



**Washington
Thriving**

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

Washington Thriving (*formerly the Prenatal-25*) Strategic Planning Advisory Group Parents/Caregivers Discussion Group Meeting Summary

Wednesday, September 18 and 25, 2024
10:00 a.m.-11:30 a.m. Pacific Time

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Washington Thriving (*formerly called the P-25*) Strategic Planning Advisory Group

Parents/Caregivers Discussion Group Meeting Summary

September 18 and 25, 2024

Attendees

- 11 Parent/Caregiver Discussion Group participants joined

OPENING, UPDATES

- Hanna Traphagan (HCA) opened the meeting by speaking about the Washington Thriving project process and timeline.
 - Washington Thriving is currently in phase 2 of 4; the first two phases are heavily focused on gathering input, the latter two on channeling that input into strategic plan language
 - Phase 1 speaks to what the ideal system would look like; in phase 2, we now focus on the more specific questions of “Does Washington have the right services and supports” and “Does the capacity for each one meet the need?” Phase 3 addresses filling gaps and identifying key levers for change, and phase 4 will explore how learnings inform the strategy, short- and long-term wins, ways of knowing we’re on the right track.
 - Washington Thriving is informed by two broad workstreams:
 - People-centered: community engagement and feedback
 - Data-informed: evidence and research
 - In answer to a question, Megan Beers (HMA) explained that the workgroup will continue to meet monthly into the next year as participants aid in the building of a road map through 2025.
- Liz Arjun (HMA) overviewed the meeting agenda, to cover how to talk about the range of services that are and aren’t available, as well as feedback-informed changes to the proposed definition of behavioral health and the future vision for the system.
- Liz provided updates on the discovery sprints:
 - 2 discovery sprints completed: K-12 school-based behavioral health deliverables, behavioral health during pregnancy deliverables:
 - [Bloom Works - WA BH K-12 Deliverables - Google Drive](#)
 - [Bloom Works - WA BH Pregnancy Deliverables - Google Drive](#)
 - One participant encouraged the project team to reach out to Washington State community connectors, as this can be a great place to find people to talk to who otherwise can be hard to find, such as those with kids who are of transition age (18-25) with special education or severe mental illness, those who’ve had violent kids with IEP, etc.
 - Megan responded that in August, members of the project team attended a Peer Pathways conference, and attended a meeting with Washington State community connectors. The team is currently finalizing conversations in-person for a week in October as well as some virtual conversations. There will engagement activities then in Tonasket, Bellingham and Seattle.

VISION AND BEHAVIORAL HEALTH DEFINITION DISCUSSION

- Liz described the process by which the project team had collected and incorporated feedback on the future behavioral health system, and presented the changes made to the vision based on that feedback.
 - Someone suggested adding the important of people in various organizations within and outside traditional behavioral health services (e.g. Washington State Housing and Independent Living Council, Division of Rehabilitation) sharing information and coordinating their services effectively.
 - This continuum of care should reflect a system that has less of one aspect of the current system: people so often say ‘this system doesn’t work, let’s start something new,’ and soon there are so many services that one can get overwhelmed, and each can only handle one small part of your situation, so you have to tell your story many times and take your kids to many different places which makes things much harder.
 - One participant said it should be indicated that these are aligned with System of Care values. There was another initiative that failed to mention family, when family is a core System of Care value. By not mentioning this broader value system that Washington Thriving connects with, the context isn’t coming through, and it could appear this is being developed in isolation, when it isn’t.
- Liz presented the group with the current proposed definition of behavioral health, in which the changes in response to feedback were highlighted in yellow.
 - Someone brought up additional challenges those seeking behavioral health services may face if they’re refugees coming from a foreign country dealing with trauma, or generational trauma.
 - One participant said in the bullet point second to the bottom, “can change or be exacerbated by lack of intervention” should be added.

CONTINUUM OF CARE DISCUSSION

- Liz then presented the group with a definition and 6 bullet points describing the range/continuum of care services.
 - She mentioned that people shared feedback that we need to capture what is available across services, so people suggested having three categories of services we need: those for everyone, those for some, and those for few.
 - Someone suggested changing the visual to a multi-tier system like they do with school.
 - The same participant mentioned that kids spend a lot of time in school, so teachers and staff can observe signs in students of things requiring further attention. There are already screenings for young children there: kindergarten readiness. Schools have data on social and emotional information about their students, it should be possible to communicate this without breaching privacy requirements so this can be used to further help.
 - Someone expressed frustration at the American system in which you have to call twenty people to find one who can point you in the right direction.
 - One participant said silos of DCYF (Department of Children, Youth and Families) and juvenile justice and education can be seen a little of here, but they’re core to behavioral health, not outside of it. The participant mentioned that Karen Kelly gave a 90-minute presentation on siloing and moving to a system of care that has family in the center, and encouraged the project team to reach out to her to get her thoughts on this.
 - The same participant said DCYF doesn’t have a good reputation with families as being responsive, and seems to be a punitive based system. It’s still failing to get families what they need, and it keeps people out of treatment.

- Another participant echoed the sentiment, saying the system is incredibly broken in that services are not connected with one another, and there's strong stigma and judgement on parents based on their children's behavior.
- Liz presented the group with a slide dedicated to services for all children, youth and families, then solicited the group's feedback.
 - Someone pointed out that community partners were missing: churches, mosques, food banks, PTAs, girl scouts, boy scouts. Every child minister, everyone at any place or organization where people gather who works with children and youth because they choose to do so should receive training so they know how to respond and where to direct them for the services they need.
 - One participant said ESIT (Early Support for Infant and Toddlers) should be moved from the 'some' category to the 'all' category.
 - OSPI transitional specialists were mentioned, and a participant said DVR (Division of Vocational Rehabilitation) has some as well.
 - Refugee centers could be placed in the "some" category so youth can be met there as they're coming from other countries. Immigrants may spend five or six years in the US and still not trust services; trust has to be earned.
 - One participant said not only ECEAP (Early Childhood Education and Assistance Program) but also Head Start program should be included in the "all" category: these are two different programs that receive funding from different sources.
- Liz then presented the group with a slide dedicated to services for some children, youth and families, and solicited feedback.
 - The question was posed if this category should also include housing or food services.
 - Someone mentioned the challenge a person faces when they're discharged, given a peer with a phone number, call the number and if there isn't a long waiting list, the service or person who's contact they were given isn't there anymore because they've moved or the service has changed; info sheets aren't updated enough, and when you deal with this while your kid is in crisis, it's quite hard.
 - Another participant mentioned that we need group therapists that know where to refer people: not every therapist is going to be a good fit - if you have a client who is LGBTQ+ or fits some specific group, there should be a group therapist who can connect someone to the right person. Good provider network directories, and a more informed triage process.
- Liz thanked the participants for providing their thoughts. She announced the next Parents and Caregivers discussion group will be on October 16th, and that there will be a follow-up on the September 25th for those who weren't able to make the present meeting due a mix-up with the distributed zoom link.

COMMENTS IN THE CHAT - 9/18

- Can we get a copy of the slide
- Yes, I will send all slides after the call
- Funding and providers work together so that services are seamless, accessible, collaborative or integrated or and adapt to changing needs?
- across systems
- Environmental stressors
- externalities or external factors
- can you increase the font size on the screen please
- education and training on referral to services and resources for school personnel
- Yes

- "trusted adults" - with trusted meaning by the child/young person and/or families
- Headstart, Early Headstart
- Hopelink
- Refugee Centers
- DVR case manager
- CIL (Centers of Independent Living)
- PCIT, Parent Training Groups
- Different Providers
- Someone to help navigate all the various systems, an integrator/ally/advocate
- Map
- with links
- Or some way to shift systems to reduce the navigation need
- do we have 988 crisis?
- group therapy, peer support
- Do we need to quantify the difference between some and few buckets? Even in big round numbers/ranges - it could be up to interpretation
- NAMI
- <https://www.washingtonthriving.org/>
- <https://www.surveymonkey.com/r/WQLZDJB>

COMMENTS IN THE CHAT - 9/25

- Will there be a chance to get some slides? or the recording? This slide is very good.
- And this one: <https://www.hca.wa.gov/billers-providers-partners/program-information-providers/family-initiated-treatment-fit>
- Yes! We will share the slides after the meeting. If you are not already getting our emails, please feel free to message me your email address and I will make sure you are added to the list.
- If there is a list of dates for future meetings, it would be super helpful
- The meeting is on the third Wednesday of the month from 10 - 11:30.
- Behavioral Health in K-12 Deliverables: [Bloom Works - WA BH K-12 Deliverables - Google Drive](#)
- Behavioral Health during Pregnancy Deliverables: [Bloom Works - WA BH Pregnancy Deliverables - Google Drive](#)
- I would like a link for them if you can send it. Washington State Community Connectors.
- <https://wsccsupport.org/>
- Seattle Public Schools Special Education PTA
- I am a member of Seattle Special Education PTSA, I was in the General Membership Meeting last night. I am also member of Issaquah Special Education PTSA as well.
- Makes sense now that we share the same circle of friends.
- Does every school district have a Special Education PTSA?
- Initial thought: encompasses issues well. Thanks for consolidating our input.
- No, there are now 11 Special Education PTSA's. But they are all over the state. Northshore, Federal Way, Tri Cities, Spokane, Issaquah, Seattle, etc...
- If you would like to share off-line in a conversation or otherwise, that is always welcome as well.
- mbeers@healthmanagement.com or larjun@healthmanagement.com
- I can share no problem. I am not ashamed to share my story at all.

- My daughters Autism is Pathological Demand Avoidance. It's very, very complex.
- My daughter was taken on 06/27/2024 along with my Cat.
- Email me michellemwhitehead@gmail.com
- https://linktr.ee/PDA_AcrossTheLifeSpan
- PDA is a new conversation within the autism community. it isn't in the DSM V
- Such deep appreciation for your presence, feedback, and sharing today. Thank you all.
- I just came from Stanford Neurodiversity Summit