Washington Thriving *(formerly called the P-25)* Behavioral Health Strategic Plan
System Partners Discussion Group Meeting Summary

Thursday, August 29, 2024
1 p.m.-2:30 p.m. Pacific Time

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August 29, 2024

Attendees

- **14 System Partner participants joined**

OPENING, UPDATES

- Liz Arjun (part of the project team) opened the meeting by speaking to the strategic plan, including:
    - The common vision, current landscape, data and discovery sprints
    - All informed by input through deep community engagement, discussion groups like this, Children and Youth Behavioral Workgroup
    - In 2025 will be cost estimates and the roadmap
- Liz shared some updates:
    - New name and logo: Washington Thriving
    - New microsite and blog: https://www.washingtonthriving.org/
    - 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
    - Shorter- and longer-term recommendations are being generated from those
        - One discussion group member expressed her positive view of the logo, saying she felt it turned out very well.

FEEDBACK ON VISION DISCUSSION

- Megan Beers (part of the project team) spoke to the group's feedback on the proposed vision for the future system.
    - Feedback included: defining 'behavioral health', not writing need 'help' but 'support', not 'all geographies' but 'across the state', needing to focus more on developmental stages as opposed to ages, the need to talk about infants/young children.
- Megan showed the group the new vision slide, containing text describing the vision, and 7 principles supporting it: https://www.hca.wa.gov/assets/program/cybhwg-p25-strategicplan-providers-presentation-20240829.pdf (Slide 8)
    - The goal was to include key concepts to incorporate into the vision, including Washingtonians having an understanding of behavioral health, funding and systems working together to create seamless, accessible and adaptable services; and key components the health services and supports are inclusive of.
    - One discussion group member said, in reference to "when young people need help", that 'young people' may not encompass the full range of individuals that fall in the prenatal to 25 range.
    - Another confirmed that this slide replaced the previous version that contained a circle composed of four different-colored slices and said this was far preferable to that previous iteration as the colors were confusing.
    - Another discussion group member was pleased with how bullet point 2 came out: Connect into people's communities where they spend time. Naming a few places at random, as an earlier version did, felt confining.
    - In reference to "offers services to meet everyone's needs", someone said that if our intention is around meeting individual needs, everyone implies a one size fits all.

- Another attendee flagged that right now, specifically in the CRIS space, the 'all doors lead to support' handing people off to the right place is a particularly messy piece of the system at present and we should be mindful of that.
- In response to the comment on 'everyone's needs', another discussion group member said we don't want to lose in that language that it's not just the individual young person who needs support by the system around them, inclusive of their parents.
- Another suggested "offering services to meet the needs of individuals, families and communities."
- One discussion group member really liked the anti-racist and culturally inclusive components, but noted she didn't see mention of best practices or evidence-based; that's an important piece we're trying to drive in the direction of in behavioral health; really important that we take into account the latest research and evidence so the service we extend is efficacious and based on those principles.
- Someone suggested anti-racist felt politically charged and suggested as an alternative, non-racist.
- Another responded that pre-equity and anti-racist are terms given in the direction of state government; Megan added that we want to make sure we acknowledge that oppression, racism and other isms are present and need to be actively counteracted.
- One discussion group member thought the 5th principle, "Changes in response to new information" could be inclusive of utilizing evidence-based practices.
- Another group member made the point that in the white circle on the vision slide, each bullet point is clearly the latter half of the sentence beginning with "Behavioral health services and supports do the following:", but what is the first half of the sentence that the phrases in the principles complete? They could be interpreted differently based on whether it is "The Washington behavioral health system is:" or "Every child or young person who needs behavioral health support in Washington experiences a system that", and we want to be conscious of how people are making assumptions as to what these principles are referring to.

DEFINITION OF BEHAVIORAL HEALTH DISCUSSION

- Megan moved onto the proposed definition of behavioral health: https://www.hca.wa.gov/assets/program/cybhwg-p25-strategicplan-providers-presentation-20240829.pdf (Slide 9)
  - She prefaced by noting the feedback that arose from the two previous discussion groups in this series, that instead of talking about 'biological' and 'psychological' factors we could use words like 'body' and 'brain' to make this more accessible to young health seekers.
  - A discussion group member said she'd like us to be careful about not using mental health to mean mental illness or mental health challenge; colloquial language conflates behavioral health with behavioral health problem and mental health with mental illness.
  - Another group member thought calling out 'behaviors' in the first sentence could be problematic in that it makes it seem there's a choice, that people are in control of their actions, and that we should be cautious about labeling or blaming.
  - Someone else agreed behaviors could imply choice.
  - Another member had a very similar reaction to mental health being used to mean mental illness, especially with its placement right beside substance use; we use behavioral health to refer to a system that's intended to support and provide a positive response.
  - Yet another agreed- what we're talking about is children reaching their full potential, and we want to see their wellness being addressed across systems of care so children can do that; perhaps we should try to capture things like community-based supports rather than going straight to the treatment realm.

- Someone said when they categorize adults as having serious mental illness, they use mood disorders, anxiety, schizophrenia and bipolar; she's not as sure how to think about children's mental illness.
- On the term behaviors, someone suggested flipping the sequence of the first 2 statements in the first paragraph to focus more on what behavioral health involves, the interaction of all these factors.
- Another said she liked the second sentence and liked it as an opener, though she didn't view 'behavior' as a bad word.
- Liz mentioned that kids and parents wanted this to be less clinical; she wanted to express that the way someone shows up with their behaviors is an interaction of what's going on in their body, brain, and their interactions with other people.
- Someone made the point that we do a better job with physical health in not making that term equivalent to physical ill-health.
- Megan agreed that perhaps this is a great definition of what behavioral health treatment is, but not of behavioral health wellness.

COMPONENTS OF CARE CONTINUUM VISUAL DISCUSSION

- Megan walked the group through a new visual showing pieces of a robust care continuum: https://www.hca.wa.gov/assets/program/cybhwg-p25-strategicplan-providers-presentation-20240829.pdf (Slide 11)
  - The visual is not to be community-facing and is designed to guide the landscape analysis and to refer to in gathering what is in place in Washington now.
  - The visual includes ongoing services needed by all, short term/periodic services needed by some, and long-term services needed by few; along the right side are definitions of what's encompassed in the big bucket areas visually represented in the graphic; there are a variety of community supports these services coexist with, and many adjacent services.
  - One discussion group member said she really appreciated this; this is a really great continuum view of Medicaid behavioral health system of care; what she's not seeing is DDA services which offers a lot for wellness, and the foster care system, which crosses over and supports behavioral health; are we leaving those out intentionally?
  - Megan said this should be a full continuum, and she hopes we can land on categories that are inclusive of those other pieces; Liz agreed- this should include what other things DOH is doing related to the promotion of wellness, DCYF.
  - Someone suggested we define this as a continuum of something specific: of mental health services, healthcare services – then you can have a continuum of DCYF supports, a continuum of DDA supports, and all those continuums become the landscape analysis; getting it all onto one will be very hard.
  - The thing she really didn't like about the visual is the way that intensive services and long-term inpatient and residential branch off on their own and don't go anywhere- there's no connection back and no transition to after care; this is the way it plays out: many kids with complex challenges go there and get dumped.
  - Liz suggested looping the branching path back around.
  - Another participant said he had the same feeling but hadn't realized it at first; should recovery and resiliency be the end of the line, or should it loop back to promotion of wellbeing? This could all be a circle, or two circles.
  - Someone said she doesn't know how to draw a continuum where people don't read it left to right and think of it as a progression- you'll start here and end there.
  - Another seconded that the intensive long term should loop back around to promotion of wellbeing.
  - Someone suggested arrows going either direction between each circle, showing that this is nonlinear- children go in and out of different areas of it, and they can skip over things.

- Liz read some comments in the chat about other entities that represent continuums with triangles, such as the MTSS (Multi-Tiered Systems of Support), used for education. She noted that a population health model approach some pediatric practices use to understand their population contains a universal screening at the bottom for mental health, and people who are flagged with certain things are placed on higher levels of the pyramid, and kids who have a really persistent issue who will need ongoing care are at the top. Some practices are also taking this type of approach to behavioral health.
    - Someone else had seen the pyramid and liked that it would prevent there from appearing to be a natural progression from short term care to long term residential care.
    - One participant said that under the labels for prevention and early intervention, we could add 'other systems of care supports'; in addition to Medicaid, which this heavily currently represents, we could see foster care and other pieces; children don't just need treatment, but good safe places to live.
    - Someone countered that foster care is a loaded term and has a lot of associations for families; families see it as a negative thing, not part of the behavioral health issues their child or family is experiencing; perhaps instead something like, appropriately trained alternate caregivers, supportive caregivers; it would be good to include DDA services where custody of the parents is still intact.
    - One attendee said it would be great to get DCYF's lens, how they describe their services in the positive light of what child welfare services can bring to that issue.
    - Someone else agreed putting foster care on this continuum probably doesn't land well, may not be what we need; what she'd like to see is continuum of supports that DCYF can offer to families; there is a lot that can be done for kids and families before kids are taken from parents' custody, and there are plenty of DDA services that can be done to help families in outpatient situations, before the more difficult inpatient ones.
    - An attendee shared that foster care system data shows that we have increased tremendously kinship care in all states, especially in Washington; the whole family needs a safe place, homeless families are increasing.
    - Another said that having come out of the 1990s/2000s de-institutional era, she and many fought very hard to keep people out of inpatient/residential institutions, and yet she sees them very heavily represented on this visual; whereas the many outpatient and other supporting resources they established to keep people out of the institutions feel much less reflected.
- Liz said this will be worked into new materials that will be shared out at the Advisory Group meeting on September 9th .
- The next discussion group will be September 19th.

COMMENTS IN THE CHAT

- Link to K-12 school-based behavioral health deliverables: https://drive.google.com/drive/folders/1rDSIhIO_Sc1WBP7vdbx4rv8dDtcyV02A
- Link to behavioral health during pregnancy deliverables: https://drive.google.com/drive/folders/1MptrhpSOeUGW6hJ8az8aeBcfPFiaeDNb
- https://www.washingtonthriving.org/
- Issue with "everyone's needs": us being everything to everyone vs. unique individual needs
- Family systems approach
- I appreciate the language. Reminds me of Ibram kendi's quote about it not being enough to be "not racist" in a racist society, we must actively be anti racist.
- pro-equity and anti-racist are directions and language to state government -here is more on that framework and direction to state agencies: Pro-Equity Anti-Racism | Office of Equity (wa.gov)
- Agreed, some culturally-responsive supports would not be considered evidence-based.

- Just a thought for vision to include evidence...informed by children, youth, caregivers, families, and culturally- and research-based evidence
- We've gotten that feedback too about "behaviors". (But I don't have an answer either :))
- Here's CDC's mental health definition: https://www.cdc.gov/mentalhealth/learn/index.htm
- Here's WHO's: The World Health Organization (WHO) conceptualizes mental health as a "state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". Mental disorders and psychoactive substance-related disorders are highly prevalent throughout the world and are major contributors to morbidity, disability, and premature mortality. However, the resources allocated by countries to tackle this burden are insufficient, are inequitably distributed, and, at times, inefficiently used. Together, this has led to a treatment gap that, in many countries, is more than 70%. The stigma, social exclusion, and discrimination that occur around people with mental disorders compound the situation.
- Sometimes I have used the terms mental health 'issue' or 'condition' but don't entirely love that language either. I think this is a definition of what behavioral health treatment is. But does not describe mental wellness. Do we want to define the problem or the solution.
- Well said! I think this is a key question.
- behavioral health wellness and behavioral health challenges?
- So appreciate your input everyone. SO much to think about digest, make sense of
- I really like the shaded rectangles indicating needed by all/some/few
- One more note for the last slide on behavioral...wonder if it would be important to call out the strong connection between behavioral health and physical health, to not perpetuate the continued siloing of two massive industries and systems.
- That would align with the thinking & advancing of integrated care with behavior health & physical/primary care.
- Not sure what is meant by "adjacent" services, but there's also a strong connection and evidence that addressing social determinants of health issues contribute significantly to prevention, and early intervention of behavioral health challenges
- That's a great point, Nucha. We need to demonstrate the link these have to prevention and intervention.
- We could keep the bones of it and put a lot more definition in the overviews on the right side of the document.
- It would help if it didn't appear linear, because that does not reflect reality.
- It's not linear
- The public health model uses a triangle to reflect the "some, few, all" model
- Yes - no idea how to not put it on a line but want people to know it's not linear. A real challenge!
- MTSS uses a triangle too, that's a good thought!
- It's a good way to emphasize the importance of prevention.
- Yes, and every setting should be doing prevention
- schools, drs office, etc.
- Totally agree
- And makes it more visible that you can pick/choose the interventions/services you need in any tier of the triangle if/when you need them
- DCYF is focused on prevention so their perspective on where/how their services are reflected in the array would be great.
- I'm already constructing a triangle picture
- We will share out at the WA Thriving AG meeting and back with you
- Thank you for being so inclusive:)
- Thank you for the opportunity to continue to explore our systems
- WAThriving@healthmanagement.com