

# Parents and Caregivers Discussion Group

November 19, 2024



Washington  
**Thriving**

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

# Welcome and Introductions

- *Name*
- *Where you are joining from today*
- *A moment of gratitude or delight this week*



# Meeting Goals

Washington Thriving project updates

Provide input on how to support parents/caregivers and young people

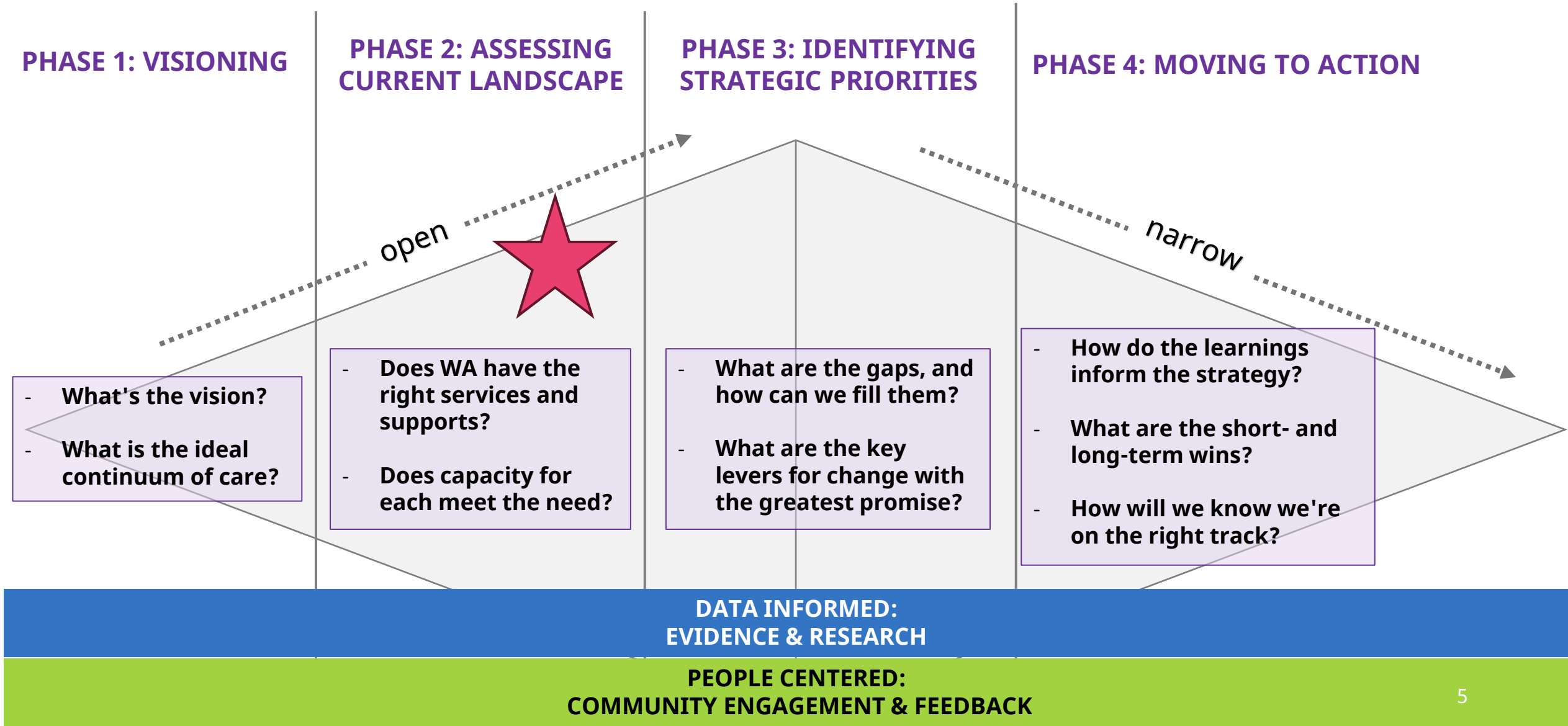
Wrap up and next steps



# Full Value Agreement

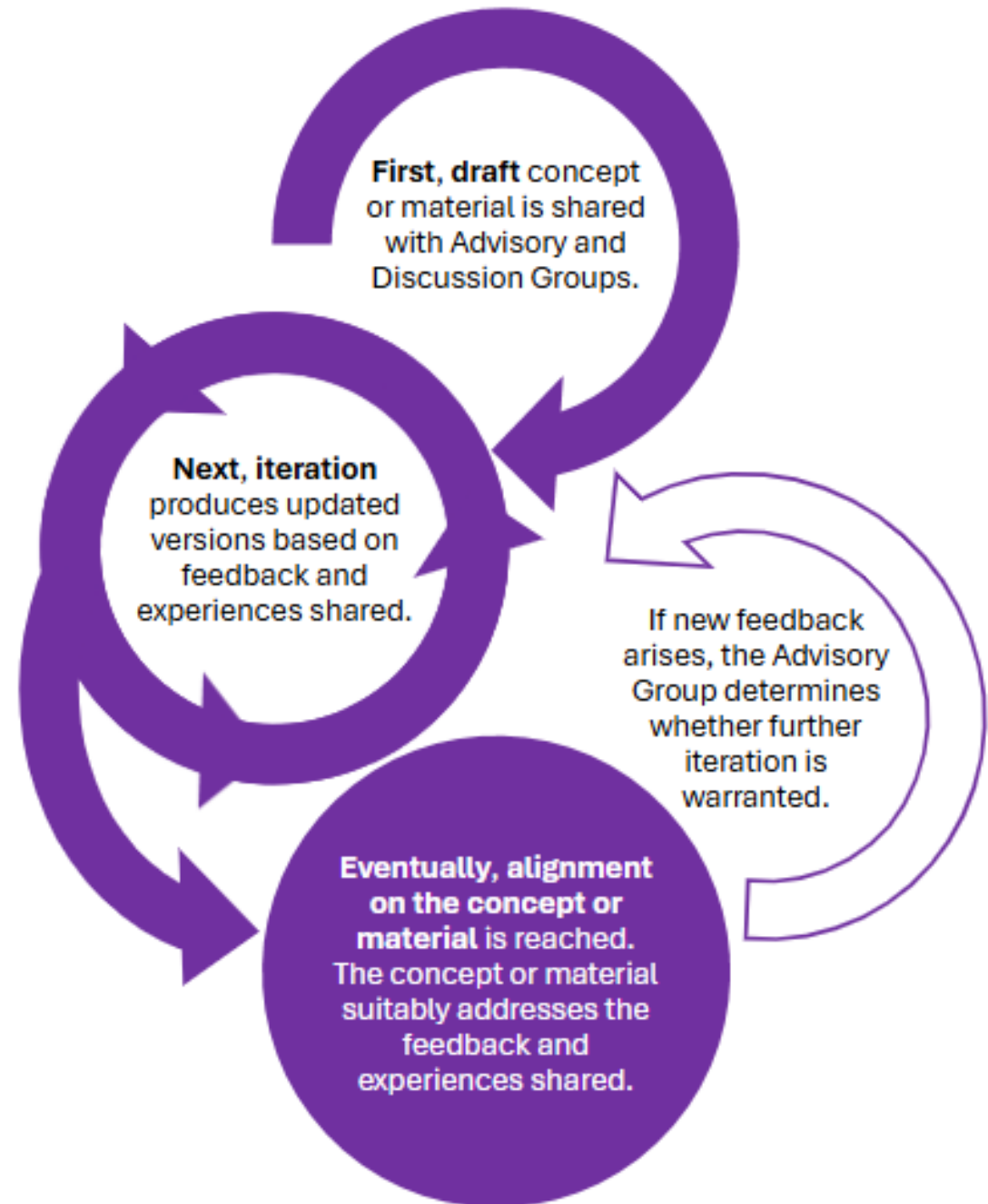
- Use plain language (explain acronyms, if used)
- Use first names
- Encourage grace, respect, compassion, patience and kindness for self and others
- Be open, be brave
- Embrace uncertainty, sit with discomfort
- Step up then step back so that everyone has a chance to be heard – one at a time when speaking & 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, experience and knowledge matters
- 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

# WA Thriving Strategic Planning Process



# Feedback Loop

- Aiming to reach alignment across project outputs through collaboration with engaged groups



# Progress Report to Legislature

- Part 2 of the CYBHWG report, can be found [HERE](#)
- Updates on progress and outputs to date:
  - Vision, principles, and definition
  - Ideal service array
  - Analysis of landscape, gaps, and barriers
  - Identifying and aggregating quantitative data
  - Discovery sprints
  - Community engagement
- Outlines additional workstreams



# Discovery Sprints

- Deep dives into specific challenges faced by children, youth, young adults, and their parents and caregivers within the behavioral health system.
- Designed to quickly (8-12 weeks) understand:
  - Individuals' lived and living experience in seeking or providing services/support
  - The complex set of actors, relationships, and policies that shape how the system interferes with these individuals
- Sprint reports and presentations can be found [HERE](#)
- 4 Discovery Sprints Completed
  - K12: Connecting kids to behavioral health through schools
  - Pregnancy: Connecting pregnant people to behavioral health support
  - Complex Hospital Discharge:
  - Transition Age Youth:



# Current Engagement Workstreams

- Discussion Groups and Washington Thriving Advisory Group
- In person and virtual listening sessions across the state
- Project updates and input gathering through existing channels (e.g., Tribal Centric Behavioral Health Advisory Board, Bridge Coalition, Family Youth System Partner Roundtable)
- Upcoming events [HERE](#)
- Community insights will be incorporated into the landscape report



**Youth and young adults** with living experience who have and haven't accessed services



**Parents and caregivers** with living experience whose children have and haven't accessed services



Behavioral health providers and other professionals such as teachers, pediatricians, those who work in community-based organizations, and other **workforce**

# Listening Sessions

- 8 Listening Sessions
  - Peer Pathways Conference (Yakima)
  - Connecting Communities (Leavenworth)
  - Northwest Youth Services, Youth Action Board (Bellingham)
  - Rural Communities (Okanogen)
  - Washington Boys and Girls Club Youth Summit (Mercer Island)
  - Cities Rise, Youth and Youth Alumni (Virtual)
  - Prevention Summit, Youth (Seattle, 2 sessions)

# Input and Discussion

# Scenario Pair and Share

- 3 different scenarios where young people and/or their parents/caregivers are experiencing behavioral health challenges/in need of support services
- Sentence prompts to define how the optimal system would respond
- **For each scenario:**
  - Pair and share (10-15 minutes)
    - Scenario and sentence prompts in linked survey
    - Discuss in pairs and complete survey
  - Large group regroup (3-5 minutes)

# Scenario Prompts

- If the system were working the way we need it to, the next step in this situation would be \_\_\_\_\_.
- Follow-up afterwards should include \_\_\_\_\_.
- Ongoing support to this young person and their caregiver should include \_\_\_\_\_.
- The face I'd want to see in order to feel cared for and supported in this moment would be \_\_\_\_\_ and the characteristics of that person would be \_\_\_\_\_.
- Prior to this situation, it would have been helpful for this young person and their parent/caregiver to receive \_\_\_\_\_.

# Scenario 1

- A 22-year-old single parent has a newborn and a toddler and lives with their own parent. The young parent is doing their best keep up with work and school and wants to do a good job with their children, but has very few resources. The toddler is a “bit of a handful,” and is often resistant at childcare drop off. The 22-year-old is also having challenges with their own parent, who gives advice like “don’t pick up the baby so much or you’ll spoil the them”. Because their parent is the main babysitter, they feel they have to go along. The young parent is relying on TikTok for information and would love help, but doesn’t have time to pick up the phone; the last time they tried, they were on hold for 30 minutes.

# Scenario 2

- A 6-year-old is suspended from school. The teacher is young and new to the field with limited understanding of child development. The child's primary caregiver, a grandparent, needs the child to be in school so they can work. Special ed assesses the child and gives an early diagnosis of ADHD or ODD, and the child is placed in self-contained behavioral classrooms. The caregiver is having difficulty coordinating care and doesn't fully understand how to care for a high needs child. The child was born during the pandemic and did not receive most early childhood supports.

# Scenario 3

- A 16-year-old with a history of trauma presented to the ED multiple times with strong suicidal thoughts. They have had multiple admissions to inpatient psychiatric treatment given the danger of suicide using plans that are difficult to "safety proof". Family tried to get the youth into a DBT therapy program, but waitlists are so long they are back in the ED again needing another admission. Parents have safety proofed the whole house and often take turns checking on the 16-year-old when the need is very high. Both parents agree they can't keep doing this and need a higher level of care. The most recent admission was an involuntary commitment under Family Initiated Treatment (FIT).





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Next Discussion  
Group:

Wednesday,  
December 18

10:00 AM – 11:30 AM



# 2024 Washington Thriving AG & Discussion Group Meetings

Date	Time	Meeting
Tuesday, December 3 <sup>rd</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

**2025 dates coming soon!**

# Ways to Engage

- Join our mailing list
  - Join in on discussion groups and other engagement opportunities
  - Invite us to an upcoming meeting or gathering
- 
- New website, blog, and newsletter:  
<https://www.washingtonthriving.org/>
  - Email: [WAThriving@healthmanagement.com](mailto:WAThriving@healthmanagement.com)



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