PN25 Behavioral Health Strategic Plan
System Partners Discussion Group Meeting Notes

Thursday, May 23, 2024
1 p.m.-2 p.m. Pacific Time

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PN25 Behavioral Health Strategic Plan – System Partners Discussion Group

May 23, 2024

Attendee Count

- **18 attendees**

BACKGROUND

- Liz Arjun introduced herself and reviewed the process and the why behind the Prenatal through 25 Behavioral Health Strategic Plan project
    - This has been an ongoing effort since 2016
    - Established a lot of credibility, a lot of progress has been made; this system the group is trying to fix is both adult-focused and deep-end focused; we're not doing enough prevention
    - There isn't a robust continuum of care, the system isn't driven by data, and there isn't a common, established vision for what we want the Behavioral Health system to look like for children, youth and families
    - A proposal was submitted to the legislature for this project in 2022
    - Work began in 2023
    - In 2024 the legislative deadline for the plan was extended to August 2025, focus on adding additional resources to do more engagement with communities including these discussion groups and the broader plan of the advisory group
    - Over past couple months HMA has been working with HCA and the past Strategic Plan Advisory Group as well as the children and youth workgroup to discuss the goals:
        - Creating long-term system-wide strategy and roadmap
        - Engaging with stakeholders and community members
        - Making sure there's a process for continual feedback acquisition and implementation in the future
    - Bloomworks is working to identify places that have been doing a lot of work to start making changes and recommendations sooner
    - This system partners discussion group is a subgroup under the P-25 Strategic Plan Advisory Group
        - Intend for the discussion group to meet monthly
        - There is an opportunity to create additional subcommittees if there are more groups we want to hear from
        - Discussion groups are focused on specific input from your perspective on how we're reaching out to communities across the state and doing the envisioned work of helping people across the state

REVIEW FULL VALUE AGREEMENT

- The Full Value Agreement is an idea borrowed last year from FYSPRTs work to talk about how the Strategic Policy Advisory Group can have norms per how discussion happens
    - It's now being brought forward to all groups affiliated with this project
    - We have this work to do this year, how are we doing to work together and respect each other, and respect that each of us has a different perspective
    - If people aren't honoring the Full Value Agreement you can reach out to one of the tri-leads
    - One of the biggest issues has been the use of acronyms, as many people don't know what they mean
    - But for the most part people have been really respectful
    - We all want the same thing
    - We can all agree to be respectful and try harder not to use acronyms

- The question was put to the group of what this Full Value Agreement should include so attendees would feel comfortable sharing their views

OVERVIEW OF UPCOMING COMMUNITY ENGAGEMENT ACTIVITIES

- Megan provided an overview of where HMA's efforts currently stand on community engagement activities to occur in Spring and Summer, and solicited input regarding these activities
  - Thinking particularly about young people and families, and engaging with those who haven't been a part of the process so far
  - In the workforce engagement section, focused not just on licensed mental health providers but also early care and education, pre-K through 12, folks who work in medical settings: nurses, pediatricians, etc.
  - The front line with Behavioral Health in the Prenatal to 25 population is in places other than therapists' offices
  - Then partners is the third section: state agency partners, legislative partners, etc.
  - Bloom is doing discovery sprints, doing work on particular topics
  - There's also work with Full Frame Initiative, supporting community engagement strategy of HMA as well
    - Targeting folks we haven't heard from yet
    - Weaving a wellbeing framework into this project
    - Not talking about mental health from a deficit perspective, but what is needed to promote wellbeing for kids and families at large
  - There are sets of strategies for each of the three groups- youth, parents/caregivers, and workforce
    - First strategy is mass market engagement: efforts over next several months to provide opportunities for input through statewide surveys for individuals, families and members of the workforce
    - Also events you might participate in, face to face engagement, virtually or in person
    - Additionally, more targeted engagement strategies: seeking your input through a series of regional events
    - These regional visits could encompass lots of different events
    - The team going out to different regions across the state may engage in community workshops, tabling at community events, individual or group conversations with young people
    - Will likely not look the same region to region
    - Figuring out how these will be co-created with local partners
    - This is paired with a couple other opportunities: one is in an advisory group structure
    - Then there are also these discussion groups, which are great for people who want to be involved in the process in an ongoing way
    - Full Frame Initiative is really working to make sure work isn't conducted in a 'coming in, asking for feedback and then stepping out' fashion, but rather building infrastructure and capacity for ongoing work
    - While we have all this, we recognize there's also a lot of natural opportunities we can capitalize on through existing forums, such as potentially partnering with FYSPRTs, or other organizations that already have mechanisms for communication
  - Rachel Burke (HCA) said that these are what's in scope with the existing budget, and that HCA is trying to work in partnership with Full Frame Initiative, which focuses on people that aren't at the table and don't even know there is a table, by working with people already in the community
    - As HCA continues this conversation around scope, they'll be asking questions and looking at what else can it do
    - The organization is looking to reach people not currently in its network
  - To give a sense of timeline: community engagement will be an ongoing process throughout this work

    - There's a lot happening in the next several months
    - Working on two parallel paths: mass market engagement strategies, and outreach to partners for regional events in partnership with FFI
    - June spent planning with these local partners
    - August moving into themes and sense-making around this initial round of deep engagement
    - Report-out by end of year
  - Someone asked if, with respect to regional in-person events, there's a hope that people in this group shed light on events for public engagement? Megan answered affirmatively that that would be great
  - Another attendee asked about incentives/stipends for people who participate. Megan answered that there are already mechanisms for participants in discussion groups and other formal groups for reimbursement, and they're working on how to do incentives/stipends for other portions of the process; Bloomworks has funding to compensate community members who participate in their discovery sprints
  - A question was asked about how qualitative data will be brought together with quantitative data and what the nature of the framing would be, and specifically if there would be any age-specific framing. Megan answered that we're figuring out how to take the massive range and diversity of services and break it down into age buckets, as continuums, departments and services look different at different services
    - There's a lot of talk about intersections between Behavioral Health and IDD (Intellectual and Developmental Disabilities), working to figure out what that looks like
    - At Strategic Plan Advisory Group meetings Diana Cockrell's presentation breaks down ages into the categories of 0-5, 6-12, 13-17, 18-25; those are the buckets we'll likely use in full assessment
    - Within these we'll look at areas of interest, such as dual-diagnosis and co-occurring conditions
    - We'll do the same thing along the continuum of care
    - On Mercer quantitative side, rather than just diving into a quantitative landscape analysis, starting to think through what is most efficacious for this project for what we want to get out of it
    - Amidst so many problems we're all very aware of, we need more refined answers to inform what we can do to improve the system and supports
    - Purpose of this group is to continually get your feedback on a monthly basis so that we don't move 6 months down the road and realize we've forgotten something
  - One attendee expressed the hope that at each age bucket, the care is divided by degree of complexity; she cited the statistic that 5% of the most seriously affected children and youth consume 50% of the dollars, and said if we don't address that fact we haven't changed the system
    - In Behavioral Health the source of services differ depending on whether it's classified as mild, moderate or severe
    - Biggest difficult in the system of care is siloing, leading to fragmentation
    - We have to look at complexity, and social determinants of health, which feeds into complexity
    - Liz responded that that's definitely part of why we're thinking about the continuum- different payments coming from different players between intensity levels- we need to break this down so we can wrap our heads around it one at a time
  - Another discussion group member spoke about testing a new framework to help us move through the recommendation process as we prioritize recommendations, filtering each of those through this new framework
    - The age continuum: prenatal, perinatal and up to age 5
    - Also wanting to strike a balance, from promotion to prevention and then to more targeted interventions and treatment
  - Someone asked if it's still within scope to look to other states for best practices

        - Megan replied affirmatively that there's landscape work around state best practices and additional consultation
        - Our landscape analysis will include what we know from other states
        - We'll also look at Population Health's data, and the estimate Crisis Health did on how many crisis centers you need with a population this big; this will factor into our framing of the ideal state and our discussion of how to get there
        - The attendee who asked the question emphasized that there are so many gaps in our system, she hopes we don't just look at what we have when designing the ideal future system
        - Liz said that we have a lot going on in the State of Washington that is not captured in Medicaid- this all needs to be put in one place so we can actually see it

PRINT MATERIALS

- Liz showed some materials HCA put together, and asked the group if they seemed worth distributing, and if not, what needed to be changed to make them so
    - Someone commented they seem very "government-ish-y" – it's not clear what is wanted from the viewer, and why they're being presented with this
    - Someone said they'd scroll right past this
    - Another suggested we pare the messaging down so it's clearer who your target audience is and what you want from them
    - Flyers in waiting rooms aren't bad as she hears about lots of time parents spend sitting in waiting rooms at in-person appointments for their kids
    - Someone said it should more clearly communicate that the State of Washington is making decisions about investments and you have an opportunity to influence how the state uses their money to do Behavioral Health
    - The "vision for the future" wording on the flyer looked to someone like a camp or a children's program at a YMCA; the flyer doesn't say 'we want your opinion, we want you to help us figure stuff out'; the speaker said she didn't know if she'd pick this up as a parent
    - Another suggested that the bullet point list of possible in-person groups be removed; just say 'we want your in-person input,' then all the specifics can be pulled up in the QR code; right now it's more words than necessary, and the use of Mental Health instead of Behavioral Health – whatever term is used should be consistent throughout
    - Liz mentioned that Behavioral Health can mean something very different to parents than it means to system partners; the attendee replied that maybe you say 'Behavioral Health and Mental Health' when referring to these services on flyers
    - Another participant agreed this is system-y language – as a mother she never says she's going to access 'Behavioral Health services' for her son, she says 'we're going to do drug treatment, we're going to therapy'. We need to get people at the table and not alienate them with language like this, as they'll think we're saying their kid is voluntarily exhibiting bad behavior
    - Print copies can be easier to read, but the text should be more inviting
    - Someone suggested writing on the flyer 'we need your voice'
- Liz concluded by saying the stipend information will be sent to the discussion group along with the slides, and if you don't receive it, email cybhwg@hca.wa.gov
    - She also said we'll make some revisions to the HCA printed materials and share the updated versions with less words/catchier titles for the group to provide more feedback
    - Someone mentioned they appreciate there being a system providers subgroup, as there has been really intentional work done in a previous phase to gather lived experience from end users of the provider system, but if we're providing healthcare we have a strange side of lived experience ourselves, and she's appreciative that us system providers have the opportunity to give feedback as a lot of us have been really frustrated for along time with the system and are looking forward to getting it to a place where it can better help families and individuals get the care they need