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

Washington Thriving *(formerly the Prenatal-25)* Strategic Planning Advisory Group
Youth and Young Adults Discussion Group Meeting Summary

Wednesday, September 18, 2024
4 p.m.-5:30 p.m. Pacific Time

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Attendees

- **11 Youth and Young Adult/Representative attendees**

OPENING, STRUCTURE OF THE STRATEGIC PLAN, 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
- Liz Arjun (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.
- Liz 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
- Megan Beers (HMA) spoke to the planning on listening events mid-October and virtual conversations.
    - Madge Haynes (FFI) mentioned targeted efforts in Whatcom county as well as some perinatal health conversations that are beginning.

VISION DISCUSSION

- Liz overviewed the process of the project team asking people their thoughts on their vision for an ideal system and gathering reactions to developed materials.
    - Changes made in response to feedback included:
        - Changing "help" to "support".
        - Adding "The prenatal to 25 behavioral health system in Washington:" above the 7 principles.
    - Someone asked if people with co-occurring conditions of which one was mental health related and the other not (such as autism) were encompassed within this system and if so, where; she

asked if the terms 'holistic approach' or 'addressing neurodivergence' might be included to allow people in her position see where they would fit into this more clearly.

- Liz presented a revision of the proposed behavioral health definition to the group.
    - The response from the group was positive.

CONTINUUM OF CARE DISCUSSION

- Megan Beers presented the group with 6 bullet points describing the envisioned behavioral health continuum of care for children, youth, families and caregivers.
    - She explained that the array of services in the continuum have been broken down visually into 3 categories: those needed by everyone, those needed by some, and those needed by few.
    - She then solicited feedback from the group.
    - Someone commented that it would be helpful to add "linguistically relevant" to the services described, as many families have to rely on youth in or out of service for help translating.
    - Someone asked how we define "crisis", as some people who experience regular suicidal ideation may always feel in crisis and aren't sure when to reach out for services.
    - Hanna mentioned that crisis services could be put in the bucket of services needed by some or few, as distinct from those needed by all.
    - Someone asked if we were trying to get the listed services in each of the 3 categories implemented into already existing organizations throughout the state; Liz responded this work includes thinking through what services should be provided to everyone to prevent more people from needing higher level or crisis services (e.g. screenings early on).
    - In response to a comment, Hanna said she'd like to think through what on the list/in the care continuum can provide support and information for when a person who may be in crisis is trying to figure out whether they should reach out and for which service.
    - Destigmatizing reaching out for support so people aren't afraid to, and services where call receivers don't make people feel as though they called when they shouldn't have as their situation isn't sufficiently serious.
    - In the chat someone commented that housing and financial supports for young adults, neurodivergent screenings for young adults, or older adults if that didn't happen when they were younger all come to mind.
    - Peer support was called out as something that should be mentioned here as well.
    - Someone brought up how doctors sometimes don't take sufficiently seriously the struggles their patients face, e.g. those whose physical disabilities exacerbate mental health problems, and asked if there was a way to include language about doctors being more understanding and respectful of their patients.
    - Someone commented that the PCAP (Parent Child Assistance Program) could be more used if more people knew about it, so right now it might belong in the "few" category but should be expanded to the "some" category.
    - Conversation around where housing services and other services that don't fit into those with a traditional behavioral health lens but have a big impact on behavioral health of populations should be placed within this.
    - Someone emphasized that services aren't weighted in value by how many need them; services needed by few aren't less important than those needed by some or by all.
- Megan invited attendees to join for the next meeting of the Washington Thriving Youth and Young Adult Discussion Group on October 16th.

- Liz encouraged attendees to fill out a brief follow-up survey being sent out asking about anything the project team can do better for these meetings.
- Megan clarified in response to a question that stipends are offered for people's time for these meetings, and information can be received through emailing WAThriving@healthmanagement.com

COMMENTS IN THE CHAT

- Info about the K-12 Discovery Sprint: https://drive.google.com/drive/folders/1rDSIhIO_Sc1WBP7vdbx4rv8dDtcyV02A
- Info about Behavioral Health in Pregnancy Sprint: https://drive.google.com/drive/folders/1MptrhpSOeUGW6hJ8az8aeBcfPFiaeDNb
- might be assumed but maybe language around being trauma informed?
- Thank you! We have that in other parts of the description but not in the vision statement-so appreciate you mentioning that.
- I really like this
- This is really thorough
- Thank you!
- Yes I think it would be great!
- only word I'm getting hung up on is coincide
- hmm what would be better? co-occur?
- Or maybe happening at the same time?
- Occurring at the same time?
- I was looking for that word "THOROUGH" lol.
- I will have my son read it
- I was just typing, did you all ask your kids
- Oh great - behavioral health can occur at the same time as other things.
- Will these slides be sent out after the meeting? And if so, are they available/ok to be shared publicly? I also have some connections I could share with for feedback! <3
- Yes they will be sent out to you afterwards, and we are working to set up a feedback survey so folks can provide feedback through the website! So sharing would be awesome!
- It would be helpful to add linguistically relevant, many families have to rely on youth in or out of services for help translating
- that's a goal that I hope WA moves towards, I've worked at some agencies where this hasn't been a priority
- Can't type fast enough, but this is usually missing. Thanks for speaking my brain and slow fingers
- Would be great to define crisis more clearly.
- My only concern would be creating things that are too wordy
- Thank you for sharing that - helps to demonstrate that crisis looks and feels different for everyone
- Offering a definition about crisis from the individual's experience: Crisis is a state of feeling; an internal experience of confusion and anxiety to the degree that formerly successful coping mechanisms fail us and ineffective decisions and behaviors take their place. As a result, the person in crisis may feel confused, vulnerable, anxious, afraid, angry, guilty, hopeless and helpless.
- an acute emotional upset; it is manifested in an inability to cope emotionally, cognitively, or behaviorally and to solve problems as usual

- Totally hear that! I think keeping the definition broader and not so boxed in would be helpful, as that gives some sense of guideline/clarity but not boxing it in. To me, I personally really liked the above definitions put in the chat as that is broad and speaks to individual experiences
- If that makes sense
- But yeah that is difficult
- Is there an option to add that transparency in? That while we can provide what we can for the definition, crisis should be defined by each individual
- What about something simple like a crisis is defined by the individual experiencing the crisis
- Thank you all for this meeting, I have to jump off this meeting. I look forward to the next meeting
- Before I got just wants to validate what was just shared. Working with HCA on the Mobile Response Service and Stabilization implementation team, we have heard many youth say that when they call in to a warm line they are placed in hold or it's not working for them over the phone and they need an in person, more personal response. And the person on the other end of the phone is deciding it isn't a crisis so folks are falling through the crack.
- Other things that come to my mind are housing and financial supports for young adults, and neurodivergence screening/testing at an early age (or older ages if they never got that opportunity when they were younger)
- Some of the services provided through wraparound programs can include: Case management (service coordination) Counseling (individual, family, group, youth, and vocational) Crisis care and outreach.
- Patient (person) advocacy could be a support service for that
- Or doctors attribute physical symptoms to pre-existing mental health diagnoses!
- I don't have much information on this subject, but I think that PCAP could be better used, if more people knew about it.
- Do you think it fits more as a "some" service but is maybe just in the "few" category because people don't know about it?
- That is pretty much exactly what I was thinking
- Woooow i love that. We dont have discreet needs.
- WAThriving@healthmanagement.com
- https://www.surveymonkey.com/r/WQLZDJB
- I know I did not share much, but I am so grateful for all of the discussion and intentional being that was shared today!
- Please Share with everyone!