

PN25 Behavioral Health Strategic Plan Parents and Caregivers Discussion Group Meeting Notes

Tuesday, June 18, 2024
10 a.m.-11:30 a.m. Pacific Time



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PN25 Behavioral Health Strategic Plan Advisory Group Meeting Notes

June 18, 2024

Attendees

- 5 parent and caregiver participants attended

OPENING, PROJECT UPDATES AND REVIEW

- Megan reviewed that these meetings meet monthly, along with 2 other workgroups, and shared that in today's meeting the facilitators hoped to get the group's feedback on:
 - Development of the vision
 - Draft materials for the strategic plan
 - Physical branding materials
- She shared the full value agreement
- Liz spoke to a request by the advisory group to talk about how we're going to address splinter moments, so a plan will be established for that going forward
- Liz did a review of the big picture of the Prenatal-through-25 Strategic Plan project
 - The 4 pieces of the strategic plan are: common vision, current landscape, data, and discovery sprints
 - Seeking help and input from the community in making these pieces
 - Working on common vision this summer, data in early to late fall, late spring late summer discovery sprints; in 2025 taking all of this, developing cost elements and building a roadmap
 - She shared workstream updates for the common vision, landscape analysis, advisory group, community engagement, data, and discovery sprints
 - She mentioned the facilitator team is developing a monthly newsletter

VISION FOR THE FUTURE DISCUSSION

- Megan introduced as the next topic of conversation, the question of what images and words best capture all we've heard about the vision for the future system; she showed 6 principles developed several months ago
 - 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 info
 - Invests in prevention and well-being
- Megan then showed another visual with components of the vision for the future written within them; she walked through the ideas they capture, including broadening our lens to promotion and understanding so every Washingtonian understand how mental health affects wellbeing and how to recognize when young people need help, as well as funding and systems working together so services can be seamless, accessible and adaptable to the changing needs of children, youth and young adults; she then solicited feedback:

- One workgroup member said they weren't sure on the difference between the 'services available for all ages/stages, all cultural and language needs, and across all geographies' box and the 'young people and families can connect to services in the community settings where they spend time (school, doctor's office)'
- Someone said family systems acknowledgement isn't there and is a huge part of our culture; it should say 'family system based services'
- As it is now, this frames it as though kids are individuals and not part of the family system; the speaker's 3-year-old had services for mental health issues and she wasn't seeking them out, it was the parent who was, and that kind of thing isn't represented here
- Right now we have a culture where mental illness and mental health for children is defined as suicide, eating disorders; it doesn't often enough take into account developmental issues kids face where they're not fitting in and the byproducts of depression and anxiety that come from that; in the text in the visual the speaker doesn't see the social unacceptable behavior her kids manifested that may not fall directly under what people think of when they say 'behavioral health'
- Someone said they like how 'every Washingtonian' encompasses not only families but also adults in a child's life that could recognize when a child needs help, like a pre-K teacher; in the speaker's generation pre-K teachers weren't trained to look for things like that; doctors may be experts but they don't spend enough time around a given kid to know what challenges the kid faces, and may speak over families' lived experiences with the kid
- Someone identified infrastructure for collaboration as a missing piece in this; service providers need a space to connect with each other to work together on behalf of children and families who they share for services they're providing or for expediting referrals
- Right now it takes providers' initiative to make this happen, and there's no funding/incentive for this collaboration, which makes such a difference for families
- 'Smart Teams for Autism' and 'Kids Mental Health Washington' were mentioned as spaces where people can collaborate; often it's administrators and school-aged children, so not inclusive of young children; maybe there are spaces in these groups where some providers are included and others aren't; seeing that represented in the vision visual could ensure we have those conversations
- Services are actually delivered as we say they're going to be delivered
- A lot of kids have issues that are connected but doctors don't understand that, e.g. stomach pains connected with developmental issues; a lot of children with eye issues like amblyopia or strabismus end up having neurological issues as well - the connection between perceptible issues and neurological ones; the sooner you catch these the better
- Delivery of services needs to be called out; process to have your needs met, accountability for providers; parents are often blamed for what happens with their kids
- As of now we really hone down on what's going on with a person if it's a physical illness, and we need that same integrity with mental health and substance use
- The whole insurance system is awful: providers don't want to connect to insurance that families can use, private insurance has low reimbursement rates for work mental health providers need to do; at the federal level reimbursement rates are so low, so everytime someone takes a Medicaid client they lose money
- Megan stated that this slide is about outcomes we hope to get to, and there's another piece covering what things are like now; the strategic plan will then be the roadmap to get from the latter to the former, and will loop in funding issues like those addressed

- Liz affirmed that behavioral health and mental health have largely been funded by Medicaid; this isn't part of the way commercial insurance does their business, and a lot of work needs to be done so the services you receive look the same regardless of your insurance
- Megan showed the same text content but in a new visual depicting it layered onto concentric circles
 - One work groups member expressed they like this visual better as it makes everything look more connected

PHYSICAL BRANDING DISCUSSION

- Megan introduced the following section by telling workgroup members that because they'll be the ambassadors for this plan throughout the state, in their communities and groups they connect with, we want to have some concrete materials for distribution
 - She mentioned plans to place an order in the next few weeks to take out with us when we do engagement, showed a slide depicting some options, and initiated a poll
 - One workgroup member liked the tote bag, water bottle, tumbler, chapstick, charging cable, and flashlight
 - Another liked the tumbler, stress ball and charging cable
 - Someone else put other, and later indicated they thought \$5 Amazon or Visa gift cards would work better, and could be used as incentives for doing family activities and submitting them
 - Someone wrote in the chat 'not things like sunglasses as they end up in the garbage'
 - Someone else said we have hand sanitizer everywhere already

BRANDING TEXT AND LOGO DISCUSSION

- Liz said we're working to create a branding proposal, but we don't want it to say "The Washington State Prenatal-through-25 Behavioral Health Strategic Plan"
 - What do we want people to associate with our brand?
 - Community collaboration, behavioral health advocacy, supporting the next generation, creating a safer and more inclusive future of service and care
 - What emotions do we want people to feel about our branding?
 - Safe, prioritized, welcome, excited, hopeful, seen and understood
 - What do we hope supporters will come to us for?
 - A path to positive change in BH services, a safe place to discuss lived experience
- Liz shared some brand name ideas built off the idea of thriving, such as 'Together We Thrive'
 - One workgroup member expressed that they didn't like 'Thrive Through 25' as it reminded them that after their kids get bumped off their parents' insurance at 26, they're on their own
 - Another really liked the thriving idea, and suggested 'Washington Thrives'
 - 'WATCH Us Thrive' felt too passive to someone
 - 'Thriving Forward' is engaging
 - Someone shared in the chat that the 'Prenatal through 5' branding is 'Grow and Thrive,' so this connect with someone else using that term
- Liz then shared imagery for the icon logo, featuring orcas, but recognized we'd want to check with indigenous people first
 - Someone commented that orcas were too west-side oriented
 - Someone noted orcas are associated with killer whales, which are predators

- Another agreed that those on the east side could feel left out
- One person member suggested an apple or a tree; Washington is known for apples, apple health for kids
- A cherry was also suggested
- An evergreen was as well, with roots below; a trunk supporting the system and all the branches growing out from it; you could show it as it develops and grows at different ages and stages; you could have a matriarchal tree in a forest within an ecosystem, to show that we need a whole ecosystem to make the thriving happen
- A slide showed color palette ideas was then presented to the group for their comments
 - Liz mentioned we're thinking about something very colorful, using a lot of contrast
 - Someone mentioned have a brown that would match this tone if we go with a tree, and a deeper green to go with the depicted lighter green
 - Someone suggested red for apples if we do the tree
 - It was brought up that the fir tree could still leave east side people out because they don't have the scenery
 - A workgroup member suggested you could replace the orca with salmon
 - Columbia river has salmon
 - It's an amazing animal
 - The spawning days where the whole county spends a Saturday learning about the salmon cycle and going out to watch them, and school aquarium visits were mentioned
 - There's salmon from all over
 - Salmon swim upstream, which resonates with what we're doing - early intervention
 - When salmon ultimately go back to where they're originally from it rejuvenates the whole system
 - The idea was suggested of having local tribal artists make branding of the salmon using their imagery of it, in order to better include them
- In closing Liz reminded the group about stipend payments for time spent on these calls, and encouraged attendees to email cybhwg@hca.wa.gov about this
 - People can be compensated for coming to office hours
 - In closing someone added highlighter pens could be a good give-away/physical branded item
 - The importance of not just handing out materials, but really engaging people, things people can interact with, connected to a next step of something they can do
- Liz said that the facilitator team will be coming to the group about regional listening events, which they're putting together with Lotus Yu from Full Frame Initiative and partners at HCA; the next meeting is Wednesday July 17th, 10-11:30am
 - Someone said they were glad that with the newsletter we might be shortening the first half hour, as it's pretty tedious, especially when people have only a half hour at the beginning - they have no chance to comment.
 - Liz also mentioned there will be another office hours this Friday

COMMENTS IN THE CHAT

P25 Discussion Group with Parents/Caregivers

- Megan informed someone who had to leave early that the facilitator team will be sharing these materials after as well, and for the pieces some don't get to provide input on in the meeting, they welcome input by email or in a follow-up call.

- Home based services need to be included in this box as well
- I would love to see child care added to school and primary care in that far-right box to keep young children's needs elevated.
- Like the ECHOs and SMART teams for Autism?
- Or WISE... where school personnel can actually attend
- Integrating behavioral health into pediatric primary care is huge as well - parents can take their youth to their pediatrician AND receive their mental health supports there! Our clinic has a therapist contracted/co-located and our parents love having that available here.
- Someone shared that their medical director is Phyllis M. Cavens, MD
- And if the parent IS part of the problem that they receive services as part of family based care
- Including in the vision visual something to speak to accountability to deliver services as promised (e.g. WISE and special education)
- Insurance is a huuuge consideration that I would love to see addressed in this process (by actual providers and families, not by insurance representatives because the reality of our experiences is often quite different). It's not just rates...it's so much more.
- And schools also being funded past the 3-6 year old special education
- I like the second, concentric-circles visual better than the other with the horizontal bars lying one across the other with the four boxes at the top... it better shows the connectivity
- For physical branded materials, someone suggested a magnet with phone numbers
- Another suggested bandaids
- Not things like sunglasses that end up in the garbage.
- Bandaids in little hard containers - we have those at our clinic, they hold about 6 bandaids and are perfect for purses!
- Pens
- Of all of these, chapstick would be the best
- Someone said they have a list of potential names that one of Seattle's top advertising people came up for me when I named Healthy Minds Healthy Futures. I'd be happy to share them.
- like WAtch us Thrive indicating supports in Washington
- "Prenatal - 5 Grow & Thrive" is HCA's brand name for IECMH, for what that's worth.
- Someone said of the orca imagery that it's too West side oriented; another agreed
- Apple, or apple and orca?
- I think it would leave the eastern Washington folks out
- It's also associated with Killer Whale, a predator...
- Or an evergreen tree?
- Also we are the evergreen state
- I agree, Apple or evergreen, or somehow tie them together
- Cherries are also BIG in Michigan.
- And matriarch trees...forests ecosystems are incredible.
- Cool developmental tree image
- Nice pallet ... unless we go for evergreen
- Overall I like the bright color idea
- If we do the tree, I'd like to see red too for apples (if we aren't going to use an apple)
- Spokane has trees
- Columbia river has salmon
- And salmon are a big part of elementary education...

- Salmon! And they swim upriver, which it feels like we're doing too...lol (also early intervention/upstream intervention)
- Columbia river, snake river, Yakima river, and etc - I assume they probably all have Salmon?
- I always look at a salmon run and think about motherhood and how brutal it can be
- And breaking down the barriers... equals the dams
- Salmon and evergreen tree?
- Greens and blues (green is the mental health color)
- Chochkes - highlighter pens are useful for school supplies
- Mini coloring books
- Book with behavioral healthy family
- cybhwg@hca.wa.gov