



**Washington
Thriving**

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

Washington Thriving (*formerly the P-25*) Advisory Group Meeting Summary

Monday, October 28, 2024

5:30 p.m.- 8:30 p.m.

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Washington Thriving (*formerly the P-25*) Advisory Group Meeting Summary

October 28, 2024

Attendees

- 31 attendees joined

OPENING, GOALS, PROJECT UPDATES

- The project team opened the meeting, overviewed zoom functionality and the Full Value Agreement
- This was followed by a brief overview of the overall project which includes 4 phases:
 - Phase 1: visioning (what the vision is and what is the ideal continuum of care)
 - Phase 2: assessing the current landscape (does WA have the right services and supports, does capacity for each meet the need)
 - Phase 3: identifying strategic priorities, and
 - Phase 4: moving to action
- Project updates included:
 - Various ways to engage and connect with the work, including:
 - [The Washington Thriving email](#)
 - [Newsletter](#)
 - [Blog on the website](#)
 - The project team shared the current draft of the proposed future vision and definition for behavioral health
 - There were no comments. Previous changes made in response to feedback can be found in the [slides](#).
 - [Progress report](#):
 - Required by legislation, embedded within CYBHWG report that goes to legislature
 - Two recommendations that emerged worthy of highlight:
 - Landscape assessment work has highlighted the siloed way in which behavioral health services are funded, overseen, administered, and delivered.
 - Progress report includes recommendations to deepen collaboration between state agencies in designing the roadmap during 2025.
 - [Discovery Sprints](#):
 - Recommendations emerging from discovery sprints will be inputs to consider incorporating into the strategic plan.
 - 2 of these sprints completed back in August: one on [behavioral health in schools](#), the other for [pregnant people](#).
 - 2 more recently completed, focusing on the questions of
 - How might we better support [youth/young adults with complex behavioral health needs and their caregivers after a behavioral health-related hospital discharge?](#)
 - How can the State of Washington improve the experience for [youth and young adults with complex behavioral health needs](#) by creating a more integrated approach that addresses service gaps and is designed with their direct input to meet their needs?
 - Feedback from the Advisory Group included:
 - Concerns about reaching youth with complex behavioral health needs and getting their voices represented; will there be a threshold for number of youth?
 - How are we capturing the voices of youth who don't qualify as part of system of care as system is defined?

- Seeing whether this piece contained involvement of parent voices in youth driven initiatives, hard time getting one's kid to want to step up to the table
- Work being done around how to more effectively teach youth about age of consent in a positive way so they see it as a positive health care choice on their part to receive services?
 - Many youth in ages of 13-17 who don't consent to services when their parents know they really need them
- Involuntary Treatment Act, how do we use it with youth who've refused care under 18
 - Families where there was a medical provider and insurance and a parent who wanted their child to get health care and the provider didn't know how to deal with it so they discharged child from hospital - child dead in a week
- Integration of behavioral health addressed within primary care, building on basic trusted relationship that families have
 - Assessments
 - Should be golden ticket between primary care and mental health agencies, so if determined a child needs service at higher level, don't have to start over
 - Conditions of living that are causing the behavioral health problems and distress.
 - CYBHWG Integration Workgroup to collaborate more with WA Thriving on this
- Staggering how little providers knew about available behavioral health and mental health services. How to catch them up to speed?
- WISE wraparound a disaster - providers didn't know how to come up with treatment plan for kid's needs

COMMUNITY ENGAGEMENT EFFORTS

- The project team then spoke about Washington Thriving Community Engagement efforts.
 - Focusing 2024 engagement on youth/young adults, parents/caregivers, and workforce
 - Madge Haynes from FFI spoke about listening sessions - reached out to over 85 people, figured how they could reach people who aren't at tables we are sitting at
 - Focused outreach efforts on parents/caregivers, youth/young adults, people with lived experience, peer networks; immigrants/refugees; bipoc; faith organizations, rural communities, health organizations
 - She listed the seven venues where listening sessions were held, things that her team heard from people were working well, and suggestions they received.
- Feedback from the Advisory Group included:
 - Kids can't access services referred to them if their parents don't have very flexible schedules
 - Kids get expelled from programs (e.g. Bluebirds) because can't sit still after full day of school
 - Really difficult for programs to catch 12-24 youth who dropped out school and are on street
 - Big gap in resources for re-entry for young people exiting criminal justice system
 - What is being done to get more funding for these providers in the community? A WISE team coach with 17 clients on her case load because they're so short of staff members.
 - Third-party agencies like Gem or Gloverton Empower Mentoring can be solution to those exiting justice system. They send in mentors as soon as the youth gets out and get them set up for renting, how to manage money, etc. Suggestion to bring them to these meetings
 - If people don't see others that look like them in these services they check out; Youth-run peer orgs are great

THEMES FROM BREAKOUT DISCUSSION ON THE CARE CONTINUUM

- Promotion, prevention, early intervention
 - People not screened for mental health conditions

- Went to a service weekly to get behavioral health treatment for kid but different provider every time
- Providers kept saying there was no problem with kid who had autism, until kid lashed out violently then they said they couldn't treat him
- Providers blaming and shaming parents
- If someone discontinues services, we need to be asking why - qualitative feedback on services
- No support for kid after high school graduation age; system should be tracking how they're doing
- System doesn't let kids get seen until 5th grade then makes them wait 3 years to get treated
- Have to be capable searcher to find services for family
- Nearly nothing on behavioral health in community/in schools
- School just expels kids who struggle
- Tribal people don't have seat at the table on behavioral health treatment/issues
- Good to have school superintendent that talk about/provide access to resources for behavioral health
- Long way to go on provider side to see if parents are meeting the needs of their infants (e.g. on attachment, other clues things are developing normally)
- Big gap on promotion and upstream intervention part of system
- Pediatricians offer screenings for kids but pretty high level
- Very little visible community prevention for general public
- Frustration at system only seeing kid 9 years after parent noticed problem/tried to get him seen
- Providers say 'he'll grow out of it', minimize it
- Sacred Heart PCCA Adolescent in Stabilization program closed because 'under-utilized', but 50-60k youth visited ER for behavioral health issues this year
- Promotion and prevention belong in same category?
- School's addressing of mental health felt like lip service, showy; promotion didn't lead to prevention/early intervention
- Neurodivergent girl didn't get needed services because interviewed 1:1 as normal
- Because of King County system a parent could only have 1 provider for her kid; big barrier
- Molina offers case management but only good services if manager willing to go extra mile and find services himself
- Outpatient and integrated care
 - People have to wait until particular diagnosis to get obviously needed services
 - Mischaracterization, use of culturally inappropriate language; youth called 'delinquent' who had used marijuana
 - People should have to take a class on treating people respectfully
 - Had to teach teacher how to teach her son, now have ADA to help elementary teachers with this
 - Compliance orientation in childcare settings that doesn't promote mental health
 - Behavioral health care improvements over last 15-20 years less visible in childcare
 - Parents need to learn how to manage kids' behaviors as much as childcare providers/teachers
 - Very little support for 'what do you do' with kid with difficult behaviors, just drug user intervention
 - Billing codes for services is part of the problem with this
 - Should be reimbursement parity for family psychotherapy and individual psychotherapy codes
 - Financial support for services after a kid turns 6 much lower than when 5
 - Molina refuses to pay for services
 - Would have made world of difference for a parent if mental health issues had been normalized in primary care
 - Identified maybe 20 clinics outside of FQHCs that have integrated pediatric behavioral health services in all of Washington state, not nearly enough
 - Training should be given to primary care providers in how to train parents how to work with their kids, deal with behavioral things related to mental health issues

- Exhausting how providers keep sending you elsewhere with new referrals, saying ‘due to this diagnosis we can’t help you’
- The system should be doing care coordination for patients
- Or at least community health workers should do it
- Takes over 30 calls for people to connect with behavioral health specialty care in Pierce County
- Young people get really discouraged with high turnover of providers, grow defiant, don’t want to engage again
- Takes so long to get any referrals that would take one’s insurance, took years before a parent could coordinate intensive outpatient for her daughter, too late to keep her out of CLIP
- Consent isn’t presented well to youth: ‘in 2 weeks you can decline treatment’
- Need to educate the day-to-day workers on the law and rights parents have on family-initiated treatment
- What WISE is supposed to be on paper is wildly different from what a person’s son experienced
- If it functioned as designed, it would change families
- WISE should be the same services, whether delivered at Frontier, Compass, Children’s Home Society, Passage or any of these services
- Make sure the we say will be offered to families in this plan can all be backed up
- People don’t know where to go, aren’t getting what they need, what’s advertised through their MCO doesn’t really happen
- Intensive Home-based or Community-based Services: what has your experience been?
 - Wraparound services in King County where a kid sits at a table with 10 adults and everything is focused on you doesn’t work for a kid who’s an introvert
 - There’s work families need to do when have member in intensive care, but are often too burnt out to do it then because of how hard it is to get there
 - DDA has given money to be used overnight but there aren’t qualified people willing to work with children with certain behavior in some areas
 - No training for adults with big kids with bad behavior; a woman ended up homeless because couldn’t manage her son in this situation
 - Teachers don’t know things like ‘you being calm helps them be calm,’ need for cultural training
 - Consequences of turning off the internet for some children
 - Can be uncomfortable when you provider assumes you only want to be assigned providers who are your race
 - Provider sees families having an incredibly hard time accessing this care
 - WA Thriving should listen to DDA and people who access services through it
 - Many places stop offering services if there’s a behavioral issue, which many kids with autism have
 - Many families in rural areas have gone through all the providers that will work with their kid in their area
 - Can’t think of an in-home service that isn’t private pay
 - WISE will turn away kids due to intellectual disability
 - There’s not any intensive community services even in parts of King County, big challenge
 - Homebuilders was a joke, gave him a binder for his son and said ‘good luck’
 - It’s only intensive services if you can call with a situation at night
 - Case manager for Homebuilders lived an hour and 45 min from his house, program didn’t work as designed
 - You Go Girl WISE wraparound program was traumatizing
 - Not enough oversight to CPS in general or over WISE wraparound programs
 - FTE and Homebuilders not well advertised to people they should be for
 - Kid couldn’t discharge because of mental state but wasn’t bed, had to ambulance her out of state
 - Independent Ed Evaluation is good resource to see if your kid is emotionally/academically supported, can request of your school district

- Comprehensive crisis services
 - Lot of crisis services wait until you're at peak of crisis which is bad intervention
 - School staff don't/can't recognize when young person is ready to snap
 - Have to have trained staff for crisis intervention
 - People struggling with suicidality, where do they go? ER directs them to counselor who can't prescribe medication needed to stay alive, doesn't take them seriously
- Inpatient and Residential Services
 - Almost nothing available for crisis support in southwest WA
 - Response from DCRs seemed like they didn't know how to respond, regretted calling
 - Tried accessing 988, both times really negative experience
 - 988 told people calling to drive their kid to an ED really far away, unsafe if kid having episode
 - 988 told young adult with suicidal ideation to wait 24 hours
 - People treated really poorly at ER because a lot of people in crisis go there, staff overwhelmed, don't know how to handle people in psychosis or substance use crisis
 - They're upping security/using more police response there
 - Youth shouldn't go alone, if go without an advocate, crazy how poorly you can be treated
 - Long term impact of medical history, which includes mental health assessment
 - When kids need residential services, often need to go out of state
 - Someone assaulted by other patients at residential facility (no longer operating)
 - RDA has great data on hospitalization and need for residential staff
 - Doctors don't want to touch it if kid gets violent
 - Not enough discussion around restrictive resources when need arises; kid who without them could commit murder and rape
 - Inpatient/long term service program was only thing that brought someone's family out of the darkness
 - Allowed their daughter to be in safe place where brain could slow down, couldn't do things she wasn't allowed to do outside
 - Provided opportunity for education in cognitive behavioral therapy, helped her save herself and realize she couldn't save her daughter, daughter had to save herself
 - Blessed to be at Childs Study Treatment Center, best of CLIP program, still didn't have parent partner or advocate, every facility should have one
 - Models of care are good, we're just not providing them as designed
 - Another is still living her trauma, she had to teach herself and treat providers
 - Hope parents can become paid caregivers
 - Amazing transformation took place in son during CLIP
 - Sad how son became programmed to have that high level of support
 - 6 months to get in, and 6 weeks after entering tried to kick son out of CLIP
 - Need to lower barriers to entry to CLIP a bit and make it a little easier for people to stay in longer
 - A daughter who reached age of consent, discharged from CLIP, declined services, dropped out school/lived on street
 - Step-down services very lacking, because insurance won't pay for them
 - FIT passed a number of years ago but not being used way it was intended
 - If we could figure out way to let parents involuntarily commit their child to inpatient, might see progress
 - Age of consent is controversial
 - Washington Clear, good resource, can qualify for free legal representation
 - Not enough beds
 - We have processes to keep people out of care
 - The benefit of residential care doesn't seem to be seen

- What do I do when my child's involved in gang behavior? There's no place outside of going to the other side of the state to get them away from their negative peer influence
- Community people won't support parents in helping cut their kid off from internet because they're afraid the kid will get violent

COMMENTS IN THE CHAT

- Welcome, All. Happy Monday evening- we are glad you are here. We will be getting started shortly.
- Hello. Happy to be here.
- Great to have you.
- Washington Thriving blog: Defining Behavioral Health – Washington Thriving
- Washington Thriving newsletter: WA Thriving Newsletter draft_v1.5
- Would love to also develop strategies for how state agencies can link with existing community based initiatives /innovation
- Exactly! Thank you for this.
- I hope we can also connect with federal policy makers who sometimes create the silos within which we are forced to operate
- Bloom Works - WA BH K-12 Deliverables - Google Drive
- Bloom Works - WA BH Pregnancy Deliverables
- Bloom Works - WA BH Transition Age Youth Deliverables
- Bloom Works - WA BH Complex Hospital Discharge Deliverables
- Thank you for sharing that in such a wonderful way.
- Btw, love the new website. Have already used it.
- I apologize if I missed this as I've been back and forth with family responsibilities at dinner time, but will there be an additional round of Bloom Works discovery sprints? I'm struck by the fact that the B - 5 age group seems to be the only age group missing here, and yet they are disproportionately represented in the child welfare system and underrepresented/underserved in clinical treatment services. I'm hoping there will be another round that is inclusive of that age group of children and their families.
- And also primary care givers need to understand how to address stomach aches as a symptom of school refusal instead of simply prescribing omperozol and sending the child on the way.
- The root idea of the pregnancy sprint was to explore this very thing. Would be interested to hear your thoughts if you haven't had a chance to read the report yet. - and if you have and it missed, would love to talk and learn more
- I agree that there is vast lack of knowledge in primary care doctors of behavioral health even when they are supposed to have that knowledge (our pediatrician I referenced above was a referral from childrens hospital as a person who understood childrens developmental issues)
- So true! And in some cases, there are community based resources that serve the whole state, which are under utilized purely because folks (especially those in rural areas that maybe need them most) don't know they exist
- It's wonderful and elevates so many important recommendations. AND it centers the BH needs of the adults/parents (especially those in the perinatal period) not the children. I'd love to see the unique MH needs of the children themselves centered somewhere because children in this age group do experience serious mental health issues in their own right.
- my impression echoes Sharon -- that the children weren't considered part of the assignment... I raised the issue of my children being gestated inside of prison but not getting continued care or attention after birth. this also pertains to children who are adopted often needing extra supports.
- Thank you for the invitation to participate in Connecting Communities!
- I missed where they were in Okanogan. Could someone let me know where this was?
- So grateful FFI was able to come! We are so hopeful that the rich discussion that happened there will be tangibly carried forward into the strategic planning. Thank you for partnering with us!

- Sports are great if you are extraverted... but fail a lot of kids who aren't athletic or enjoy engaging in group activities.
- Yeah i agree. I hated sports and p.e. games that i was forced to participate in when i was in school. I struggled with severe social anxiety and performance anxiety so it just made my mental health waaaay worse every single time. :(
- Thank you - it sounds like such good work was done to engage youth and your presentation of it was really helpful.
- Arc of King County, and Arc of Washington do a great job of getting notifications and awareness of events, activities, or services to the disability communities.
- I have intentionally sought to move my housing closer to equine therapy and get access to funding for the therapy. DDA may not pay for them, and My child may not qualify for waivers.
- A thought: the Harborview Peds Clinic has BH services and they serve families and kids from many different cultures. It might be really helpful to talk to them in terms of their efforts to deliver culturally appropriate services.
- As a mom of many, sometimes transportation is a big issue. We are only able to allow our kids to participate in as much as we can transport for. With 8 kids, it gets really challenging finding people and resources for multiple kids to be doing things at the same time
- and are we capturing home schooling? I know many parents drop their children out of school because of bullying or lack of adequate classroom environments
- I know virtually nothing about it but there is a re-entry program housed at Commerce.... perhaps someone else knows about it?
- Thank you! We just got connected to ARC and are speaking with them this week. Appreciate you sharing your perspective.
- I helped a youth exit Echo Glen and I saw the same lack of support once they get a placement there isn't support. Incarceration of youth has lost the idea of "rehabilitation" and should be viewed similarly to hospitalization when exiting to community
- Yes to flexible funding!
We need to think about the long term health cost savings of addressing children's needs so they don't have health issues as adults (ACEs research as an example)
- great to see you're still engaged and hear your voice in the work!
- YES Gabe!!! Connecting to community work is so important
- I am attending these meetings for Behavioral Health and FYSPT who have failed me, who have failed my daughter, and who dropped the ball. It is triggering for parents and some parents Fear retaliation or more marginalization.
- Don't know if this is the forum, but for those families dependent on Medicaid (Molina...) - resources are even more lacking and harder to access
- we definitely should view incarceration as a behavioral health concern.
- I have seen reentry support accessible through Medicaid and Peer run organizations like Peer Kent . I assume the others Spokane, Seattle and Olympia have the same. It would be worth it to check with them. There is a program called Fresh Start and another Arms Around You. These are leads to conversations about resources in your area.
- Consent might fall under access?
- choose180.org also Justice involved youth support
- What about your type of insurance?
- or the access to respite barriers
- Needing to step away for a quick moment
- I will say that I shared some of my experiences on these questions at the last YYA Strategic Plan Discussion Group, so that's why I don't have my hand raised (want to be respectful of time)
- Parents don't always know that they can continue services to kindergarten at a public school

- A slight tangent because it pertains to the language on the slide, but "child care" is preferred to "daycare" because of the latter's association with "babysitting" and minimizing the value of the critical education and development support they provide.
- I live in a rural area, in which accessing outpatient services is very difficult. Limited services with wait lists for everything. And my child has complex needs, so each facet of need becomes a good excuse not to serve him (can't get mental health services because of Autism, can't get autism services because of exclusionary behaviors). We didn't get ANYTHING family centered until our kid was in the highest level of inpatient psychiatric care. And then once discharged the rest of the family pretty much falls of a cliff because in community, family oriented treatment isn't a thing. There is very little available for sibling supports especially.
- I wish we could shift the basic culture of thinking, from being so individual centric and "whose fault is this child's behavior" to... What unmet needs are there in this youth/family's lives that we could learn about and offer support toward in a way that honors both the individual and that persons place in a larger family and community
- I really hear you about respite. Parents have told me they pursued ABA for their child even though they were concerned about the modality itself simply because they were so desperate for the respite.
- There is an infrastructure barrier of every help contact point also being a mandatory reporting contact. When you have a child exhibiting violent behaviors and reaching out for help means ANOTHER CPS investigation, it gets really traumatizing. We need to create a culture that assumes the need for additional supports, not putting already struggling families through punitive processes that don't actually lead to additional resources
- parents should be viewed as part of the intervention team... if we could access training and supports then maybe we wouldn't need the workforce.
- Totally agree Peggy. I didn't hear some of those parenting and therapeutic techniques/modalities until our Kid was in CLIP. If we had access sooner, maybe we wouldn't have needed CLIP
- Crisis services is a gateway to CPS. CPS is BAD for family wellness.
- crisis services tend to be focused towards suicide not ongoing chronic crisis of families who are struggling every day to manage basic lives -- meals homework bedtime etc
- what is a crisis? who defines it?
- Right, and (trigger warning) as someone who's been chronically suicidal since gradeschool, those things often contribute to those feelings/thoughts of crisis in my experience
- This exactly.
- Also agree that crisis service isnt good, in my experience. Even like the suicide hotline has been terrible for me and just made me feel worse, more than once :/
- I agree. I don't think the suicide prevention people have a clue about chronic suicidal feelings. it's not all about connection or talking to someone for a 20 minute crisis call.
- the bar for residential services is too high.
- the number of beds is ridiculously low
- we don't actually have residential treatment in our state... CLIP is all classified as inpatient.
- I recently saw a community social media post of someone asking in my community about crisis services. I was shocked at dozens of answers of negative feedback people saying things like (This is one of the actual comments to someone who commented call 988), "And then they place you on hold forever." another one... "This is why I hate this advice. It's honestly a useless solution if you've been there."
- Thank you for your brave share.
- I am curious if ___ has any thoughts... Its ok if not. I just have shared space with her a bit and know she tends to have unique and valuable perspectives.
- Ive shared some about in-patient in other meetings recently as well :)
- Thank you
- they also help moms <https://www.aboutdads.org/>
- Totally agree! Great point
- this happens in Special Education meetings as well

- Totally agree
- Absolutely agree that caregivers need a way to speak to providers about their concerns privately.
- I totally understand and agree what you were saying. But also in my experience, the “label” autism isn't just a label. At least not to me. Its helped me immensely in understanding who i am and why i do the things i do. I believe that doctors and professionals just need a better education on that rather than seeing it as a label/something they refuse to work with
- I want to honor some of the deeply personal sharing that happened this evening. I think we've been successful in creating a stigma free environment here. Now let's figure out how to do it out in our communities!
- There were 33 participants at the start of this. and 31 at the end is incredible. Great work WA Thriving! and thank you for listening!
- This was a very informative meeting... So much rich discussion. Thank you all for being part of this extremely important effort!
- could you send the links from Bloom in an email. I can't find them back in the chat
- Yes, we will include these in the meeting follow-up email!
- Bloom Works - WA BH K-12 Deliverables - Google Drive
- Bloom Works - WA BH Pregnancy Deliverables
- Bloom Works - WA BH Transition Age Youth Deliverables
- Bloom Works - WA BH Complex Hospital Discharge Deliverables
- Thank you everyone, very meaningful input and conversations!
- cybhgw@hca.wa.gov
- Thank you to the leads and the work being done for families. I appreciate you all and the grace you show me as a parent and partner in the work. Thank you to the parents like me who came and are vulnerable. I love us! I love each of you!
- Please share meeting feedback here: <https://www.surveymonkey.com/r/7SXMDK7>
- <https://www.washingtonthriving.org/>
- I grateful to have been able to been in this space with you all tonight. Thank you for allowing there to be the chance and opportunity for the level of comfortability and creating a space that has edifying and transformative! So amazing to be a part of
- True appreciation for your leadership and championing of this work, Diana and Rep Callan.
- WAThriving@healthmanagement.com