



Washington Thriving Advisory Group Meeting

Summary

Tuesday, February 11th, 2025

5:30-8:30pm PST

Attendees: 41

GLOSSARY OF TERMS

CYBHWG – Children and Youth Behavioral Health Work Group

BH- Behavioral Health

MEETING TOPICS

- High level project updates
- 2025 project overview and workplan
- System modeling
- Strategic Plan framework and outline

DISCUSSION SUMMARY

Welcome and introductions

1. Welcome, opening, and introduction for the first Washington Thriving Advisory Group meeting of 2025.
2. Review of the meeting objectives and agenda

Project updates

1. Updates on the progress of the project across the high-level work plan. The work has shifted into phase 3 of the work and is focused more on narrowing in on key priorities, the development and evolution of the Strategic Plan, and collaborating to identify the key recommendations the strategic plan will make. This year will involve more collaboration with the CYBHWG.
2. Orientation to how the CYBHWG and Washington Thriving are connected
 - a. Washington Thriving resulted from a recommendation of the CYBHWG, who will ultimately be the group to approve the plan before the submission to legislature in November of 2025. While Washington Thriving is guiding and steering the plan, collaboration with the CYBHWG will happen to submit the final strategic plan.
 - b. The CYBHWG will spend more time this year engaging with the strategic planning process and the outputs which will feed into the Strategic Plan.



- c. Meetings this year are being strategically planned so that the Advisory Group has a chance to provide input on things before they get brought in front of the CYBHWG
- d. It is likely that this year the primary recommendation of the work group will be to elevate the strategic plan as something the state should adopt and implement.
3. Governor's directive: contract freeze and the impact it will have on the work
 - a. Unable to renew contracts with previous partners like Health Management Associates who previously were scoped to coordinate and facilitate the advisory group and discussion group meetings, community engagement, and other qualitative pieces of the project.
 - b. The result of this is that there will be some adjustments to the project workplan
 - c. The project email address has changed so now all communications and calendar invitations will come from info@washingtonthriving.org
 - d. Instead of monthly discussion groups – we will discuss later in this meeting about when there will be opportunities to schedule some discussion groups to make the most out of the sessions
 - e. Community engagement is going to look different, and the project team is working to identify what is possible and what to prioritize to ensure community engagement continues to happen throughout the process
4. 2025 Overall Work Plan
 - a. The Advisory Group meetings and CYBHWG meetings are strategically mapped out so you can see the various touchpoints and collaboration opportunities.
 - b. There are simultaneously occurring workstreams such as system modeling, quantitative data analysis, and more that will be happening consistently throughout.

System modeling

1. Introduction into the system modeling workstream – work to develop a tool that can be used in conversations to discuss potential highest points of investment to help develop recommendations for the Strategic Plan
 - a. Chris is an expert in system modeling and will be helping to lead this effort with a team of contributors across state agencies to provide data and assumptions to inform the model
2. The system model is not a tool designed to produce the answers but instead is a tool that will allow folks to come together and have hard conversations about the various leverage points in the behavioral health system and what impacts different recommendations and changes could have to impact Washingtonians.
3. Sharing an example of a system model used to address childhood obesity in Georgia to demonstrate the impact of utilizing a tool like a system model to provide information on upstream work to make downstream impacts that are significant.
4. Review of the key indicators being considered for the system modeling work: vital conditions, adequacy of BH capacity, equitable access, percent thriving, percent in crisis, and percent with unmet BH needs.



5. To understand if the investments are working over time, we will discuss and consider what is good about these indicators, what is missing, and what will success look like across time. We are seeing to understand who is in crisis, who is thriving, who has unmet BH needs, and more.
6. Breakout into small groups for discussion. Each group shared key points/questions to consider from their discussions:
 - a. How do adverse childhood experiences and social determinants of health fit into the framing?
 - b. How does this model take into consideration populations that might be at increased risk such as those with developmental delays, those in foster care or in the carceral system?
 - c. Prevention and upstream pieces that impact people before they could enter formal treatment/care including healthy community and positive messaging around behavioral health topics like substances
 - d. Things that are not considered psychological interventions for young children like physical therapy, occupational therapy etc...
 - e. Where are the metrics and data going to come from that will inform the indicators?
 - f. How will success be defined with these indicators, what percentage of change will be considered a success or an improvement?
 - g. School safety, violence in schools, bullying, and other considerations in that environment

Strategic Plan workplan

1. Sharing a visual of the milestones, informational inputs, meetings, and other key events that will occur leading up to the submission of the final strategic plan to legislation in November of this year
2. Today we will talk about the framework that the strategic plan will be built upon – following that discussion, the team will work to develop a prototype of the strategic plan.
 - a. This prototype will not contain detailed information, but more of a demonstration of what will go into each section conceptually
 - b. Following the prototype, a rough draft will be developed by April allowing a few months for sharing out, receiving feedback, and updating and building upon the document.
 - c. This will all lead to the final version being submitted to the CYBHWG and the legislature
3. Each Advisory Group meeting is roughly mapped out to focus on a piece of strategic plan in development to allow time to engage with and provide feedback on the latest versions of the strategic plan.
4. Other inputs like the system modeling work, the funding structure of the behavioral health system in WA report and the community engagement finding report, along with the forthcoming quantitative data reports will also feed into the strategic plan.
5. Discussion: What do you all see as the key touchpoints for the advisory group with the strategic plan outside of the already scheduled advisory group meetings?
 - a. An offer to support facilitating more of these groups for the youth to prevent the group from losing traction with the youth and young adult voices regardless of the specific topic of discussion



- b. Suggestion to schedule a discussion group in mid-late April to discuss any important information coming out of the legislative session as it wraps up
- c. Information on what the findings/learnings are at that particular stage in the process, for example with the quantitative data reports or the system modeling effort. Allowing input and iteration similar to what happened with creating the definition of behavioral health
- d. An offer to support facilitating more of these groups with parents/caregivers in a space where they are already meeting, again to not lose momentum in receiving this input throughout the process
- e. Importance of being clear with what the purpose is for the discussion group meeting and what the role is of those attending – are we asking for them to participate in providing input or are we just providing updates that are not open for input? Allowing people who invest their time in meetings to know what to expect and how to show up for the meeting.
- f. Connecting with groups across the state to get representation from different communities

Strategic Plan framework – System of Care

1. The framework being presented is based around a framework that the prenatal-5 subgroup of the CYBHWG put together. This is modified and simplified for the purposes of sharing it at a high-level, but all of the key elements are still there.
 - a. The elements of the system that are important to address are fundamental enablers, the drivers, the service and supports, and vital conditions
 - b. Vital conditions are a piece that isn't going to necessarily be directly impacted by the behavioral health strategic plan. Instead, the strategic plan will address the other areas (enablers, drivers, and services/supports), and through improving those areas, there will be longer term improvement. The strategic plan will address improvement across the other areas (enablers, drivers, and services/supports), to impact longer term, generational improvement in behavioral health outcomes.
 - c. The white boxes are the things the strategic plan really will address.
 - i. Continuum of care – the strategic plan will need to lay out what a full and ideal continuum of care would look like. This will likely be informed by some of the gap analysis work being done and where we can highlight what is missing that bleed to be built out to achieve the continuum. Another key input here is the feedback you all share about your experiences with the behavioral health system and what we hear from communities across the state.
 - ii. How services and supports will be provided – this is where regional leadership is important. It has been consistently expressed how much the behavioral health needs of communities vary across the state. There is a need for empowering regional bodies to really determine how services and supports are provided locally. Family and community centered approaches are at the heart of this and also ensuring that people can move between different levels and types of support more seamlessly



- iii. The drives of the system, what will power the system – this includes sustainable financing and a diverse, well-trained, thriving workforce. Building up the workforce’s capacity and ability to sustain themselves. Recommendations could speak to these different aspects of the workforce and sustainable financing
 - iv. Enables, what will guide the system – this will include guiding principles, structured coordination among the many agencies that have behavioral health responsibilities in the state, resourcing and building into the system the grassroots work going on that is making a difference for people, and supportive policies and opportunities for shared resources where the system can operate as one whole rather than operating as separate programs that don’t communicate across entities.
 2. The strategic plan will call out opportunities and needs at each age/stage of development.
 - a. The final document being envisioned is going to appropriately address pregnancy, 0-5, 6-12, 13-17, and 18-25 in terms of some of the key messages coming from the strategic plan. It is important that the Strategic Plan prioritizes support from the start, really early in life. Catching problems early and tuning into and meeting the needs of children and adolescents where they are and where tier families and caregivers are. Identifying those who might be at risk early on and ensuring we are setting people up for success as they move out of childhood, out of youth, and into adulthood.
 3. A walk through the evolution of thinking that has happened with the advisory group and discussion groups throughout this process to address the needs of the state in a strategic plan.
 - a. What started as a simple framework has evolved and developed based on the ongoing feedback you all and others have provided to help conceptualize the Strategic Plan – what categories need to be represented, what visual representation is inclusive of the needs of our behavioral health system, etc... All of these iterations have led us to today where we want to share thinking on utilizing the System of Care framework moving forward
 - b. The core values of a System of Care are resonant with the documented values and vision of Washington Thriving. We are trying to create a functional system that cares for the P-25 populations and their families and caregivers
 - c. A System of Care framing has been used in other states resulting in similar outcomes that we are looking for in Washington, and it has also been used nationally. This approach can help identify gap areas and builds conceptually off of the framework discussions that we have had to date
 4. Sharing the System of Care for P-25 BH in Washington visual:
 - a. Under each of these categories there is prevention, early identification, support and care, treatment aftercare, recovery, and resilience, and health promotion and education.
 - b. It is important to have holistic supports and actions that are proactive to promote overall health and wellbeing. There are things that everyone needs (universal/all), things that some people need (supplemental/selective/few), and things that only a small number of people need (intensive/targeted/indicated, few) - this distinction is to ensure that families and their children aren’t showing up in a crisis situation and that is the first time they engage or



interface with the behavioral health system . We want to be providing engagement and supports at their earliest possible stage of need.

- c. What makes this a System of Care is that we put the people that we are trying to support in the center – pregnant people, babies, children, adolescents, young adults, and their parents/caregivers/families/communities.
 - d. Where a System of Care begins to come together is when individuals/families/communities can find support that feels like support, and this is one of the major principles that came up early on in the Washington Thriving work. It is important that someone can enter a door into the BH system and be led to a single point of contact that helps you interface with the system of care appropriately.
 - e. The System of Care also involves resources, information, navigation, care coordination, and family advocacy and support. When all of these things come together, this becomes what we have discussed throughout the process which is an ideal continuum of care.
 - f. The state of Washington is missing the central infrastructure to help families, caregivers, children, and others navigate and interact with the services that they need.
5. Pause for questions/comments
- a. How would one point of contact bridge across a system of systems like healthcare, social services, education, etc...
 - i. Right now, the project team is looking to other states/examples that have done this. New Jersey comes up often. What we are sharing now is modified from Connecticut's behavioral health system of care/ These examples might help shape the recommendations that we make for Washington.
6. Sharing an attempt at creating a comprehensive list of services and supports. This list is more descriptive of categories of services rather than by the name of a specific program or service itself. This is not specific to needs or age/developmental stage. Eventually, we can imagine a version of this for each specific population or place where people are going to get that service. This is a lot to take in, the slides will be shared for folks to take more time with to review and think about what might be missing or unclear.
7. Discussion – initial reactions to the framework, shift to the System of Care model, for the Washington Thriving work.
- a. How can we avoid gatekeeping the services within a system of care where we do have various points of entry?
 - b. Are we thinking about the parents/caregivers/families/communities as a part of the system? A lot of information comes through families and communities, a lot of health comes through these as well, particularly around cultural ways of healing, cultural ceremonies, and those kinds of things. How can we incorporate that into an understanding about Systems of Care that helps us be more comprehensive in our understanding about what it means to heal?



- i. A fundamental part of the system are all of the things you just mentioned. We will need to be really thoughtful about how that shows up in the Washington Thriving recommendations.
- c. In the visual, it feels like families and parents and caregivers are on the outside. Communities, families, all of these also receive “services/supports” and it is important to make sure that we are seeing these as part of the core.
- d. The way the circles are lined up in the visual – it feels like there is a separation between families and communities and the professionals – when professionals are a part of the families and communities as well and the other way around. Want to take into account the idea that families aren’t just accessing, they are also servicing as a resource we can utilize and understand other ways of healing that might exist in communities as well. There is a back and forth rather than a unidirectionality that comes from the circle.
- e. Sharing appreciation for the slide that showed the evolution of the continuum of care, because I remember each of those diagrams and the feedback that was provided and sitting here looking at this one, it doesn’t fall into some of the pitfalls of the feedback we gave in previous versions by implying this sort of linear progress through the continuum and it doesn’t leave the drop off after residential that goes nowhere.
- f. Would love to consider how we represent some of the varying levels of intensity, especially for the treatment area given how much of a role treatment plays in the behavioral health continuum of care.
 - i. We talk about the need for the strategic plan itself to be almost modular so that you can zoom in on different parts because there are a ton of things that need to happen in some of the specific areas. In the case of this System of Care diagram the treatment slice is smaller than it might be in other visual representations. Not because it isn’t big and important and complex, but because so often that is what folks within the system seem to think about. And if we are talking to legislators and thinking about the vision that the advisory group has brought forward for the system, there is a desire for there to be so much more consideration for what is upstream. This doesn't mean that the same dollars go to each piece of the pie. This isn’t a scaled diagram.

Public comment period

1. I missed a lot of this meeting and I really apologize. I’ll lower my hand here. This is one of my normal working days and so I typically have meetings in the care. I didn’t want to do that tonight. So I’ve had you in my pocket running around this place. But from about 7:15 on, for the last hour, you have had my attention. And, I’m happy to put a lot of my public comments into writing. And that slide that you all showed a little while ago that had a bunch of columns and rows on it, I took a screenshot of that and I’ll have to study that more. And I’m really hoping that I could get a copy of this recording. I know it’s being recorded. I don't know if that’s available to an advisory person or parent. But it would be helpful to see this from the beginning on a larger screen with my



headphones so I can really zone and really super focus. I want to talk about the intersectionality between mental health, behavioral health, and school districts. A big part of my story and my lived experience is because these systems are all separate. And what the school district didn't do behavioral health wise and mental health wise, I had to find out in the community, I had to find for myself. I had to find those resources for myself. And even though I have been through WISE and wraparound programs and even cores and a lot of crisis clinics, multiple times, I could not get on the same page with my school district from a behavioral health, mental health standpoint. And they were the most uncooperative entity I've ever experienced in my life. I want to mention something that Peggy talked about with the psychological evaluations. That you do have to request that in writing, even though they are required to do a psychological evaluation or really, it's called a school evaluation every three years for someone who is on an IEP. They're required to do that every three years, but no one, no one, and I mean no one, is making sure that that evaluation is being done in a timeline manner. And it's hitting the three-year mark, there's no case manager that is monitoring and coordinating the three-year time frame. For example, if the three years is coming up in six months, no one is scheduling that and it was missed multiple times in my case. And if the school, if you disagree with the school evaluation and you want an independent evaluation, you have to put that in writing. And if the school district refuses to do an independent evaluation. You have to pay for that yourself. In Medicare, Medicaid does not pay for that. You have to pay with your own insurance or out of your own pocket. And that is some serious inequity and inequality that I have experienced for the last 10 years. I could not get independent evaluations. Even after they agreed to do an independent evaluation. They refused and took me to court multiple times through due process and still refuse to pay for the independent evaluation even though they had it in writing that they would. So that is one issue. The school district is also not testing for the four different types of dyslexia. For dyscalculia, dysgraphia, dyspraxia, and dyslexia. That can also turn into a severe behavior issue if the child cannot read, write, or do math at their grade level. And they need support that they're not getting. That's another expense for the parent that has to go out and get their child independently tested for dyslexia or the four different types of dyslexia. I want to mention about mental health. Digital portals such as like the mychart through Swedish the epic system that almost every medical provider uses goes into some kind of my chart system while mental health does not use a mychart system and in fact, every one of the entities that we've gone through have different portals and some of them would not give me access to the portal, give me access to the treatment. That was a WISE wraparound program I tried two years in a row. When I finally got access to the portal, the treatment plan was inaccurate. It was inappropriate. And it was not, the accommodations for my daughter's particular diagnosis and behavior patterns, it was completely wrong/ It was trying to treat the wrong kind of cancer. I like the cancer analogy that someone mentioned earlier because the amount of paperwork that we're talking about in portals and records requests and dealing with different entities as a full-time parent/caregiver, I have 12 boxes of paperwork at home. The number of portals I was dealing with when my daughter was taken was Seattle Children's Ryther, WISE wrap on their own portal. And we were taking on a new provider with a different agency. The number of administrative hours it



takes to be a full-time caregiver is something equivalent to running, it's like running a small country or small business. I also want to mention, and I'll leave it with this because I could keep going and I can put all this in writing. Does the Department of Children, Youth and Family Services with CPS, is not reporting constant, repeat families who have repeat families who chronic investigations, chronic false accusations or chronic, some of these are called when they do like a screen. These state organizations are not giving appropriate referrals/. They don't have actual appropriate referrals and it's going through constant cycles of insanity where services are not being provided, the families are not being flagged. That family should not have to spend a year waiting for YA's wraparound to make a decision to go into the CLIP administration. Or to get a bed in a PBMU unit or to get a psychological evaluation or to be hospitalized. Clearly the family is in crisis and they're not functioning. And clearly, we're doing is spinning our wheels and repeating the cycle of insanity so I would like a process where these families are fast tracked and given some kind of priority.

2. So I'm just curious as someone who has a lot of ideas and maybe from the private sector coming to the advisory group with a proposal for an intervention, what would that look like to partner with the advisory group in this process? Would you like a written document of a proposal for an intervention? Are you going to send out RFIs or is there a timeline when that could be more strategic?
 - a. We will have to wait until after we submit the strategic plan and see how the legislature responds to know what will or will not be included in that and at that point a process will be developed.
3. I should have asked this question when we were talking about how to model the system or the system modeling activity. So IU will pose it as sort of a hypothetical, but happy to talk about it. I meant to ask if there was an effort to model the system different based on various filters. And sort of what I mean by that is the system fundamentally works differently if you have Medicaid versus private insurance. Like there is just different things you are eligible for, right? Or that can be covered under your insurance. Based on your insurance coverage, the system fundamentally works differently. If you're looking for care for an 8-year-old versus a 14-year-old because age is a rollout criteria for many resources. Or if you have a child with a developmental disability or an autism spectrum diagnosis and so I'm curious if the system model will be able to reflect or sort of filter or show us what is possible given that the system itself isn't really a monolith, that is very different depending on who's trying to navigate it. And I apologize, I should have asked that earlier and didn't think about it until too late. So happy to have that conversation in another forum.
 - a. This is a good point and one that we will take to the system modeling team for considering – it is important to recognize that fundamentally the system will work differently at different points is something we need to consider and carry forward in that work.
4. Parents actually have the voice, and you do have to advocate for yourself, but believe it or not, parents do have far control over the rights of their children, especially under the age of 13. And I actually had to advocate for myself. And it wasn't until CPS saw that the school was attacking me because I had to [audio cut out] at the trailer I live. And because of that, I truly believe that wherever they come from, I think DCF or whatever, they have like 108 pages of... changing their ways. They

even said they apologized for their past mistakes, which blew my mind. And then they're trying to incorporate more of helping families stay together. And I even saw certain sentences that I've said, and it made me feel really good because I want to thank the school for calling CPS again on me while I had the guy there with my whole family. So, you're not alone. Just don't back down. That's all I wanted to say to her.

Closing

1. Thank you to all of those who spent your time with us this evening. Materials for the meeting will be sent out to members and available on the website.
2. The meeting schedule for 2025 will also be solidified and posted to the website.
3. If you are interested in receiving a stipend for attending today's meeting, please email cybhwg@hca.wa.gov
4. You share your input/feedback from today's meeting using the code or link on the slide.

Comments in the chat

- Then why do people think the freeze was from other people's choices?
- Thanks - and i didn't get the materials or calendar invites. so can you please double check that all members are on the right lists now as things transition.
- yea I didn't either.... I might of missed it maybe
- Thank you for letting us know, Michelle. We will get that fixed.
- renamed organization
- thank you
- Annette, I don't believe you are a formal member of the Advisory Group. Please go to www.washingtonthriving.org and sign up for the newsletter to be sure you get all the communications.
- <https://www.washingtonthriving.org/contact> - check the news and updates box.
- the people's voices are more powerful than money history has shown that
- will all meetings have a zoom option?
- and have you planned any in person?
- Hi, Peggy! Yes to Zoom. And we are considering doing September in person. We fear we may still be constrained by the Gov's contract freeze but are working through it. Hanna will speak to that later in the meeting.
- who are the people representing lived experience on the core system modeling team?
- I think I'm one...
- so you've in meetings with Chris?
- trying to demolished the systematic death loop holes
- A number of our cross-systems partners bring lived experience as parents/caregivers, former P-25 system customers, and frontline providers. The initial build is focusing on system partners who can help us source data and information from their professional domains in provider services, administering them, overseeing them, and/or paying for them



- does it cross systems esp school?
- Yes! These individuals bring real world experience and practical understanding of their part of the system spanning:
 - Public health (DOH, regional public health)
 - Pediatric & behavioral health providers
 - Education/school system (OSPI, ESDs, school administration)
 - Adjacent systems impacting behavioral health (e.g. housing, justice, child welfare)
 - State agencies administering aspects of P-25 BH (DCYF, DSHS/DDA, OHY, HCA)
 - Lawmakers & policy professionals
 - Private & public insurance (Medicaid/AppleHealth, MCOs, health plans)
 - Equity-focused professionals (e.g. commissions, Office of Equity)
- any parents who aren't employed within the system?
- I don't work for anyone I'm apart of family member getting our communities voices actually be heard
- Yes. Additionally, once we have a functioning tool, there will be opportunities for this Advisory Group and other cross-system engagement from those with lived and living experience to play with it, test the assumptions, and iterate.
- always look into the data always
- this is awesome
- just curious because I volunteered my experience for this project.
- you mean they get to play outside
- people are better at understanding charts totally get it
- <https://exchange.iseesystems.com/public/pontifex/childhood-obesity-in-ga/index.html#page1>
- Who thought of the rename.
- Annette, do you mean renaming the effort to develop the Strategic Plan to Washington Thriving?
- lol yes 🌻
- The project team consulted with the Advisory Group to develop the name and the logo with the trees and tree rings.
- I was just being proud because it was what I call the teams
- I'm cooking dinner for the kids right now, so not joining a break out on purpose
- I might lose service just a heads up
- Speech and language therapy also came up in our discussion: how unmet needs in these areas can contribute to behavioral health challenges later, and the lack of providers available.
- I talked alot
- personal thrive look different for all
- different countries would have different ways of what looks good to each group
- Annette - you are breaking up a bit
- consider economic impactors and education for "thriving" or vital conditions (i.e. info we can get from WSIPP)
- Great point Peggy - we also have a Young Adult Health Survey for the state.



- 2 minutes until we are back from break :)
- Final draft = still a draft with room to iterate! But a fully fleshed out product that folks can digest and give feedback on.
- thank you
- helping victims heal
- results
- Thank you for that support to ensure young people have a pathway to infuse this work Carolyn!
- 100% agree
- And Quentesa fully supports/would love to help my Youth Network folks with that continuing.
- thank you
- it seems like we need to speed that part up so we can actually make this do change
- thank you Peggy
- so much
- Thanks, Dana. I forgot to lower my hand.
- Ah! I thought that might be the case. Thanks, Shelley.
- safe space for hope
- Thank you Janice!! Grateful for the partnership to ensure parents and caregivers have a forum for connecting and feedback!
- I love it so much every one thinks different but all still have the same goal
- Washington State Children’s Behavioral Health Statewide Family Network, “A Dedicated Space for Parents/Caregivers”
 - Time: Oct 15, 2024 06:00 PM Pacific Time (US and Canada)
 - Every 2 months on the Third Tue, until Aug 19, 2025, 6 occurrence(s)
 - Please download and import the following iCalendar (.ics) files to your calendar system.
 - Monthly:
 - https://wscsupport-org.zoom.us/meeting/tZMocOGhqDMtE9HuQb4ez-QbXc2tjWivWiiH/ics?icsToken=98tyKuGvqzwiE9KdtxCCRpwEGY_CWfPwplxaj_p1iS7nVyVJLzL0DuEQJrhIOc7n&meetingMasterEventId=ph7gxyOFR5evSWRT1q_ghw
 - Join Zoom Meeting
 - <https://wscsupport-org.zoom.us/j/87578968795?pwd=5M0IGanxcxllvEPLaZkbH9bnHILJzM.1>
 - Meeting ID: 875 7896 8795
 - Passcode: 226508
 - Next meeting 2/18 at 6pm
- I like the questions what Laura said
- Reminder for members of the public: If you would like to speak during the public comment period, please let us know in chat – at any time during this meeting – by starting your message with COMMENT. This will help us get an idea of how many people would like to speak.
- outside play
- sharing resources. Giving honest truth and no child adult and elders like to be told what to do



- we need to ask what they need
- Have you also connected with WSU regarding their recent study regarding the impact of the pandemic on youth mental health and school supports needed for both prevention and intervention? It has some great priorities that could also help inform this and seems right in line.
- the data gathering is dismissed archives are the way to go
- People who need help don't ask for help because there is broken trust
- catching problems early AND providing appropriate interventions and caregiver training and supports
- Also recognizing that for each of these groups, family/caregivers and community are essential
- the 1st 5 years can affect a person whole life
- FASD, ASD, Dyslexia, ADHD screenings early early early
- isn't that our job FYSPRT Family Voices being heard
- no one fits the same shoe
- The right service to the right person in the right amount at the right time.
- to thrive not just survive
- It's missing developmental needs... ::addresses cultural, linguistic and developmental needs::
- pause welcomed
- Just a comment: I really appreciated the slide with the evolution of the various continuums/systems. I remember the depictions and its valuable to see those all reflected with the feedback received too.
- supporting families without the assumption that the caregivers/parents don't have mental health needs as well, and how that intersects with the mental health of the young person. looking at a whole unit for that young person and how that fits in the "continuum"
- Yes, we are supposed to be a system of care state.
- system of care for individuals and their caregivers
- Can you send a link to or pdf of the Georgetown article you referred to re systems of care?
- https://gucchd.georgetown.edu/products/Toolkit_SOC_Resource1.pdf
 - Here is one resource! There are many - this was first developed in the 1980s and has evolved as a method!
- I wonder how the one point of contact will bridge between the healthcare, social services, and education system
- what's sad more community social media became less real society of communities that support each other
- or children that have IEPs -- that's a whole level of care coordination and expertise needed that is lacking in non educational systems
- there is a model in "Help Me Grow" - not perfect, but is a point of contact that then helps families access the right resources and services they need that could help with conceptualizing this
- my son is an IEP student and lower my son potential
- I made should I have paper copies
- Noting for team: 15 minutes left in this section of the slides!



- This is a great diagram. I wonder if we can also squeeze in the societal level to this. that rounds out the socioecological model. that could account for the importance of policy that supports this.
- Yes! Thank you Peggy!
- need the right team for the right family
- not seeing PT/OT language interventions
- Great, suggestion Sarah. If there is anything I'm good at, it's squeezing things into frameworks. 🤖
- Are you referring to what I mentioned as "vital conditions" earlier? Or something else? Welcome any specific direction.
- perhaps toward the bottom of early identification?
- I swear they are there! I looked for them! But we'll double check.
- foundit...
- What are the benefits and drawbacks you see to the System of Care framing for Washington's P-25 Behavioral Health System's services & supports?
- How do you feel about the evolution of the ideal continuum / array of services & supports into this System of Care framing?
- Do you see your programs, services, supports, areas of interest and/or populations of concern reflected here? Are any critical services or supports missing?
- but now I can't see which category lol
- under early identification
- Would love a single page copy of that long list of services to review
- I also didn't see nurse-family partnership and the vital role they play in upstream intervention and maternal-child mental health
- I think we need to do less bubble wrap reliance
- I just pasted above. But we will also send it out.
- thank you
- I'll review slides when they come out and respond via email if that's ok. In short - I'm thinking about things like retaining polices i.e limits to advertising of substance to youth, labeling on cannabis products; age restrictions; flavor and outlet density.
- maybe even making the yellow where parents/caregivers are into a light blue to encapsulate the children/YAs
- Hanna, could you switch back to the services and supports listed - curious if it feels there is representation of the services and supports in particular for family on that list
- Could we also consider adding to the family ring "relationship or close relationships" (some consideration that family has lots of meaning); also mentors, elders friends can be part of the picture at that level. I know that gets to be lots of words and just wondering what other inclusive language we can use.
- thank you all for understanding
- Time check: 5 minutes left in this portion of the meeting :)



- Acknowledging refinements and further work are needed on this visual, I deeply appreciate the reaffirmation of Washington's longstanding commitment to the System of Care approach.
- absolutely Peggy!!!! the child/youth is with others a part of their time, but with the family and caregivers everyday. The impact they have and can give cannot be underestimated
- It is being recorded and it will be put on TVW - we will send out the link with the slides in a few days!
- wise fail my family and lied. CPS. the school administration called cps Actually listen to me help me and they are trying to help parent support
- info@washingtonthriving.org
- DCYF actually have 108 pages of redefine family
- help
- I second Kashi's comment
- Happy to have it be a follow up - would be happy to connect more about it if helpful too
- 1 minute left for public comment :)
- COMMENT: as a parent of a young person who had serious mental illness, an occupational therapist by trade, in an organization that serves people from before birth through age 13 in behavioral health services and up to 18 in developmental services, as well as being on the board for an organization serving housing insecure youth and young adults, and program that serves pregnant and parenting women with SUD, I feel this is a great start. I do know there are many supports out there already, and studies that have happened, and how you are capturing those and incorporating that information so no one is "lost" in your plan is critical For me those with serious mental illnesses are particularly vulnerable. Seeing how we are incorporating the right person at the right time in the right amount with the right services that also includes their support systems and where they intersect with our larger systems (health, school ,social) is exactly what it seems you are capturing. Thank you!!!
- Thank you so much for sharing the recording and materials
- washingtonthriving.org
- www.washingtonthriving.org
- cybhwg@hca.wa.gov
- Email that address if you are unsure!
- <https://www.surveymonkey.com/r/KCF8PSF>
- Thank you
- your team listen to my family at statewide so thank you
- Thank you for a well thought-out and well facilitated meeting.
- Goodnight all. Thank you.
- Thank you all for your time and insight - so important and so valuable to this process
- Thank you all!
- thank you so much for this detailed session :)
- thank you for joining us, Eve!
- Much appreciative of all of the time and intentionality that was shared tonight.



- reliance