Washington Thriving *(formerly the Prenatal-25)* Strategic Planning Advisory Group System Partners Discussion Group Meeting Summary

Thursday, September 19, 2024
1 p.m.-2:30 p.m. Pacific Time

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Attendees

- **12 System Partner participants joined**

OPENING, UPDATES

- Hanna Traphagan (HCA) opened the meeting by speaking about the Washington Thriving project process and timeline.
  - Washington Thriving is currently in phase 2 of 4; the first two phases are heavily focused on gathering input, the latter two on channeling that input into strategic plan language
  - Phase 1 speaks to what the ideal system would look like; in phase 2, we now focus on the more specific questions of "Does Washington have the right services and supports" and "Does the capacity for each one meet the need?" Phase 3 addresses filling gaps and identifying key levers for change, and phase 4 will explore how learnings inform the strategy, short- and long-term wins, ways of knowing we're on the right track.
  - Washington Thriving is informed by two broad workstreams:
    - People-centered: community engagement and feedback
    - Data-informed: evidence and research
- Megan Beers (HMA) overviewed the meeting agenda, to cover how to talk about the range of services that are and aren't available, as well as feedback-informed changes to the proposed definition of behavioral health and the future vision for the system.
- She provided updates on the discovery sprints:
  - 2 discovery sprints completed: K-12 school-based behavioral health deliverables, behavioral health during pregnancy deliverables:
    - Bloom Works - WA BH K-12 Deliverables - Google Drive
    - Bloom Works - WA BH Pregnancy Deliverables - Google Drive
  - Someone asked how the project team determined what discovery sprints to do, suggesting there are some other areas that might also merit a deeper dive into analyzing, and it would be good to have system partners identify areas where they know services are impeded.
  - Another participant mentioned she had connections at organizations that could provide information on kids with autism and intellectual disabilities and their families. She said it would be good for them to weigh in on this and identify gaps; this would constitute a good topic for an additional discovery sprint. Another participant agreed.
- She mentioned engagement activities with organizations across the state, including Family Youth System Partner roundtable (FYSPRT) meetings, the Tribal Centric Behavioral Health Advisory Board, and some other groups.
  - She mentioned there will be some in-person events in the middle of October.

FUTURE VISION AND BEHAVIORAL HEALTH DEFINITION DISCUSSION

- Megan then shared the Future Vision document with the group and drew participants' attention to incorporated feedback.
  - "Help" was changed to "support"; the framing "The prenatal to 25 behavioral health system in WA:" was added above the 7 principles.
  - Someone asked why in the "work together" second sentence from the top on the left-hand side families and communities were not included when there's been such emphasis on bringing their voices to this. Megan responded that this was supposed to be about addressing how the different pieces are not coming together in service of families. The participant replied that from a social justice perspective, not including families makes it feel like saviorism: it says we're going to go in and make it seamless, but we don't know what seamless is without families participating and supplying feedback.
- She then shared the current version of the proposed behavioral health definition with the group.
  - Key incorporated feedback included using language that was more accessible and less system-talk; and making the definition less descriptive of behavioral health conditions, and more of behavioral health more broadly.
  - One participant said she felt the changes addressed some of the discussion from the previous meeting about how behavioral health can feel blaming; all of that is now removed, and she expressed her appreciation of that.
  - Another participant said she loved it, particularly the part about 'coinciding with other things' because the state is grappling with how this fall fits together; e.g. homelessness doesn't necessarily cause behavioral health issues, and the reverse can't be said either, but it's clear they impact each other; she suggested emphasizing that behavioral health issues can come at any time in a child's life, not just during the perinatal phase, which seemed an oddly particular call-out to her.
  - Someone else suggested altering the 3rd to last bullet point to have it read: "*may* lead to children, youth, and young adults struggling to navigate life, maintain positive relations, achieve their educational goals, *or* adapt to change." This makes it sound less like people are necessarily doomed to these negative consequences, and that not all, but perhaps only some, may follow.
  - Someone said of the 3rd bullet point from the top beginning with "Stem from many things," the phrase "include a broad range of diagnoses" felt a little backward or off to him, because behavioral health doesn't stem from diagnoses, diagnoses are an indicator of behavioral health.
  - Another participant agreed, adding that it's important we not only use diagnosis terms because the strategic plan is meant to increase help across the spectrum which will include children who may or may not have a diagnosis at a given point in time. Calling that out is important, because the biggest issue of the strategic plan is thinking we're only focused on the diagnosed behavioral health issues.
  - The previous commenter followed that this is especially true given our discussion's emphasis on early interventions.

CONTINUUM OF CARE DISCUSSION

- Megan then presented the group with a visual representing the continuum of care.
  - After showing a slide with language describing a robust continuum of care, she presented the original visual idea, on which the feedback was received that it looks like it goes nowhere.

- She then showed the group a pyramid visual, which provides a way to organize services and understand them without getting stuck in the language of a particular system.
- Someone said they had wanted to draw more lines than the diagram could hold on the original continuum visual; she appreciates how accessible the pyramid visual is by comparison, and that it doesn't look like a linear progression of services from low to high intensity needs.
- Another participant agreed, and suggested that there be a blend or gradient applied from one level of the pyramid to the next to indicate there aren't hard lines dividing the services into these categories.

- Megan shared a slide that breaks continuum services into the 3 categories of services for All, services for Some, and services for Few. She walked the group through a number of the services within each then solicited feedback regarding organizing them in this way.
  - Someone asked if this was meant to describe services in place now and Megan replied that it was.
  - The participant then said they didn't think everything listed in the All category is actually available to All. There's a mix of primary and secondary prevention in the table, and some primary prevention things are missing, such as we know that every kid should have a strong relationship with an adult as a helpful prevention measure across the board.
  - Someone else expressed a desire to see delineation between facility- and community-based resources. Especially in the Few category, conceiving of the difference between community- and facility-based resources can highlight where some gaps are, particularly for services that might be only offered in facilities.
  - Another participant suggested showing which regions the listed services are available in as not all Washington services are available statewide. She said she'll send it to MCOs to get their standpoint. Dividing things by availability on commercial vs public insurance is where it gets more tricky; some services are not available to commercial plans.
  - The same participant made the point that capturing all that's there is very important because if we don't know about a resource we may build and duplicate it. You can't know what's missing until you know all that there is.
  - Megan acknowledged that the current slide has both higher level categories like screenings and more specific program call-outs; perhaps this visual would be changed to just show lists of categories that cover all the services, and then there'd be a separate detailed catalogue where one could find specific services and what's available where.
- Megan presented the group with a slide dedicated exclusively to the services for All category.
  - She said feedback had been gathered that maybe nonclinical resources like faith-based supports and supports dedicated to housing and food should be in the All category; and another piece of feedback centered around how to distinguish between the Some and Few categories- is this done according to level of intensity or how much service is being received?
  - Someone asked when the project team intends to have the landscape analysis piece completed, and Megan replied it will be coming together beginning of November. Mercer won't have the quantitative work done by then, so that will inform the conversation a little bit later in the process.
- Hanna encouraged attendees to send in their thoughts as more ideas of how their expertise could fit into/add to these parts of the strategic plan came to them. She indicated that both emails and scheduling one on one meetings are both welcome.

- Megan announced that the next system partners discussion group will be held Thursday, October 17th from 10:00am-11:30am Pacific Time. There will be a Washington Thriving Advisory Group meeting in December, and there will be another at the end of October or early November.

COMMENTS IN THE CHAT

- K-12 Sprint Deliverables: https://drive.google.com/drive/folders/1rDSIhIO_Sc1WBP7vdbx4rv8dDtcyV02A
- Behavioral Health in Pregnancy Deliverables: https://drive.google.com/drive/folders/1MptrhpSOeUGW6hJ8az8aeBcfPFiaeDNb
- This is a lot of great work! Have you partnered with any of the ASD/IDD advocacy groups to connect with parents of youth with ASD/IDD?
- areas of particular complexity across the system(s) of care
- I wondered if that was the population you had in mind Libby!
- Might consider sectors vs systems
- Could I possibly get a copy of the slides? I am driving (at a red light right now promise)
- Yes!
- the main bullet says "behavioral health can:" do we want that to say "may" instead?
- Agreed - diagnosis shouldn't be required to accessing behavioral health services across the continuum
- There are a lot of barriers to even receiving a diagnosis in the first place
- like an ombre effect
- Have a wonderful rest of your afternoon, everyone!
- Apologies I have to go to a pt mtg. Thanks for taking feedback so thoughtfully!
- Will you send this out to us...this is really important to get a lay of the landscape now....would love to run it through a few folks.
- yes!
- The presentation will be sent out to folks following the meeting today!
- I would add a category for region or all.
- I don't think we quite got there!
- But a lot of discussion on what makes something for "some" vs "few"
- I had this meeting forwarded to me. Is it possible to add me to the mailing list for materials and meetings, please?
- WAThriving@healthmanagement.com
- https://washingtonthriving.org/
- Thank you all again for showing up for this amazing work! See you all next time