

System Partners and Providers Discussion Group

September 19, 2024



Washington
Thriving

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

Welcome and Introductions



- *Name*
- *Where you are joining from today*
- *Two words describing your day so far*



Meeting Goals

Share project updates

Talk about what behavioral health services look like in our state and community

Discuss the landscape assessment



Full Value Agreement

- Use plain language (explain acronyms, if used)
- Use first names
- Encourage grace, respect, compassion, patience and kindness for self and others
- Be open, be brave
- Embrace uncertainty, sit with discomfort
- Step up then step back so that everyone has a chance to be heard – one at a time when speaking & give attention to facilitators/speakers
- Honor this time as a space for you and others to share perspectives across differences without judgment while acknowledging your own lenses
- Assume best intentions and that everyone is doing the best they can with the tools they have. Keep an open mind and listen actively to understand.
- Speak your truth, from your own experience- your story matters; so does your knowledge and experience
- Stories stay private, but lessons carry forward
- Affirm and validate one another
- Everyone is a teacher, everyone is a learner
- Be mindful of trauma and recognize the impact of that trauma
- Take accountability
- Receive feedback without defensiveness, show humility
- Address issues collectively and repair early



Strategic planning process – phases and key questions

PHASE 1: VISIONING

- What's the vision?
- What is the ideal continuum of care?

PHASE 2: ASSESSING CURRENT LANDSCAPE

- Does WA have the right services and supports?
- Does capacity for each meet the need?

PHASE 3: IDENTIFYING STRATEGIC PRIORITIES

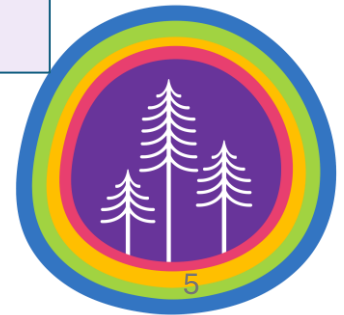
- What are the gaps, and how can we fill them?
- What are the key levers for change with the greatest promise?

PHASE 4: MOVING TO ACTION

- How do the learnings inform the strategy?
- What are the short- and long-term wins?
- How will we know we're on the right track?

open

narrow



WA Thriving is being informed by two broad, interacting areas of work that cut across all phases

PHASE 1: VISIONING

PHASE 2: ASSESSING CURRENT LANDSCAPE

PHASE 3: IDENTIFYING STRATEGIC PRIORITIES

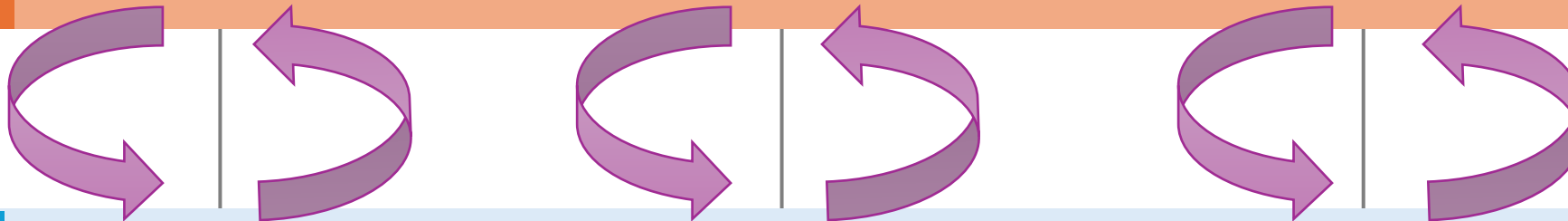
PHASE 4: MOVING TO ACTION

PEOPLE CENTERED:

COMMUNITY ENGAGEMENT & FEEDBACK

Activities include:

- Gathering **success stories** and **inspiring examples** from other contexts
- **Regional in-person listening events**, individualized by community
- **Targeted conversations** with **relevant agencies** and **subject matter experts**
- Attendance and input gathering at **coalition & provider meetings** and **workgroups**
- Ongoing **engagement & feedback** from **advisory groups**, **subcommittees**, and **discussion groups**



DATA INFORMED:

EVIDENCE & RESEARCH

Activities include:

- Cross-functional **discovery sprints** to further understand complex areas of system
- Gather **statistics** and **qualitative data & insights**
- Review of **reports and studies**, **peer-reviewed publications**, **evidence-based practices & guidelines**, and other literature
- **Model the system** to organize, clarify, and unify behavioral health system knowledge into useable data
- Targeted discussions with **subject matter experts to deepen understanding** in key areas
- Design of **data dashboard** responsive to ongoing insight and changing system dynamics

Updates: Discovery Sprints

- **Community Engagement**
 - In person sessions in August
 - Ongoing virtual sessions
 - **Week of 10/14:** East Side and West Side FFI In Person Engagement
- **Discovery Sprints**
 - First 2 sprints completed
 - Behavioral health in K-12
 - [Behavioral Health in K-12 Deliverables](#)
 - Behavioral health during pregnancy
 - [Behavioral Health during Pregnancy Deliverables](#)
 - Second 2 sprints launching
 - Complex Hospital Discharge
 - Transitional Age Youth



Future Vision (1)

Every Washingtonian understands how behavioral health affects well-being and recognizes when young people need help.

Funding and systems work together so that services are seamless, accessible, and adapt to changing needs.

Behavioral health services and supports:

- Address mental health, substance use, developmental, and co-occurring needs.
- Connect into people's communities where they spend time.
- Are available when needed.
- Are available for all developmental stages, all cultures and languages, in all parts of the state.



Informed by children, youth, caregivers and families



All doors lead to support



Offers services to meet everyone's needs



Equitable, anti-racist, and culturally and linguistically responsive



Changes in response to new information



Invests in prevention and well-being



Includes families and communities as key contributors to well-being



Future Vision (2)

Every Washingtonian understands how behavioral health affects well-being and recognizes when young people need support.

Funding, providers and systems work together so that services are seamless, accessible, and adapt to changing needs.

Behavioral health services and supports:

- Address mental health, substance use, developmental, and co-occurring needs.
- Connect into people's communities where they spend time.
- Are available when needed.
- Are available for all developmental stages, all cultures and languages, in all parts of the state.

The Prenatal to 25 behavioral health system in Washington:



Is informed by children, youth, caregivers and families



Ensures that all doors lead to support



Offers services to meet the individual needs of children, youth, families and caregivers



Is equitable, anti-racist, and culturally and linguistically responsive



Changes in response to new information



Invests in prevention and well-being



Includes families, caregivers and communities as key contributors to well-being

Behavioral Health: Proposed Definition (from August)

Behavioral health includes the **emotions and behaviors that affect one's overall well-being**, including mental health and substance use, life stressors and crises, relational health and physical symptoms of stress and trauma. Behavioral health involves the interaction between **biological, psychological, social, and environmental factors**.

- **Mental health** encompasses a broad spectrum of conditions ranging from anxiety and depression to schizophrenia and bipolar disorder
- **Substance use** includes alcohol and drug use and recovery

Children, youth, and young adults experiencing behavioral health challenges may **struggle to navigate life, maintain positive relationships, and adapt to change**. Intellectual and developmental disabilities can intersect with and compound behavioral health challenges.

Behavioral health challenges often **coincide with other stressors**, including the impacts of communities' being under-resourced, homelessness, disruption of schooling, challenges finding employment, and youth being at risk of incarceration.



Defining Behavioral Health Updated

- Behavioral health involves the interaction between a person’s body, brain, and the people and places around them and includes the **feelings and actions that can affect one’s overall well-being**.
- Behavioral health can:
 - Impact how a person **relates to and interacts with their families and communities and maintain long-term positive relationships that are vital for well-being**
 - Affects a person’s physical body and overall well-being in the same way that a short-term or long-term illness might
 - Stem from many things including a broad range of diagnoses, the stress and trauma they are experiencing or challenges with substances or other ways of coping that get in the way of overall well-being
 - **Coincide with other things**, including the impacts of communities’ being under-resourced, homelessness, disruption of schooling, challenges finding employment, and youth being at risk of incarceration. These other things can be **both a “cause of” or “result of” behavioral health challenges**
 - Lead to children, youth, and young adults **struggling to navigate life, maintain positive relationships, achieve their educational goals, and adapt to change**
 - Intersect with intellectual and developmental disabilities and compound their behavioral health. **Over time, as children and youth grow and develop, these challenges change**
 - **Be impacted even before birth and through exposure to maternal stress or substances and/or poor social and emotional connections during the earliest months and years of life**

Group Discussion 1



Representing the Range/Continuum of Services



Washington
Thriving

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

A Robust Continuum of Care

A key element of achieving this vision is ensuring a robust continuum of care. When Washington Thriving talks about a “robust continuum of care” this means that Washington offers **services and supports** to address the broad range of behavioral health and co-occurring needs, in **the settings that work** best for children, youth, families and caregivers – home, daycare, school, a provider’s office or in some cases, inpatient or residential settings. It recognizes that there are **services that all will need, services that some will need and services that only a few will need.**

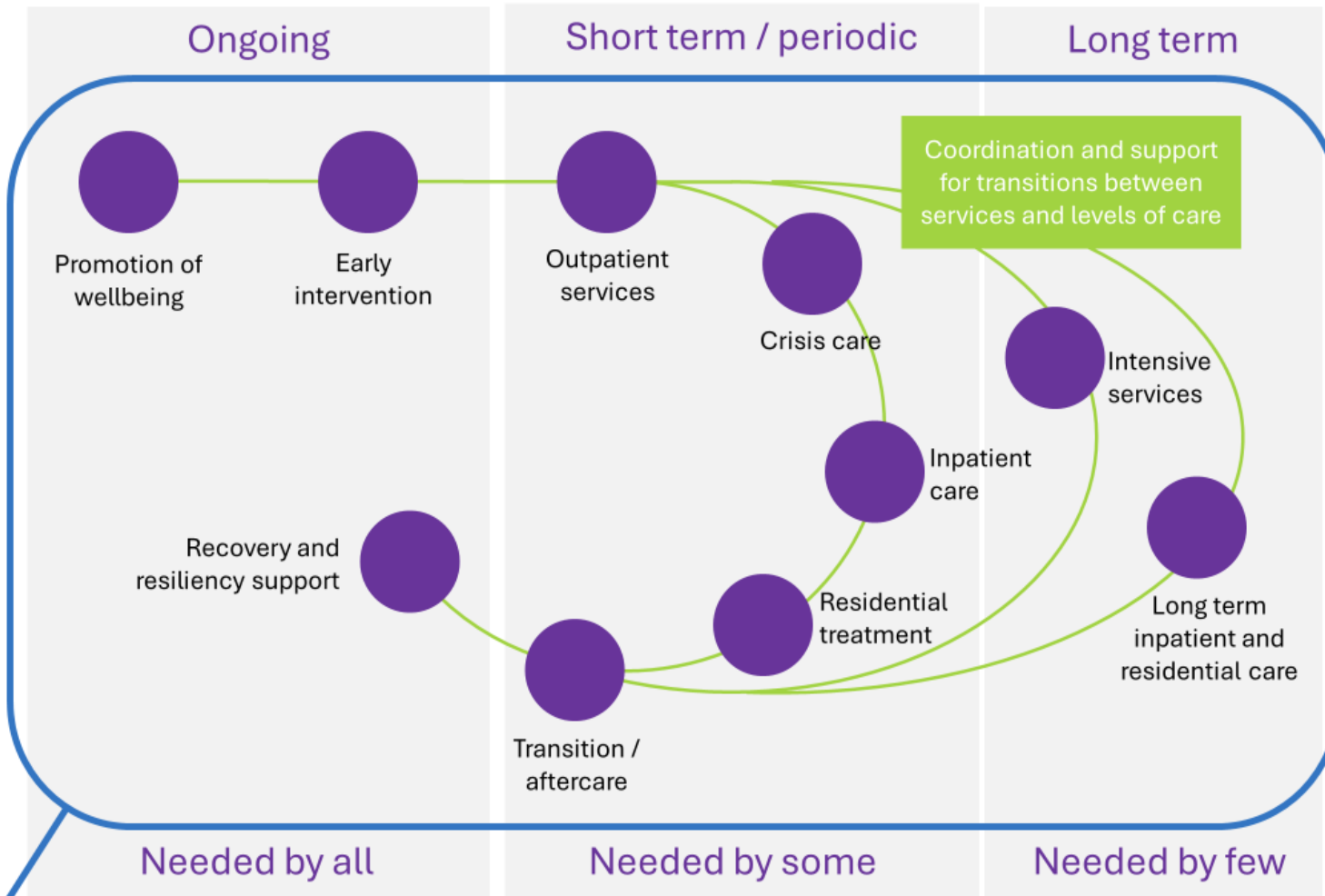
The envisioned behavioral health continuum of care for children, youth, families and caregivers:

- Includes prevention and well-being and identifies risks early
- Offers age-appropriate, culturally-relevant mental health and substance use supports at every stage of early life
- Offers integrated support that recognizes and addresses co-occurring challenges, including intellectual and development disabilities
- Offers ongoing support to prevent crisis and ongoing support for recovery after a crisis
- Includes navigation support and coordination between services and levels of care
- Integrates with physical healthcare

Developing a Framework for Describing the Range of Services: Why

- Allows for a **common way** to understand and categorize the array of services and supports across funders, systems, providers, state agencies, ages, developmental stages in **support of the Vision for children, youth, families and caregivers**
- Can then be used to identify gaps, pool resources, align policies and programs in a **common effort to achieve the Vision for children, youth, families and caregivers**
- Some specifics:
 - Identify if there any **eligibility requirements or limitations** to providing the service (income, Medicaid, age, etc.)
 - Quantify **how much of the service** is currently available
 - Quantify **how much demand** there is for the service
 - Identify if requirements or limitations in **access can be addressed via policy changes**
 - Quantify how much the **service costs and how much is being paid for the service to identify funding gaps**

One idea...



Community

Community-wide and school- and work-based interventions that address social conditions and build emotional wellbeing.

Adjacent services: Housing assistance, parenting support, childcare services, nutrition programs

Promotion, Prevention & Early Intervention

All children, youth, and young adults benefit from school-, community-, and work-based social and emotional learning, behavioral health screening, and early intervention.

Outpatient & Integrated Care

Children, youth, and young adults with emerging or identified behavioral health needs benefit from integrated physical and behavioral health outpatient counseling and medication management, tiered school-based services, psychiatric consultation, and care coordination.

Intensive Services

Children, youth, and young adults with moderate to intensive needs who are at risk of out-of-home placement or transitioning from a residential or inpatient setting benefit from time-intensive, skills-building services, family and caregiver support, targeted case management, or Wraparound.

Comprehensive Crisis Care

Those experiencing a crisis have access to crisis hotlines, mobile response, crisis observation, crisis stabilization, respite, and peer services.

Inpatient Care

Children, youth, and young adults with acute behavioral health needs benefit from emergency psychiatric consultation and inpatient care.

Residential Treatment

Children, youth, and young adults who require stabilization but not inpatient care, benefit from short-term, community-based psychiatric residential treatment and therapeutic group homes.



What We Heard from You: Continuum

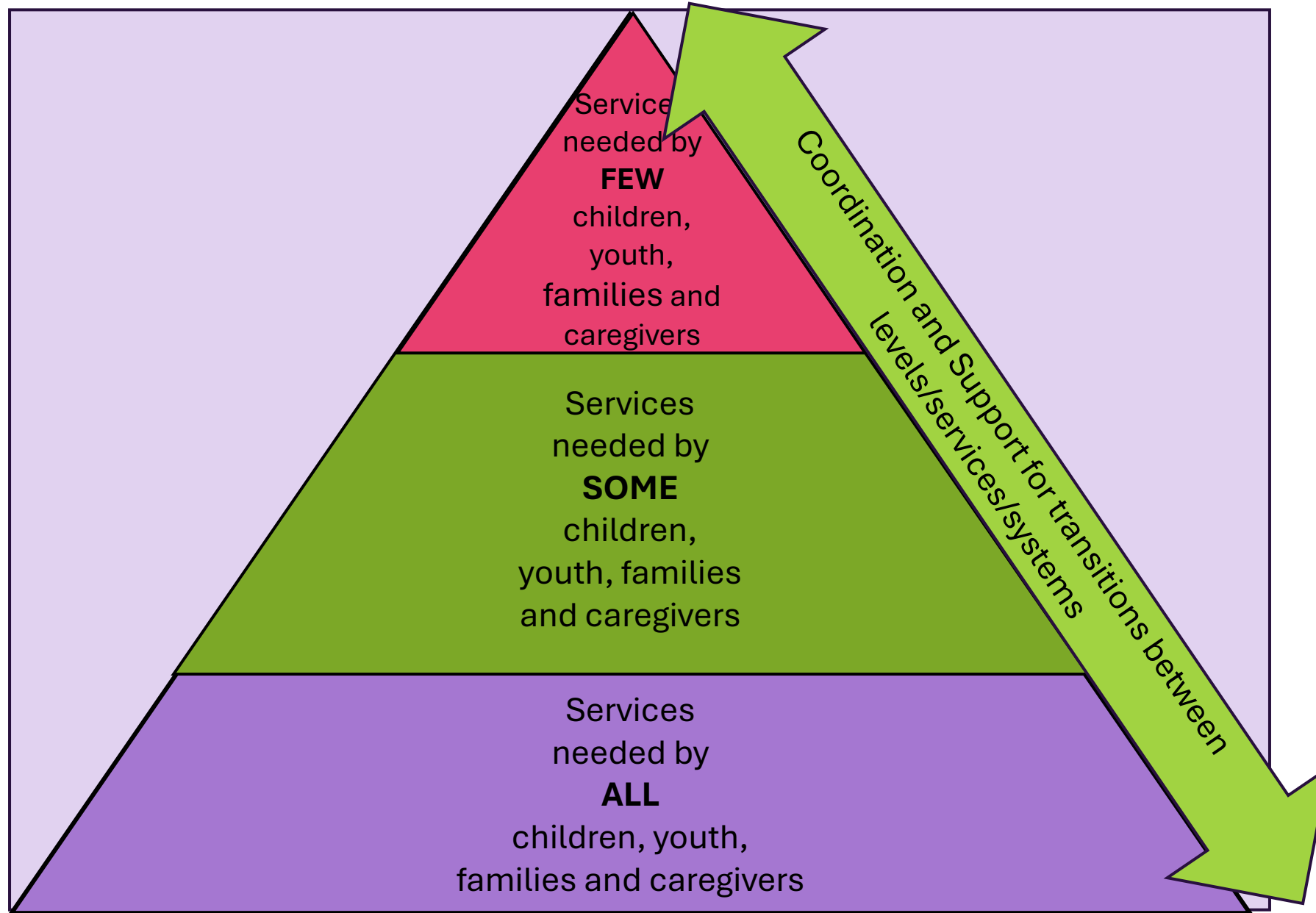
Comment	Addressed
People don't like the linear progression from left to right implied by the visual; perhaps use pyramid like MTSS	
Doesn't like how intensive and long-term inpatient/residential services branch off and don't go anywhere; no transition back after care; loop it back around? Or 2 circles	
Arrows could go either direction between each circle, showing it's nonlinear	
In-patient/residential institutions represented heavily in this, when many fought hard to keep people out of them	
This is a really good continuum view of Medical BH system of care; not seeing what DDA and foster care system offers for wellness; other things DOH is doing related to promotion of wellness, and DCYF (maybe not foster bc of stigma)	

Meeting Goals (3)

Comment	Addressed
Define this as a continuum of something specific: of mental health services (then a separate continuum of DCYF supports, DDA supports; getting all into one is hard)	
Could add family housing – kinship care increased tremendously in all states esp. WA, increasing homelessness affects children BH	
Adding peer supporters, who can help people understand their trauma	
Adding pairing support, school-wide work-based interventions, social structure interventions	
Peer connections could also be part of the community section	
Could include nuances around what each of the developmental life stages look like and need	
Softening the message, recognizing words like "early intervention" and "intensive services" can be triggering	

Discussion Group Details

And
another....



Discussion Notes (1)

All	Some	Few
<ul style="list-style-type: none"> • Screening (developmental, behavioral, caregiver mental health) in pediatrics and primary care • Warmline • Mental Health and SEL through Early Childhood Education and Assistance Program (Early ECEAP Birth to 3 and ECEAP 3-5) • Home visiting programs • Perinatal Mental Health Promotion • Social and Emotional State Standards through OSPI • Essentials for Childhood Child Abuse/Neglect Prevention • State Substance Use Prevention Plan • ESD/OSPI Behavioral Health Navigators • Project AWARE grants • Promotion, Prevention & Early Intervention 	<ul style="list-style-type: none"> • Outpatient & Integrated Care • Comprehensive Crisis Care • Ryan White HIV/AIDS program • Ancillary Therapeutic Services • Pregnant Parenting Individuals' Substance Use Disorder Family Preservation Model • Combined In-home Services • Mental Health Support via Early Support for Infant and Toddlers (ESIT) • Infant and Early Childhood Mental Health Consultation • Mental Health treatment continuum while in carceral settings • Plan of Safe Care 	<ul style="list-style-type: none"> • Wraparound with Intensive Services (WISe) • Early Childhood Intervention and Prevention Services (ECLIPSE) • Parent Child Assistance Program (PCAP) • Residential Treatment • Intensive Services • Discharge and housing supports for youth and emerging adults • Community Assisted Care • Preventing Opioids Through Supported transition (POST) • Outpatient competency restoration Trueblood • Recovery and resiliency support • Transition / aftercare • Behavioral Rehabilitation Services • Forensic Mental Health Services • Western and Eastern State hospitals • Child study and treatment center (part of Children's Long-term Inpatient Program system) • Special Commitment Centers • State Developed Facilities for 90 and 180 day beds • Pregnant Parenting Individuals' Substance Use Disorder Family Preservation Model

Group Discussion 2



Discussion Notes (2)

All

- Screening (developmental, behavioral, caregiver mental health) in pediatrics and primary care
- Warmline
- Mental Health and SEL through Early Childhood Education and Assistance Program (Early ECEAP Birth to 3 and ECEAP 3-5)/ **Head Start**
- Home visiting programs
- Perinatal Mental Health Promotion
- Social and Emotional State Standards through OSPI
- Essentials for Childhood Child Abuse/Neglect Prevention
- State Substance Use Prevention Plan
- ESD/OSPI Behavioral Health Navigators
- Project AWARE grants
- Promotion, Prevention & Early Intervention
- **Education and training on referral to services and resources for school personnel**
- **Community Partners - PTAs, Food banks, etc.**
- **All persons that do anything with children, youth and families.**
- **Religious Groups**
- **Navigation, care coordination,**
- **Provider network directory**
- **PCIT**
- **Incredible Years**

- What is missing?
- Are all systems represented?
- What about settings?
- By age?
- Special needs?

Discussion Notes (3)

Some

- Outpatient & Integrated Care
- Comprehensive Crisis Care
- Ryan White HIV/AIDS program
- Ancillary Therapeutic Services
- Pregnant Parenting Individuals' Substance Use Disorder Family Preservation Model
- Combined In-home Services
- Mental Health Support via Early Support for Infant and Toddlers (ESIT) (Move to All?)
- Infant and Early Childhood Mental Health Consultation
- Mental Health treatment continuum while in carceral settings
- Plan of Safe Care
- Transitional Specialists (kids going from high school)- OSPI- DVR
- Refugee Specialists

- What is missing?
- Are all systems represented?
- What about settings?
- By age?
- Special needs?

Discussion Notes (4)

Few

- Wraparound with Intensive Services (WISE)
- Early Childhood Intervention and Prevention Services (ECLIPSE)
- Parent Child Assistance Program (PCAP)
- Residential Treatment
- Intensive Services
- Discharge and housing supports for youth and emerging adults
- Community Assisted Care
- Preventing Opioids Through Supported transition (POST)
- Outpatient competency restoration Trueblood
- Recovery and resiliency support
- Transition / aftercare
- Behavioral Rehabilitation Services
- Forensic Mental Health Services
- Western and Eastern State hospitals
- Child study and treatment center (part of Children's Long-term Inpatient Program system)
- Special Commitment Centers
- State Developed Facilities for 90 and 180 day beds
- Pregnant Parenting Individuals' Substance Use Disorder Family Preservation Model

- What is missing?
- Are all systems represented?
- What about settings?
- By age?
- Special needs?



Next Discussion
Group:

Thursday, October 17
10:00 AM – 11:30 AM



2024 Washington Thriving AG & Discussion Group Meetings

Date	Time	Meeting
Wednesday, October 16th	10 – 11:30 AM PST	Parent/Caregiver Discussion Group
	4 – 5:30 PM PST	Youth/Young Adult Discussion Group
Thursday, October 17th	1 – 2:30 PM PST	Provider/System Partner Discussion Group
Wednesday, November 20th	10 – 11:30 AM PST	Parent/Caregiver Discussion Group
	4 – 5:30 PM PST	Youth/Young Adult Discussion Group
Thursday, November 21st	1 – 2:30 PM PST	Provider/System Partner Discussion Group
Monday, December 9th	2:30 – 5:30 PM	WA Thriving AG
Monday, December 18th	10 – 11:30 AM PST	Parent/Caregiver Discussion Group
	4 – 5:30 PM PST	Youth/Young Adult Discussion Group
Thursday, December 19th	1 – 2:30 PM PST	Provider/System Partner Discussion Group