PN25 Behavioral Health Strategic Plan
System Partners Discussion Group Meeting Notes

Thursday, June 20, 2024
1 p.m.-2:30 p.m. Pacific Time

PN25 Behavioral Health Strategic Plan Advisory Group Meeting Notes

June 20, 2024

Attendees

- **Karen Kelly**
- **Kelli Bohanon**
- **Nucha**
- **Patricia**
- **Rep. Callan**
- **Tessa McIlraith**
- **Neesha Roarke**
- **Dr Phyllis Cavens**
- **Ryan Kiely**
- **Hugh Ewart**
- **Charlotte Booth**
- **Kashi Arora**

OPENING, VISION DISCUSSION

- Megan opened the meeting by presenting the discussion group with one version of a proposed visual (refer to slide deck materials)
- Megan then opened the floor for questions
    - One participant asked why we use the language of MH and not BH in the visual, since we're not integrated
    - Megan mentioned in reply that there's been some discussion in groups this week as MH and substance use don't feel like they capture everything; BH as well
    - Another said as a parent, it's easier when there's one term; when she reads MH, she wonders if this includes substance use
    - One group member suggested children and adolescents in juvenile detention be included
    - Another said she doesn't think there is adequate MH at least in my memory of when children actually go into detention; what happens; how are they included in this
    - Megan drew the group members' attention to the far right box about the setting piece, but there's also a kind of service/intensity of service piece for different groups of folks
    - One group member said treatment wasn't provided in detention in King County not long ago when she last checked; in purple slide, could we add families? 'Funding system and families work together so services can be seamless'
    - Megan mentioned that someone else had said we're not including providers either
    - One group member said that across the boxes, there seems to be some inconsistency with language around children and families and young people, cleaning that up a bit; she asked what the commitment is to multigenerational work here? That tied to the adults in the family unit is central; to talk about young people minus the adults in their lives… we can't separate that; We can't really talk about P-5 without talking about the family
    - Liz expressed her appreciation for the feedback

- Someone said that whatever it is we decide on, depending on language, we should remember the importance of intentionality of how it actually gets played out; if we call it BH, is our system going to really focus on behaviors? I have focus on what the underlying meaning is of behavior; that has to do with how we perceive the world, which is a MH thing, but also about relationships; intentionality with which we talk about this is going to be important in how we provide services to families, young people and children
- One group member said that in terms of the first green box, services are available for all ages/stage, all cultural and language needs and all geographies, she's concerned about what happens when kids get into juvenile detention since many adults in prison have pretty significant MH issues; how can this be incorporated for kids that do go into detention; how can MH services be provided for them, and how can we include that
- Megan said she's speaking to the generational pieces, what are the unmet needs that lead to ending up in that spot
- One participant said she's hearing that we need a clear definition of BH and what we're working from, need to understand if that definition conflicts with various system partners including our healthcare Medicaid Medicare, our MCOs, all of that; she thought we were working with a common definition of what BH included which was MH and SUD, which is not specifically around managing behaviors, but truly more comprehensive and connected to that; so making sure we're all talking about the same thing; and in talking with system partners, making sure that we're alleviating any confusion in that space; certainly the charge in the p-25 strategic plan is about figuring out how to provide a depth in the continuum of care which starts with promotion of wellbeing, prevention, all of that, all the way thru the spectrum of services; ongoing co-occurring supports, stabilization, wellness, but its' about how do we do that, wherever families are; last box speaks to where they spend their time- what we're going for is much deeper than that -how do we go where children are, which could be in juvenile detention system; could be diversionary program; could be a whole slew- foster families and kinship care- the same but it isn't recognized from system as being the same, as a primary partner for example; Helps us to define how to be clear in our intentionality; really spelling that out is really important. The language is different in K-12 education
- Another was reading the purple bar text as the people who determine the funding and the systems who work directly with families, AND families should all work together with families in the dispatching of those resources
- Liz questioned whether the term BH resonates with families; We're really struggling with that; She said the purple is more about systems of funding making it work for those receiving services
- One group member said that BH and MH are completely different referrals in the K-12 school system, and would take you to 2 totally different pathways; there would be a BH specialist and referral to counseling for MH, and a substance use person; she understands the connection between BH and MH, the education system has things like behavioral intervention plans (BIPs), which have nothing to do with MH
- Someone asked if all 4 of the green boxes are referring to all ages and stages?
- Megan said that those 4 should encompass ages/stages between prenatal and 25, and the links that lead to families; but across all those 4 boxes we need to be thinking about the full age span, prenatal to 25
- A participant said that when she was working inpatient, that was a very defined line- these are behaviors and not a MH issue, which she doesn't agree with; provider's line was that; if something they deemed behavior, it would be said 'we don't do BH here'. The umbrella term is not out there for everyone; Same with schools, she used to be therapist in school, where you go

with BH will be different in a school program; she and her school program are trying to get someone who deals with behaviors especially
    - One group member commented that there's an issue with how we handle children and youth in juvenile that deals with the definition – are they in juvenile detention, a foster child or youth, or are they homeless? All of these have different rules, services, and funding; she hopes we can find a way to make these groups not so fragmented; in the first green box, we talk about all cultural and language needs – it seems that's a perfect place to include social needs – she doesn't see that in any other box, yet that's a huge driver; in the 4th box, services in community settings about where they spend time, she thinks that's a lingo used in academic paper but doesn't seem to define anything – kids spent 11% of their waking hours in school, visit the doctor's office 3 times a year, so those don't seem to add to the definition of community settings
    - She also said that in schools, tier 1, 2 and 3 primary care pediatrics, describing as mild, moderate and serious BH needs, seem to be coalescing; primary care does a great job with mild problems, using education and parenting, but with moderate, schools have approached and primary case has approached but there's a recognition that a child with moderate concerns needs care coordination, co-management, exchange of info; schools need to know if a child is healthy, and pediatricians need to know how things are going at school; the tier system describes it by a number, and people in her world describe it by level of seriousness classification; serious cases must have the collaboration of the 3 components of school, primary care and BH; serious kids can't be supported without the 3 legged stool
    - Someone mentioned that it's helpful to fit an operation definition of what we're talking about – parents who need help don't know this language, so they need touch points they can go to without knowing the lingo; if he knew nothing about the system and his kid needed care, it would be hard to get; how can people get what they need without becoming experts in the system?
    - Another participant said, on the orange and purple rectangles, systems doesn't mean much to the general population, and could maybe be substituted for 'care providers' or 'those who are able to provides the services'; in the orange box, perhaps adding that people 'are empowered to help connect young people with the help they need'; as it's one thing to recognize young people need help, and it's another to see it embedded in our state
    - A group member said, referring to the 4th green box, that the research is clear that the reason people miss their MH appointments is transportation issues; courts held a workgroup on that last year; for most parents, schools and doctors office aren't that accessible; it might not be a MH center; so there's a lot of focus on transportation to services and at home services, even if just for intake, if you want to really connect with people; an outreach van can come by; it can take a parent an hour and a half or 2 just to get to a MH appointment if they're in a rural area

ENGAGEMENT AND OUTREACH

- Liz moved to the next topic of discussion: Engagement and Outreach
    - Opportunity to develop swag with HCA for when we go out to talk about this
    - Someone mentioned she does a lot of resource fairs and has used a lot of swag: charging cords are gone in a second, sunglasses and chapsticks no one wants, people like tumblers, no one wants water bottles unless really sturdy good ones, they love bags, hand sanitizers, and any kinds of stress toys, especially multipurpose w eyes pop out, their open hands w hold your phone, their surface will wipe your phone surface- kind of expensive so haven't bought yet but the multipurpose fidget ones

- Stickers- put them on your water bottles
- Liz administered a poll:
  - 12 people responded: tote bag (6), tumbler (6), chapstick (2), hand sanitizer (7), charging cable (10), stress ball (7), water bottle (3), flashlight (3), other (2)
- A group member said that you should be careful with stickers to not get ones that are trauma-triggering or have inappropriate language

BRANDING DISCUSSION

- Liz said the facilitator team is working to come up with branding and logo considerations for this initiative, and showed names they've been brainstorming for the team
  - A group member mentioned the idea of including resources or connection to something tangible, as the idea isn't to just have people know the plan is out there, but connecting people with something they can do now; we want people to get resources, so what kind of resources are you comfortable with this driving people towards, and that serves a broader purpose of stigma reduction?
  - Another said it's also nice if we can have QR codes on any printed resource
  - Someone said she saved 80% of printing costs by printing 100 flyers for an event instead of 700, and then having some copies in plastic sheets where they can be seen and people could scan the QR code
  - People seem to like 'Together We Thrive' but a little more about stigma reduction or acknowledging this is something related to BH, and potentially some resources with it; larger font
  - 'Thrive' is very much a Kaiser thing, they have a newsletter that uses it; if we use it we run the risk of getting confused with their messaging

LOGO DISCUSSION

- Liz showed the icon/logo for community driven WA
  - Tribal people they talked with said they didn't see the orca usage as appropriating so long as they weren't depicted in a tribal artistic style
  - Someone said Childrens uses orcas for their logo, a bigger and a smaller one, though different colors, runs the risk of being too similar
  - One member suggested a mother, a father and a baby whale
  - Men and fathers being a part of the conversation
  - Perhaps a pod of whales, to be inclusive of different kinds of families
  - A logo with a circle, with all sorts of different kinds of whales
  - Someone suggested the east side would feel left out
  - Someone commented that the whales are matriarchal, community based
  - Another member suggested apples, but concern that would be associated with apple Medical health; then went to trees; the piece that came after that was salmon
  - If making a brand identity, intention about how that will be handed off to serve a broader purpose; what purpose would it serve? If this is successful in identifying a strong brand identity, how will we transition that into what the actual goal is, of making a behavioral health system for kids and families
  - One member commented that we're trying to get some stable funding and major BH health reform that comes out of these efforts, we have Keep Our Care Act, Every Student Succeeds Act,

as a legislator that's how she'd push some of that stuff forward; what she's hoping comes out of this is a strategic plan, and a strategic process – if we're not on the same page, the brand element is part of what can bring us back to it
    - Someone mentioned a unicef card she has of children of all different races holding hands across the globe; what if it was a bunch of kids holding hands across WA state map; Liz asked her to send a pic of the card to the email address
    - Another said that as a legislative chair, if you have an image or an icon to associate it with, it's a lot easier for ppl to recognize and remember your thing, and remember how they felt about it
    - Liz mentioned a new email address we have specific to the strategic plan
    - She reminded the group that the next meeting is mid July

COMMENTS IN THE CHAT

- How do system partners engage on data needs?
- Great question. I think bringing the catalog with identified data sources for this group to react to would be a great step....I also think some of the agencies represented here are part of the conversations already
- How are children and adolescents in juvenile detention included?
- Unhealthy behaviors are the result of unmet needs, regardless of age. If we can identify the unmet need and then support people to get that need met, we will see a move towards health
- I also have wondered about the term "behavioral health" because it can be confusing. Behavioral health shouldn't mean behaviors
- Behaviors are often the result of a mental health diagnosis
- Unfortunately I don't think "systems" connect those well for individuals
- Young people was used as a blanket for 0-25
- Sounds like we need to spell it out
- I was thinking of young people as teens/young adults and all stages including the younger ages (0-12)
- And behaviors can also be a response to a developmental problem, not a mental health problem
- I think we need to be careful in making any changes in how behavioral health is defined in our state. This is a term that has been used to define the mental health and substance use services as they were combine together in managed care and is used at the federal level as well
- Understanding that with 0-12 it is the parent/caregiver who holds the power and with 13-25 it would be the individual
- When services are provided in school, how are we reaching the families who homeschool?
- When youth are in a detention facility, they are not able to access Medicaid services. The juvenile court that I work at has 2 psychologists and 3-4 pysch interns to provide support, testing, assessments, etc
- I would drop community settings, and just add I love the idea of wellchecks
- You and I are in the same boat. Trying to be proactive with school counselor when you have a child that has a mental health or behavioral health or developmental issue
- on last green box, maybe ...young people and families can connect to services wherever they are
- most accessible - love this
- This has been SO helpful
- I think acknowledging that technology plays a role in providing services that are accessible-thinking about transportation issues-virtual care has a role
- Wellchecks would be an opportunity to decrease stigma about care, also provide education about mental well-being, among other

- Establishing care is so important and is hard to do in the behavioral health space
- Everyone loves swag
- Stickers always seem to go over well because people put them on their water bottles ^_^
- The tumblers and water bottles are only popular when they are the sturdy ones which are more pricy. Stickers are very popular
- I love the cow stress toy!
- Yes, the animals are much more popular than a standard stress ball
- School "counselors" have a wide range of differences in their job descriptions and how the are used across school districts. It might help to ask the school office who you might talk with about "by topic or service" rather than asking for time with a counselor
- It really supports all of us working together
- This is so true. this is why we established MOUs with our local school districts where we can come do intakes and have clinician come out for what they deem " mental health" services
- Really important point, Kashi- how can this double as a strategy for stigma reduction and resource connection. Thank you!
- It is also nice if we have QR codes included on any printed resource sheets/brochures - many people will pull it up straight away and you can save on printing costs when at large events
- You don't have to print 1000
- Also, for accessibility, printed items in larger font and other languages available too
- Maybe this is just my SCH lens, but “thrive” is associated with lots of Kaiser’s branding
- "Together We.... Flourish, Grow, Have Our Wellbeing etc
- I like the whales but wondering how much of a connection it will be for those that live on the eastern part of the state
- Trees/Apples?
- We could do something with our state tree and then have a slogan that incorporate the tree. Growing strong, Building roots
- "Building Thriving Communities for Families"
- I like the trees or maybe a sun
- what about an outline of the state and you could add various symbols inside with the slogan as well
- And I should’ve given the caveat that I know NOTHING about branding!
- Thanks, all.. I have to head to another meeting. Really appreciate the conversation and work happening here!
- You can send emails to P25SPAG@healthmanagement.com
- Thank you all for this context - I am always learning so much!
- And to the whole group, that is an email address you can use for any additional input and questions!