

Qualitative Perspectives on Washington's Prenatal–25 Behavioral Health System



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Qualitative Views of the Current System

Introduction

Washington Thriving implemented a statewide community engagement strategy in the fall of 2024 to gather qualitative perspectives on Washington’s P–25 behavioral health system. This engagement focused on gathering the perspectives of young people, parents/caregivers, and families, especially those who are members of communities and populations that have historically experienced health inequities.

The community engagement strategy intended to reach people where they live, preferably in partnership with individuals and organizations who have already established trust in the community. The team used diverse engagement methods and maintained flexibility throughout the process with respect to how and through whom input was gathered. The engagement sought to center community members and what matters to them in order to move the state toward a behavioral health system that supports rather than undermines people’s universal drive for well-being. Finally, engagement during 2024 prioritized gathering input from members of the diverse workforce serving young people and families, recognizing that teachers, pediatricians, and those working in community supports are often the first responders when young people experience mental health challenges, making these professionals a key asset in promoting well-being for all young people, caregivers, and families.

This process aligned with Washington Thriving’s goal that the strategic planning process be rooted in robust community engagement that represents both the breadth and depth of affected communities across the state. Washington Thriving’s engagement efforts are intended to lift voices that are often unheard and are focused on two goals:

- Developing an ongoing dialogue and participation throughout and long after the behavioral health strategic planning process has ended
- Ensuring that the strategic plan is reflective of and responsive to the needs that community members have identified and incorporates their ideas to address these needs

With that in mind, Full Frame Initiative (FFI) and Health Management Associates (HMA), in partnership with the Washington State Health Care Authority (HCA), tapped into existing relationships and networks to reach deep into the community, where outreach is often missed. Collectively, the qualitative views represented in this section represents three primary sources of qualitative input on the current P-25 behavioral health system:

- 1. Listening Sessions:** Collectively, FFI and HMA conducted nine listening sessions across the state between August and October 2024. Summaries of each are provided in **Appendix A** and feedback has been aggregated into the Overlapping Themes section of this report. In the process of creating listening sessions, FFI and HMA also developed relationships and built trust with organizations, communities, and individuals in ways that are important for the ongoing dialogue and participation beyond simply the strategic plan development.
- 2. Washington Thriving Advisory Group and Discussion Groups:** In addition to the listening sessions above, HMA sought feedback from the Washington Thriving Advisory Group and its three population-focused discussion groups (youth/young adults, parents/caregivers, providers/system partners) regarding their experiences with the current P–25 behavioral health system. This feedback has been aggregated into the Washington Thriving Advisory Group and Discussion Groups section below.
- 3. Information and Input Gathering through Existing Channels:** Washington Thriving engaged with statewide and regional networks, including: the Statewide Family Youth System Partner Roundtable (FYSPRT), the Department of Behavioral Health and Recovery Coalition Leadership Institute, the Tribal-Centric Behavioral Health Advisory Board, and the Bridge Coalition. Though these events were focused primarily on sharing information about the Washington Thriving initiative and opportunities for ongoing engagement, some input on the current system was provided. That input is incorporated into the themes from the Advisory and Discussion Groups (presented below).

The personal stories and feedback shared are precious resources toward the reimagining of a behavioral health system that puts well-being at the center.

Listening Sessions

Mission and Methods

Approach

People live, work, learn, and play within multiple systems and in communities. Their behavioral health is influenced not just by what is traditionally designated as the behavioral health system, but also heavily impacted by many other factors. To that end, it is important to look at not just the narrow field of behavioral health, but at how people experience well-being as well. With its North Star of making this “a country where everyone has a fair shot at well-being,” FFI was uniquely positioned to examine a broader intersecting picture to lift up ways in which improving access to well-being also improves behavioral health, not necessarily vice versa.

Well-being is about individuals and communities being whole. It is a universal drive among all of us, and it is what matters to people. This strategic plan offers a significant opportunity to learn what matters to people and how the present array of state mental and behavioral health systems, services and programs either build on and amplify people's drive for well-being or create barriers to it. To provide all Washingtonians with an equal opportunity a fair shot at well-being, community must be centered through authentic engagement and partnership, so the vision and plan for moving forward does not perpetuate harms, but rather builds on assets and what works for people in all settings.

It is worth recognizing the limitations of the time span of this work. As stated in the Introduction, this work prioritized reaching people where they live, in partnership with organizations that have established the community's trust. Those individuals and organizations are fiercely protective of their communities, and it takes time to build and earn the trust required to hear their stories and engage them in the process. Trust is a long-term endeavor that requires feedback loops and consistent partnership long after strategic planning is over in order to maintain it. Continued engagement with the partners who contributed to the work described herein will be critical to realizing Washington Thriving's vision.

Who did engagement reach?

The heart of this effort is to raise the voices of people whom the behavioral health system most affects define both the challenges and the solutions. To that end, outreach efforts focused on ensuring that people who are typically disconnected from these conversations are not only heard, but also ongoing contributor to reshaping the behavioral health system.

Starting with the HCA's existing relationships and connections, the engagement team spiderwebbed out, speaking with individuals and networks across the state. After outreach to nearly 100 individuals, organizations, and networks in almost every region of the state, the team engaged a diversity of leaders, organizations, and networks, including:

- People who are LGBTQIA+
- Parents/caregivers
- Youth/young adults
- Immigrants/refugees
- People who are BIPOC (Black, Indigenous, People of Color)
- Faith-based organizations
- People with disabilities
- Residents of rural communities
- People who are experiencing homelessness
- Individuals with lived experience
- Peer networks

The team conducted virtual and in-person engagements at the following events and/or in collaboration with the following communities/organizations:

- Connecting Communities Retreat
- Peer Pathways Conference
- Washington Boys and Girls Club Youth Summit
- Cities Rise Youth Health Program meeting
- Northwest Youth Services Youth Board meeting
- Lived Experience Coalition meeting
- Community of Okanogan, WA, meeting
- Washington State Prevention Summit (2 sessions)
- Virtual session for people who were unavailable for another session

Despite the immense effort to reach as many priority populations as possible, some key constituencies necessary to implement this strategic plan were unable to participate and may be included in other forms. These groups include parents of young children, non-English-speaking communities, and Indigenous youth.

What questions were asked?

The team gathered feedback about what is working for Washington residents in meeting their needs for well-being and believing they can thrive: *Where and how do they feel connected and supported? What gives them agency? How do they meet their material needs?* Participants were also asked about challenges regarding the behavioral health system, services and supports: *What's hard or gets in the way? What's missing?* Finally, participants were engaged in reimagining a behavioral health system that puts their well-being at the center. *What would an ideal system do and look like? How would it feel to make use of a reimagined behavioral health system?*

Overlapping Themes

The team gathered feedback from a variety of individuals in terms of age, race, religion, gender, location, and experience with the behavioral health system. Details about the participants in each session are included in the session summaries in **Appendix A**. Despite the diversity of participants, consistent themes arose from all groups.

Social connectedness and belonging are essential.

Friendships, family supports, and safe social groups are vital to the well-being of Washingtonians of all ages. Having people they can depend on and having people they regularly help makes them feel supported and connected. Spaces where relationships can be formed are critical, especially as youth enter adulthood and leave school. While spaces of belonging can and should include diversity, participants consistently shared that commonalities create a sense of safety and belonging.

Community-based organizations and school activities support behavioral health in many unrecognized ways.

Community-based organizations, both formal and informal, often fill the gaps where services are missing or inaccessible. Many youth identified school-based activities that keep them out of trouble, connect them to other students and adults for a sense of belonging, and give them an opportunity to contribute or succeed at a pursuit. All of these organizations, groups, and activities are underfunded.

Negative narratives and stigma are detrimental to well-being.

Fear and stigma prevent people from accessing mental health services, especially in rural areas or in immigrant populations. Young people identified that older generations misunderstand their behavioral health needs, creating a barrier to services that would help them. Parents shared a fear that other people would perceive them negatively for sending children to therapy. Fear of judgment or discrimination, often based on past experiences, also prevents people from accessing services or programs that would benefit them.

The behavioral health system intersects with other systems, and better communication and coordination are needed.

People often interact with multiple systems to the detriment of their behavioral health. For example, experiences of compounding trauma from the foster care system or the experience of being homeless often result in mental health issues that then lead to engagement with the behavioral health system. In addition, people often find themselves receive confusing information about which services are available in which regions, not just from peers, but also from service providers. Reducing this fragmentation and addressing the overall well-being of people requires cross-system collaboration.

Low awareness/visibility and barriers to accessibility of services and programs limit usage.

Young people noted that many students are unaware of available services, and it requires going through multiple steps—both literally and figuratively—to find them. Sometimes people believe those services are not for them. A host of roadblocks to accessing services were identified, including cost, location, service structure, schedule, cultural barriers, and more.

Cookie cutter care and inflexible regulations are limiting and often harmful.

Flexibility and person-centered care take into account what each individual needs to feel safe, –stable, and well. Many well-intended regulations and protocols have been implemented but often create more barriers or harm for some people, especially when regulations are not properly explained. Individual experiences, cultures, and diagnoses should affect the care they receive. The present system offers limited creativity or flexibility in timeline, treatment plans, or even what is considered behavioral health.

High turnover and inconsistency in the behavioral health system creates instability for people accessing care.

Individuals with experience in the behavioral health system noted how many staff, therapists, caseworkers, etc., they have worked with over time because of provider turnover or system changes. This situation creates significant barriers to building trust. It also forces individuals to repeat previous interactions, sometimes retraumatizing them. Investing time, money, and energy in strengthening the workforce would benefit both staff and clients. Behavioral health support for staff is essential to behavioral health support in the community.

Young people often lose supports as they age out of school.

A unique concern that older youth expressed was their struggle to transition from school-based life to adulthood without supports, resources, and mentors. This sentiment applied to formal behavioral health services that were accessible at school and informal assets like friend groups and adults who can offer advice.

Washington Thriving Advisory Group/Discussion Groups and Other Channels

We also gathered qualitative input on P-25 behavioral health system from parents/caregivers, youth/young adults, and providers/system partners during the Washington Thriving Advisory Group and Discussion Group meetings in the fall of 2024. The number of participants at each of these meetings is noted below. Please note that these are duplicated counts, and many participants overlap across the October and November meetings. The convened Discussion Groups and Advisory Group meetings provided opportunities for rich conversations in which many Washingtonians were able to share their experiences with both navigating and working in the state behavioral health system.

Meeting	Input Gathering Date (Attendees)
Parent/Caregiver Discussion Group	10/16 (20 attendees), 11/20 (13 attendees)
Youth/Young Adult Discussion Group	10/16 (9 attendees), 11/20 (9 attendees)
System Partner/Provider Discussion Group	10/17 (23 attendees), 11/21 (14 attendees)
Advisory Group	10/28 (31 attendees)

Participants were presented with visualizations of the range of behavioral health services available in Washington State. Conversations focused on how to conceptualize the full breadth of services, what was missing, and the ways in which the system is effective and the ways in which it is ineffective. Discussion Group participants were presented with hypothetical scenarios describing an individual in the P-25 age range and asked what supports would look like in an ideal system.

Through both engagement methods, themes emerged that were aligned with those gathered during the listening sessions described above. Following are descriptions of additional themes that emerged in the Advisory Group and Discussion Groups that are not expressed in the listening session. **Appendix B** provides a detailed list of input on various parts of the care continuum gathered at the October 2024 Advisory Group meeting.

Significant service gaps exist.

Several service gaps were identified in the discussion, including:

- Lack of sufficient screening for mental health conditions.
- Significant gaps in promotion, prevention, and early intervention.
- Parents/caregivers sometimes find that providers do not take parents seriously when they express concerns about their children's behavioral health at young ages. When a child is old enough that their concerns are taken seriously, they must wait years for a diagnosis; meanwhile, much damage has occurred because of the delay.
- Few clinics in Washington State (other than federally qualified health centers) have integrated pediatric behavioral health services.
- Parents/caregivers sometimes run out of options of qualified behavioral health providers in their area if their child/youth has challenging behaviors or limited coverage.
- It can be challenging to access referrals to in-network providers.
- Insufficient behavioral health supports in schools.
- Limited options for crisis support.
- Limited step-downs from intensive services.

Age of consent presents challenges in certain situations.

Parents/caregivers discussed challenges created by Washington's age of consent for behavioral health services. For example, some parents/caregivers said that neurodivergent children young people and those with intellectual and developmental disabilities (I/DD) reach age of consent and then reject services their parents believe they need.

Additional entry points are needed in places where young people spend their time.

Because young people spend so much time in school, these facilities should be entry points. Teachers and individuals with whom young people have relationships should be able to refer them to services and resources. Participants suggested that churches, mosques, refugee centers, childcare centers, and other community centers should have personnel who are trained to refer people to resources. They also said that family resource centers and income-based programs (free for those in need) should be able to offer social supports and classes to address challenges.

Peers are a critical resource.

Participants highlighted that young people are more willing to talk to someone who looks like them and has a similar socioeconomic or cultural background. Lived experience experts can help people feel comfortable, understood, and more willing to engage positively with the behavioral health system. On a related note, providers indicated new legislation around peers that added substantial training requirements, noting that this additional burden limits their ability to make referrals to peer service organizations.

Observations and Conclusions

In the summaries from each listening session (**Appendix A**), the team proposed dozens of questions to ask as Washington reimagines the behavioral health system with a focus on the well-being of young people in Washington. Those questions are important, and this round of engagement provides only some of the answers. Those unanswered questions should continue to be explored and solutions should be crafted with the community. Nonetheless, several recommendations emerged from the noted themes and consistent commentary offered through this initial listening phase.

Recommendations for the Strategic Planning Process

Washington Thriving, as a strategic planning process and as an ongoing initiative to improve services for decades, is just beginning. Based on this community feedback, the following items are critical components of a process and system that puts people first and well-being at the center.

- These data belong to the community. Transparency and trust are paramount to this effort of reimagining the behavioral health system. This report and the summaries should be made and kept publicly available (newsletter, website, direct to constituency groups and partners, etc.).
- As the process continues, it is important to budget time for coordination among consultants and agencies, as well as develop relationships in the community. Though there may be pressure to finalize the plan more quickly, moving at the speed of trust will result in a strategic plan that is community-driven.
- Cross-system coordination is critical to building an environment where residents throughout the state have equitable access to well-being. Interagency communication and collaboration should be prioritized now, in the strategic planning process, with the understanding that all of these agencies and programs interact with the same people.
- HCA cannot go it alone. Leaders should identify and prioritize key organizations or networks that are closest to the community that can carry the Washington Thriving initiative forward and build relationships and trust that will, in turn, affect experiences with the behavioral health system over time.

Recommendations for Consideration in the Strategic Plan

- **Expand and empower cross-system coordination.** Creating a “no wrong door” system requires extensive coordination, including extending boundaries to departments and organizations outside of behavioral health.
 - How might the behavioral health system work more closely with the foster care, school systems, and health care systems?
 - How can there be support for a more well-being and human-centered response to homelessness and people who are homeless?
- **Use resources to support building and strengthening community relationships.** Supporting and creating spaces where relationships can be built and strengthened is important to the mental, behavioral, and physical health of Washingtonians. This effort requires identifying where those places exist now and creating new spaces to fill specific needs.
 - How can the state better support existing community organizations, spaces, and other establishments that reinforce young people’s sense of belonging, whether intentionally or unintentionally?
 - How can community and belonging be built into every aspect of the behavioral health system, even if it is not the primary purpose of a given component?
- **Substantially invest in the behavioral health workforce.** Turnover and burnout in the workforce affects those who are being served. Start recruitment early, even in the schools, and recruit individuals with lived experience and from diverse backgrounds.
 - How can people with lived experience be more deeply and meaningfully involved in the decision-making process? How can people with lived experience be more engaged in direct service design and delivery?
 - What would we need to do to create a behavioral health system that looks like the people who access the services?
- **Increase awareness and capacity of available resources and decrease stigma and discrimination.** This includes decreasing systemic barriers to services, creating more flexibility in implementation and shifting culture both inside and outside the behavioral health system.
 - How can we learn more about what is happening formally and informally in communities before replacing them with new programming?
 - How can existing services be made more culturally accessible for immigrants?

Appendix A

Included in the Appendix are a total of eight listening session summaries. Seven of the summaries were developed by FFI and one was created by HMA from the two Prevention Summit sessions.

1. [Cities Rise Youth Health Program \(YHP\) Summary](#)
2. [Connecting Communities Retreat Summary](#)
3. [Northwest Youth Services Listening Session Summary](#)
4. [Okanogan Listening Session Summary](#)
5. [Peer Pathways Conference Listening Session Summary](#)
6. [Virtual Listening Session Summary](#)
7. [Washington Boys and Girls Clubs Youth Summit Summary](#)
8. [Youth and Young Adults Listening Sessions Summary](#)

Cities Rise Youth Health Program (YHP)

We spoke with Cities Rise Youth Health Program cohort members and alumni. This is a group of young people from in and around Seattle who have received grants for mental health and community building projects. Many of them have lived experience themselves or have families and close community connections to behavioral health concerns. A total of 11 young people participated.

Purpose and structure of the listening session

People don't live their lives in the behavioral health system. Other systems they interact with and also other non-system activities also influence people's experience of behavioral health and can inform how a system wanting to tackle behavioral health may respond. For that reason, this listening session focused on four main questions:

- What already supports your well-being?
- What gets in the way of your well-being?
- How do all of those things impact your behavioral health?
- What would be part of your vision for a behavioral health system?

High level key takeaways

- Friendships, family supports, and safe social groups are critically important to the well-being of young people at all ages.
- Community organizations often fill in the gaps for basic needs and assistance navigating the system.
- Some young people know resources and services exist, but don't know how to access them or they are too difficult to access; some young people don't know about them at all.
- Programs and resources, both in and out of the behavioral health system, are expensive. They should be free.

Significant influences on behavioral health outside of the behavioral health system

- Development and gentrification are changing the landscape of neighborhoods, making resources more expensive or displacing them from the neighborhood entirely.
- Young people struggle to transition from school-based life to adulthood without supports, resources, and mentors.

Since Washington Thriving is also an effort at shifting the relationship between the state and people who are most impacted by systems, we also gave space for identifying themes as a group and also allowed there to be enough space for people sharing deeply personal traumas that are necessarily part of their responses.

While we collected contact information to stay in touch with Washington Thriving, we chose not to collect detailed demographic information or record these conversations. We felt this would be the best way to encourage community members with lived experience of trauma to trust us, speak freely, and believe this is truly a different approach. Traditional community engagement has a history of causing harm in communities, so we wanted to ensure that listening session participants feel more like partners and less like research subjects.

Summary of the conversation

The following items are notes on comments made by participants, arranged by theme.

What's working to support well-being?

These are assets to well-being and behavioral health that could be strengthened or prevented from accidentally erasure during change:

Places of connection and commonality

- School and work
- Faith communities
- Virtual social and community groups with similar cultural backgrounds and experiences
- Local libraries and community centers
- Sports clubs

Arts and creativity

- Concerts and open mic/public jam sessions
- Dance and theater community

Local and culturally relevant spaces

- QTBIPOC groups and mutual aid
- Soul food and Ethiopian restaurants
- Local markets

What are barriers to well-being?

Loneliness and lack of belonging

- Resources and service providers don't look like the people accessing them
- Hard to make friends and maintain relationships as you enter adulthood

"When you don't have a space where you are welcome, it takes a toll on your mental health."

Stress and external pressures

- School is draining and difficult
- Leaving school and transitioning to adult responsibilities without any support
- Never having time between school and work and activities

Stigma and cultural misunderstanding

- Mental health not discussed in home country so learning what it is and how we talk about it
- Actively searching for resources discloses that you need help and that can be hard
- Older generations still don't understand the importance of mental health

What is part of a vision for behavioral health?

More accessible services for young people of all backgrounds

- Cheaper/free services and healthcare
- Make services easier to access, fewer steps and hoops, more front and center
- Additional resources for youth in jail and youth transitioning out of jail

More spaces for connection and mentoring

- A hub that focuses on connecting people to resources (health care, dental care, mental health care), access to food, access to the arts, safe spaces to express oneself
- Something like Big Brother Big Sister for folks in their 20's

Better funding and structures for community organizations

- More funding for community programs to be available for free
- Abolishing the reimbursement model for grant funding

Earlier and more mental health education

- Teaching young kids how to take care of themselves early
- More diverse staff with consistent free afterschool programs

Questions to explore for the strategic plan

- How can existing services be made more visible and easily accessible for young people?
- What would it look like to provide more flexible funding to local organizations providing connection and assistance to young people?
- How can behavioral health services recognize and coordinate with other services young people need?
- How can community and belonging be built into every aspect of the behavioral health system, even if it isn't the primary purpose of a given element?
- What would we need to do to create a behavioral health system that looks like the people who access the services?

Potential key champions of this work

During the conversation, there were several people who seemed especially engaged and may be interested in an ongoing relationship:

- Alexia Parmer
- Fayth Njenga

Connecting Communities Retreat

From August 12-13, HMA and FFI were part of the Connecting Communities event, a statewide gathering of leaders from community, peer-led, and faith-based organizations, and people with lived experience in behavioral health. The event was sponsored by Washington State Community Connectors (WSCC) and supported by Washington State Health Care Authority (HCA) and the federal Substance Abuse and Mental Health Services Administration (SAMHSA). The focus was on building relationships and connections across the 45 participants and surfacing natural supports for youth and families navigating the system. There was deep discussion and creative interactions around wellness and well-being, leading to a closing session that HMA and FFI facilitated on Washington Thriving that looked at the strengths, barriers and future vision of a P-25 behavioral health system in WA state.

Purpose and structure of the listening session

People's don't live their lives in the behavioral health system. Other systems they interact with and also other non-system activities also influence people's experience of behavioral health and can inform how a system wanting to tackle behavioral health may respond. For

High level key takeaways

- Natural helping networks that are organic, spontaneous and community-driven are essential to well-being.
- More decisions need to be community-driven with people with lived experience. Reduce "Helicopter Healthcare."
- Systems are fragmented and community members are feeling the effects.
- There are a wide range of barriers to service access, including lack of cultural relevance, stigma, transportation, and more.
- At the service delivery level, behavioral health for staff is essential to behavioral health support in the community.

Significant influences on behavioral health outside of the behavioral health system

- Community members are involved in multiple systems and the effects of these systems not coordinating has an impact.
- The education system and justice system have roles to play in increased well-being.
- Workforce development and human resources have impacts on worker well-being, which, in turn, affects behavioral health service delivery.

that reason, this listening session focused on four main questions:

- What already supports your well-being?
- What gets in the way of your well-being?
- How do all of those things impact your behavioral health?
- What would be part of your vision for a behavioral health system?

Since Washington Thriving is also an effort at shifting the relationship between the state and people who are most impacted by systems, we also gave space for identifying themes as a group and also allowed there to be enough space for people sharing deeply personal traumas that are necessarily part of their responses.

The organizers of the convening collected contact information, and we chose not to collect detailed demographic information or record these conversations. We felt this would be the best way to encourage community members with lived experience of trauma to trust us, speak freely, and believe this is truly a different approach. Traditional community engagement has a history of causing harm in communities, so we wanted to ensure that listening session participants feel more like partners and less like research subjects.

Summary of the conversation

The following items are notes on comments made by participants, arranged by theme.

What's working to support well-being?

These are assets to well-being and behavioral health that could be strengthened or prevented from accidentally erasure during change:

Family systems support based on self-defined “family”

- Self-defined “family” that includes biological and chosen family, with cross-generational roles
- Support for not just the individual, but also for the family

Community and people with lived experience involvement

- Active involvement in decisions that affect our lives
- “Meet us where we're at. Sit with us. Don't throw programs and services at us.”
- Peer support and peer training programs around behavioral health

Natural helping networks that are organic, spontaneous, and community-driven

- One person shared a story about not having an easily accessible community for her son. She sought to build connections with people through woodworking because he was interested in that. Now he has a group of elders who he does woodworking with. This was a supportive and nurturing connection that this person created when nothing else was there.
- One person shared a story of a spontaneous connection that led to a community for her son. She met someone at the gym who did Jiu Jitsu. Since then, she has found a community for her son within Jiu Jitsu. This was a spontaneous connection that led to a valuable community for her family.
- Meal trains
- Networks and events for caregivers to share support and resources

Meaningfully accessible and inclusive

- Accessibility of services for multiple languages and respectful and inclusive of cultures
- Psychological safety
- Behavioral health services in schools

What are barriers to well-being?

“Helicopter Healthcare”

- “Helicopter Healthcare”: Organizations that impose solutions without community involvement, which results in ineffective or watered-down legislation

Infrastructure and the built environment

- Gentrification affects community trust and resource accessibility
- Lack of transportation

Current events

- Influence of social media

Stigma, lack of inclusion, and lack of cultural relevance

- Stigma around mental health
- Racism and exclusionary impact of some DEI language (e.g., debates about the inclusivity of “BIPOC”), lack of culturally and linguistically relevant services

Specific barriers related to formal behavioral health system

- Service system structure

- Fragmented services and competition for funding creating inefficiencies and barriers to access
- Inequitable access to resources, funding and lack of transparency in the legislative process
- Expectation of programs and organizations to front load money
- Insurance authorizations: difficult to access WISe for non-Medicaid families
- Service system approach and perspective
 - Systems not connecting to community resources and creating new programs for things that already exist in communities
 - Too much focus on being reactive, rather than preventative approaches
- Insufficient understanding of available services
- High turnover and inadequate training for case managers

What is part of a vision for behavioral health?

Increasing accessibility for employment, housing, and services; reducing the well-being tradeoffs of seeking supports

- Free care for anyone seeking behavioral/mental health care
- Equitable rural access to the services in urban areas
- Childcare and support for teenagers who are also parents, so they can access behavioral health services
- Culturally trained providers, including peer support in prisons, hospitals, schools, etc.
- Elimination of felony/3rd degree charges for people dealing with mental health

Increased meaningful involvement for people with lived experience

- Expanded role for peers in schools and communities, support with adequate compensation and recognition
- Regular forums and communication for parents and caregivers to discuss and address their needs and challenges
- Parent-led committees in the WA State Legislature

Systems approach and restructuring

- Integrated, collaborative and transparent systems across all care
- Focus on preventative care and mental health education pre-crisis, including education for parents and caregivers
- Mental health crisis response that does not require police intervention

Community and organizational support

- Livable wages and benefits for staff to reduce turnover and ensure quality of care
- Flex funds for regions and local communities to respond to what is needed in community
- Involvement of employers in supporting behavioral health for employees, including wellness days

Questions to explore for the strategic plan

- How can funds be made available by smaller entities and organizations for the purpose of strengthening natural helping networks?
- How can there be more culturally specific celebrations to build community connections and support?
- How can there be greater collaboration among systems leaders across systems?
- How can people with lived experience be more deeply a part of the decision-making process in a way that is meaningful? How about in direct service?
- How can we learn more about what is happening formally and informally in communities before replacing them with new programming?
- How can we structurally reduce stigma around seeking behavioral health care?
- How can funding be more flexible and not require organizations to front money?
- How might workplaces better support the behavioral health of their staff structurally through compensation, wellness days, etc.?

Potential key champions of this work

During the conversation, there were several people who seemed especially engaged and may be interested in an ongoing relationship:

- Representative Lauren Davis
- Patty King, WSCC
- Katie McMurray, Sensory Tool House
- Mayra Colazo, Central Washington Disability Resources
- Julissa Sanchez, Choose 180
- Karen Kelly, WSCC

Northwest Youth Services Listening Session

We spoke with the Youth Action Board at Northwest Youth Services in Bellingham, WA. This is a group of young people aged 12-24 who have lived experience of homelessness and housing instability. A total of 14 young people participated in the listening session. They led with their identities of being young people, homeless, advocates, and queer.

Purpose and structure of the listening session

People don't live their lives in the behavioral health system. Other systems they interact with and also other non-system activities also influence people's experience of behavioral health and can inform how a system wanting to tackle behavioral health may respond. For that reason, this listening session focused on four main questions:

- What already supports your well-being?
- What gets in the way of your well-being?
- How do all of those things impact your behavioral health?
- What would be part of your vision for a behavioral health system?

High level key takeaways

- Community organizations provide not just tangible services, but just as importantly, a sense of belonging and adults who care.
- Belonging supports well-being and is also found in places that are not community organizations.
- The community's response to homelessness and to people who are homeless is harmful to well-being and has significant negative impacts on behavioral health.
- A lack of belonging, including experiences of racism and oppression, is harmful to well-being.
- Engaging in activities keeps young people from getting into "bad situations." They also support well-being through predictability and a sense of influence.

Significant influences on behavioral health outside of the behavioral health system

- Schools make it difficult for people experiencing trauma to do what is needed to cope and regulate.
- Policies and structures in response to homelessness are harmful to people's behavioral health.

Since Washington Thriving is also an effort at shifting the relationship between the state and people who are most impacted by systems, we also gave space for identifying themes as a group and also allowed there to be enough space for people sharing deeply personal traumas that are necessarily part of their responses.

While we collected contact information to stay in touch with Washington Thriving, we chose not to collect detailed demographic information or record these conversations. We felt this would be the best way to encourage community members with lived experience of trauma to trust us, speak freely, and believe this is truly a different approach. Traditional community engagement has a history of causing harm in communities, so we wanted to ensure that listening session participants feel more like partners and less like research subjects.

Summary of the conversation

The following items are notes on comments made by participants, arranged by theme.

What's working to support well-being?

These are assets to well-being and behavioral health that could be strengthened or prevented from accidentally erasure during change:

Community organizations: Northwest Youth services, Ground Floor, Recovery Cafe, Whatcom clubhouse.

- “These places have staff I can talk to and meet younger people like me. They help me grow as a person and be more in tune with my advocating self. I like being a panelist and using my voice to raise awareness.”
- “This is the first place where my pronouns were respected, the first time I thought maybe I wasn't weird or different.”

Policies: McKinney Vento Act, EBT, food bank

Activities and hobbies: sports, music, art, cooking food outdoors, video and board games, dancing, biking, reading & editing, taking care of dog, roller skating, skateboarding, martial arts, kickboxing, babysitting, growing plants

- Growing cacti. “There's a significance in watching something starting as nothing and growing up into something beautiful.”

Sense of belonging and being with my people: Jewish community, Pride Parade, “tent with my homies,” Dry Dock/AA

- “At the gun store, I got to hang out with the old men and drink coffee. That was my main getaway.”
- Pets. “When I was struggling, I would get overwhelmed and she would be there, that weight, staying with me. Knowing you’re not alone.”
- A phone helps with tangible support and connection with others.

	Relationships & connection	Safely be ourselves	Accomplishment & influence	Predictability & familiarity	Accessing Resources
Commercial establishments: Fiamma Burger, gun store					
Community organizations					
Activities and hobbies					
Being outside, parks, beach					
Volunteering to help others					
Workplace					
Religion					
Belonging and being with my people					
Phone					
Pets					

What are barriers to well-being?

Physical health challenges

- There are few spaces that support continuing to be covid-cautious and wear a mask.
- Physical health challenges affect mental health and vice versa.
- Not having access to food affects moods.
- Not having health insurance means young people can't access mental health support or physical health supports.

Homelessness and its contribution to lack of safety, stability, meaningful access to resources, and sense of belonging

- "I can't be anywhere safely because I'm homeless and at any time the City can tell me to go." When people are kicked out of spaces, they aren't told where they can go instead.
- It's difficult to try to sleep outside when it's -7 degrees and try to snuggle with other people to get warm.
- "This morning, we knew we had to be here, but then we had to pack up the tent and hide the poles to come here. I woke up angry because I had to do all of this [before coming here]."
- There is "hostile architecture" downtown and no access to water, so young people who are homeless can't sit down or lie down anywhere.
- "I'm just trying to find somewhere I can pretend to be safe and just relax. All the people with houses just complain instead of doing something about it and fix this problem. They treat everyone who's homeless as if they're nothing. I've been told many times that I need to leave a place because I can't clean myself properly. It's irritating to be a human, but be treated like nothing, like you don't have a say or right to be alive anymore. It's irritating. That destroys my mental health."

"They treat everyone who's homeless as they're nothing. I've been told many times that I need to leave a place because I can't clean myself properly. It's irritating to be a human, but be treated like nothing, like you don't have a say or right to be alive anymore. It's irritating. That destroys my mental health."

Family issues

- What is happening with family and friends affects well-being, including lack of support and the loss of loved ones.

No space to deal with trauma

- Sometimes past trauma shows up suddenly and there's no ability to do what is needed to calm down and get out of that, especially in a school setting.

Racism, oppression and lack of belonging

- Racism and being one of the very few people of color in this area means people make negative assumptions about what you're doing.
- This place feels unwelcoming. "I've been here all my life. I'm a queer person of color and it's not the best to be in Whatcom County."

No access to information about what's available

- A lot of services, but they aren't helping. There are emergency shelters, but the people who need it won't see it if it's only advertised on Instagram, and there's no transportation to get to the shelters.

What is part of a vision for behavioral health?

Space for people to be whether they need respite, support, laundry/shower, or just to be

- Something like Northwest Youth Services that is open longer, has some place to rest overnight and over the weekend. A place where young people can ground themselves for the weekend.
- Safe houses for people who are going through domestic violence or experience mental health crises where they can eat and have a therapist they can talk to.
- Places for people to connect, do activities, play games, watch movies, or hang out. Activities to do instead of walking around town drinking and smoking to prevent getting into "bad situations."
- More public hygiene centers for showers and laundry.

More and better behavioral health services for young people

- Less jails and more behavioral health services.
- Improved behavioral health services, especially inpatient mental health hospitals. They need doctors who know how to mediate young people, so they don't get overmedicated.
- More programs like the WISe program.

More advertising for existing activities

- More advertising for activities and what's available for free that already exists. For example, there's a free pool in the wealthy part of town, but you don't know about them unless you live there.

More spaces of belonging

- More soup kitchens and community meals, with an emphasis on "community." It's important to feel that people care and to share meals together, those who are housed and unhoused.
- More places to connect intergenerationally, like Generations of Pride, a monthly generational dinner.
- More affinity group spaces or substance use groups that aren't recovery groups that are faith-based.

Questions to explore for the strategic plan

- How can there be more support for existing community organizations, spaces, and other establishments that support young people's sense of belonging, whether intentionally or unintentionally?
- How can there be support for a more well-being- and human-centered response to homelessness and people who are homeless?
- How might there be more opportunities for activities for young people to do?
- How can we collaborate with school systems to build in structures that support a well-being- and trauma-informed lens?
- What can be done to restructure healthcare so that physical health challenges don't result in mental health challenges?
- How can cities and communities be made more welcoming and safer for more people?
- How can community and belonging be built into every aspect of the behavioral health system, even if it isn't the primary purpose of a given aspect?

Potential key champions of this work

During the conversation, there were several people who seemed especially engaged and may be interested in an ongoing relationship:

- Eve Smason-Marcus, Northwest Youth Services

Okanogan Listening Session

This was a listening session held open to the public in Okanogan. FFI partnered with a community leader who attended another listening session who wanted to help organize a listening session for people in deep rural WA. Flyers were posted in small towns all around the area and the listening session was announced on the local radio station. We received eight RSVPs to the listening session and ultimately had four participants. These four participants collectively led with these identities: musician, foster parent, young person, person with autism, foster child, active community member.

Purpose and structure of the listening session

People don't live their lives in the behavioral health system. Other systems they interact with and also other non-system activities also influence people's experience of behavioral health and can inform how a system wanting to tackle behavioral health may respond. For that reason, this listening session focused on four main questions:

- What already supports your well-being?
- What gets in the way of your well-being?
- How do all of those things impact your behavioral health?
- What would be part of your vision for a behavioral health system?

High level key takeaways

- Therapy needs to be more than simply talk therapy and the therapist needs to be consistent.
- Having a place to belong, such as with an autism community, can help to address our mental health issues.
- Experiences of discrimination, bullying and an unsafe environment impact our behavioral health. This is true both among children and adults.
- Experiences where we can feel like we can make a difference or help others support our well-being.

Significant influences on behavioral health outside of the behavioral health system

- Schools have behavioral expectations (sitting only in a chair) that are harmful to kids' behavioral health.
- The foster care system creates new trauma.
- Timelines for financial aid are not aligned with what people need for behavioral health.

Since Washington Thriving is also an effort at shifting the relationship between the state and people who are most impacted by systems, we also gave space for identifying themes as a group and also allowed there to be enough space for people sharing deeply personal traumas that are necessarily part of their responses.

While we collected contact information to stay in touch with Washington Thriving, we chose not to collect detailed demographic information or record these conversations. We felt this would be the best way to encourage community members with lived experience of trauma to trust us, speak freely, and believe this is truly a different approach. Traditional community engagement has a history of causing harm in communities, so we wanted to ensure that listening session participants feel more like partners and less like research subjects.

Summary of the conversation

The following items are notes on comments made by participants, arranged by theme.

What's working to support well-being?

These are assets to well-being and behavioral health that could be strengthened or prevented from accidentally erasure during change:

- Local events: garlic festival, stampede, rodeos, snowmobile races, outhouse races
- Places: Outdoors, performance/events venue, church, school, University of Washington
- Helping others/making a difference: being on a board of directors, helping out, being a part of community meetings
- Activities/services: counseling, horse therapy, spending time with friends and family, weight training, cooking class

“There’s an ‘othering’ mindset [to being neurodivergent], feeling like an alien until you reach adulthood and that’s when I found that I belong in the autistic community. That solved my mental health problems, because I learned that the issues I’ve experienced were related to missing social cues or anxiety to changes in transition. We live in a world that is not built to support us.”

	Relationships & connection	Safely be ourselves	Accomplishment & influence	Predictability & familiarity	Accessing Resources
After Hours: performance/events venue where musicians are for open mic and jam sessions					
Helping others/making a difference: Board of Directors, helping out, community meetings					
Counseling, horse therapy					
Family and friends					
School					
Church					
Being outdoors					
Local events					
Weight training					
Cooking class					
University of Washington					

What are barriers to well-being?

The environment doesn't feel safe and creates trauma

- It's not safe to be here and be transgender or neurodiverse.
- There is a lot of bullying, even amongst adults. When local organizations try to work against bullying, it also helps to create an unsafe space because it draws attention to the bullying and makes it worse.
- "When we had a demonstration, we didn't get protection from armed protesters because the police were hanging out with them on the streets. After that experience, there was a shift to my safety and perception."
- There is high domestic violence.
- "Kids are afraid to engage with supports created for them because there's bullying and a lack of space to be different in this community."
- Kids experience trauma from getting bounced to so many foster homes and experiencing traumas in the home.

Difficult relationship between community members and those in positions of power

- There's a disconnect between the agenda being pushed by leadership and the experience on the ground.
- Authority figures self-medicate with drugs and have a lot of pull in the community.
- There are not enough people with lived experience in positions of power.

Problematic mindsets and narratives

- The "good ol' boys" and "pull yourself up by your bootstraps" mentality is rampant. "I've heard people say they'd rather those people just die rather than support people who need mental health services."
- There is a lot of misinformation about new people coming into the community as being unhoused or undocumented, which feeds into discrimination.
- Outsiders moving to the area aren't considered a part of the community for a long time.
- There is a belief that people with developmental disabilities can't do anything, so they aren't taught to do anything.

Mental health treatment

- Existing therapy methods aren't aligned with what people who are neurodiverse need.
- There is frequent turnover in therapists, sometimes 3-4 people in one month.
- Many providers have stopped taking medicaid.
- There are good independent therapists, but they are really expensive.

- One participant pays \$130/visit two times per week, out-of-pocket because it's the only person they can find who is a good fit.
- "We have to pay out-of-pocket for one child's counseling so that we can have someone with lived experience of what his lived experience looks like."
- "We often have to go with people who are still in training because we can't afford to pay out-of-pocket for fully licensed people."
- Transportation and distance make it expensive to travel to appointments and events.

Difficulty accessing autism diagnoses

- There is insufficient access to autism diagnoses. And even with a diagnosis, there is not enough support. Lack of a diagnosis affects mental health.

"Understanding my disability helped me in ways that the professionals weren't able to. Once I figured it out, I could accommodate and support myself and the people around me could also better support me...Now that I know, I am able to support and accommodate. When others don't know, then it affects their mental health because they don't know how to support themselves."

Schools

- The expectations of kids in schools aren't developmentally appropriate, to expect them to only sit in one spot. For example, teachers won't let kids sit on a beanbag to do their work, even if they are successfully doing their work.

What is part of a vision for behavioral health?

- There is rapid access to a therapist, not waiting for two months.
- There is no turnover in therapists so that it's possible to develop a relationship.
 - Adequate pay for providers may support this.
 - Higher Medicaid reimbursement may attract well-trained and specialized professionals.
- Information is available on how to support people with developmental disabilities, being strengths-based, and recognizing that people with developmental disabilities are capable.
- More WISe, but without the staff turnover.
- There is therapy that is more than talk therapy, such as horse therapy, body mapping, etc.
- Adaptations for developmental disabilities are made readily available and accessible to people.

- More fitting financial aid and higher education structures. “My body and brain need more downtime than the pace the financial aid [for college] expects me to.”
 - A placement test to allow people with lived experience to use their lived experience to contribute towards a degree instead of having to go through a program to learn things they already know.

Questions to explore for the strategic plan

- How might spaces of belonging and safety around a variety of identities (musician, autism, etc.) be better supported in community?
- How might provision of non-talk therapy be incentivized?
- What would allow for reduced turnover in therapists/counselors?
- What structures would allow for people to better find and access therapists/counselors who are the best fit?
- How might there be more opportunities for people to feel like they can make a difference in their communities and help others to cultivate a sense of agency and influence?
- How might there be collaboration with the foster care system to prevent new trauma?

Peer Pathways Conference Listening Session

The listening session at the Peer Pathways conference was conducted on August 22, 2024, in Yakima, Washington. The approximately 400 people in attendance at the conference came from all over the state and were involved with peer support. Health Management Associates (HMA) and the Full Frame Initiative (FFI) attended to make connections throughout the conference and to conduct the listening session. Eight people attended the listening session, which allowed for an in-depth conversation. Participants came from the counties of Okanogan, Snohomish, Chelan and Spokane.

Purpose and structure of the listening session

People don't live their lives in the behavioral health system. Other systems they interact with and non-system activities also influence people's experience of behavioral

health and can inform how a system wanting to tackle behavioral health may respond. For that reason, this listening session focused on four main questions:

- What already supports your well-being?

High level key takeaways

- There are already places, events, and activities supporting people's well-being. However, there are increasingly barriers to accessing them.
- Church, parks and nature, and Pow Wows support people's well-being in diverse ways.
- There are activities, services and programs that exist, yet both providers and community members don't know about them.
- Fear and stigma prevent people from accessing mental health services. Think outside-the-box for making services accessible.
- The benefits and services structures make it difficult to qualify for and also access services without significant well-being tradeoffs (related to time, money, etc.)

Significant influences on behavioral health outside of the behavioral health system

- The foster care system experience impacts people's behavioral health in lasting detrimental ways.
- There is inadequate support for people being released from prison.

- What gets in the way of your well-being?
- How do all of those things impact your behavioral health?
- What would be part of your vision for a behavioral health system?

Since Washington Thriving is also an effort at shifting the relationship between the state and people who are most impacted by systems, we gave space for identifying themes as a group and for people sharing deeply personal traumas deemed as necessary aspects of their responses.

While we collected contact information for participants to stay in touch with Washington Thriving, we chose not to collect detailed demographic information or record the listening session. We felt this would be the best way to encourage community members to speak freely. Traditional community engagement has a history of causing harm in communities, so we wanted to ensure that participants felt more like partners and less like research subjects.

Summary of the conversation

What's working to support well-being?

These are assets to well-being and behavioral health that could be strengthened or prevented from inadvertent or accidental erasure during change. They were described specifically as being able to support connection and relationships, to allow people to feel that they can safely be themselves, to provide a feeling of accomplishment and influence, to provide a feeling of predictability and familiarity, and to get basic resource needs met.¹

- Places: church, parks and nature, food establishments, library
- Events and activities: festivals, Pow Wows, fishing, hiking, board games, helping others, social media posting, taking public transit
- Organizations and groups: Narcotics Anonymous, Washington State Community Connectors, Seamar, Recovery Place, YMCA, community and multi-service centers, nature centers, workplaces, food banks

¹ More information about these specific drivers for well-being, known as the Five Domains of Well-being, may be found at this link:

<https://www.fullframeinitiative.org/learn/our-core-concepts/all-of-us-are-hardwired-for-well-being/>

At a glance: How these assets support well-being

	Relationships & connection	Safely be ourselves	Accomplishment & influence	Predictability & familiarity	Accessing Resources
Church					
Parks & nature					
Restaurants					
Library					
Festivals & community events					
Pow Wows					
Fishing, hiking, board games, helping others, social media posting					
Taking public transit					
Narcotics Anonymous					
Community centers & service orgs					
Workplace					

What are barriers to well-being?

The following items are notes on comments made by participants, arranged by theme.

Difficulty accessing services and programming

- Eligibility barriers related to having private or public insurance, especially WISE.
- Eligibility barriers based on geography resulting in higher time commitment and cost. For example, you live in County A and services in County B are closer, but you need to travel far to go to the services in County B.

Difficulty providing, holding or knowing about events, programs or services

- Hard to hold the type of events (festivals, Pow Wows) that support well-being because venues either aren't available anymore or they require \$1 million liability insurance to hold an event.
- Lack of advertising and publicity for programs and services, particularly for teens.
- Difficulty for providers in knowing what programs and services are available in different regions as families move from one county to another.
- Difficulty for programs to get into schools to provide support to teens.
- Services sometimes require three hours of travel and Telehealth, as an alternative, doesn't work for everyone.

Mindsets and narratives

- Stigma and the mindset that "you're a bad parent because your kid is in therapy."
- Fear of getting locked up in a mental hospital so [you] don't want to see a therapist.
- People are intimidated by power dynamics and authority.

Benefits cliff

- You can't earn more money because of losing benefits that are significantly more costly.
- Single parents not qualifying for childcare.

Experience in the Foster Care System

- No one is listening to youth, and some describe it as "the worst experience of their lives."
- Young people can't get out of the system, so some get pregnant as a way to get out of the system.
- Caseworkers live in the office because kids have nowhere to go.

Employment and other support

- Difficulty to seek employment in rural areas because of overqualification.

- No support when released from prison.

What is part of a vision for behavioral health?

- Make it possible for people to access services without going into a facility, such as having counselors and doctors on-site at community events in parks.
- More digestible information and education, especially for young people.
- More programming like: Job Corps, Peacemakers, FYRE, Washington Youth Academy.
- Fund people and organizations living in rural communities who already know the community to do the work.

Questions to explore for the strategic plan

- **How might the behavioral health system work more closely with the foster care system?** The foster care system is a source of trauma resulting in people needing behavioral health support later in life.
- **How can what's already working to support well-being be further strengthened?** We know that people get a lot of support outside of formal systems and we know that relationships and mental health are connected. Festivals, events and Pow Wows in particular were named as strengthening community bonds, however, there are barriers to holding them.
- **How might there be more opportunities for service providers and community members to share knowledge of activities, services and programs?** During the listening session, peer support professionals shared valuable information in real-time to fill in gaps for others. Some way to support ongoing communication and sharing across the state may be useful, especially since people and families move all the time.
- **How might the behavioral health system support mental models and narrative shifts?** There are stories being told about people who need help that are detrimental. These feed into how individuals access services by creating fear and stigma, and they feed into how services are set up by putting in place qualification barriers based on distrust. How can we tell stories about people that are more complex and also highlight their humanity?

Potential key champions of this work

During the conversation, there were several people who seemed especially engaged and may be interested in an ongoing relationship:

- John Bodkins, Peers Empower Peers, Tonasket

Virtual Listening Session

We spoke with a group of adults who expressed interest in a virtual listening session, many from the Lived Experience Coalition, a coalition of people of color who have experience or are currently experiencing homelessness or housing insecurity. People prenatal through 25 years old don't live in silos. Because we know that people aged prenatal through 25 years old live within family systems who live within community systems, the well-being of those family and community environments have impacts on the well-being and behavioral health of those prenatal through 25. Moreover, some of what is beneficial and detrimental to adults is also true for adolescents (recognizing that this is not always true). For these reasons, we have also included experiences from people who may not be in the age range, but who most certainly interact with or are caregivers to people who are prenatal through 25 years old.

Purpose and structure of the listening session

People don't live their lives in the behavioral health system. Other systems they interact with and also other non-system activities also influence people's experience of behavioral health and can inform how a system wanting to tackle behavioral health may respond. For that reason, this listening session focused on four main questions:

High level key takeaways

- Opportunities to care for others and serve the community are beneficial for social connectedness and agency.
- High turnover and inconsistency in the behavioral health system creates instability for people accessing care.
- A lack of belonging, including experiences of racism and discrimination, is harmful to well-being.
- Flexibility and person-centered care take into account what each individual needs to feel safe, stable, and well.

Significant influences on behavioral health outside of the behavioral health system

- Inconsistent and difficult public transportation creates barriers to accessing behavioral healthcare, especially when trying to balance accessing care with accessing resources, employment, etc.
- Quality of housing and the environment people live in impacts well-being; all residents deserve safe, stable, and healthy housing.

- What already supports your well-being?
- What gets in the way of your well-being?
- How do all of those things impact your behavioral health?
- What would be part of your vision for a behavioral health system?

Since Washington Thriving is also an effort at shifting the relationship between the state and people who are most impacted by systems, we also gave space for identifying themes as a group and also allowed there to be enough space for people sharing deeply personal traumas that are necessarily part of their responses.

While we collected contact information to stay in touch with Washington Thriving, we chose not to collect detailed demographic information or record these conversations. We felt this would be the best way to encourage community members with lived experience of trauma to trust us, speak freely, and believe this is truly a different approach. Traditional community engagement has a history of causing harm in communities, so we wanted to ensure that listening session participants feel more like partners and less like research subjects.

Summary of the conversation

The following items are notes on comments made by participants, arranged by theme.

What's working to support well-being?

These are assets to well-being and behavioral health that could be strengthened or prevented from accidentally erasure during change:

- Helping others/making a difference: volunteering at church/temple/mosque, non profit organizations, advocating for homeless residents, giving advice, teaching technology to older residents
- Places of connection and commonality: church, mosque, BIPOC events and gatherings, parks, community events
- People: trusted friends, leaders in the community, like minded groups (Lived Experience Coalition, People First Washington, Mother Africa), neighbors who are like them (also refugees or immigrants)

What are barriers to well-being?

Othering and discrimination

- Religious and racial discrimination in neighborhoods, workplaces, and systems

“Refugees don’t go to white people. Because of their accents, they ask neighbors or people like them.”

- Inaccessible information or programs in their language or culture
- Competition and grudges between nonprofit organizations, their staff and volunteers

Complicated and difficult regulations

- Difficult to understand rules and policies, especially for non-English speakers.
- Services end when you “recover,” but don’t continue with maintenance.

Stigma around mental and behavioral health

- Symptoms of behavioral health diagnoses often viewed as aggressive or difficult
- Discussing mental health, healthy relationships, and trauma not normalized in certain spaces

What is part of a vision for behavioral health?

- Trauma-informed and compassionate systems across the board.
- Flexible and personalized care, not cookie cutter programs and plans.
- More consistency in case managers and therapists so trust can be built, and time is wasted telling new people the same thing repeatedly.
- Deliberate pro-liberation and anti-racist messages, social norms, and practices.
- Led with lived/living experience with staff and providers that are from the community and look like the clients.
- More transparency and accountability in the lawmaking and regulatory process.
- A system that is not based on profit and money.
- Better communication and explanations about the process - and making the process easier.

Questions to explore for the strategic plan

- How can we support opportunities for people to help each other and connect with each other (in community, not in a professional context)?
- How can existing services be made more culturally accessible for immigrants?
- How can we prevent turnover in the behavioral health system and recruit new and young providers to add capacity?
- In what ways can the behavioral health system be not only informed but led by individuals with lived experience?

“Organizations offer services to immigrants or refugees, but format them like other US-centric services. Lots of orgs are being intentional about the work they’re doing, but lots of orgs do not hire people who have the backgrounds of the people they serve.”

- What would it look like for funding and programming to be more flexible and accessible?
- What would it look like for behavioral healthcare to meet people where they are, physically and emotionally?

Potential key champions of this work

During the conversation, there were several people who seemed especially engaged and may be interested in an ongoing relationship:

- Mustafa Mohammed
- Tamara Bauman

Washington Boys and Girls Clubs Youth Summit - Mercer Island

The Washington Boys and Girls Club hosted an annual Youth Summit for the 14 clubs located across the state at the Mercer Island club on October 19, 2024. Participants included Keystone Club members, a group of high school-aged youth who learn about and demonstrate leadership through community service. FFI facilitated a 90-minute listening session with 13 youth, a number of which were Keystone Club members. Youth were asked to pre-register, in order to not exceed the maximum of 20 participants - registration was managed by the Washington Boys and Girls Club.

High level key takeaways

- School and organized club involvement (e.g., Boys and Girls Club) support youth well-being by facilitating access to connection, safety, a sense of accomplishment.
- Participation in sports and team activities, like band, are affirming for young people, provide them with emotional support and give them a sense of belonging.
- The stigma of being involved in behavioral health services prevents youth from seeking help when they need it.
- Art, music, and being outside in nature are effective in helping youth feel calm, sleep better, feel healthy.
- Even when youth do not have concerns about their material needs being met, there are concerns with costs associated with having places to gather and engage in their interests.

Significant influences on behavioral health outside of the behavioral health system

- Schools are an essential conduit for educating youth about and connecting them to available behavioral health supports yet concerns about privacy and trust exist.

Purpose and structure of the listening session

People don't live their lives in the behavioral health system. Other systems they interact with and also other non-system activities also influence people's experience of behavioral health and can inform how a system wanting to tackle behavioral health may respond. For that reason, this listening session focused on four main questions:

- What already supports your well-being?
- What gets in the way of your well-being?
- How do all of those things impact your behavioral health?
- What would be part of your vision for a behavioral health system?

Since Washington Thriving is also an effort at shifting the relationship between the state and people who are most impacted by systems, we also gave space for identifying themes as a group and also allowed there to be enough space for people sharing deeply personal traumas that are necessarily part of their responses.

While we collected contact information to stay in touch with Washington Thriving, we chose not to collect detailed demographic information or record these conversations. We felt this would be the best way to encourage community members with lived experience of trauma to trust us, speak freely, and believe this is truly a different approach. Traditional community engagement has a history of causing harm in communities, so we wanted to ensure that listening session participants feel more like partners and less like research subjects.

Summary of the conversation

The following items are notes on comments made by participants, arranged by theme.

What's working to support well-being?

These are assets to well-being and behavioral health that could be strengthened or prevented from accidentally erasure during change:

Youth in this session identified a number of places and activities that supported their well-being in several ways, across a number of domains. Connecting with friendship groups who share their identities as therian, LGBTQ, metalhead and goth - to name a few that the youth shared - is key.

Outside of their homes and spending time with family and relatives, school, clubs (like the Boys and Girls Club) were central to their well-being experiences.

Specifically, participation in sports - football, soccer, volleyball, tennis, wrestling, bowling, skiing and skating - provide opportunities for connection, safety and accomplishment. One youth shared about their sports team, "I like that we are all working together and have the same goals. I get emotional support from my teammates, and we look out for each other. I also know that my coaches have my back."

Youth also enjoy being involved in organized activities, like marching band for their school. They also shared how clubs and activities allow them access to see their friends/peers and be able to help people in their cultural/ethnic group (i.e., cooking for Filipino community through the YWCA), volunteer for projects in the community through the Keystone Club at the Boys and Girls Club, and to run concessions at school sporting events through the Future Business Leaders of America (FBLA) club.

In addition, being outside in the forest, in parks and experiencing art and music were mentioned repeatedly as calming and helping youth sleep.

A detailed list of assets the youth identified and how they facilitate aspects of their well-being is captured in the grid below.

	Relationships & connection	Safely be ourselves	Accomplishment & influence	Predictability & familiarity	Accessing Resources
Boys & Girls Club					
School					
My Home					
Parents					
Keystone Club/YWCA/Culture Clubs					
Relatives					
Sports/Athletics					

Friends					
Band/Music					
Parks					
Being outside/in the forest					
Retail Stores/Malls					
The How Now Restaurant					
Community Centers/Gyms					
Volunteering					
Art/Drawing/Photography					
Work					
Pets					

What are barriers to well-being?

Youth in this session primarily felt confident in their abilities to have the experiences they need for their well-being. They identified a couple of challenges encountered as related to their ability to connect with people who are important to them and to their sense of accomplishment.

Barriers to making connections:

- “When parks, stores or community centers don’t have the space or make the space for people to be in.”
- “Everywhere I go, I have to spend money if I want to do something fun or interesting.”
- “At school it’s hard to truly be myself because I know that people will make fun of me.”

Barriers to having a sense of accomplishment:

- “I am very much a perfectionist. I feel like if I’m not successful on a test or perform well in a match/game my life accomplishments and value depends on it.”
- “These are hard because I feel I have to fit a certain standard.”

What is part of a vision for behavioral health?

Young people offered their ideas for what would be critical considerations in their vision for a behavioral health system that would work for them and which they would utilize:

- **“Services could be accessible online - for free - without a payment requirement.”**

Youth noted that the cost of counseling/therapy prevented access to getting services. In addition to removing the barrier of costs, they also thought being able to access treatment virtually, without needing to go into a building (which might be associated with stigma), online access could allow access to services in a more discreet manner.

- **“Anticipate there will be times that are stressful (like during finals) and reach out - remind people of the supports that are available - and make it clear how to get them.”**

Youth stated there are cadences throughout the year when youth’s access to behavioral health needs increase. They explained these are predictable times of the year and that one approach to encouraging youth take care of their mental health is to proactively advertise and announce that services/resources are available, and make sure young people know where to go to get help to manage through the periods of time when they might feel more pressure or stressed in their context.

- **“Incorporate “play/art therapy” into therapy - it works for little kids, it can work well for older kids, too.”**

Youth in this listening session identified art, music and play as mechanisms that support their comfort and well-being. They also shared that the methods of therapy that are available to adolescents involve a narrative focus. They would feel more comfortable being able to have art and play incorporated into the therapeutic techniques more widely available to them.

- **“Do not label therapy as “therapy.” Call it something else.”**

Given the stigma attached to seeking or participating in therapy/counseling, more young people might get help when they need it if therapy was called by another term - one that would not elicit negative connotations.

Key intersections between well-being, systems, and behavioral health

The education system, in particular, school campuses, have prominent influence and impact on youth being identified for and connected to behavioral health services. Youth who are involved in their school setting rely on and look to school personnel to share information that helps them learn about and get their needs met at school. While there are many ways youth state they receive information and support about their academics and extracurricular activities, they identify processes in their school settings in which they do not feel their behavioral health needs are considered nor do they feel supportive.

Availability of behavioral health services at school is a challenge.

- “Need money and resources for services.”
- “Services are not advertised.”
- “There might be substance abuse and mental health therapists available, but it’s not clear how to get them.”
- “To get services, you might have to miss a class, which puts you behind.”
- “Parents get told things that don’t need to be told; it breaks trust.”
- “Don’t use the service because you are worried about who they are going to tell.”
 - “Count on your friends, instead of using services.”

Youth note that peers in school often tease or treat them differently when they know that they are involved in counseling/therapy. This prevents some youth from being involved in counseling at school.

- “There’s stigma attached to getting mental health support; being looked down upon.”

Youth do not perceive the services offered at school as being designed to meet their behavioral health needs.

- “A lot of services are ‘performative’ - they are available just to look good.”
- “People who need help don’t talk about it.”

- “They give us surveys that are supposed to be anonymous. But you might get pulled from class for follow-up, which is dehumanizing and more of an interrogation, not supportive.”
 - “Blue forms [surveys given at school] are just now being responded to.”
- “Understand confidentiality needs to be broken for mandated reporting, but reporting isn’t necessary if someone is not going to be hurt.”
- “We need a place to go without having fear of what you’re saying or that what you say will be jeopardized.”

Youth expressed loss and desire for the level of support they previously experienced in their school.

- “We lose supports when transitioning from middle school to high school.”
 - “Counselors do not get back to you for weeks when you ask to see them. And they then focus on your schedule.”
 - “If you want to talk to counselors just to get emotional support, they tell your parents - even if you tell them not to tell your parents.”
 - “Counselor to student ratio is extremely high (1 counselor supports hundreds of students).”
 - “Response from counselors happens more immediately if what you want to talk about involves teacher behavior. But personal feelings/discussions are not listened to; you are not heard.”

Finally, youth shared loss of a well-being support that gave them spaciousness in their day.

- “Think about different school structures that could support youth i.e., there used to be a 20-minute break built into the school schedule which could be used however students and teachers wanted. It was nice to be able to decompress or talk with a teacher if you wanted, and teachers got a break too. But they eliminated that. Bring back that flexibility.”

Questions to explore for the strategic plan

- **How can alternatives to what is considered therapeutic supports for young people be pursued as investments in behavioral health services for youth?** Therapy, counseling or behavioral health services were not among any of the activities, places or events noted or stated by the youth in this listening session as supporting their well-being. On the contrary, numerous activities and places in the community where the youth live were highlighted - a few with costs (e.g., membership fees, uniforms or equipment) - and many available for free. How can these be included in plans for

making resources available to families so youth can participate in these activities, interact with people in those places in their communities?

- **What partnerships with schools - involving and informed by students that attend the schools - are going to be leveraged to increase capacity and make services more accessible for youth?** Youth identify their school as a place to find and obtain behavioral health resources. However, availability of those services is currently scarce, not broadly broadcast or difficult to access.
- **How can youth be engaged to suggest descriptions of services and treatment that are less stigmatizing or off-putting for youth and methods of accessing services?** Currently, youth report they or people they know, avoid seeking help when they need it, due to being labeled or teased by peers. Consider gathering a group of youth advisors to inform ways to engage youth in services that feels welcoming, supportive and an experience they recognize as helpful.

Potential key champions of this work

During the conversation, there were several people who seemed especially engaged and may be interested in an ongoing relationship:

- Lauren Day, Deputy Director of Program Quality and Implementation, Boys and Girls Clubs of Washington
- Three youth are interested in remaining informed and want to stay in touch with Washington Thriving progress. They provided their names and email addresses for contact.

Listening Sessions Summary

Youth and Young Adults

In October 2024, groups of youth and young adults were convened to participate in two question and answer listening sessions. Around 48 youth (ages 12 – 17) and 11 young adults (age 18) attended the sessions to voice input. During the sessions, the questions focused on:

- Status of participants mental health
- Factors that positively or negatively affect participants mental health
- Improvements that could be made to improve participants mental health

Participants were given the opportunity to share and discuss personal experiences and ideas for change in each portion of the meeting.

WHAT PLACES AFFECT YOUR WELL-BEING AND BEHAVIORAL HEALTH?

Participants noted places like school, church, sports, and work affect their behavioral health. Specifically, homes (participants own homes and others) that feel welcoming were mentioned as a place that can positively impact behavioral health. Some participants said it is easier to talk to people outside their own household about behavioral health. Additionally, comments were made about the importance of feeling welcomed, heard, and a part of a group. Places mentioned that support healthy connections were libraries, church youth groups, recreation centers, and community events. These places promote connection through games, snacks, and talking with others. In addition, some participants described that being in nature or a place that is calm and quiet can be beneficial for overall behavioral health.

DO YOU FEEL YOU HAVE INFLUENCE IN THE COMMUNITY?

Participants gave a mixed response on if they feel they have influence in the community:

Key Takeaways

Common themes that emerged from the listening sessions were:

- There is a need for more “safe spaces” available to youth and young adults (both inside and outside of school)
- The role that a sense of belonging with feelings of being included and heard plays in behavioral health.
- Additional work needs to be done to destigmatize mental health.

- **Yes** – Some participants noted feeling influence when helping at city events (e.g., volunteering at the humane society or events like drug take back in the city). Other activities where participants felt influence were inside and outside of school clubs and activities. One participant commented that individuals likely have a bigger impact than initially realized when helping in any community activity.
- **No** – Multiple participants noted examples of things that get in the way of participating in the community. Examples include youth experiencing challenges having no support in the system, adults and peers that are immature or ignore systemic problems, and those that perpetuate racism, discrimination, and bias. Another factor mentioned that hinders community engagement was a lack of safe spaces to go in the community after school.

Bullying

Multiple participants shared experiences with bullying and feelings that adults do not step in to help, especially in a school setting. Specific experiences with bullying in schools included:

- Schools being more focused on physical bullying rather than emotional and online bullying.
- Schools having a larger focus on helping kids with behavioral challenges and preventing drug use than bullying.
- Teachers paying more attention to “popular” kids.
- Teachers not giving consequences to those bullying others.
- Teachers forcing a consequence that ends up making the situation worse.

WHAT ROUTINES IN THE COMMUNITY DO YOU ENJOY?

Participants mentioned sports, church activities, singing groups, and volunteer activities. Some participants enjoy getting coffee or snacks every day with friends. One comment focused on the library being a safe space to routinely go. In contrast, participants also shared experiences of being bullied in the community and noted there being a lack of safe spaces in the community.

WHERE ARE SAFE SPACES YOU CAN GO IN THE COMMUNITY?

Some participants identified safe community spaces available to them like the library, church, and a friends’ house. However, most participants felt there are few or no safe spaces outside of school and home, especially in smaller towns. One participant mentioned local YMCAs as a possible safe space that is inaccessible due to requirements for paid memberships.

HOW OFTEN IS BEHAVIORAL HEALTH DISCUSSED IN SCHOOL?

Participant experiences talking about behavioral health at school varied widely depending on their geographic region/community. Based on comments, colleges seem to have better resources for those struggling with mental health. There are more counselors available and options for other behavioral health professionals if a counselor is not available. At the high school or middle school level, participants shared difficulties finding available times with counselors and meeting enough with the counselor to gain trust. Participants identified other school resources, such as behavioral health flyers and school-wide assemblies. Participants had mixed feelings on assemblies, some felt they provided an opportunity for shared learning and others felt they were not taken seriously or prepared for adequately. One school implemented advisory times on a specific weekday that participants felt brought increased awareness to behavioral health issues.

As a follow-up to how often behavioral health is discussed in school, participants were asked for ideas on what would improve their experience of behavioral health supports in school. Ideas included:

- Opening opportunities for back-and-forth conversation about behavioral health
- Providing a mentor program for both high schools and middle schools
- Creating a fun environment during behavioral health learning events, with student/facilitator engagement
- Educating teachers on how to address behavioral health and bullying
- Increasing access to counselors
- Cultivating an environment where students can be authentic

WHAT PLACES ARE SUCCESSFULLY HELPING WITH BEHAVIORAL HEALTH ISSUES?

Many participants have had positive experiences with sports, experiencing teamwork with encouragement where you know others have your back. One participant commented that sports provide an opportunity to test mental strength and can help with stress and anxiety. Additionally, a participant shared working at the food bank has helped people feel a sense of accomplishment and alternative to getting into bad situations.

WHAT CHANGES DO YOU THINK ARE NEEDED?

- 1. Increasing the places and ways that young people can effectively access behavioral health support**

- 2. Creating more opportunities for learning about behavioral health and spaces where young people can share their experiences, such as a monthly community convening where a new mental health topic is discussed each month**
- 3. Investing in programs to decrease stigma around mental health**
- 4. Increasing access to after school programs and safe spaces for young people to be when they are not at home or school**
- 5. Increasing funding for schools to improve behavioral health education**

WHERE WOULD YOU GO FOR SUPPORT?

Participants noted family members (e.g., parents, siblings, grandparents), specific teachers, and leaders at church as primary sources of support. It was shared that it is important to have support outside of family members because of issues that can occur within family units. One participant shared that it was refreshing to have support and services offered at college orientation. This differed from their experience in high school where there was a lack of resources and availability of support.

Appendix B

The following notes outline feedback on the current P-25 care continuum from the Washington Thriving Advisory Group Discussion on 10/28/24.

Promotion, Prevention, Early Intervention

- Big gap on promotion and upstream intervention part of system
- Lack of sufficient screening for mental health conditions; pediatricians may offer screening for kids but pretty high level
- 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)
- 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." They minimize it.
- Providers blaming and shaming parents
- Have to be capable searcher to find services for family
- Nearly nothing on behavioral health in community/in schools; experience that school just expels kids who struggle
- School's addressing of mental health felt like lip service, showy; promotion didn't lead to prevention/early intervention
- Good to have school superintendent that talk about/provide access to resources for behavioral health
- Compliance orientation in child care settings that doesn't promote mental health
- Behavioral health care improvements over last 15-20 years less visible in child care
- Sacred Heart PCCA Adolescent in Stabilization program closed because 'under-utilized,' but 50-60k youth visited ER for behavioral health issues this year
- 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

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.
- Billing codes for services are 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 six is much lower than when five.
- 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.
- 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.
- 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.
- Need to educate the day-to-day workers on the law and rights parents have on family-initiated treatment.
- 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 WISE is supposed to be on paper is wildly different from what a person's son experienced.
- WISE should be the same services, whether delivered at Frontier, Compass, Children's Home Society, Passage or any of these services.
- WISE will turn away kids due to intellectual disability.
- 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 she couldn't manage her son in this situation.
- Can be uncomfortable when you provider assumes you only want to be assigned providers who are your race.
- 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.
- There are not any intensive community services even in parts of King County—big challenge.
- 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.

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.
- 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.

Inpatient and Residential Services

- People treated 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 you 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, they often need to go out of state.

- RDA has great data on hospitalization and need for residential staff.
- Doctors don't want to touch it if a 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.
- Amazing transformation took place in son during CLIP.
- Six 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.
- Not enough beds.
- We have processes to keep people out of care.
- The benefit of residential care doesn't seem to be seen.