Washington
Thriving

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

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

Thursday, October 17, 2024
1:00 – 2:30 p.m.

TABLE OF CONTENTS

Attendees..2

Opening, Updates..2

Vision Discussion..2

Proposed Definition of Behavioral Health..3

Continuum of Care..3

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Attendees

- **23 System Partner participants joined**

OPENING, UPDATES

- The meeting began with introductions and an overview of the meeting goals of providing Washington Thriving project updates, the reporting out of feedback, gathering feedback, and discussing what's next
- The group then reviewed the Full Value Agreement
- This was followed by a brief overview of the overall project which includes
    - 4 phases: Phase 1, visioning (what the vision is and what is the ideal continuum of care)
    - Phase 2, assessing the current landscape (does WA have the right services and supports, does capacity for each meet the need)
    - Phase 3, identifying strategic priorities, and
    - Phase 4, moving to action
- All of these phases are informed by 2 interacting areas of work that cut across all phases:
    - A people centered piece and
    - A data/evidence/research-informed piece
- At this point, the project is in the middle of phase 2

VISION DISCUSSION

- The group then discussed the updated proposed vision which incorporates many of the changes that have been offered over the last three months
    - The project team mentioned a comment from the youth/young adult meeting about de-stigmatization of services- young people being able to go into services feeling safe and not shame or judgement; language about this could be included in the vision or it could simply be a consideration for moving forward
    - A participant said he agreed; he thinks we all want services to be trauma informed and for providers to be trained in trauma-informed care, but even in the best of situations, we can acknowledge that the system can be trauma-inducing and at some point we have to own that: this process is scary for adolescents

PROPOSED DEFINITION OF BEHAVIORAL HEALTH

- The group then moved on to the proposed definition of behavioral health
    - The project team started by presenting the version from August, then shared the received comments and how they'd been addressed

- One participant said from a prevention perspective, he thought the 'lead to children youth and young adults struggling to navigate life' bullet point was saying that behavioral health can have these negative impacts; isn't it really behavioral health conditions that have these impacts?
- The same participant also thought we didn't need to always focus on helping people that are struggling- it can also be about maintaining something good or getting ahead of a potential future problem; he didn't think this point was aligned with the rest of the points
- Another participant agreed- are we portraying behavioral health as good, bad or neutral?
- Someone else agreed with these comments, and said if we're defining behavioral health and not the treatment of it, there has to be some space for what positive wellbeing looks like and how we support that, across different stages, cultures, etc.
- The same participant said this slide is trying to do a number of things at once: on bullet point 2, if someone is in a struggling place or a health place, it seems BH also affects judgement and decision-making
- He continued, it seems that bullet point 3, 'stem from many things, including…' should include the neuro-biological component
- Another attendee who had participated in the previous discussion group on this topic clarified, the intention wasn't to focus on the struggle, as much to say that navigating life is a job, that is poses a difficulty for everyone, and maintaining positive relationships and achieving your goals are meant to be positive things

CONTINUUM OF CARE

- The project team then focused on the continuum of care
  - The workgroups converged on talking about services in terms of those all children, youth and families will need, services some will need, and those few will need
  - Initial feedback was the continuum of care descriptions were too clinical, and people disliked how the graphic made it look like the path to more intensive services led no where
  - The project team showed the group a pyramid visual, broken into categories of services for "all", "some" and "few", then asked the group about their experience with services in the "all" category
  - Below are the responses that were shared when participants were asked about services "all" would need- such as prevention messages, developmental or mental screenings.
    - One participant mentioned a conversation with someone who's implementing a Spanish-language program for parents in treatment to support them in passing on/promoting mental health for their children; the implementer kept hearing, 'why do we need to do this, this doesn't make sense to me'
      - These people are in treatment seeing the treatment side of things and it's hard for them to make the connection of how this treatment actually improves the outcomes of their children; It was hard to hear from people running this program in the administration and in the community that they were against it, because prevention does work, data supports it
    - Another said they liked the pyramid visual, and perhaps wanted 5 levels instead of 3: there really is a hierarchy in terms of cost, intensity
      - We should think about where we put nurses, family partnership
      - In some countries, some of the services we don't categorize that way would be in prevention

        - Another participant said there have been some improvements in the “all” area of the triangle, but some of the challenge is that unless kids are getting screened and it’s a billable activity at a doctor’s office, if for example kids are getting screened at a school or other setting, there’s not really a way to recoup the costs of that
            - Outside of a clinical setting, in order for youth to benefit from these things you need trained adults, and we’re experiencing challenges in training parents, teachers, promotion activities
        - Someone else said when we talk about the “all” category and link that to wellbeing, it seems there might be room to look at Maslo’s – what does it mean if all have food, all have safe housing
            - If we get those social resources to all families, there may be less costs, fewer who show up in some of these categories
            - If we’re limited to services, it seems there’s also room for public health campaigns: how do we think about diagnoses, how should we celebrate when someone has the courage to go into treatment to face their SUD
            - We should think broad and boldly about the ‘all’ category because if every kid had food and a place to live, fewer would have anxiety
            - Enrichment activities – part of the benefit of these is trying new things, having something going well in your life to distract from things that aren’t going so well in your life
    - Below are the responses that were shared when participants were asked about services “some” children, youth and families might need- such as outpatient therapy, therapy with a behavioral health therapist, occupational therapist, or therapist through schools; short term needs such as health related social needs such as housing and food; services not considered intensive.
        - One participant said she didn’t know how families would talk about services being culturally responsive, they’d express it in a different way; a better question to ask them might be, ‘did you feel understood?’
        - Another asked if there are youth peers or parent peers in the ‘some’ bucket, because if not that’s a huge gap; there should also be thinking over time about coaches and advocates
    - Below are responses to the services that “few” receive- including inpatient, residential, intensive outpatient.
        - Someone suggested as a new third bullet, adding an alternative to the inpatient mentioned
            - Was that alternative available before you went into inpatient? Did anyone try a referral to homebuilders, MST?
            - There really is a gap in available intensive services, in home available care; there’s a lot of money for that from the WISE lawsuit, maybe we’re now in a place where we need to broaden our choices for family