

System Partners and Providers Discussion Group

December 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*
- *A favorite winter holiday tradition*



Meeting Goals

Washington Thriving project updates

Discussion of themes from Fall listening sessions

Discussion of landscape

Wrap up and next steps



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, listen actively for understanding, 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.
- Speak your truth, from your own experience- your story, your knowledge, and your experience matters
- 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
- When sharing a traumatic experience, please offer warnings to others
- Receive feedback without defensiveness, show humility, take accountability
- Address issues collectively and repair early



WA Thriving Strategic Planning Process

PHASE 1: VISIONING

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

PHASE 2: ASSESSING CURRENT LANDSCAPE

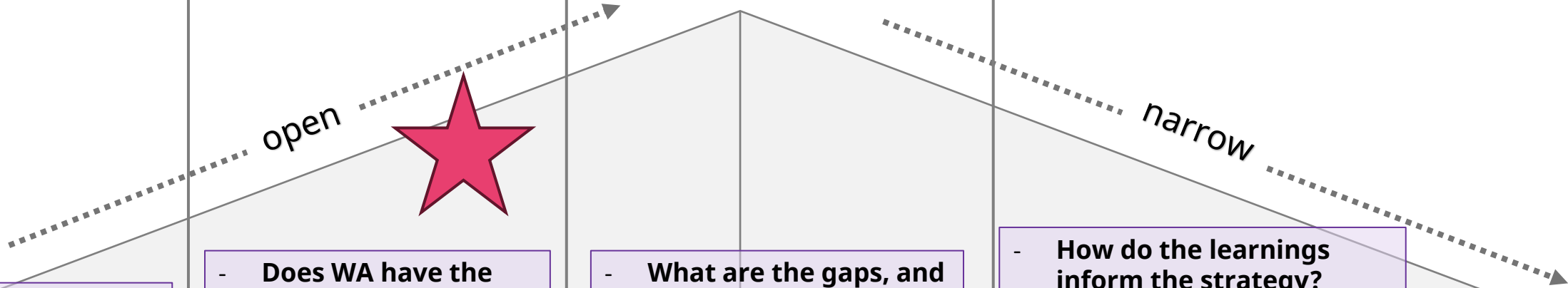
- Does WA have the right services and supports?
- Does capacity for each meet the need?

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?



**DATA INFORMED:
EVIDENCE & RESEARCH**

**PEOPLE CENTERED:
COMMUNITY ENGAGEMENT & FEEDBACK**

2025 Overview



Q1 | Q2 | Q3 | Q4

- 1/17 Outline of Mercer landscape analysis
- 1/31 Sample dashboard design proposal
- 2/14 Outline of Mercer gap analysis
- 4/1 Draft Mercer deliverables
- 4/30 Final Mercer deliverables

Jan-Apr: Lit review and expert consultation

Jan-Jun: Systems Modeling

Community and cross-system engagement

Apr-May: Analysis | Jun-Jul: Drafting v1 SP | Aug-Oct: Iteration | 11/1 Submit final SP

- Combined analysis of landscape and gaps
- Filling in sections of SP as info comes in
- Roadmapping with implementers and advisors

- Refining recommendations
- Cost-benefit of recommendations

- Socializing v1 SP
- Iterating v2

Feb

- SP outline
- Key strategic questions

Apr

- Mercer findings

Jun

- Preview of proposed recommendations

Jul

- Preview of roadmap

Jul

- v1 SP

Sep

- TBD

Sep

- TBD

Oct

- Review final SP

Oct

- Review final SP

2025 Budget Considerations

- On December 2, 2024, Governor Inslee announced a freeze on hiring, service contracts, goods and equipment purchases, and travel ([Directive 24-19](#))
 - Went into effect immediately, and no end date has been provided.
- **How does the Directive impact Washington Thriving?**
 - Impacts HCA's ability to start any new contracts or extend/amend existing ones
 - Project team and co-chairs are working to review priorities to stay aligned with the vision
- **What changes are coming?**
 - Advisory group - no anticipated changes at this time
 - Discussion groups - the frequency of meetings may be impacted
 - Community engagement - approach to community engagement next year is under consideration
 - Communications - updated email address for communications: info@washingtonthriving.org

Current Engagement Workstreams

- Discussion Groups and Washington Thriving Advisory Group
- In person and virtual listening sessions across the state
- Project updates and input gathering through existing channels (e.g., Tribal Centric Behavioral Health Advisory Board, Bridge Coalition, Family Youth System Partner Roundtable)
- Upcoming events [HERE](#)
- Community insights will be incorporated into the landscape report



Youth and young adults with living experience who have and haven't accessed services



Parents and caregivers with living experience whose children have and haven't accessed services



Behavioral health providers and other professionals such as teachers, pediatricians, those who work in community-based organizations, and other **workforce**

Listening Sessions

- 9 Listening Sessions
 - Peer Pathways Conference (Yakima)
 - Connecting Communities (Leavenworth)
 - Northwest Youth Services, Youth Action Board (Bellingham)
 - Rural Communities (Okanogen)
 - Washington Boys and Girls Club Youth Summit (Mercer Island)
 - Cities Rise, Youth and Youth Alumni (Virtual)
 - Virtual joint session
 - Prevention Summit, Youth (Seattle, 2 sessions)
- 8 cross-session themes identified

Social connectedness and belonging are essential.

- Friendships, family supports, and safe social groups are critically important to well-being of Washingtonians of all ages.
- Spaces where relationships can be formed are critical, especially as youth get older and leave school.
- While spaces of belonging can and should include diversity, we heard consistently that commonalities create safety and belonging.

Community-based organizations and school activities support behavioral health in many ways that are not recognized.

- Community-based organizations often fill in the gaps where services are missing or inaccessible.
- Many youth identified school-based activities that keep them out of trouble, connect them to other students and adults for a sense of belonging, and give them an opportunity to contribute or succeed at something.
- These organizations, groups, and activities are generally under-funded.

Negative narratives and stigma are detrimental to well-being.

- Fear and stigma prevent people from accessing mental health services, especially in rural areas or in immigrant populations.
- Young people identified that older generations' misunderstanding of behavioral health needs were a barrier to their ability to access things that would help them.
- Parents shared fear that they would be seen as a “bad parent” for sending children to therapy.
- Fear of judgment or discrimination, often based on past experiences, also prevents people from accessing services or programs that would be beneficial to them.

The behavioral health system intersects with other systems and there is a need for better communication and coordination.

- People are often engaged in multiple systems and the impact of other systems has a detrimental effect on behavioral health.
- People receiving services often experience confusion around what services are available in which regions not just from peers, but also from service providers.
- Reducing this fragmentation and addressing the overall wellbeing of people requires cross-system collaboration..

Low awareness/visibility and barriers to accessibility of services and programs limit usage.

- Young people noted that a lot of students aren't aware of available services.
- Individuals often have to go through a lot of steps to find services.
- A variety of barriers to accessing services were identified, ranging from cost, location, service structure, schedule, cultural barriers and more.

Cookie cutter care and inflexible regulations are limiting and often harmful.

- Regulations and protocols often create more barriers or harm for some individuals, especially when regulations are not properly explained.
- Individual experiences, cultures, and diagnoses should impact the care they receive.
- The system doesn't currently allow for creativity or flexibility in timeline, treatment plans, or what is considered behavioral healthcare.

High turnover and inconsistency in the behavioral health system creates instability for people accessing care.

- Individuals noted how many staff, therapists, caseworkers, etc. they've worked with over time due to turnover or system changes.
- Staff turnover creates significant barriers to developing trust and forces individuals to repeat previous interactions, sometimes retraumatizing them.
- Investing time, money, and energy into strengthening the workforce would benefit both staff and clients.
- Behavioral health support for staff is essential to behavioral health support in the community.

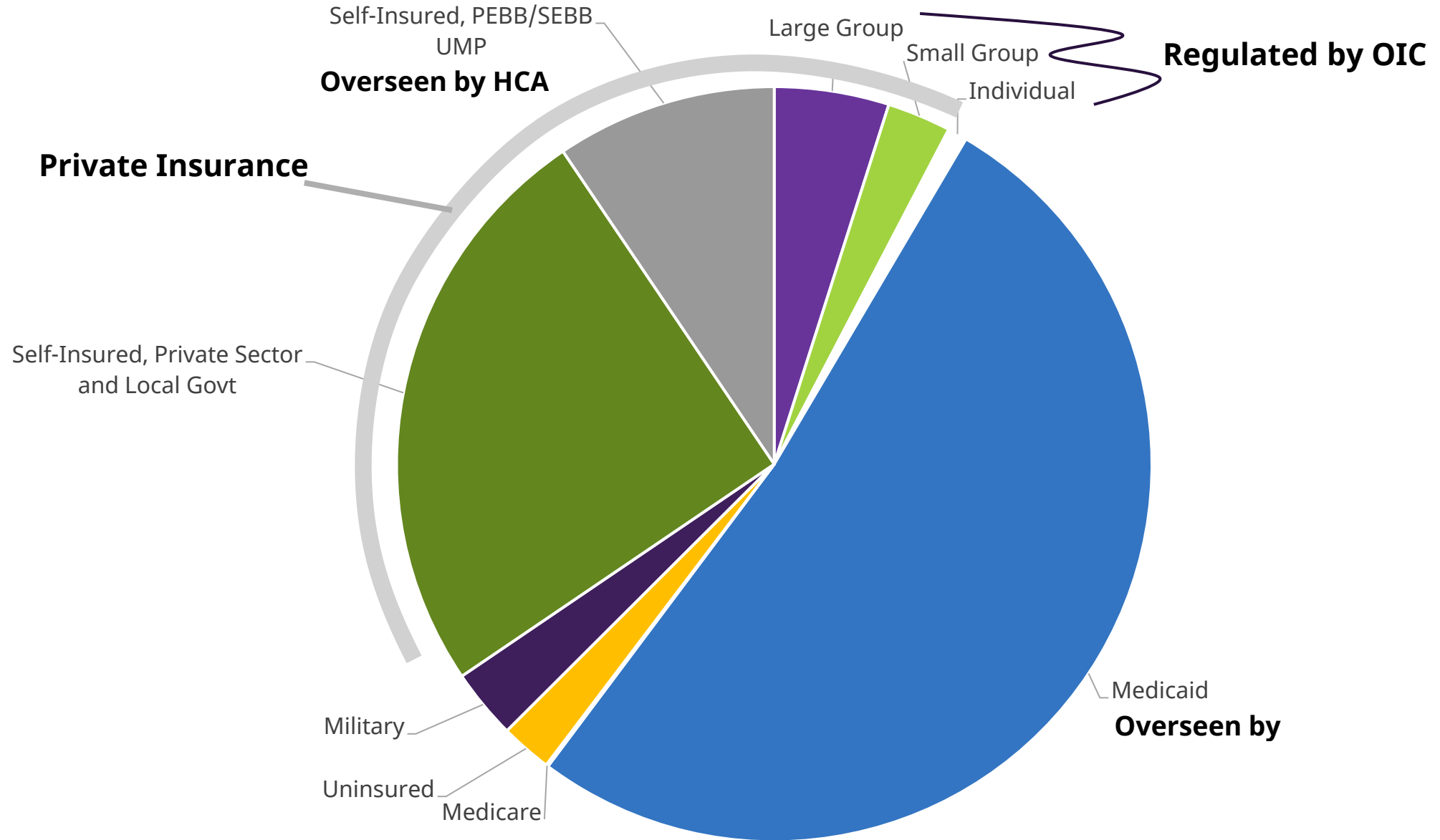
Young people often lose support as they age.

- Older youth identified struggles in transitioning from school-based life to adulthood without supports, resources, and mentors.
- This applied to formal behavioral health services that would have been accessed at school and informal assets like friend groups and adults who provide advice.

Discussion



Source of Health Coverage Washington's 0-25 Population



Prevention and Early Intervention

Prevention and Early Intervention	DCYF	DOH	DSHS	HCA	OHY	OSPI	Age	Other
Home visiting services	X			X			P-5	
Parent Child Assistance Program				X			P-5	
Early Childhood Education and Assistance Program (ECEAP)	X						0-5	Family income
Early Childhood Intervention and Prevention Services (ECLIPSE)	X						0-5	Child welfare, behavioral or emotional need
Problem gambling treatment				X			13-25	
Plan of safe care	X						0-5	
Clubhouse and Peer-Run Organization Programs				X			18-25	
Law Enforcement Arrest Diversion (LEAD)				X			13-25	
Projects for assistance in transition from homelessness (PATH)				X			18-25	SMI, COD at-risk for or experiencing homelessness
Supported employment				X			13-25	ABD, HEN, other pops with complex BH needs
Reentry community services program				X			18-25	Exiting DOC
Sources of Strength		X					12-18	

Prevention and Early Intervention Continued

Prevention and Early Intervention	DCYF	DOH	DSHS	HCA	OHY	OSPI	Age	Other
Action Alliance for Suicide Prevention		X						
Pediatric Mental Health Care Access Initiative (PMHCA)		X					12-18	
Recovery Based Housing				X				
Trueblood diversion serving ages 18-25, including Forensic HARPS, Forensic PATH, and Outpatient Competency Restoration (OCRCP)				X			18-25	
Preventing Opioids Through Supported Transition (POST)	X						13-25	
Community assisted care	X						13-17, 18-25	

Outpatient and Integrated Care

Outpatient and Integrated Care	DCYF	DOH	DSHS	HCA	OHY	OSPI	Age	Other
Mental health referral assistance service for children and teens				X			0-17	
Collaborative Care				X			All	
Ancillary therapeutic services					X		13-17	
Intensive outpatient and partial hospitalization services				X			13-25	Specific Dx

Intensive HCBS

Intensive Home and Community Based Services	DCYF	DOH	DSHS	HCA	OHY	OSPI	Age	Other
New journeys first episode psychosis				x			13-25	
Combined in-home services	X			x				Children involved in child welfare
Behavioral rehabilitation services	X						13-17	Children involved with child welfare who need more than WISe

Comprehensive Crisis Care

Comprehensive Crisis Care	DCYF	DOH	DSHS	HCA	OHY	OSPI	Age	Other
Youth residential crisis stabilization program (RCSP)				X			5-17	
Tribal crisis services				X			13-25	

Residential

Residential	DCYF	DOH	DSHS	HCA	OHY	OSPI	Age	Other
Children's Long-Term Inpatient Program (CLIP)				X			6-17	
Long-term civil commitments (90- and 180-day beds)				X			18-25	
Forensic mental health				X			18-25	
Mental health treatment in carceral settings	X						13-25	

Care Coordination

Care Coordination	DCYF	DOH	DSHS	HCA	OHY	OSPI	Age	Other
The Bridge				X			18-25	Existing residential or inpatient
Youth and Young Adult Housing Response Team			X				12-24	Unaccompanied youth at risk for homelessness
Youth Behavioral Health Navigators (Kids Mental Health Washington)				X			0-17	

Recovery Supports

Recovery Supports	DCYF	DOH	DSHS	HCA	OHY	OSPI	Age	Other
Peer supports				X			12-25	
Recovery Navigator Program				X			13-25	Following interaction with law enforcement
Discharge and housing supports for youth and emerging adults including recovery residences							17-25	
Peer Bridgers				X			18-25	Leaving state hospitals
Peer Pathfinders				X			18-25	Support in ERs and Homeless encampments
Peer Respite				X			18-25	Short-term up to 7 days support with Peers in home like setting

Community Supports

Community Supports	DCYF	DOH	DSHS	HCA	OHY	OSPI	Age	Other
Foundational Community Supports				X			18-25	Supportive Housing Services

Thank you!!





Next Meeting of the WA
Thriving Advisory Group:

February 11, 2025:
5:30 – 8:30 PM



Ways to Engage

- Join our mailing list
- Join in on discussion groups and other engagement opportunities
- Invite us to an upcoming meeting or gathering

- Website, blog, and newsletter:
<https://www.washingtonthriving.org/>
- Email: info@washingtonthriving.org



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