

# Parents and Caregivers Discussion Group

October 16, 2024



Washington  
**Thriving**

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

# Welcome and Introductions



- *Name*
- *Where you are joining from today*
- *What is your favorite Fall tradition?*
- *OR What is/was your favorite Halloween costume (doesn't have to be your own)?*



# Meeting Goals

Washington Thriving Project updates

Provide input on project materials

Participate in discussions with peers



# Full Value Agreement

- Use plain language (explain acronyms, if used)
- Use first names
- Encourage grace, respect, compassion, patience and kindness for self and others
- Be open, be brave
- Embrace uncertainty, sit with discomfort
- Step up then step back so that everyone has a chance to be heard – one at a time when speaking & give attention to facilitators/speakers
- Honor this time as a space for you and others to share perspectives across differences without judgment while acknowledging your own lenses
- Assume best intentions and that everyone is doing the best they can with the tools they have. Keep an open mind and listen actively to understand.
- Speak your truth, from your own experience- your story matters; so does your knowledge and experience
- Stories stay private, but lessons carry forward
- Affirm and validate one another
- Everyone is a teacher, everyone is a learner
- Be mindful of trauma and recognize the impact of that trauma
- Take accountability
- Receive feedback without defensiveness, show humility
- Address issues collectively and repair early



# Strategic planning process – phases and key questions

## PHASE 1: VISIONING

- What's the vision?
- What is the ideal continuum of care?

## PHASE 2: ASSESSING CURRENT LANDSCAPE

- Does WA have the right services and supports?
- Does capacity for each meet the need?

## PHASE 3: IDENTIFYING STRATEGIC PRIORITIES

- What are the gaps, and how can we fill them?
- What are the key levers for change with the greatest promise?

## PHASE 4: MOVING TO ACTION

- How do the learnings inform the strategy?
- What are the short- and long-term wins?
- How will we know we're on the right track?

open

narrow



# WA Thriving is being informed by two broad, interacting areas of work that cut across all phases

## PHASE 1: VISIONING

## PHASE 2: ASSESSING CURRENT LANDSCAPE

## PHASE 3: IDENTIFYING STRATEGIC PRIORITIES

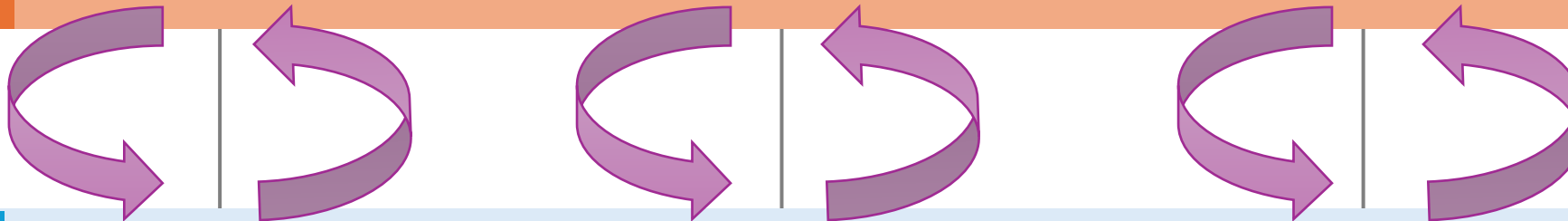
## PHASE 4: MOVING TO ACTION

### PEOPLE CENTERED:

### COMMUNITY ENGAGEMENT & FEEDBACK

Activities include:

- Gathering **success stories** and **inspiring examples** from other contexts
- **Regional in-person listening events**, individualized by community
- **Targeted conversations** with **relevant agencies** and **subject matter experts**
- Attendance and input gathering at **coalition & provider meetings** and **workgroups**
- Ongoing **engagement & feedback** from **advisory groups**, **subcommittees**, and **discussion groups**



### DATA INFORMED:

### EVIDENCE & RESEARCH

Activities include:

- Cross-functional **discovery sprints** to further understand complex areas of system
- Gather **statistics** and **qualitative data & insights**
- Review of **reports and studies**, **peer-reviewed publications**, **evidence-based practices & guidelines**, and other literature
- **Model the system** to organize, clarify, and unify behavioral health system knowledge into useable data
- Targeted discussions with **subject matter experts to deepen understanding** in key areas
- Design of **data dashboard** responsive to ongoing insight and changing system dynamics

# Proposed Vision

# What We Heard: Proposed Vision #1

Comment	Addressed
Define Behavioral Health	Added definition of behavioral health to proposed vision materials
Don't say need "help"	Changed to "support"
Replace "all geographies"	Changed to "across the state"
Need to focus more on developmental stages vs. ages	Changed language to "developmental stages"
Need to talk about infants/young children	Need to address
Add families: "funding systems and families work together so services can be seamless"	Families has been added throughout
Parents need touch points they can go to in this without knowing the lingo	Changed the language to be more community-member friendly
Substitute "systems" with "care providers" or "those who provide the services"	Changed to funders and providers





# What We Heard: Proposed Vision #2

Comment	Addressed
Indicate this is aligned with System of Care values so context this fits into comes through	Will be embedded in accompanying narrative.
Include the terms “holistic approach” or “addressing neurodivergence” (to show that people with co-occurring conditions, e.g. one mental health related and the other autism, are encompassed within the scope of this)	Added holistically and physical health needs.



# Future Vision

Every Washingtonian understands how behavioral health affects well-being and recognizes when young people need support.

**Funding, providers and systems work together so that services are seamless, accessible, and adapt to changing needs.**

Behavioral health services and supports:

- Holistically address mental health, substance use, developmental, physical health, and co-occurring needs.
- Connect into people's communities where they spend time.
- Are available when needed.
- Are available for all developmental stages, all cultures and languages, in all parts of the state.

## The Prenatal to 25 behavioral health system in Washington:



Is informed by children, youth, caregivers and families



Ensures that all doors lead to support



Offers services to meet the individual needs of children, youth, families and caregivers



Is equitable, anti-racist, and culturally and linguistically responsive



Changes in response to new information



Invests in prevention and well-being



Includes families, caregivers and communities as key contributors to well-being

# Proposed Definition of Behavioral Health

# Behavioral Health: Proposed Definition (from August)

Behavioral health includes the **emotions and behaviors that affect one's overall well-being**, including mental health and substance use, life stressors and crises, relational health and physical symptoms of stress and trauma. Behavioral health involves the interaction between **biological, psychological, social, and environmental factors**.

- **Mental health** encompasses a broad spectrum of conditions ranging from anxiety and depression to schizophrenia and bipolar disorder
- **Substance use** includes alcohol and drug use and recovery

Children, youth, and young adults experiencing behavioral health challenges may **struggle to navigate life, maintain positive relationships, and adapt to change**. Intellectual and developmental disabilities can intersect with and compound behavioral health challenges.

Behavioral health challenges often **coincide with other stressors**, including the impacts of communities' being under-resourced, homelessness, disruption of schooling, challenges finding employment, and youth being at risk of incarceration.



# What We Heard: Behavioral Health Definition #1

Comment	Addressed
Add “can change or be exacerbated by lack of intervention”	Added.
Reference additional challenges faced by refugees coming from a foreign country dealing with trauma, or those with generational trauma	Keeping a broader lens, will consider for more detailed materials.
Emphasize attention to prevention and wellbeing, acknowledge that sometimes what can bring people into contact with BH services are things that are more in the broader world like housing, cost of living, food	Changed language.
Perhaps consider changing the word “conditions” in “broad spectrum of conditions”	Changed language.
The language is still very clinical for youth; use ‘body’, ‘brain’ instead of ‘biological’, ‘psychological’	Shifted language.
Perhaps consider adding psychological addictions (e.g., videogames)	Keeping a broader lens, will consider for more detailed materials.



# What We Heard: Behavioral Health Definition #2

Comment	Addressed
Consider calling out veterans, foster kids as groups that particularly deal with trauma	Keeping a broader lens, will consider for more detailed materials.
Don't use mental health to mean mental illness or mental health challenges, or behavioral health to mean behavioral health condition; frame this as being about helping kids reach their full potential, having their wellness being addressed across systems of care so they can	Changed language.
Calling out 'behaviors' in first sentence could be problematic by implying choice, that people are in control of their actions	Changed language.
Rearrange the order: the second sentence felt like a better opener than the first	Changed language.
Do people know what 'relational health' means?	Changed language.



# Defining Behavioral Health Updated

- Behavioral health involves the interaction between a person’s body, brain, and the people and places around them and includes the **feelings and actions that can affect one’s overall well-being.**
- Behavioral health can:
  - Impact how a person relates to and interacts with their families and communities and maintain long-term positive relationships that are vital for well-being
  - Affects a person’s physical body and overall well-being in the same way that a short-term or long-term illness might
  - Stem from many things, including the stress and trauma they have experienced or experiencing or challenges with substances or other ways of coping that get in the way of overall well-being
  - Can include a broad range of diagnoses and can change or be exacerbated by lack of intervention
  - **Coincide with other things**, including the impacts of communities’ being under-resourced, homelessness, disruption of schooling, challenges finding employment, and youth being at risk of incarceration. These other things can be both a “cause of” or “result of” behavioral health challenges
  - Lead to children, youth, and young adults **struggling to navigate life, maintain positive relationships, achieve their educational goals, and adapt to change**
  - Intersect with intellectual and developmental disabilities and compound their behavioral health. Over time, as children and youth grow and develop, these challenges change
  - Be impacted even before birth and through exposure to maternal stress or substances and/or poor social and emotional connections during the earliest months and years of life

# The Continuum of Care



# Developing a Framework for Describing the Range of Services: Why

- Allows for a **common way** to understand and categorize the array of services and supports across funders, systems, providers, state agencies, ages, developmental stages in **support of the Vision for children, youth, families and caregivers**
- Can then be used to identify gaps, pool resources, align policies and programs in a **common effort to achieve the Vision for children, youth, families and caregivers**
- Some specifics:
  - Identify if there any **eligibility requirements or limitations** to providing the service (income, Medicaid, age, etc.)
  - Quantify **how much of the service** is currently available
  - Quantify **how much demand** there is for the service
  - Identify if requirements or limitations in **access can be addressed via policy changes**
  - Quantify how much the **service costs and how much is being paid for the service to identify funding gaps**

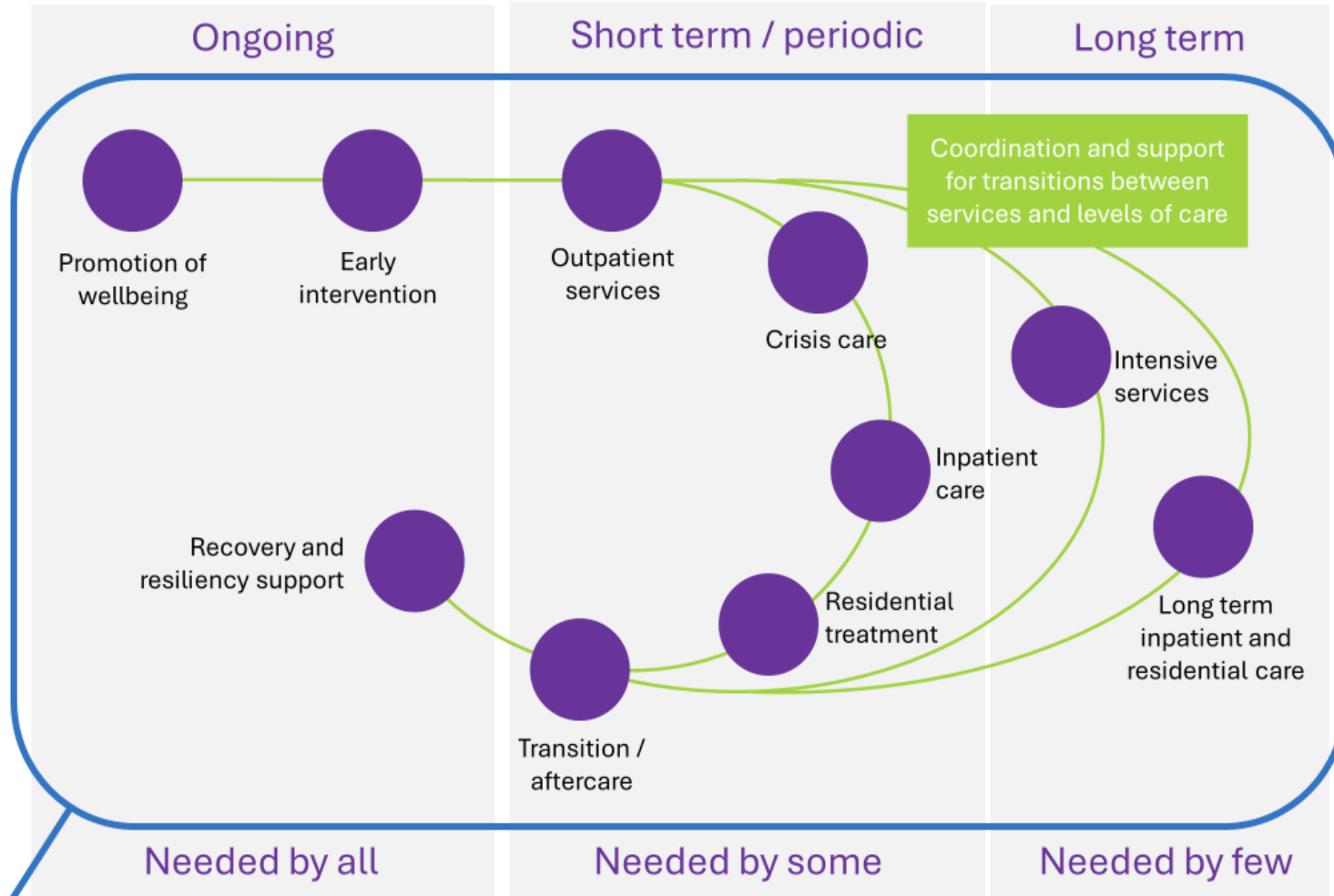
# A Robust Continuum of Care

A key element of achieving this vision is ensuring a robust continuum of care. When Washington Thriving talks about a “robust continuum of care” this means that Washington offers **services and supports** to address the broad range of behavioral health and co-occurring needs, in **the settings that work** best for children, youth, families and caregivers – home, daycare, school, a provider’s office or in some cases, inpatient or residential settings. It recognizes that there are **services that all will need, services that some will need and services that only a few will need.**

## **The envisioned behavioral health continuum of care for children, youth, families and caregivers:**

- Includes prevention and well-being and identifies risks early
- Offers age-appropriate, culturally-relevant mental health and substance use supports at every stage of early life
- Offers integrated support that recognizes and addresses co-occurring challenges, including intellectual and developmental disabilities
- Offers ongoing support to prevent crisis and ongoing support for recovery after a crisis
- Includes navigation support and coordination between services and levels of care
- Integrates with physical healthcare

# Started here



**Community**  
Community-wide and school- and work-based interventions that address social conditions and build emotional wellbeing.

**Adjacent services:** Housing assistance, parenting support, childcare services, nutrition programs

**Promotion, Prevention & Early Intervention**  
All children, youth, and young adults benefit from school-, community-, and work-based social and emotional learning, behavioral health screening, and early intervention.

**Outpatient & Integrated Care**  
Children, youth, and young adults with emerging or identified behavioral health needs benefit from integrated physical and behavioral health outpatient counseling and medication management, tiered school-based services, psychiatric consultation, and care coordination.

**Intensive Services**  
Children, youth, and young adults with moderate to intensive needs who are at risk of out-of-home placement or transitioning from a residential or inpatient setting benefit from time-intensive, skills-building services, family and caregiver support, targeted case management, or Wraparound.

**Comprehensive Crisis Care**  
Those experiencing a crisis have access to crisis hotlines, mobile response, crisis observation, crisis stabilization, respite, and peer services.

**Inpatient Care**  
Children, youth, and young adults with acute behavioral health needs benefit from emergency psychiatric consultation and inpatient care.

**Residential Treatment**  
Children, youth, and young adults who require stabilization but not inpatient care, benefit from short-term, community-based psychiatric residential treatment and therapeutic group homes.



# What We Heard: Continuum of Care #1

Comment	Addressed
<p>Intensive, long-term, inpatient and residential services branch off and don't go anywhere</p>	<p>Moved from the older graphic</p>
<p>The whole system seems like it's moving people toward intensive residential services in a left-to-right progression, which many in the 90s and early 2000s worked hard to move us away from</p>	
<p>Add arrows going both directions between each circle to show that this is nonlinear</p>	
<p>Use a triangle like the MTSS (Multi-Tiered Systems of Support) used for education: universal screenings at the bottom for mental health, then people with increasingly persistent/long-term issues being flagged and moved upward to higher tiers</p>	<p>Have drafted version of this</p>
<p>Indicate that children don't just need treatment, but good safe places to live</p>	<p>Can be spelled out as an adjacent service</p>
<p>This is a really good continuum view of Medical BH system of care; not seeing what DDA and foster care system offers for wellness; other things DOH is doing related to promotion of wellness, and DCYF (maybe not foster bc of stigma)</p>	



# What We Heard: Continuum of Care #2

Comment	Addressed
We need to capture what is available across systems	Added 3 categories: services for everyone, those for some, and those for few
Change the visual to a multi-tier system like that used with schools	Considering a pyramid/triangle that categorizes in three levels all, some and few that can be applied across systems
Kids spent a lot of time in school, so indicate that teachers/staff can observe signs in students of things requiring further attention; add screenings for young children in kindergarten as an existing service	See above notes
DCYF (Dept of Children, Youth and Families) and juvenile justice and education can be seen a little of here, but they're core to behavioral health, not outside of it	By using the larger categories in all, some few, we can apply to different systems
Community partners were missing: churches, mosques, food banks, PTAs, girl scouts, boy scouts; every child minister, everyone at any place/organization where people gather who works with children/youth because they choose to should receive training so they know how to respond/where to direct them	Can also have a triangle for Community-or community is programs are in the bottom tier



# What We Heard: Continuum of Care #3

Comment	Addressed
Move ESIT (Early Support for Infants and Toddlers) from the ‘some’ category to ‘all’	
Refugee centers could be placed in the “some” category so youth can be met there as they’re coming from other countries	This will be an adjacent service for individuals/families identifying as refugees, but trauma-informed approach throughout.
Include “ECEAP (Early Childhood Education and Assistance Program) and Head Start program in the “all” category	Yes
Perhaps include housing/food services to slide for services for “some”	This will be an adjacent service that all should be screened for
Include group therapists who know where to refer people, can connect individuals with who will be the right fit: good provider network directories, a more informed triage process	
Add “linguistically competent”; many families have to rely on kids to translate	Feedback for problems in the existing system
Clarify how crisis is defined; (those who experience consistent suicidal ideation don’t know when to call)	



# What We Heard: Continuum of Care #4

Comment	Addressed
Crisis services could be put in “some” or “few” category to clarify who they’re for	
Adding something to the list/in the care continuum that can provide support and info for when a person who may be in crisis is trying to figure out whether they should reach out and for what service	
Add housing and financial supports for young adults	Will be an adjacent service
Add neurodivergent screenings for young adults, or older adults if that didn’t happen when they were younger	Seems like this is not happening universally and across all systems. Will spell out.
Mention peer support	Accompany along all pieces of the continuum
PCAP (Parent Child Assistance Program) should be expanded from the “few” to the “some” category- could be more used if more people knew about it	

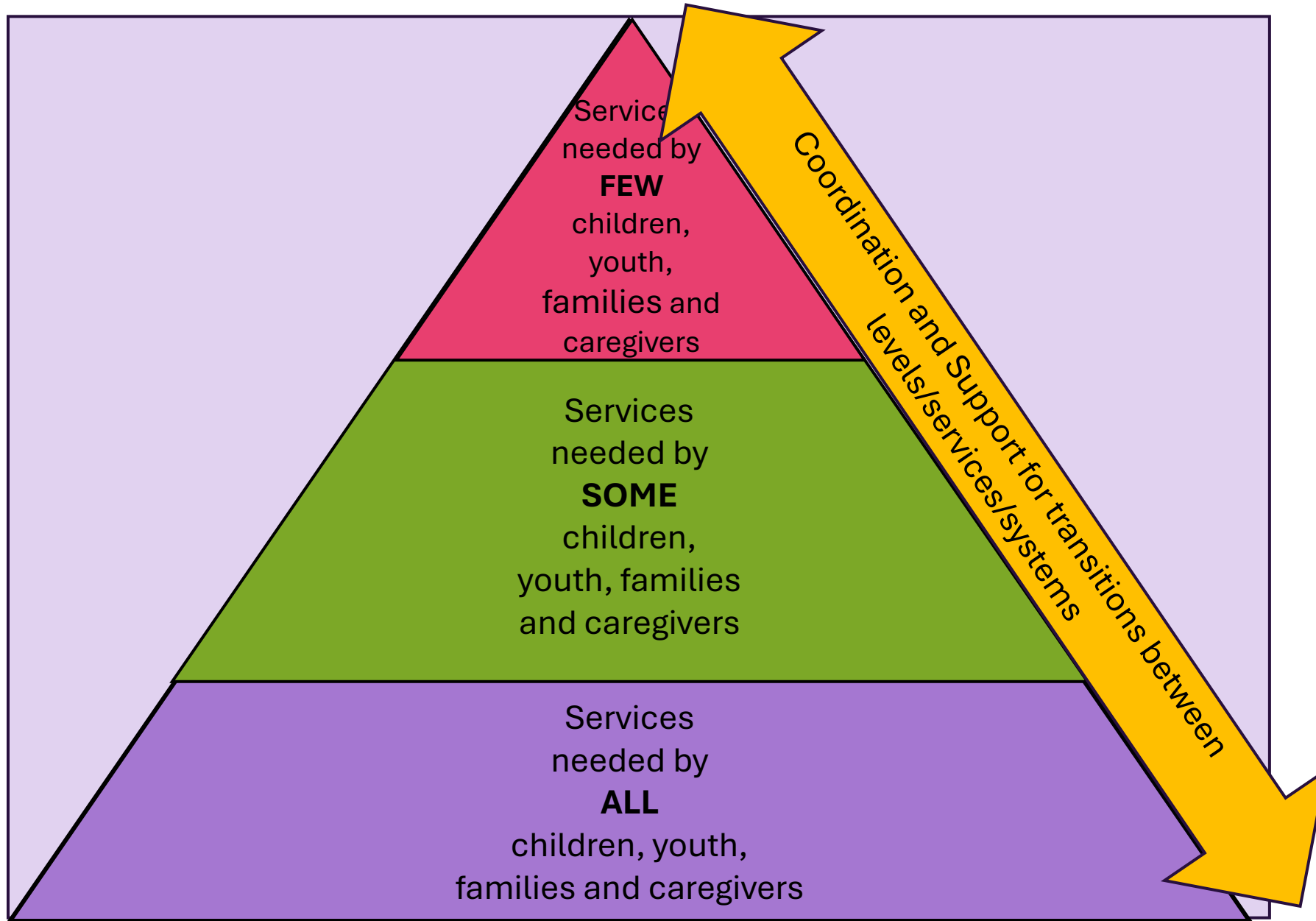


# What We Heard: Continuum

Comment	Addressed
Define this as a continuum of something specific: of mental health services (then a separate continuum of DCYF supports, DDA supports; getting all into one is hard)	
Could add family housing - kinship care increased tremendously in all states esp. WA, increasing homelessness affects children BH	
Adding peer supporters, who can help people understand their trauma	
Adding pairing support, school-wide work-based interventions, social structure interventions	
Peer connections could also be part of the community section	
Could include nuances around what each of the developmental life stages look like and need	
Softening the message, recognizing words like "early intervention" and "intensive services" can be triggering	



# For Today's Discussion



# Discussion: What has your experience been of the “All” services?

- Did you receive or hear information about what behavioral health means in your community, through your doctor, at your school?
- Did you or do you or your child regularly get screened for behavioral health needs or health related social needs when you visit any providers?
- What about in schools or daycare settings? Any other places?
- Were the messages or the services culturally responsive? In a language that you or your child understood? What about gender differences? Developmentally appropriate?

# Discussion: What has your experience been of the “Some” services?

- If or when your child was referred to a service or had a behavioral health need that couldn't be addressed in a regular office visit, were you able to access the service that you were referred to or that you needed?
- Were the services culturally responsive? In a language that you and your child understood? What about gender differences? Developmentally appropriate? Family-centered?
- Were they coordinated with other things? School? Other providers?

# Discussion: What has your experience been of the “Few” services?

- If and when your child was referred to a service or had a behavioral health need that couldn't be addressed in a regular office visit, were you able to access the service that you were referred to or that you needed?
- Were the services culturally responsive? In a language that you or your child understood? What about gender differences? Developmentally appropriate? Family-centered?
- If your child were in an inpatient or residential setting when you or they were discharged, were services available back in the community? Were they coordinated?



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Next Discussion  
Group:

Wednesday,  
November 19

10:00 AM – 11:30 AM



# 2024 Washington Thriving AG & Discussion Group Meetings

Date	Time	Meeting
Monday, October 28 <sup>th</sup>	5:30 – 8:30 PM PST	WA Thriving AG
Wednesday, November 20 <sup>th</sup>	10 – 11:30 AM PST	Parent/Caregiver Discussion Group
	4 – 5:30 PM PST	Youth/Young Adult Discussion Group
Thursday, November 21 <sup>st</sup>	1 – 2:30 PM PST	Provider/System Partner Discussion Group
Monday, December 9 <sup>th</sup>	2:30 – 5:30 PM	WA Thriving AG
Monday, December 18 <sup>th</sup>	10 – 11:30 AM PST	Parent/Caregiver Discussion Group
	4 – 5:30 PM PST	Youth/Young Adult Discussion Group
Thursday, December 19 <sup>th</sup>	1 – 2:30 PM PST	Provider/System Partner Discussion Group