

PN25 Behavioral Health Strategic Plan System Partners Workgroup Meeting Notes

Thursday, July 18th, 2024
1 p.m.-2:30 p.m. Pacific Time



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PN25 Behavioral Health Strategic Plan Advisory Group Meeting Notes

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Attendees

- 8 non-facilitator participants attended

VISION FOR THE FUTURE

- Liz opened the meeting and directed its focus to the Vision for the Future
- She shared that HCA and the supporting team came up with a draft of the vision she wants to share with the group, based off all the group's feedback, which include 7 principles ([Prenatal-25 Strategic Plan discussion presentation for providers \(July 18, 2024\) \(wa.gov\)](#))
 - There is a slide with a detailed description associated with each principle
 - A participant said that as the P in P-25 stands for prenatal, when we think about really young people they can't say what they need, so we need a different way of talking about this so that this covers the youngest in the age range
 - Someone asked if they could get a copy of this vision presentation and Liz confirmed she'd get a copy
 - Liz shared an introductory vision slide put together based on everything heard in the discussion groups
 - She mentioned a few comments on it from other discussion groups:
 - The word "geographies" should be replaced with "regions" or "across the state"
 - Using 'mental health' and 'substance use challenges' to more clearly articulate what the 'behavioral health' term means, defining the latter term more effectively
 - 'All doors lead to help' to be changed to 'all doors lead to support'
 - Participants shared the following feedback:
 - Someone liked the slide and thought it covered everything pretty extensively
 - Another liked the idea of defining 'behavioral health'; we place a lot of emphasis on behavioral health but it is defined differently in different places; there's also mental wellness and other initiatives- she doesn't know if those are a part of this or not; clarifying that would be good
 - Liz responded that HCA says this is supposed to reflect the entire continuum; this project presents a real opportunity to educate people on what behavioral health actually means
 - Someone said there are requirements by different services like CMS and others and so if we're approaching from a wellness perspective, and we're going all the way from early prevention to intensive need services, that's going to be very different systems; an understanding of that is really important
 - Another attendee asked if there are thoughts about a way to move forward with the language that will remove as many of the barriers as possible due to the language being used?
 - In different systems, behavioral health, mental health, relational health - these refer to very different things, and people may not be able to access the service they need because what's being asked for isn't the purview of certain service providers; would be good for us to remove definitional language barriers so people can actually get the services they need regardless of whichever service they find themselves in
 - How are we defining systems? There are many different systems that in some ways touch children and youth, their health and wellbeing - of course the schools touch that; is there a way to call out a definition of systems, or use a couple more words to indicate what systems are?

- Liz suggested taking funding and systems out of the intro vision slide so it's more focused on people and on what they're seeing (because from a front door perspective people aren't thinking about funding and systems, they're thinking about 'how do we access what we need in supports/services, a doctor')
- Rep Callan suggested having a page beyond this that goes into more detail on each of the circles, where you could get into systems and funding, so system partners could see themselves in this too; Liz agreed: have the front slide be what communities look at, then the principles and following slides be about how we do our work as system partners;
- One participant loved this idea; it makes her think about the shared values, principles and approaches we bring to our work
- She then asked if the colors on the first slide in the circles correspond to the colors in the principles going around them? Another participant said he also thought the orange circle was connected to the orange principle (and another participant agreed)
- Liz drew from some earlier points that the circles in the opening slide will be about community people seeing this, while the principles are about how we as system workers deliver all this
- Someone loved support instead of help; she doesn't want to lose families in here- a lot of support for youth comes within family systems; she sees behavioral health but is a little stuck there because 'integrated care' has changed the way she sees this
- The same participant suggested considering more of a strength-based approach in the language, and said when she hears behavioral health, to her it feels really limited in helping families and youth

LOGO AND BRANDING

- Liz showed the group the new logo and branding content
 - Someone said she liked the logo but it doesn't talk people to her; with the trees, it seems more environmental
 - Another smiled as soon as it went up onscreen because of the colors; the rainbow outline seems a nod to the LGBTQ population which is important as they really need help thriving; she likes all three trees as one seems like a child, and how people live in communities; it looks like a little family of trees to her getting support, which she likes
 - Someone else really liked Washington Thriving as well, thought it was great
 - Rep Callan said comments she received suggested everyone loved it but people couldn't really tell it was for the P-25 population for behavioral health; perhaps the trees could be replaced with people in the p-25 age range: the face of a baby, a kid and an adult; but then you lose the community element the trees give, so she recognizes it's a balancing act
 - Another participant wondered if something could be added after 'developing a strategic plan for prenatal through age 25 behavioral health' that says 'for the purpose of' and then some aspirational element that connects back to the thriving, such as 'so that every child in Washington can have great access to behavioral health' or something
 - Someone else asked if the 'Washington Thriving' and the logo going to continue after the strategic plan is finalized, or if it will only be used until then? Rep Callan responded that for now it's more about creating a brand and site to connect to the effort of getting this plan made; the participant responded that he wonders how people who are hesitant to engage with this but do end up engaging and connecting with the branding are able to follow the branding to watch this develop in years to come

ENGAGEMENT AND OUTREACH

- Liz shifted to the summer and fall regional listening event updates
 - She noted that as was shared over the last couple sessions, the co-chairs and strategic plan advisory group are interested in seeing that we go out and hear from communities, especially

- those we don't often hear from in these efforts; another emphasis is building community relationships focused on these issues
- She mentioned these places and dates:
 - Central WA - week of 8/12
 - Northeast (Spokane/Stevens Counties)- week of 8/9 or 8/26
 - Southeast (Walla Walla/Garfield Counties)- week of 8/19 or 8/26
 - Northwest (Whatcom, Skagit Counties)- late August/early Sept TBD
 - Central West/Southwest TBD
 - She asked for the group's thought on people and organizations we should reach out to in these different parts of the state; the following feedback was shared:
 - Pre pandemic, someone's organization would do listening events in Washington, Montana and Idaho- they'd start by picking a place, a balance between urban and rural, reach out to pediatricians and school counselors in the area, and ask if they would advertise for them/asked them where people gather in the community; they would be directed to a community center, or a tribal community; if you were a caregiver of anyone 0-21 you could come and give feedback
 - Someone asked if we will be using additional ways of getting feedback from people as well? Have we thought about other ways to gather info from families, because it's hard for them to get out to things, especially for those who work or have young children
 - Liz suggested virtual listening sessions
 - Someone said that to connect this with young kids it might be good to connect with Early Learning Advisory Counsel- they have regional representatives who are connected to childcare providers all over their region; that might be a way to get more words out there to young families to participate
 - Someone really liked the idea of a survey/QR code because there may be stay at home parents who have info we really want
 - Liz said we'll be getting the group materials shortly that they can distribute broadly, and expressed her appreciation for the comments coming in the chat; she invited attendees to send their thoughts to the SPAG email address

LANDSCAPE ANALYSIS

- Liz shifted the conversation to the landscape analysis piece of the P-25 project
 - She asked the group's thoughts on how to organize this; needed are 1) a catalogue of services - across the P-25 age range and across the service continuum, and 2) oversight and funding, across multiple agencies
 - Rep Callan said she thinks about the landscape as a 3 dimensional grid: for the given ages of services, for maternal health, for education and promotion of wellbeing, you have services in your home, your primary care provider, your OBGYN office, and any other organization services; we're trying to quantify and qualify all this
 - Liz brought up how to define things: Prevention means something different for HCA than for the Department of Health, Youth and Families
 - Someone said there has got to be somebody else who has done this work; she thinks we need to research what others have done in this area- she's thinking about spending some time working with her system partners to see what they have, and looking online to see what's available; she loves the drop-downs - then we can take easy views of them; defining the service areas then thinking about the ages of the impact, regions where they're located, the type of funding that's involved in supporting that service, so we can really use the data to help inform what steps are next
 - Liz mentioned some work with people in Connecticut on this, as well as in Oregon; she can reach out to colleagues in those places

- Someone said that part of what's complicated about the current landscape is that everyone uses these terms differently; if we ask an agency how they plot their services on a continuum, and what their definition of their services is - their mid range services, their intensive services, then ask these questions to DDA and HCA, you'll end up with different definitions and continuums - you can find a way to line them all up, and you can show people that they don't align (e.g. what DCYF means by prevention is different from what the behavioral health system means for intervention)
- A representative from DCYF said she could plot that
- Another participant said he put a link to the Early Learning Advisory Council in the chat- they've been working on an early learning dashboard; in different counties across the state, there's a dashboard that provides input on early learning and needs- geography, subsidy, private, served, needed, estimated needs met, so there are ways of organizing this kind of info by locality on the map that has a friendly user interface
- Someone floated the idea of a dashboard where you could press a button for a region/county, then a button for a kind of service - like those corresponding to anxiety - and all available in that region for that topic would light up
- Someone asked how we categorize services through the eyes of the person/family who's experiencing them
- Someone said she recently did some mapping out for children's BH care and looked at things including those added in the last several years, and saw that while there was a lot, much more is needed; she expects doing so for this will highlight a similar situation
- Rep Callan said we can see in the gap analysis where there's nothing, and then where there's something but no doors to get to it
- Someone made the point that we can also look at things that have been there forever, but may no longer be needed
- Another participant said her organization has a lot of activity going on, but some of the services they offer meet only 2% of the known need
- Liz said this represents a nice segway into the gap analysis part of the P-25 Strategic Plan; HCA has contracted with Mercer to do this
 - Someone asked another attendee who worked with Washington Stem to create the dashboard if they could categorize prevention services; that person said she wouldn't recommend them for that
- Liz closed the meeting by informing the group the next meeting is August 22nd, 1-2:30pm

COMMENTS IN THE CHAT

- Was the full content ever distributed to participants? I would still appreciate receiving it so I can review slowly and thoroughly
- Are the colors of the words and icons on the side related to the colors of the circles in the central diagram?
- How will we be able to help with these outreach activities?
- Maybe Peninsula too?
- There are some great suicide prevention groups in communities too
- Community events in local parks, back to school events in the community
- I agree and recommend we ensure we are inviting community based organizations and specifically reach out to organizations that serve diverse populations to ensure and gather their input.
- Libraries and local parks and recs centers have notice boards
- Will you be soliciting contact info for suggestions or should we just send them to the spag email address?
- Or a survey people can take too
- Early Learning Advisory Council (ELAC) Regional representatives to get invitations out to families with young children.

- There are behavioral health navigators at all Educational Service Districts (ESDs) around the state now too - they might be a great points of contact for local districts
- I think I have a list of their emails somewhere...
- P25SPAG@healthmanagement.com
- We had some good learnings when we built a community health needs assessment survey (during covid when we couldn't do listening sessions) so happy to connect SPAG team members with SCH community health team members. I'll email SPAG
- It would be helpful to define the various types so we all have the same definitions (overall wellness, prevention, early intervention, etc)
- The elements I'd love to see in the catalog: what's the service, what diagnoses/symptoms is it for, where is it being delivered (physical location), where is it available (geographic location), who is eligible, what insurance covers it, who provides the service etc
- <https://www.dcyf.wa.gov/practice/oiaa/reports/early-learning-dashboards>
- Are we checking out local public health departments to see what resource lists they have already violated?
- "Collated"
- Maybe we outline these services through the eyes of the person/families impacted?
- This is so exciting!
- And speaking of changing landscape, I think it would be SO important to capture some of the programs that have shuttered in recent years (Fairfax inpt unit, Sacred Heart's inpt unit soon, Seattle Counseling Service, etc.)
- Agreed, and look at utilization across the continuum.
- I love the idea of including workforce in the current landscape (what would be open if it could be staffed...)
- OHY is conducting focus groups across the state with young adults about co-designing our direct cash transfer pilot program