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, October 16, 2024
4:00 – 5:30 p.m.

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Attendees

- **9 Youth and Young Adult/Representative attended**

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
    - One young adult participant said it might be helpful to add a suggestion that people use trigger warnings, if anything is to be brought up that's potentially sensitive
- 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 broad, 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 AND PROPOSED DEFINITION OF BEHAVIORAL HEALTH

- The group then discussed the updated proposed vision which incorporates many of the changes that have been offered over the last three months
- 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
    - A young adult participant spoke about the importance of removing stigma: there's nobody to blame for these things, parents get blamed for kids' acts; she suggested this be incorporated as one of the main principles for how the system operates
    - Another insight that the project team has heard from people with lived experience: they don't want to go into places where they don't trust people; that should be highlighted
    - The description of the vision can show that this isn't shame inducing, that there's nothing shameful about accessing these services; trauma-informed

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 young adult participant shared her experience going to the doctor as a kid with one or both parents; the doctor asked her if she was depressed in front of her parent(s), and both because the term wasn't explained to her and because they were there, she just said no
        - She didn't remember receiving any education on behavioral health or mental health in middle or high school, though looking back a large percentage of students were clearly dealing with a lot of stuff
        - In high school she started to hear about mental health and did her own self-learning on it; there was a singular 1-month-long course about different mental health conditions, one on anxiety, one on depression, one on day-to-day stress management; these were advisory classes, 10-minute youtube videos
        - It was a very unsafe place to learn about it, because especially if you're dealing with it, hearing about it brings up vulnerability and you can't take info about it in well around unsafe staff and teachers
    - Another participant said everyone has to have a select few people they can share everything with, who may not be their parents
        - Schools aren't structured to deal with mental health because you get one counselor and that's where you have to go; some kids form groups where they can get support outside of the staff
        - The system doesn't take really young kids' needs as seriously; they say 'we'll deal with it when you're old, because you can talk more" but kids feel emotions and go through things just as seriously before and after they gain full powers of speech
        - Young people today have it better than in the past due to increased access, but there are still serious lacks; in Tacoma there are doctors and peers trained to deal with kids and had the education to be in the child wing instead of just in ERs
    - Another shared that she entered the behavioral health system at age 7 or 8 and attained the outcomes because her parents were in a position to do whatever was needed to make sure she was well; they had to keep asking and asking for diagnoses that were right for her when she was getting her diagnoses in middle and high school
        - She definitely experienced a lot of service delivery that was culturally insensitive
        - People tend to just push pills and force medication without thinking about the fact that this person's going to have to live this way for the rest of their life
        - She didn't find anything good until senior year of high school where she had an amazing psychiatrist who wanted to see her holistically healed, talked alternative medicine, listened, and was first person in 17 years beyond her

parents and a few church people in her corner who wanted to hear about how she wanted her treatment to be
        - Her bad experiences helped her be a better advocate for her younger cousins
    - 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
        - Someone mentioned not everyone has insurance that pays for things that would fall into this category such as peers and that the quality of services is not always good. This person shared that they had been a peer service direct specialist for 6 years; kids can get referred to high quality services but if you're out of coverage you have to pay an arm and a leg.
        - For example, if you call 211 for resources or look up behavioral health advocates, you can get connected, but they aren't always good; when he's referring youth, sometimes he'll say this is a good program for this thing but bad staff, not trauma-informed and may further traumatize the youth
        - He's seen some really good developmentally appropriate services and some really bad ones; oftentimes the ones kids can access are not developmentally appropriate; sometimes by the time they get all the kid's documentation in, they only have a month window in which they can use the services before they get aged out
        - The recurring questions end up being: do the kids have access at all to the service, can they/their advocates ask the right questions, and is it developmentally appropriate
    - Another participant (who has been a support person and direct care provider for youth across the spectrum for those incarcerated and those who weren't getting support), said you often don't qualify for other reasons (such as being in foster care) and there is no access. Or if you do qualify for this or this is something you can access, the wait for it is so long that you're forced to either wait an extremely long amount of time or risk going with another service provider who might or might not meet the need. Others shared that the system has gotten better at being more navigable, not just on the language side but with documentation and immigration. This varies by county and regions- some do better than others.
    - Others shared that finding the right provider always felt like just luck, because you can be asking the right thing to the wrong person and still be getting nothing; relentless advocacy seems necessary to get anywhere in the current system, and not everyone has that
- Below are responses to the services that "few" receive- including inpatient, residential, intensive outpatient
    - One participant shared that she was an inpatient as a minor and it was a terrible experience. She was able to access it and had state (Apple Health) insurance at the time, and was expecting it to be trauma-informed because if you're going to that level of care you'd expect it to be that way more so than a therapist, but it was the opposite: it felt like she was just there, just a number, they had to get her out as quick as possible, check the box; much about it felt dehumanizing; there were areas in which she felt 'why can't I have autonomy in this way?'
        - The rules felt arbitrary, which isn't great for people dealing with severe mental health crisis; she's neurodivergent, so she already really wants to know the 'why's, and if in crisis it can be trauma-triggering
        - Ultimately she just lied to get out because it was such a bad experience: they asked if she was suicidal, she said no and they let her go;

- There was a language barrier in her facility as some staff were not native English speakers; when staff didn't understand her English, they gaslit her ('If you can't explain yourself, no wonder you don't have any friends')

COMMENTS IN THE CHAT

- I really love this
- This looks great!
- Yeah my school counselor was actually terrible
- Something mentioned in the earlier parents/caregivers call is how dismissive it can be to young people and children experiencing behavioral/mental health challenges when people say "children and young people are so resilient"
- Speaking to that notion someone put forward that people haven't always taken the mental and behavioral health of young people and children seriously
- Totally - The burden of this is still falling on individuals and not the system.
- A lot of wrong doors vs the ideal "no wrong door"
- Knowing WHAT to ask can be so powerful.
- Doing services FOR you not WITH you
- They were checking boxes
- Super grateful for all the experiences shared tonight <3
- WAThriving@healthmanagement.com