


# PN25 Behavioral Health Strategic Plan Advisory Group Meeting Notes

**Monday, June 10, 2024**

**2:30 p.m.-5:30 p.m. Pacific Time**



Attendees.....	2
Overview of Strategic Plan Process .....	2
Breakout Group Exercise: Feedback on P-25 Strategic Plan Principles.....	3
Moving Forward: Upcoming Engagement Efforts .....	5
Comments in the Chat.....	7

# PN25 Behavioral Health Strategic Plan Advisory Group Meeting Notes

*June 10, 2024*

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## Attendees

### P-25 Strategic Plan Advisory Group Members

- Amanda Shi
- Patricia Leckenby
- Nucha Isarowong
- Natalie Gustafson
- Xochi Wade
- Andrew Hudson
- Richelle Madigan
- Brendan Smith
- Celeste Taylor
- Shelley Bogart
- Amber Leaders
- Rep. Lisa Callan
- \*Diana Cockrell
- \*Jessica Russell
- \*Kelly Duong
- \*Kelly Sweeney-Widman
- \*Krista Perleberg
- \*Tessa McIlraith

### HCA Staff

- \*Hanna Traphagan

### Consulting/Facilitator Team

- Dana Boggess, BH Catalyst
- Erika Boyd
- Liz Arjun, HMA
- Megan Beers, HMA
- Noah Evans, HMA
- \*MaryEllen Mathis, HMA
- \*Tanya Tucker, FFI

## OVERVIEW OF STRATEGIC PLAN PROCESS

- Liz Arjun opened the Prenatal through 25 Strategic Plan Advisory Group meeting by welcoming everyone and inviting all members to introduce themselves, and reviewed zoom functionality and public comment protocol
- Rep. Lisa Callan reviewed the meeting's agenda of
  - 1) Setting our norms, talking about the workplan and the role of the discussion groups
  - 2) Talking about how we are going to hear from a wide range of people
  - 3) Getting the group's input on one piece of the proposed vision for the strategic plan, and
  - 4) public comment
- Rep. Callan reviewed some of the activities the group engaged in during the morning retreat:
  - Introductory exercises in which the group was able to get to know each other, the others involved in this process, including youth and young adults, people with lived experience, state agencies, and legislators

- Went through different exercises to help the group get into the vulnerability needed for this work, as well as a review of the structure of the advisory group and the subgroups of the parent/caregivers and children and youth discussion groups, the latter of which is to bring ideas from those living with the system every day to the former
- Reviewed the full value agreement, a living document that will be part of our starting off every meeting in order to create a truly collaborative space
- Liz Arjun spoke on how the strategic plan is being built
  - There are four parts to the strategic plan:
    - 1) Establishing a common vision
    - 2) Getting a current landscape of where we're at
    - 3) Data: what does data tell us about where we are, how can we bring data together from DSHS, DOH, HCA, Criminal Justice and OSPI around kids ages 0 to 25 with respect to Behavioral Health
    - 4) Discovery sprints: identifying leverage points, focusing on the experiences of people within the system
  - Liz mentioned that the efforts of this advisory group are differentiated from other efforts in the behavioral health space in that we're really focused on the prenatal to 25 age range, and that a big component of this work is how we're going to take this to communities that are most impacted and show them there's a way to provide input and be involved in the future
  - Liz spoke to each of the goals of the strategic plan:
    - The object is to create a tool for community engagement
    - Pulling together the services operational in the state; a lot of work was done last year, so now we're looking at what wasn't included, such as in the counties; understanding oversight in funding
    - Discussion groups meet once a month with parents/caregivers, children and youth, and system partners in informal meetings which people can attend as they like, in which we strive to create a safe space to provide input to the plan; the ideas from these discussion groups funnel into the consistent but less frequent advisory group meetings
    - Mass market engagement, intended to be low touch but broad, as well as deep engagement with communities we don't usually hear from. The advisory group is intended to be one means by which the word gets out about these community engagement efforts
    - HCA contracted with the firm Mercer and is meeting with state agency partners to get a full picture of what's going on, so we can have a dashboard of what is working and what isn't
  - Dana spoke about discovery sprints, of which there will be 4: 2 have kicked off already.
    - The topic of the first is how we can better use schools as connection points for services such as peer services for school-aged kids
    - The second is pregnancy: supporting pregnant and parenting people, for pregnant people with mental health challenges and substance use disorder
    - Two additional sprints have been scoped out but will begin in August: complex discharge from hospitals, and the final topic is around transition-age youth, because we don't have services designed around kids making the shift in their lives from childhood to young adulthood
    - The goal of these being to get early wins and lessons learned that can be incorporated into the strategic plan
  - Liz opened the floor to questions
    - A question was asked as to whether faith-based, cultural, and other non-clinical components of the community that provide wellness will be incorporated into the landscape analysis; Megan answered that while the beginning work of the landscape analysis is focused on the services piece, HMA is working with Full Frame Initiative (FFI) to have engagement and conversations around not just capital S services but the much

broader full network of services such as those mentioned, and incorporating those into the analysis

- One attendee mentioned she submitted a large amount of resources of different organizations last year and asked if those were incorporated; Liz confirmed that they are, said a lot came in last year so they have a lengthy list they're organizing, but also said when soliciting feedback from the group, any lists of what they have would be a great way to identify those that are missing

## BREAKOUT GROUP EXERCISE: FEEDBACK ON P-25 STRATEGIC PLAN PRINCIPLES

- Six drafted principles for the future system were shown onscreen, and the group was invited to offer feedback on what looked right and what was missing
  - Informed by young people and families
  - No wrong door
  - Offers services to meet everyone's needs
  - Culturally and linguistically responsive
  - Changes in response to new information
  - Invests in prevention and wellbeing
- The group's feedback included the following themes
  - Being mindful in the language about how families will actually engage with these services
    - It was brought up that much of the language suggests that the person needing the services is seeking them, which is often not the case with families: for children with autism spectrum disorder and other conditions, it's always the parent or teacher going on their behalf; more family-based language as opposed to individual-based
    - A group member mentioned that lots of services are needed for families with children who don't want to participate, so services should be coming to you.
    - Making sure the language is really accessible, particularly to young people in the P-25 age range, so people can read it and right away understand what it means
  - Empowering families
    - Workgroup members expressed a desire for the language of the principles to strengthen the power parents and children have over the health services children receive
    - 'Informed by young people and families' felt weak to someone; some liked 'developed with' or 'co-authored by' better
  - Inclusivity
    - Having the principles be inclusive of non-traditional families, and acknowledge that it's the primary and secondary caregiver who are important, who may or may not be the child's actual parent (and may be a grandparent)
    - Being inclusive of nonverbal children (e.g. in linguistically responsive services)
    - 'Young people and families' doesn't encompass the full range of who we're speaking with here
    - Speaking another person's language isn't just linguistic but also about shared experience, identity and other components
  - Accessibility
    - A group member talked about how 'no wrong door' doesn't exactly speak to the problem or capture the end goal for families and kids, because there are big prominent doors with no services on the other side, and so a system is needed where access points are clear *and* they actually lead to accessible services
  - Clarifying the necessity of the services provided
    - How are we supporting communities bringing in services that are needed, not services outsiders assume are needed
    - Someone suggested 'appropriate services to meet everyone's needs,' to clarify that it's not just random services

- Community
  - One group member was looking for words like ‘the community is aware of the needs’ suggesting community engagement in ensuring services and making sure we’re not putting that only on the family
  - Members wanted something in the purple principle description to show that the workforce will represent the community
  - The suggestion was made that instead of ‘staffed by people I recognize’ at the bottom it should say ‘staffed by part of my community’, so there aren’t confidentiality concerns
- Point of view of the bullet points
  - When these principles describe an ideal system, it’s unclear what is being described; it should say “The future system does...” or “When I use the system, I ...”
- Accountability
  - Underscoring accountability in the principles was brought up a number of times - for programs that take forever to roll out then fail to actually deliver what they promised to
- Representation
  - Group members talked about how we often have the bias that quantitative data is more valuable than stories or experiences; remembering that both are really important and necessary; quantitative data shouldn’t ever replace qualitative data, and the two shouldn’t be carelessly combined
  - For representation we shouldn’t use King County at all because we all know about it
  - How are we making sure we’re not just talking about capital S services but the broad wellbeing lens and what are all the different kinds of supports for young people and families
- There was a suggestion to include ‘help without harming’ as an additional principle, people felt it wasn’t included in the 6 listed

## MOVING FORWARD: UPCOMING ENGAGEMENT EFFORTS

- The upcoming plans for community engagement were then discussed
  - Engaging not just clinical mental health sector workers but all people who work with children and families
  - The P25 facilitator team will take some of the early elements around the vision, go out and engage with people across the state, have a burst of intensive engagement over the summer, more work in the fall
  - The intention is bringing people into the work in the long run, not getting input then leaving them behind
  - Working with FFI
  - The facilitator team will be distributing print materials widely, distributing surveys through QR codes, then having conversations and events that cover the regional diversity of the state to help those who’ve not had a seat at the table get involved
  - Four regional listening events across the state
  - The meeting was opened to questions
    - In answer to the question what members could do to support this mission when not here at the advisory group, meeting facilitators emphasized attending the regional discussion groups, inviting others to join those groups, sharing partnership opportunities in your community
    - A question was asked about the main point of contact for the P-25; in answer it was said that an email is being prepared for this
    - Another group member asked if there was a landing page or reference point that all of them could connect/stay tagged into; in answer, it was said this is currently being developed and should be live by the end of the month
- Group members expressed the following regarding the engagement effort plans

- If you're going to have events, there should be food - community BBQs would get a turnout
- Figuring out where different groups of people are before going into different areas, having good data to rely upon for this; there've been challenges with gathering statistically relevant data on certain demographics of people in the past who understandably have trouble trusting the system enough to report to it
- How do we work with people who will themselves get stipend compensation for their time
- Sometimes we're not the right messengers
- It's taken a truly long time to build trust and relationships with people in groups that have truly marginalized voices, and we need to partner with people on the ground who've already built relationships of trust; it may make sense for these partners to be leading/facilitating/co-facilitating
- Considering the time of the event and hybrid offering, doing childcare and transportation, and interpretation for ASL and other languages
- Facilitators should take trainings so they're prepared to work with people across the life course anywhere from youth to elders
- Trying to go to places where we think people we're trying to reach may already be: events for families raising children with autism, or behavioral health challenges
- Linking to people through contacting them online, sharing on Facebook is really effective to some groups
- Having a presence at some provider and peer conferences: Peer Pathways, Washington Behavioral Health Conference, FYSPRT system
- Tabling at local clinics, community centers or hospitals, places where people might be willing to stop and give input; inviting P-25 participants to send their ideas to local events where broad local engagement could be easily accessed
- On-site childcare for listening sessions was brought up
- Multiple reminders for the event, not just flyers
- In answer the question of what the best info would be to probe for in surveys:
  - Where would you go first to find support for mental or behavioral health care?
  - What systems of services people might be using, and if they could identify gaps or barriers to these services in their community, what would they be?
  - There are populations with different levels of willingness to provide information; to those without much time or interest, you could put high level questions like 'Have you sought help for your child for this kind of problem'; then she knows people who are desperate to share a lot of information, they post it in stories on Facebook, so providing ways for some people to supply lots of qualitative data
  - Adaptive survey tech, where you can start with 2 questions and you can branch based on what people want to share or what the discovery path is
  - At the end of the survey, instead of just 'thanks for your feedback,' giving info on how the person will see the results of this, in addition to some general resources: 'if you're in a crisis, call 988'
  - Older people want to know their actions will leave a legacy, while younger people want more immediate results; so providing 2 part feedback, potentially altered based on who you're addressing: that both speaks to legacy - what the participant is helping to build in the long term - and short term results: what will happen soon, what they will get
  - A place to see results of survey, and attaching gift cards
- Rep. Callan told the group September 9<sup>th</sup>, 2:30-5:30pm would be the next Advisory Group meeting, and there would be office hours in June; discussion groups will take place next week on Tuesday and Thursday, which are open to all

## COMMENTS IN THE CHAT

- One advisory group member asked for a copy of the Full Value Agreement, and commented that this was one of the best she'd seen
- Another asked if the Discovery Sprints could be posted in the chat; the reply was: Discovery Sprints - current 2 that are underway are 1) connecting pregnant/parenting people with behavioral health and/or substance use disorder and 2) behavioral health services and supports utilizing the K-12 system as a way to get connected; the other two are 3) children with complex needs/in crisis that are medically ready to be discharged from the hospital but do not have adequate supports to leave safely 4) services/support specifically for transition-aged youth
- One advisory group member agreed with another's point on strengthening the wording for parents' and children's involvement in the children's healthcare decisions and noted voice/collaboration as a point to ponder adding; expressed support for this being further discussed
- Agree with the thoughts about primary and other caregivers
- Really encourage language that encourages collaboration and a community/teaming approach with the child, youth and parent/caregiver at the center
- Someone added 'Grandparents' to this as another group who often play the caregiver role, several agreed
- "No wrong door" - doesn't seem to fit
- What about rural communities? Internet isn't always accessible
- Someone reacted to the 'No wrong door policy with the question, 'No wrong door to what?'
- 'No wrong door' also implies equity of access which we know does not currently exist for all
- Someone thought some of the language seemed as though its writers hadn't considered communities that have less accessibility to health resources and puts this kind of shame on the individual which could be discouraging
- Access points are clear and numerous
- Someone liked, as an alternative to one of the principles in its present language, "all doors lead to help"; another "All doors lead to connection"
- Help is so broadly defined and not always agreed upon
- Someone wrote that schools may have a viewpoint they disagree with, and doctors have a medical bent
- Perhaps something like, " Help is available and can be accessed"
- I would like to see equity intentionally named in this principle
- I am rural, services cannot always be accessed
- I like the sentence about how your care changes if your needs change - that feels like it's describing a responsive care system
- Family systems care... that includes everyone in the family
- Does "stage" mean "developmental stage"? If so, would love to have that stated overtly - services responsive to developmental level are so needed
- My grandson is 9 emotional maybe 3 he is autistic, nonverbal, ADHD, sensory disorder, ODD very little help for him
- One of my favorite quotes from the surgeon general's advisory: "Supporting the mental health of children and youth will require a whole-of-society effort to address longstanding challenges, strengthen the resilience of young people, support their families and communities. The community values children and invests in their education and development. recognition that it takes a village to raise children but we may not all agree with each other ... but still support each other's journey"
- With respect to 'culturally appropriate response', someone wrote: 'whose culture?'
- Would like to see something in purple that makes it clear that the workforce represents the community
- Maybe... by part of my community instead of people I recognize
- I worry that "recognize" will feel like lack of confidentiality and advise against that word; the description is good though

- There are also some cultures that are very resistant to seeking services within their own communities so we might want to also keep that in mind
- Include qualitative data in understanding complexity of need
- I live in Yakima County, very few services close to where I live
- Accountability is HUGE! We already have had to have 3 lawsuits to get services that work for children with complex needs. WISE has SO FAR to go
- I think it is imperative that we determine whose voice is being described here, and then use the words that fit
- Someone wrote that they found the program DARE worked very well for those it was hoped it would work for, and it made the person who wrote the comment never want to use drugs after what they saw
- Data can be smoke and mirrors
- I like the intentional use of "invests in" rather than just "oriented towards"
- Agree that 'invests' is a very crucial term to hold onto to ensure that our state does not lose sight of the fundamental import of investing in prevention and well-being intentionally
- I am dyslexic was not diagnosed until I was an adult, made school difficult
- It's clear a lot of work went into these - thank you for the opportunity for all participants to provide feedback
- I'd like to see a family systems approach to the language
- When I think about hardest to reach families that our Navos Infant and Early Childhood Mental Health program is serving, I am thinking of homeless parents of young children (and pregnant), where parents are struggling with mental health and substance use challenges with child-welfare involvement; it has taken us weeks and months of showing up in their spaces to establish enough trust for these families to speak about their realities, needs, and barriers that they face every day in accessing supports; we would appreciate opportunities to bring their voices
- Here is the landing page for the Children and Youth Behavioral Health Workgroup. The subgroups Rep. Callan was just talking about are towards the bottom of the page: <https://www.hca.wa.gov/about-hca/programs-and-initiatives/behavioral-health-and-recovery/children-and-youth-behavioral-health-work-group-cybhgw>
- I think we definitely want those voices and want to partner with people who have already built that trust and relationships
- If you want to go to the subgroups the subgroup leads' contact info should be listed on that page, or you can email cybhgw@hca.gov and they will get you connected
- Lots of community fairs and festivals - have tables and people to engage passers by
- What if we had tables at local clinics, community centers, and/or hospitals at places where people might be willing to stop and give input?
- How about inviting p-25 participants to send in their ideas for local events where broad community engagement could be easily accessed?
- Our pride event is in July. Lots of folks!
- Pride events apply more to King County than some other regions of the state
- On-site childcare (for listening sessions), food, incentives (for their time/providing input), and multiple reminders re: the event (not just flyers)
- To maximize participation, might be helpful to keep things simple and to piggyback on existing events
- Question for the survey: Where would you go first to find support, mental, or behavioral health care?
- Have you or anyone in your family had a need for p-25 BH services?
- What do you think is good about the system?
- What do you think is not working with the system?
- Keep survey questions broad so people can share more than just brief yes/no answers
- Perhaps a simple questionnaire with a suggested survey, "Got more to share? click here..."
- Or solicit their email address if they want to receive the results of the survey



- I think having a place to see the results would be helpful. I get so many surveys every day, and I think peers, youth and families get even more forwarded to them. I think it is difficult to do surveys without an incentive attached. That being said, I have done surveys with a gift card drawing attached and still have difficulties getting surveys back
- Would be great to have the slides emailed out to participants, so we can mull on them more and send any suggestions
- Rep. Callan's contact info: [lisa.callan@leg.wa.gov](mailto:lisa.callan@leg.wa.gov) and 425-308-1551. Use subject line P25 SPAG