



Washington
Thriving

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

Washington Thriving (*formerly called the P-25*) Behavioral Health Strategic Plan Parents and Caregivers Workgroup Meeting Summary

Wednesday, August 28, 2024
10 a.m.-11:30 a.m. Pacific Time

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Washington Thriving (*formerly called the P-25*) Behavioral Health Strategic Plan - Parents and Caregivers Discussion Group Meeting Summary

August 28, 2024

Attendees

- 7 parent and caregiver participants attended

OPENING, PROJECT UPDATES AND REVIEW

- Liz Arjun (part of the project team) opened the meeting by speaking to the structure of the strategic plan and giving updates:
 - The common vision, current landscape, discovery sprints, ongoing input and planning (the advisory group and discussion groups), robust community engagement with mass marketing and targeted work, the Children and Youth behavioral health workgroup.
 - That the P-25 Strategic Plan efforts have been relabeled “Washington Thriving”.
 - Next steps being cost estimates and roadmap for 2025.
 - Website and blog: <https://www.washingtonthriving.org/>
 - Two discovery sprints completed: K-12 school based behavioral health, behavioral health during pregnancy. The deliverables can be found here:
 - [Bloom Works - WA BH K-12 Deliverables - Google Drive](#)
 - [Bloom Works - WA BH Pregnancy Deliverables - Google Drive](#)
 - Project team now working with co-chairs to organize feedback from sprints, to be presented at the Advisory Group meeting on September 9th.
 - Two new discovery sprints to begin: transition-age youth, complex hospital discharge.
 - Someone asked where K-12 school based behavioral health deliverables could be accessed, Liz said they would be sent out to the group shortly.

FEEDBACK INCORPORATION

- Megan Beers (also part of the project team) reported back to the group on how vision work was changed based on the group’s feedback.
 - Changes included changing “help” to “support”, replacing “all geographies” with “across the state”, and the need to focus more on developmental stages vs ages.
- She then shared the vision slide, including a box of text describing it, and seven principles breaking it down into its constituent parts: <https://www.hca.wa.gov/assets/program/cybhgw-p25-strategicplan-parents-presentation-20240828.pdf> (Slide 8).
 - One discussion group member said she loved it and found it shaping up very nicely; she recommended meeting with Taku Manashita, mentioning the work Taku is doing on 1580 from the governor’s office; WSCC and a couple other organizations did a site visit to New Jersey to understand their system, and they learned NJ is doing a lot of these things.
 - Another member asked how all this info is getting out; he mentioned being in a great MRSS meeting the day previous, but that his son’s WISE coordinator had never heard of MRSS.
 - Megan responded that we’re still in the phase of having lots of conversations with community members, coalitions and groups; in terms of cultivating buy-in, the facilitator team is trying to do more individual outreach to providers such as Frontier so they can weigh in on the plan as it’s developed.

- We should stay where we're at on the journey when we disseminate information so we don't overpromise and disappoint.
- There is a group in Washington called Meer Cats with a team in Spokane partially up and running

BEHAVIORAL HEALTH DEFINITION, STRONG CONTINUUM OF CARE DISCUSSION

- Megan shared a proposed definition of Behavioral Health: <https://www.hca.wa.gov/assets/program/cybhwg-p25-strategicplan-parents-presentation-20240828.pdf> (Slide 9).
 - One attendee loved it; felt it was getting to the point where people who haven't been in these meetings would understand it; asked if people would know what 'relational health' means.
 - Another asked, if his 8-year-old son picked up a pamphlet, would he read it and know what the help was?
 - Liz responded that perhaps 'body', 'brain', 'feelings' would be better than 'biological', 'psychological'.
- Megan then shared a slide on the proposed pieces of a robust continuum.
 - This included services that would be ongoing, shorter term, and long term; coordination and support for transitions; and recognition that these capital S services exist in and have to be integrated into communities.
- She then asked the group's feedback:
 - One attendee asked if disability/ developmental services would be categorized as adjacent services.
 - Liz suggested the services should wrap around someone and provide to their particular needs, whatever they might be.
 - One discussion group member felt that if we say we're here to serve people with disabilities and individual challenges, and that this is our path for people who fall into this category, that can help people see themselves in this; it wasn't until his son with a variety of mental health challenges saw someone who understood who he was that things started to change for the better.
 - Liz said the facilitator teams will be sending out these slides and encouraged attendees to take time to think about these and provide feedback.

UPDATES ON ENGAGEMENT AND OUTREACH

- Megan then provided updates on engagement and outreach.
 - She mentioned conversations being held across the street in-person and virtually.
 - Gathering input on what's working, what does wellbeing look like, what are services/structures to support it, what's working well.
 - In August, the facilitators were invited into spaces where folks were already convening; they were able to partner with WSCC (Washington State Community Connectors) in Leavenworth, which included peers, faith workers, non-clinical resources, and those who support behavioral health in a variety of ways.
 - Peer Pathways conference in Yakima.
 - Numerous 1:1s; a conversation with the FSYPR (Family Youth System Partner Round Table) statewide network; this past week spoke with coalition leadership that does a state meeting with partners across the state on prevention work.
 - Encouraged discussion group members to recommend groups that would be good to reach out to.
 - Lotus (part of the project team) added that when outreach is conducted, people who are interacting with behavioral health systems as patients who typically don't get to be part of these conversations are most impacted, and the facilitator team is very interested in hearing from them.

- FYRE was given a shout-out as an entity people in its region speak highly of for the great work they do.
- Megan closed by informing attendees that the next discussion group will be held Wednesday, September 18th, 10:00-11:30am.

COMMENTS IN THE CHAT

Washington Thriving Discussion Group with Parents/Caregivers

- K-12 sprint info: https://drive.google.com/drive/folders/1rDSIhIO_Sc1WBP7vdbx4rv8dDtcyV02A
- Pregnancy sprint info: <https://drive.google.com/drive/folders/1MptrhpSOeUGW6hJ8az8aeBcfPFiaeDNb>
- MRSS is the national model name, the teams in Washington are using a different acronym, very confusing.
- Mobile Rapid Response Crisis Team (MRRCT)
- Would it be okay for me to share with a few folks who are not in this work?
- Of course. This is about putting something out there to generate and adapt
- I am so happy to see how well this work is moving forward.
- Would disability/developmental support services be categorized as adjacent services here?
- Next Discussion Group is 9/18
- WAThriving@healthmanagement.com