families
- Prioritize transition age youth with psychotic disorders- some of those at most risk for harm if they don't get help; young children born with disability or difficult early start; migrant populations who are disconnected from communities and system; co-occurring populations, SUD-facing populations; rural communities
- Building out training for the providers in different service areas to understand what System of Care means; our providers aren't functioning in a way that is system of care friendly; kids with multiple health concerns get shuffled from one part of the system to another
- Ways to get the word out: WA State Community Connectors Facebook Group, Monthly Statewide Family Network meetings; parents like info through local meetings, like baseball; DDA shares through Informing Families online resource
- Clubs in schools can normalize conversations about mental health; teen mental health first aid grants; encouraging peer to peer support
- We're missing experiences of incarcerated youth, tribal communities, male caregivers/fathers, foster youth
- Prioritize spreading awareness that individuals can have IDD/ASD as well as mental health or other disorders; helping these people
- Transparency. Not scientific language. Overwhelming emails
- Youth can face apathy toward participating in meetings like this, but good for them to be there as these policies and programs will impact them in the long run
- Info to be spread through school counselors, organizations and volunteer roles
- Making meetings and emails more tailored to youth

## PUBLIC COMMENT

*See TVW recording (2:24:00)*

- *Peggy* - Gerry's comments made me rethink how I was going to say things, so I'll try to stay within the lens of, you know, the transition-age youth. We tend to look at children's behavioral health from a backward perspective, looking back at what happened as opposed to looking forward. And one of the

most significant things that I keep hearing in our language with the system is the adult vision of behavioral health with just mental illness plus substance abuse and there's a funding stream package that gets put together, and so when we talk about children, sometimes you hear mental health being discussed.

But behavioral health develops. So, when kids are committing suicide after they're diagnosed with bipolar disorder, the depression is not necessarily coming from the fact that they have bipolar disorder, the suicide isn't, but more what is the embraced care, what has happened to them since they've had it. Children develop behavioral health problems when we don't adequately address their needs in school. And so just to wrap that up, I think we must define behavioral health for children, and be very clear, that when we're talking about it it's developmental, and it includes fetal alcohol spectrum disorder, neuro atypical kids like autism, and also kids that've gone through trauma. So, all these things affect brain development, and emotional development. Emotional development happens. Done. Thank you for listening.

- *Janice* - Alright I'll try and be really quick. WCSS is going to be offering eleven sessions of a training called Serving on Groups That Make Decisions. So, this is a great way to get more parents, youth and other care-givers involved in this process, at our table, at the many places in our state where parent voice is needed and allowed. WCSS is Washington State Community Connectors, somebody asked in the chat, so we will be doing—it's a two-day training; it's a national curriculum that we have several trainers certified in, and I will share information out as soon as we have dates locked in place.

## COMMENTS IN CHAT

- How will this work tie in to using the System of Care framework and values?
- Does our system of care values include families in helping children with behavioral health needs?
- What does dialable mean?
- Given that there is virtually no representation of boys or fathers on these calls, should we retitlize slide 3 with "Informed by girls, women, and mothers to utilize services"?
- It's the reality. We do have a couple of strong men's organizations in the behavioral health sphere. I'm not sure why they aren't at this meeting. But I do see Dad's Move involved elsewhere.
- If you know of any other fathers who would be interested in participating, I'm certain they would be welcome to apply in the process that I think is still open (to everyone)!
- There are many families here with sons and grandsons utilizing services, so their experiences are included.
- Need to recruit fathers and boys. only way to be equitable
- Reach out to the Fatherhood Council, they have a DB of father groups such as Spokane Fatherhood Initiative or Dad's Move.
- We need to add the Parent Portal/BH 360 to this organizational structure, I don't think it's a short-term group.
- Information about this project was shared widely with the male caregiver serving organizations in our state. Why those organizations have no representation here is a question for them.
- Thank you for all these suggestions and if you have other groups, please share them!
- There will need to be an active effort to recruit fathers. Research shows that there is a bias against men in social services and most men I have spoken to feel that bias.
- Youth/Young Adult Application: <https://www.surveymonkey.com/r/2RGKF3J>  
Parent/Caregiver Application: <https://www.surveymonkey.com/r/63DQLXJ>  
System Partner Application: <https://www.surveymonkey.com/r/56N9H62>
- Gordon Bock, could you help with that effort? Women have been trying to engage dads in care for years.
- Lippold-M Anne and I know each other quite well. Her forum is how I discovered this forum. Going through her group would be a good first start to get volunteers.
- My husband participates with the Father's Network, and I am well aware of the dynamic. I know that Dad's Move has been regularly included in outreach efforts. I am not saying it's perfect, but efforts are being made to include male caregivers. They are always welcome.
- Don't forget Richelle's voice for qualitative as well as quantitative data.
- Do you also have a plan to capture qualitative data? this is really important because often the people with the highest needs are also often the ones failed by systems and suffer negative life outcomes that put them outside the scope of most quantitative survey fields.
- Glad to hear! I am active on the Fatherhood Council; I will need to keep an eye out for your husband. Hopefully we can see you on June 7 at the Tacoma Convention Center. 2024 Fatherhood Summit Tickets, Fri, Jun 7, 2024, at 7:30 AM | Eventbrite
- The team supporting the strategic planning process is in touch with the Fatherhood Council about holding a listening session at the upcoming summit!
- Question - We had a presentation last year from a leader who helped implement the program used in New Jersey. Have we created a model of the NJ mental health services as a baseline?

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## BREAKOUT GROUPS: VISION

- Substance abuse - is this a cause or a symptom of a bigger issue?
- We talked about starting small. We could do multiple small projects to prove concepts and prioritize a variety of points with the communities engaged.



- Also, those with polysubstance use disorders. It's an important point. Thank you, Jerri.
- If you have comments or thoughts about anything that was discussed today., you can send comments to [cybhwg@hca.wa.gov](mailto:cybhwg@hca.wa.gov) and they will be part of the public record.
- Is HCA going to the Fatherhood Summit on June 7 to seek volunteers? [2024 Fatherhood Summit Tickets, Fri, Jun 7, 2024, at 7:30 AM | Eventbrite](#)
- I believe we have folx attending but thank you for the reminder to make sure we're connecting the dots!
- WSCC is a key parent led organization concerning behavioral health advocacy.

POST-MEETING COMMENTS, SENT TO [CYBHWG@HCA.WA.GOV](mailto:CYBHWG@HCA.WA.GOV)

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# Prenatal – 25 Strategic Plan Advisory Group

April 24, 2024  
3:00-5:00 PM



Children  
and Youth  
Behavioral  
Health Work  
Group

# Zoom Etiquette: P-25 Advisory Group Members



# Zoom Etiquette: Members of the Public



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

# Welcome!

- Please introduce yourself in the chat.
- Please change your name in Zoom to include the role that brings you to this meeting:
  - YYA (youth or young adult), Parent (parent or caregiver), or Partner (system partner).
  - If you are an appointed member of the advisory group, add –M at the end.

For example, Megan Beers- Parent (M)

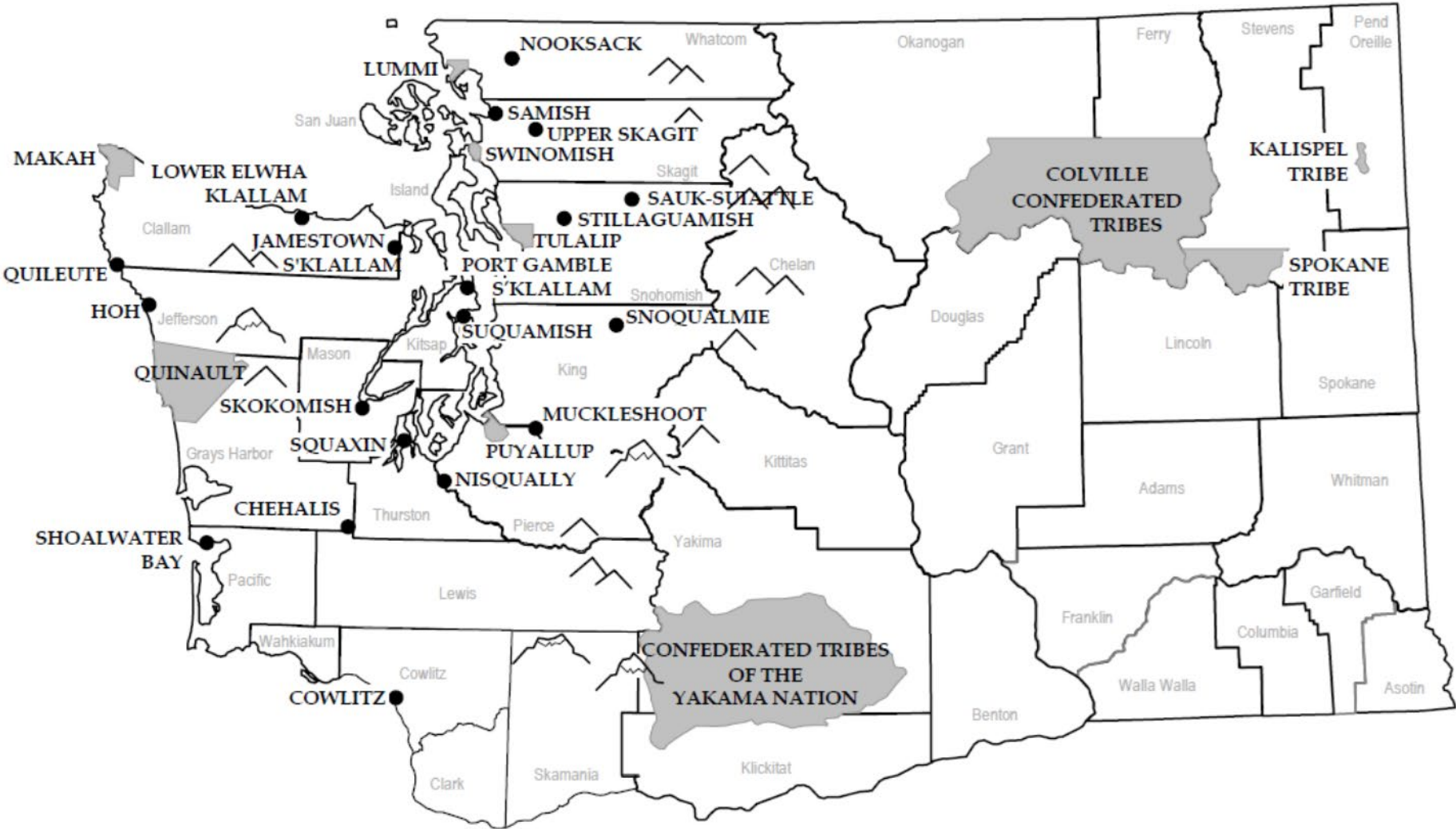


- *This meeting is being recorded and will be available on TVW*
- *Breakout groups will not be recorded.*



# Land Acknowledgement

## FEDERALLY RECOGNIZED TRIBES OF WASHINGTON STATE



# Meeting Objectives



**Learn about changes made during the legislative session and changes being made to the Prenatal – 25 Strategic Plan Advisory Group planning process in 2024.**



**Share information about the plan to do the work including report development, upcoming meetings and opportunities for engagement.**



**Hear and talk about community engagement.**



**Confirm action items and next steps.**



**Public comments.**

# Meeting Agenda

<b>TIME</b>	<b>TOPIC</b>
2:55 pm	Technology/Logistics Moment
3:00 – 3:05 pm	Welcome, Introductions, Review Meeting Agenda
3:05 – 3:15 pm	Full Value Agreement
3:15 – 3:30 pm	Co-Chair Update
3:30 – 4:00 pm	How, When and Where the Work is Happening
4:00 – 4:40 pm	Breakout Groups
4:40 – 4:45 pm	Action Items and Next Steps
4:45 – 5:00 pm	Public Comment Period
5:00 pm	Adjourn



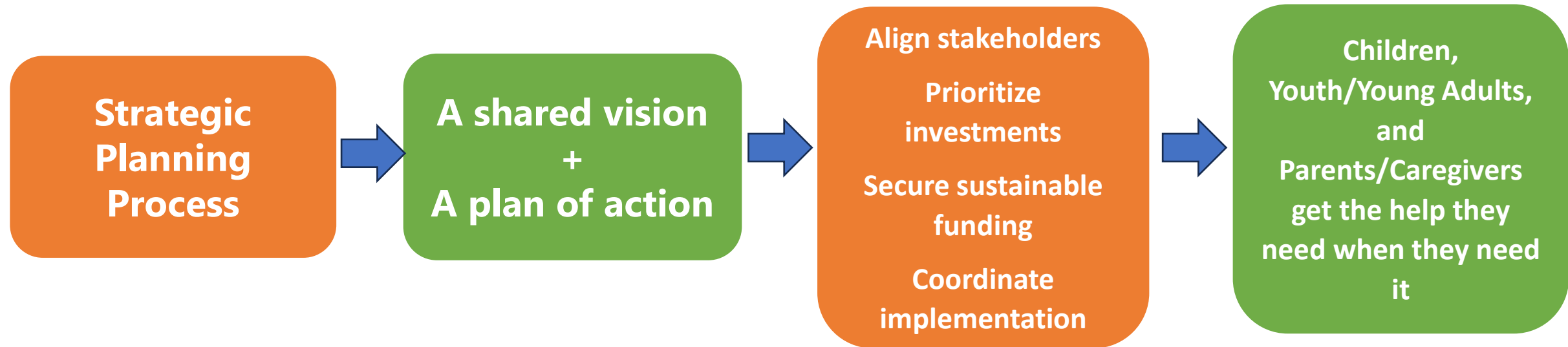
# Full Value Agreement

- Be respectful of each other
- Speak your truth, from your own experience
- Keep an open mind; listen to understand
- Honor this time as a space for you and others to share perspectives across differences without judgement
- Use plain language (explain acronyms, if used)
- Use first names
- Stories stay private, but the lessons may carry forward
- Practice patience with ourselves and each other
- Step up then step back so that everyone has a chance to be heard – one at a time when speaking & give attention to facilitators/speakers
- Be mindful of trauma and recognize the impact of that trauma
- Your experience matters; so does your knowledge and experience
- Encourage grace, compassion and kindness for self

# Co-Chair Update

Diana Cockrell (HCA)

# What is the Prenatal-through-25 Strategic Plan?



# Goals for the Planning Process

- Develop a long-term systemwide strategy and roadmap to build a robust, equitable behavioral health continuum of care.
- Engage deeply with communities and stakeholders and sustain an ongoing feedback loop.
- Drive tangible improvements along the way.

## SUCCESS LOOKS LIKE:



# What we have learned over the last year

## In our work last year, we:

- Began to understand what the behavioral health current landscape is for children, youth and families in Washington,
- Got started on a vision for the future, and
- Affirmed the need for ongoing involvement and input from young people, parents and caregivers throughout the process, along with the need to extend our reach to those who have not already been part of the process.

# How we're adapting: Broader and deeper community engagement

## Last Year

### P-25 Strategic Plan Advisory Group



Established a charter for collaboration  
Used scenarios to envision the system we want

### Targeted interviews



Learned about needs and gaps

### HCA inventory



Identified the landscape of state sponsored programs/services

More on next slides

## This Year

### P-25 Strategic Plan Advisory Group



Wider range of stakeholders  
Focus on building consensus

### Subcommittees



Deeper consultation

### Additional workstreams



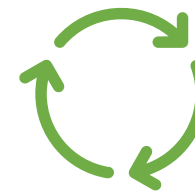
Intensive community engagement

Deep dives into burning issues ("discovery sprints")

Continuing landscaping and gap analysis, with a focus on a wider range of stakeholders and community members

Data for decision-making 22

- Extended timeline
- Additional funding
- Expanded team of staff and contractors



Continuously circling back with all who provide input

# Key Principles for the System

No wrong door.

Help that looks like help.

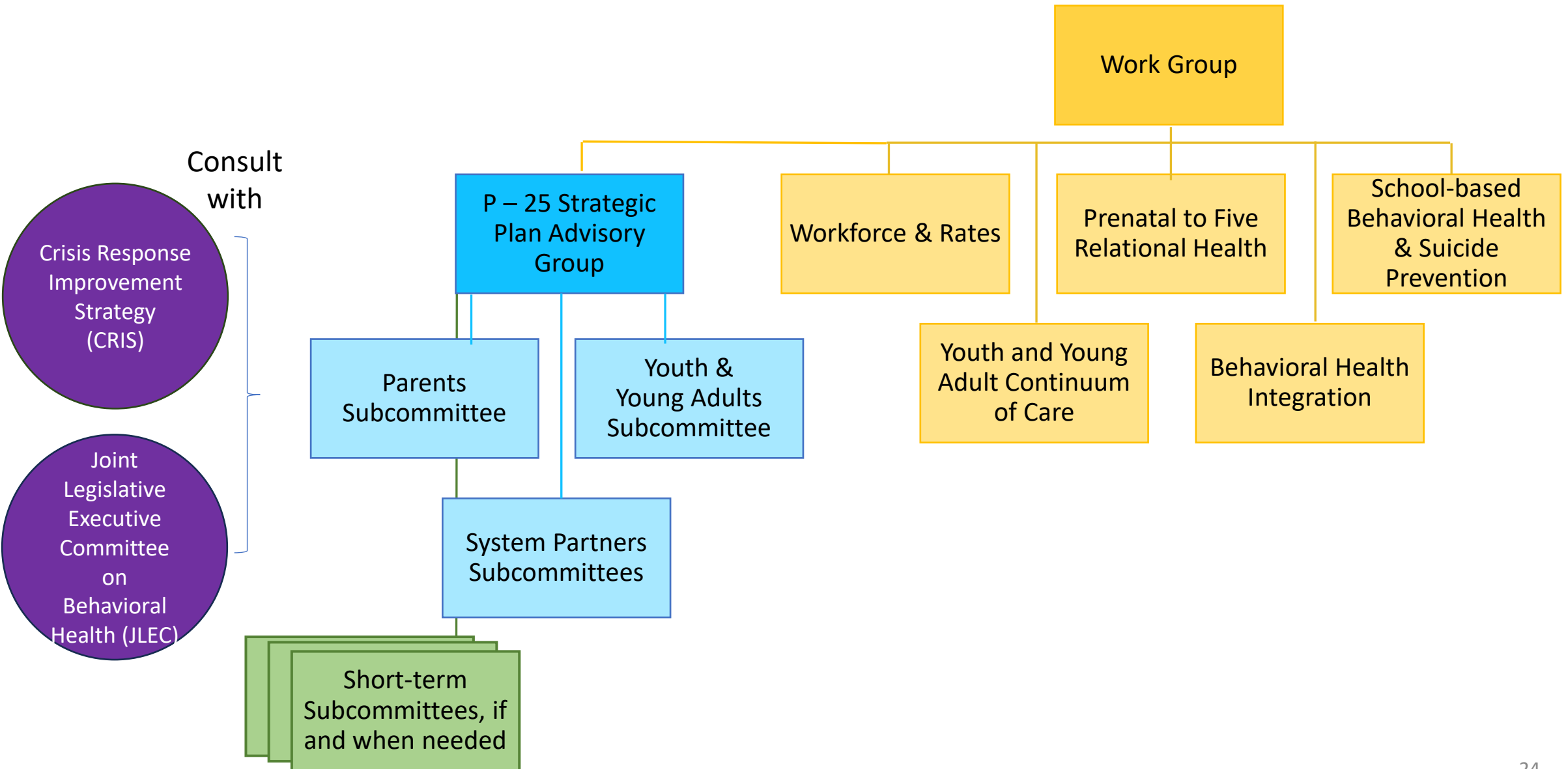
Informed by children, youth, and family that utilize services.

Including a robust and dialable system of care that covers the full continuum of care across all behavioral health conditions for the P-25 age span.

Guided by outcome metrics and levers that are nimble enough to create new responses and approaches from the system as times change.

Oriented towards prevention, focused on avoiding future behavioral health crises that lead to the need for more intensive services.

# Children and Youth Behavioral Health Work Group and the P – 25 Strategic Plan Advisory Committee: Governance





# Apply for the Strategic Plan Advisory Group

The P-25 Strategic Plan Advisory Group is seeking applications – and nominations – for new members for these positions

*To nominate a person or group, send their contact information and why you think they should be on the advisory group to [cybhwg@hca.wa.gov](mailto:cybhwg@hca.wa.gov).*

*And be sure to cc them! 😊*

Open positions	Number of openings
<b>Young people (ages 13-29) who have needed or received mental health and/or drug-alcohol-related services and supports</b>	3
<b>Parents or caregivers of children and young adults (ages 0-25) who have needed or received these types of services and supports</b>	8
<b>Providers</b>	6
<b>Managed care organization (MCO)</b>	1
<b>Behavioral health administrative service organization (BH-ASO)</b>	1
<b>Tribes (separate process underway)</b>	2
<b>Advocates</b>	5

- *Appointed parent/caregiver and youth/young adult members of the and CYBHWG and the SPAG who are not paid by their employer to attend these meetings and are not employed by the state may receive payment for attending meetings.*
- *All parent/caregiver and youth/young adult attendees at the strategic plan subcommittee meetings described below who meet the above criteria may receive payment for attending meetings.*
- *Child and elder care, as well as travel expenses for in-person meetings, are also covered.*
- *Translation and interpreter services are available, if arranged in advance.*

# P- 25 Advisory Group Application

**Time commitment:** Up to five 3-4 hour meetings per year and one 3-hour member retreat, plus review of draft documents and other materials as needed.

*Most meetings are virtual (held on Zoom). All in-person meetings include a virtual option.*

**Term:** Member terms may not exceed 2 years.

**Application deadline:** *extended to Wednesday, May 8, 2024*

**To apply for membership on the P-25 Strategic Plan Advisory Group, please use the links below:**

- **Youth/Young Adult Application:** <https://www.surveymonkey.com/r/2RGKF3J>
- **Parent/Caregiver Application:** <https://www.surveymonkey.com/r/63DQLXJ>
- **System Partner Application:** <https://www.surveymonkey.com/r/56N9H62>

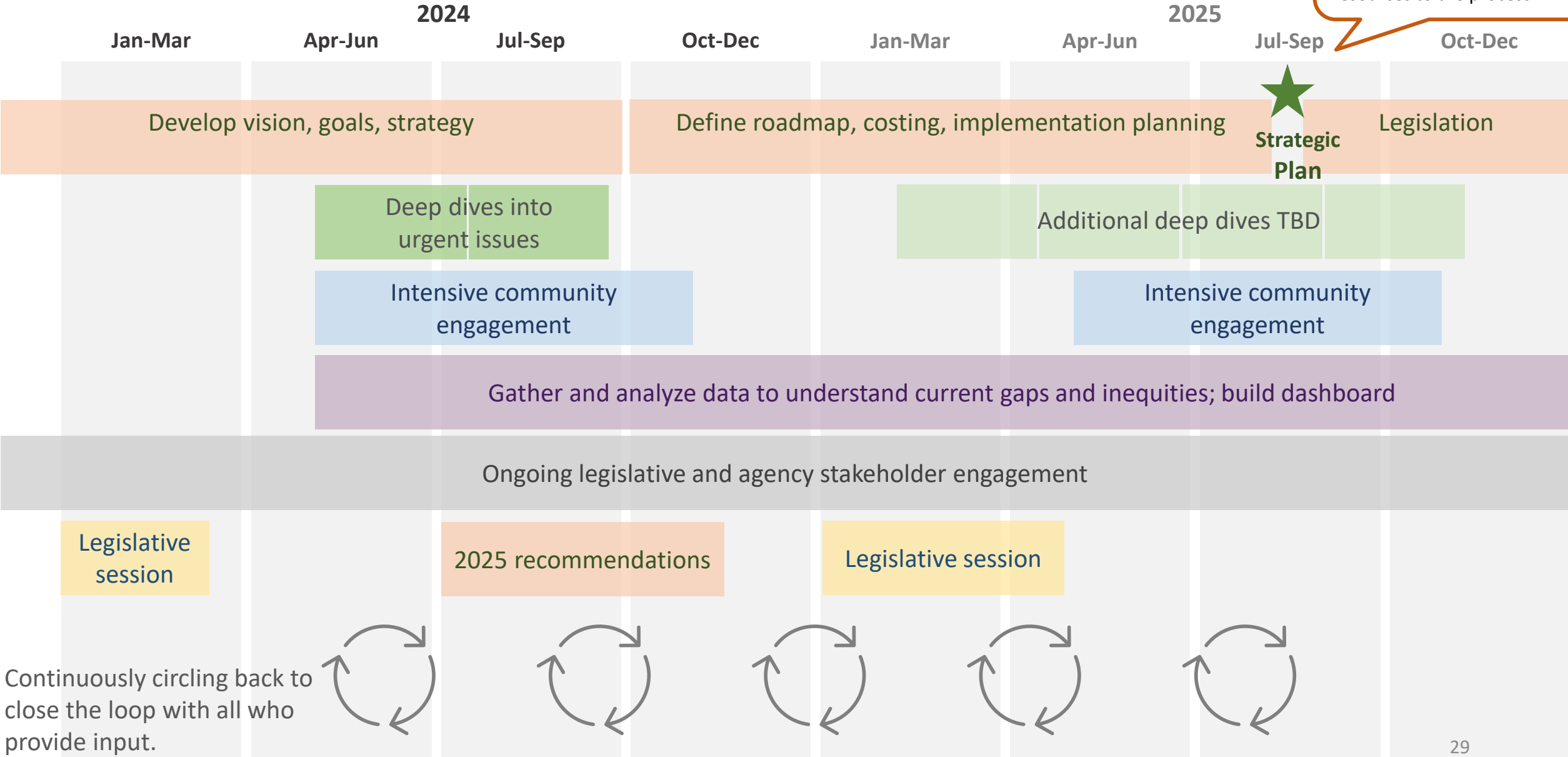
# P-25 Strategic Plan Advisory Group and Subcommittee Meetings

Date	Meeting
May 22, 10:00-11:30	Parent/Caregiver Subcommittee Meeting
May 22, 4:00-5:30	Youth/Young Adult Subcommittee meeting
May 23, 1:00-2:30	Systems Partner Subcommittee Meeting
June 10	11:00 – 2:30: P – 25 Strategic Plan Advisory Group Orientation and Retreat 2:30 – 5:30: P – 25 Strategic Plan Advisory Group meeting
August 5, 2:30 – 5:30	P – 25 Strategic Plan Advisory Group meeting
September 9, 2:30 – 5:30	P – 25 Strategic Plan Advisory Group meeting
December 3. 2:30 – 5:30	P – 25 Strategic Plan Advisory Group meeting

# How, When, and Where the Work is Happening

# Integrated timeline

Legislature extended the due date to **August 2025** and allocated additional resources to the process.



## Children, Youth/Young Adults, and Parents/Caregivers

- **Includes those with lived experience who have and haven't accessed services**
- Deep engagement with hard-to-reach groups
- Outreach through organizations, events, and other channels
- Listening through topic-focused deep dives

## Workforce

- **Includes behavioral health professionals and other providers such as teachers, pediatricians, those who work at community-based organizations, and others**
- Broad outreach through surveys, events, and other channels
- Listening through topic-focused deep dives

## System Partners

- **Includes state agency partners, state legislative and executive decision makers, and existing state committees and workgroups related to behavioral health**
- Engagement through existing work groups and committees
- Listening through topic-focused deep dives

# We need to hear from:

People who have experience from **across the continuum of care** – from prevention, early intervention, and crisis services to more intensive services - **and in the different places they are available** such as schools, pediatric offices, community health centers, hospitals, and in communities.

**Children and young people of different ages and stages**, their families, and people who work with them. For example, the behavioral health needs of a new mom and their infant are different from the behavioral health needs of a teenager.

**People in a variety of geographic locations, including rural areas.** For example, the experience of an elementary school child and their family seeking a diagnosis and services in the Tri-Cities is different from a family seeking those same services for their child in Seattle.

**Underserved communities**, recognizing that many children and families from specific communities (e.g., LGBTQIA+, Rural, Tribal, BIPOC) experience unnecessary and additional barriers to care and worse outcomes when they do receive care.

# Methods of Engagement

Strategic Plan Advisory  
Group and  
Subcommittees

Interviews and Focus  
Groups with Workforce

Community  
Conversations

Surveys

Conferences, Gatherings,  
and Community Events

Discovery Sprints



# Breakout Groups

# Breakout Prompts

- The goal is for this to be an authentic, community-driven process, what does that look like?
- If you were trying to get the word out in your own community about this work, who would you talk to? How would you reach them? *This doesn't have to be formal.*
- Who, what, and where are we missing?
  - How would someone you disagree with answer this question?
- We are focused on casting the widest and deepest net possible. If we had to scale down, where should we prioritize efforts?



# Breakout Group Report Out



# Public Comment

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

# Next Steps: Prenatal-25 Advisory Group and Subcommittee Meetings

Date	Meeting
June 10 All-day (in-person)	11:00 – 2:30: Orientation and retreat 2:30 – 5:30: P – 25 Strategic Plan Advisory Group meeting
August 5 2:30 – 5:30	P – 25 Strategic Plan Advisory Group meeting
September 9 2:30 – 5:30	P – 25 Strategic Plan Advisory Group meeting
December 3 2:30 – 5:30	P – 25 Strategic Plan Advisory Group meeting

# Additional Materials

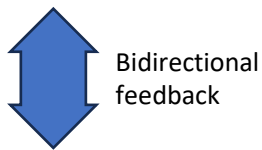
# Proposed Changes to P – 25 Advisory Group Structure

Reform SPAG Membership

- Add members to represent providers, MCOs, BH-ASOs, community advocates
- Limit to 6 each youth/young adult members and parent/caregiver members
- Remove subgroup leads; exclude paid lobbyists

Adapt SPAG meetings

- Up to 5 per year, aligned to process
- Opportunity to bring all partners together to find common ground and develop collective responses to key proposals and deliverables



Create subcommittees

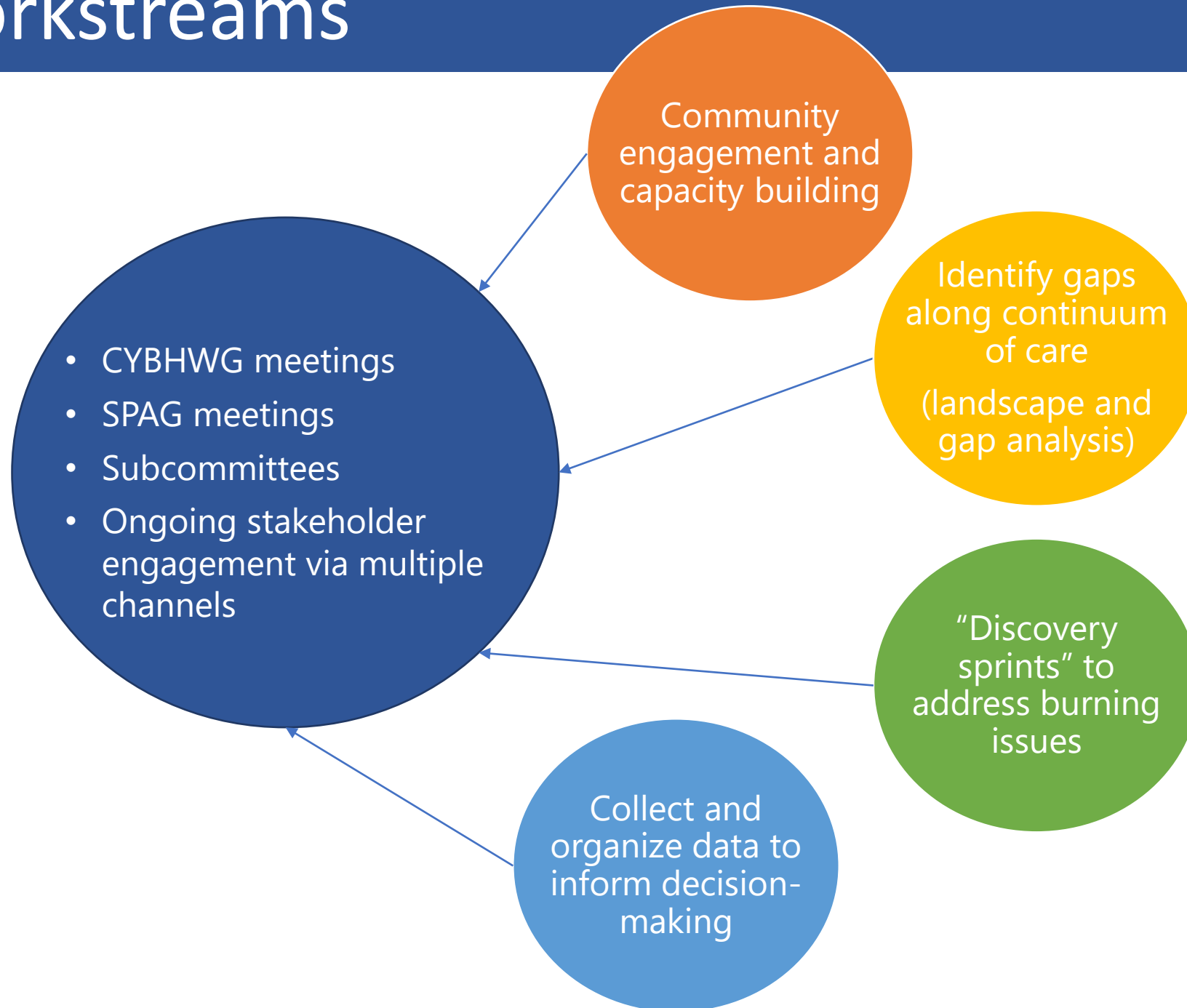
- Youth/young adults
- Parents/caregivers
- Providers and administrators

Current SPAG composition and size		
Legislators	2	6%
Agency reps	9	29%
Parents/caregivers	14	45%
Youth/young adults	5	16%
Tribes	1	3%
<b>Total</b>	<b>31</b>	



Proposed composition			
Legislators	2	5%	
Agency reps	9	24%	
Parents/caregivers	6	16%	16%
Youth/young adults	6	16%	16%
Providers	6	16%	
MCOs	1	3%	
BH-ASOs	1	3%	
Advocates	5	13%	13%
Tribes	2	5%	
<b>Total</b>	<b>38</b>	<b>100%</b>	<b>45%</b>

# Workstreams





# AG P-25 Proposed Agendas

## April 4: Existing Parents and Youth Members

- Update from Co-Chairs with legislative changes
- New P-25 SPAG Approach and Workplan
- Ideas for future engagement

## April 24: Existing P-25 AG

- Update from Co-Chairs with legislative changes
- P-25 SP Approach and Workplan
  - SPAG
  - Role of Subcommittees
  - Proposed charter
  - Application process
- Discovery Sprints
- Community Engagement

## May X: New P-25 AG Subcommittees

- P-25 SP Approach and Workplan
  - Brief history of SPAG
  - Community Engagement Plan
  - Role of Subcommittees
  - Charter
- Preliminary Vision
- Current Landscape
  - Expanded catalog of Services
  - Description of Current System

## June 10: New P-25 AG

- P-25 SPAG Approach and Workplan
  - Community Engagement Plan
  - Role of Subcommittees
  - Charter
- Preliminary Vision
- Current Landscape
  - Expanded catalog of Services
  - Description of Current System

## June X P-25 AG Subcommittees

- Revised Current Landscape, Catalog of Services and Description of System
- Input: Stakeholder Views of Current System
- Proposed Final Vision
- Community Engagement Update

## August 5 P-25 AG

- Draft Synthesis of Current Landscape, Catalog of Services and System Description
- Draft Stakeholder Views of Current System
- Proposed Final Vision

## April 9: CYBHWG

- P-25 SP Approach and Workplan
  - SPAG Relaunch
  - Community Engagement Plan
  - Plan for discovery sprints

## May 2: CYBHWG

- P-25 SP Update
  - Landscape Analysis
  - Discovery Sprints (deep input)
  - Community Engagement

## June 6: CYBHWG

- P-25 SP Update
  - Landscape Analysis
  - Discovery Sprints
  - Community Engagement (deep input)

## July 11: CYBHWG

- P-25 SP Update
  - Landscape Analysis
  - Discovery Sprints Update
  - Community Engagement Update

# AG P-25 Proposed Agendas

## August X Subcommittees

- Draft Synthesis of Current Landscape, Catalog of Services and System Description
- Draft Stakeholder Views of Current System
- Draft Final Vision
- Draft Gap Analysis

## September 9 P-25 AG

- Final Landscape Synthesis Report
- Final Vision
- Draft Gap Analysis
- Draft Stakeholder Engagement Report on Current System
- Draft Progress Report
- Update on Discovery Sprints
- Draft 2025 Workplan

## October X AG Subcommittees

- Final Engagement Report
- Final Gap Analysis
- Plan for Cost Analysis
- Draft Progress Report
- Update on Discovery Sprints
- Draft 2025 Workplan

## December 3 P-25 AG

- Recommendations from Discovery Sprints
- Final 2025 Workplan

## August 8: CYBHWG

- P-25 SP Update
  - Report Development
  - Discovery Sprints
  - Community Engagement

## September 5: CYBHWG

- P-25 SP Update
  - Final Landscape and Vision
  - Draft Gap Analysis
  - Draft Engagement Report
  - Discovery Sprints

## October 14: CYBHWG

- P-25 SP Update
  - Final Engagement Report
  - Final Gap Analysis
  - Plan for Cost Analysis
  - Discovery Sprints

## November 12: CYBHWG

- P-25 SP Update
  - Final progress Report
  - Final 2025 Workplan
  - Recommendations from Discovery Sprints

# Discovery Sprints

1. Understand the current state of systems and services for four issue areas, informed by those with lived experience.
2. Understand challenges from perspectives across the system
3. Understand how parts of the system are connected and what impact a change in one part of the system can have on other parts
4. Chart a path forward with actionable recommendations for short and long-term goals, aligned with opportunities at the macro systems level.
5. Identify policy changes and opportunities for legislative consideration.
6. Produce a plan for incremental improvements.
7. Define feedback loops to measure the effectiveness of proposed changes.

Maternal  
health +  
Perinatal

Transition/  
Handoff of  
services from  
youth to  
adult

K-12 school-  
based  
support

Youth in  
crisis/exiting  
hospital

# Deeper Community Engagement and Capacity Building

## Strategic Planning/Grounding

- Build a better understanding and knowledge of context, history, work already done, assets to build on and gaps to fill, etc.
- Conduct 1-2 grounding sessions with key stakeholders to provide foundational information and some grounding in FFI's wellbeing and centering community strategies and approach.

May-July

## Community Workshop Implementation

- Conduct/facilitate 4 community engagement workshops to gather feedback about what's working and challenges regarding mental health system, services and supports.
- Hold debrief meetings post each workshop with HMA, Health Care Authority staff, and other key project stakeholders.

Sept-Nov

April-May 2024

July-Sept

## Community Engagement Planning and Design

- Design the overall engagement process and develop materials and tools for community workshops.
- Provide 3-4 training and capacity building for the leaders and partners who will be co-facilitating and implementing the engagement workshops with FFI.

## Analyze Data/Report Out

- Gather data from each community workshop, analyze and do sensemaking through a wellbeing lens.
- Provide summary of data, identifying themes, assets, challenges and barriers, recommendations, etc.
- Meet with HMA, Health Care Authority staff, and other key project stakeholders to discuss data, identify gaps and iterate on process and/or expand outreach

Action Items					
#	Action Item	Assigned To:	Date Assigned:	Date Due:	Status
1.	Talk with Diana about complex discharge issue	Rachel	4/23/24		<i>Completed</i>
2.	Follow-up to SPAG - Send to Rachel to post - Cindi to send to the group	Liz	4/25/24	5/2/24	<i>Notes completed, need to send to SPAG</i>
3.	Invitation to June SPAG - Liz to send to Rachel and Cindi to send (existing/continuing members)	Liz	5/3/24	5/10/24	<i>Completed</i>
4.	2 Pager - Feedback from graphic designer	Dana	4/25/24	5/17/24	<i>Dana drafted, feedback from rachel</i>
5.	Updated Talking Points for Co-Chairs - Use draft vision to incorporate which includes the CYBHWG and SPAG into next version	Dana	5/14/24	5/21/24	
6.	SPAG List of applicants and gap areas - Discusso	Megan	5/8/2024	5/10/24	<i>Completed</i>
7.	Draft Vision	Megan	5/8/24	5/13/24	<i>Completed</i>
8.	Draft CE Plan	Megan	5/8/24	5/13/24	<i>Completed</i>
9.	Send Discussion group Announcement to lists - Send the list to HCA to review responses - HMA to put into Partner Library overall - HMA to put the individual names into tabs for each discussion group - Invites out to these folks - Zoom created	MaryEllen/HMA	5/10/24	5/16/24	<i>Completed</i>
10.	First Draft agenda for discussion group - Sent to Rachel/Dana on 5/14	Liz	5/10/24	5/13/24	<i>Completed</i>
11.	First Draft agenda for June 10 meetings - Sending to co-chairs	Liz	5/10/24	5/14/24	<i>Completed</i>
12.	Follow up to CYBHWG- two office hours - Should go with the follow-up to CYBHWG - MaryEllen work with FFI and Bloom team (make selves available for two one hour options)	Mary Ellen	5/14/24	5/16/24	

13.	HMA access to the Sharepoint	Rachel		5/17/24	
14.	Status Report	Liz	5/14/24	5/14/24	
15.	SPAG applicants – organize with demographics	Megan/MaryEllen (HMA)	5/14/24	5/16/24	<i>Completed</i>
16.	Send Agenda for Co-Chair Prep via email	Liz (HMA)	5/14/24	5/14/24	<i>Completed</i>
17.	Send calendar hold to participants for June meeting invite	Cynthia	5/14/24	5/17/24	<i>Completed</i>
<b>Outstanding Action Items</b>					
1.	Feedback on Vision	Dana/Rachel/Megan	5/20		
2.	Email invites to new SPAG members		5/20		
3.	Finalize agenda for Discussion Group with TPs	Liz	5/17		
4.					
5.					
6.					
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10.					
11.					