



Children & Youth Behavioral Health Work Group Annual Report

Part 2: Progress Report
on the development of a
Prenatal-through-Age-25
Behavioral Health
Strategic Plan



Washington
Thriving

Table of Contents

Letter from the Co-Chairs.....	4
Executive Summary.....	5
Background.....	6
Project Overview and Approach.....	7
Advisory Group.....	7
Phases of Work.....	8
Approach: People-Centered, Evidence-Based, and Coordinated.....	8
Centering People.....	9
Leveraging Evidence.....	10
Coordinating with JLEC and CRIS.....	11
Progress and Outputs to Date.....	12
Vision, Principles, and Definition.....	12
Ideal Service Array.....	14
Analysis of Landscape, Gaps, and Barriers.....	14
Identifying and Aggregating Quantitative Data.....	14
Discovery Sprints.....	16
Community Engagement.....	17
Additional workstreams.....	19
Cross-System Collaboration.....	19
Systems Modeling.....	19
Learning from Other States.....	20
Cost-Benefit Analysis and Funding.....	20
Appendix A: Washington Thriving Identity.....	21
Appendix B: Washington Thriving Advisory Group.....	22
2024 Members.....	22
Advisory Group Member Recruitment.....	23
Full Value Agreement.....	23
2024 Meetings.....	23
Appendix C: Inventory of Supports and Services.....	25
Appendix D: Insights and Recommendations from Discovery Sprints.....	26
Behavioral Health During Pregnancy.....	26
K-12 School-Based Behavioral Health.....	27
Complex Hospital Discharge.....	27

Transition-Age Youth 28

Appendix E: Community Engagement Approach and Activities 31

Appendix F: Staffing and Contractors..... 32

Appendix G: Organizations Engaged to Date 33

Letter from the Co-Chairs

Governor Inslee and Members of the Legislature,

The Children and Youth Behavioral Health Work Group (CYBHWG) is pleased to share this update on the effort to develop the Prenatal-through-Age-25 (P-25) Behavioral Health Strategic Plan, which is now referred to as [Washington Thriving](#).

The development of a P-25 Behavioral Health Strategic Plan was initiated in response to the ongoing statewide crisis in behavioral health among children, youth, young adults and their parents and caregivers. The CYBHWG proposed this effort because stabilizing this crisis and helping young people thrive requires that we address the most significant gaps and barriers in our behavioral health system, as well as in the intersecting systems that impact behavioral health (e.g. insurance and managed care, education, justice, child welfare and other social services, crisis response). Promoting wellbeing and meeting emerging needs earlier will reduce the acuity and frequency of crisis and support future generations of Washingtonians to thrive.

Washington Thriving aims to effect transformational change in behavioral healthcare for children and families by engaging diverse constituents from across the state. Together, we are envisioning a future ideal system, considering local and national evidence and best practices, building shared muscle among the many actors that need to coordinate and collaborate to realize such a system, and laying out an actionable roadmap to move toward that vision.

This year, we gained significant momentum. Numerous contributors aligned on a future vision for the behavioral health system. Multiple state agencies have helped identify necessary data points and are collaborating to source this data so that it can be aggregated and analyzed. Input resulting from community insights, issue-specific research, and other engagement activities are leading us to the recommendations that will ultimately make up the P-25 Strategic Plan. Recommendations generated by four “discovery sprints” are being elevated to key policy leaders and philanthropists to build momentum in advance of implementation.

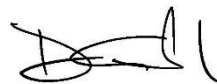
A consistent theme reiterated by everyone consulted is that the fragmentation of the current system is a barrier to children, youth, young adults, and their parents and caregivers accessing and engaging with behavioral health services in a way that leads to meaningful outcomes. We can confidently say that facilitating coordination and collaboration across the agencies and other actors serving our youth will be a central recommendation of the Strategic Plan.

We are grateful to the youth and young adults, parents and caregivers, and professionals from across the behavioral health system who contributed in 2024 as members of the Washington Thriving Advisory Group. These individuals have represented the needs of Washingtonians and are shaping the future of the behavioral health system in our state. We would also like to thank the many other contributors who have participated in Discussion Groups, shared their views in community listening sessions, provided interviews, attended meetings, and offered input in other ways over the past year.

We appreciate your support for Washington Thriving and look forward to continuing the work of building a behavioral health system in the State of Washington that can deliver high-quality, equitable, developmentally appropriate supports and services that look and feel like help from the perspective of families, caregivers, youth and young adults, and children.



Representative Lisa Callan
Washington Thriving Advisory Group Co-chair
Washington State Representative
5th Legislative District



Diana Cockrell
Washington Thriving Advisory Group Co-chair
Manager, Prenatal through 25 Lifespan Section
Division of Behavioral Health & Recovery
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Executive Summary

In 2022 the Legislature **authorized** the Children and Youth Behavioral Health Work Group (referred to throughout this report as the CYBHWG) to “convene an advisory group for the purpose of developing a draft strategic plan” to improve the behavioral health system of supports and services available to children, youth, young adults and their parents and caregivers in Washington State.

The effort to develop a statewide Prenatal-through-Age-25 Behavioral Health Strategic Plan (P-25 Strategic Plan) is now referred to as Washington Thriving and is on track to bring a draft strategic plan to the CYBHWG in August 2025. The proposed plan will provide an actionable roadmap to guide our state toward its destination: equitable access to high-quality, developmentally appropriate and culturally responsive supports and services at every stage of development – from pregnancy through age 25.

We know that healthy development in early life is critical to lifelong wellbeing. Kids grow into adults, and adults care for kids. Supporting behavioral health in the early lives of today’s young people will improve the lives of tomorrow’s adults. Washington Thriving recognizes this generational ripple effect and believes that a behavioral system that supports Washingtonians earlier in life will promote thriving for all ages in the future.

Help looks different for everyone, and our system must rise to the challenge of meeting these diverse needs. The ideal array of services ranges across prevention and promotion of wellbeing, early intervention, peer supports, outpatient treatment (at various levels of intensity), in-patient and residential care, transitional and recovery supports, and services supporting ongoing wellness. The P-25 Strategic Plan will outline a vision for how this array of supports and services can be accessed by families and young people in or through a range of settings including clinics, schools, and community settings, as well as through other systems of care like juvenile justice and child welfare.

Washington Thriving has gained significant momentum over the last year. Key activities have included statewide community engagement activities, alignment on a shared definition of behavioral health and a future vision and principles for the system, identification of the ideal array of services, inventorying the current array of services offered in Washington, scoping of data requirements, and deep dive research (Discovery Sprints) into four key issues. To ensure the eventual Strategic Plan resonates with its many constituents, all this work is being iterated through ongoing feedback loops with a broad range of diverse individuals and entities, including those who seek support from the system, those who provide or fund services and supports, and those who shape policy and administer the system.

Over the next 12 months, Washington Thriving will synthesize these workstreams into the strategic framework and roadmap that will make up the P-25 Strategic Plan. Qualitative and quantitative data will be integrated into an analysis of the current landscape, gaps, and barriers to understand where the system needs more and different capacity and what’s blocking young people’s access. While continuing its emphasis on community engagement, Washington Thriving will also interact with leaders from across agencies to build a shared understanding of what it will take to implement the vision. Systems modeling will provide a framework for considering tradeoffs, identifying the most impactful levers of change, and analyzing cost-benefit. All these inputs will be integrated into and reflected in the final P-25 Strategic Plan delivered to the Legislature in November 2025.

Background

In response to a growing and persistent behavioral health epidemic among children, youth, families and caregivers, in 2022 the Legislature **authorized** the Children and Youth Behavioral Health Work Group (CYBHWG) to “convene an advisory group for the purpose of developing a draft strategic plan” to improve the behavioral health system of supports and services available to children, youth, young adults and their parents and caregivers in Washington State. The legislation was **updated in 2024** to extend the timeline for submitting the draft strategic plan to the Governor and the Legislature by November 1, 2025.

Washington State is home to 1.65M children and youth under the age of 18 and to 656,000 transition-age youth between ages 18-24. According to [Georgetown’s Kids Health Care Report Card](#), over 40% of Washington’s children ages 0-18 are covered by Medicaid or other public sources. According to Mental Health America, **we rank 48 nationally¹ in terms of prevalence of mental illness and rates of access to behavioral health care for our youth**, with alarming statistics highlighting gaps in access to essential services and insufficient capacity being reported for intensive inpatient services and early intervention services alike. **Up to 200** children were reported as boarding in Washington’s hospitals in early 2023, with some children remaining for more than a year after admission for a behavioral health crisis because their parents cannot safely bring them home. Washington State’s behavioral health system for children and youth is characterized by a **fragmented structure** that fails to meet the needs of young people and families, **with documented disparities in rural communities and among people of color.**

Washington State allocated **\$957M** to behavioral health in the 2023-2025 biennial state operating budget and added **\$464M** in the 2024 supplemental budget. To stabilize the current crisis and invest in greater wellbeing in the future, the state may have to increase spending further, but a statewide strategic plan offers an opportunity to identify the highest leverage ways to allocate future funding to improve outcomes and save both money and lives in the future. An analysis by the National Academies of Sciences, Engineering and Medicine determined that **every \$1 investment in prevention and early intervention for mental illness and addiction programs yields \$2 to \$10 in savings in health costs, criminal and juvenile justice costs and low productivity.**

To distinguish it from related initiatives, this effort is now referred to as [Washington Thriving](#). This has made the effort more recognizable and accessible, especially to those with lived and living experience who are not professionally involved in the behavioral health system. See Appendix A for more information on Washington Thriving’s name and visual identity.

Washington Thriving is co-chaired by Representative Lisa Callan of the 5th Legislative District and Diana Cockrell, Section Manager for the Prenatal through 25 Lifespan Section in the Division of Behavioral Health and Recovery (DBHR) at the Health Care Authority (HCA). Please note that while Washington Thriving is administered by HCA, it is an independent effort that may not reflect the agency’s current policies and positions.

The Advisory Group referenced above first convened in August of 2022, and it was originally named the Strategic Plan Advisory Group. In mid-2024, when the effort was dubbed Washington Thriving, it was renamed the Washington Thriving Advisory Group (referred to throughout this report as the Advisory Group.)

¹ Note: Mental Health America’s survey methodology changed during the COVID-19 pandemic. As a result, this year’s ranking cannot be compared to the ranking in previous years’ reports.

Project Overview and Approach

Advisory Group

The Washington Thriving Advisory Group (referred to throughout this document as the Advisory Group) is convened under the Children and Youth Behavioral Health Work Group (referred to throughout this document as the CYBHWG.) CYBHWG is the primary body governing the development of the P-25 Strategic Plan. The Advisory Group meets 4-6 times per year to provide input that helps direct the workstreams undertaken by the Washington Thriving project team and feedback on the resulting outputs. The Advisory Group will review the draft P-25 Strategic Plan before it goes to the CYBHWG for approval and submission to the Legislature in November 2025.

Building on experience gained in 2023, the Advisory Group membership was updated in 2024 to represent diverse perspectives, including those who seek support from the system, those who provide services and supports, and those who shape policy and administer the system (See 2024 members in Appendix B.)

Figure 1 demonstrates the updated distribution of member positions organized by member category designed to broaden the communities and experiences represented in the group. Considerations and information on the recruitment process can be found in Appendix B.

Figure 1. Washington Thriving Advisory Group Member Distribution

Member Type	Number of Positions
Young people (ages 13-29) who have needed or received mental health and/or drug-alcohol-related services and supports	8
Parents or caregivers of children and young adults (ages 0-25) who have needed or received these types of services and supports	8
Providers	6
Managed care organization (MCO)	1
Behavioral health administrative service organization (BH-ASO)	1
Tribal representatives (<i>recruitment ongoing; contact wathriving@healthmanagement.com to express interest</i>)	2
Advocates	4
Agency Representatives	9
Legislators	2

Figure 2. Discussion Group Target Populations



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**

The Washington Thriving Advisory Group has developed a Full Value Agreement (Appendix B), a set of commitments for the group to adhere to as they collaborate and work towards the shared goals of the initiative. This agreement is presented at the start of each Advisory Group meeting and helps to establish shared expectations of psychological safety for members and non-members to share their lived and living experience (See Appendix B for more details on the 2024 Advisory Group Meetings.)

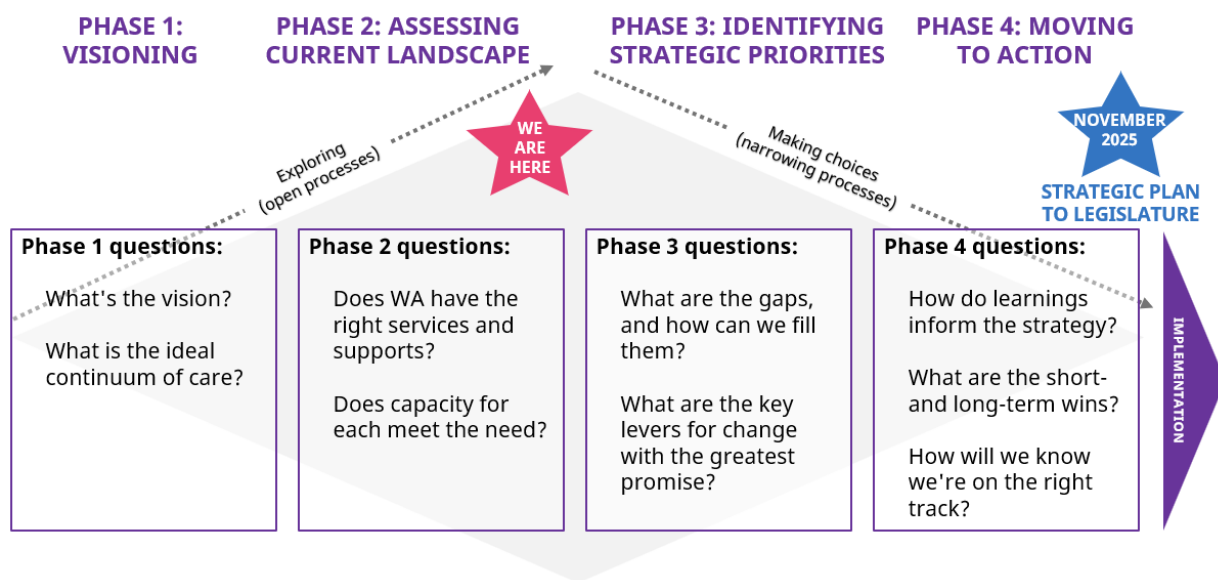
In addition to the quarterly Advisory Group meetings, three subcommittees (referred to as Discussion Groups) are convened monthly: one for parents and caregivers, one for youth and young adults, and one for system partners, which includes providers, state agency representatives, advocates, and others involved professionally in the behavioral health system (See Figure 2). These sessions are open to the public and Advisory Group members to provide space for information exchange, discussion of strategic questions, input on workstreams and resulting outputs, and sharing of lived and living experience. The sessions allow for deeper and more consistent contact and collaboration than can be achieved through the quarterly Advisory Group meetings.

Phases of Work

The Washington Thriving workplan is designed in four phases: **1) visioning, 2) assessing the current landscape, 3) identifying strategic priorities, and 4) moving to action.** Each phase aims to answer important questions that will inform the P-25 Strategic Plan. These four phases of work are not mutually exclusive. Some aspects of each phase are being undertaken in parallel. The key questions that need to be answered in each phase are included in Figure 3.

In the phases of work to date, activities have focused on *creating choices* by generating many options to consider and explore; these are the “opening” phases focused on the collection of input and information. In later, “narrowing” phases of work, activities will focus on *making strategic choices* leveraging the data and insights arising from the earlier phases.

Figure 3. Phases of Work

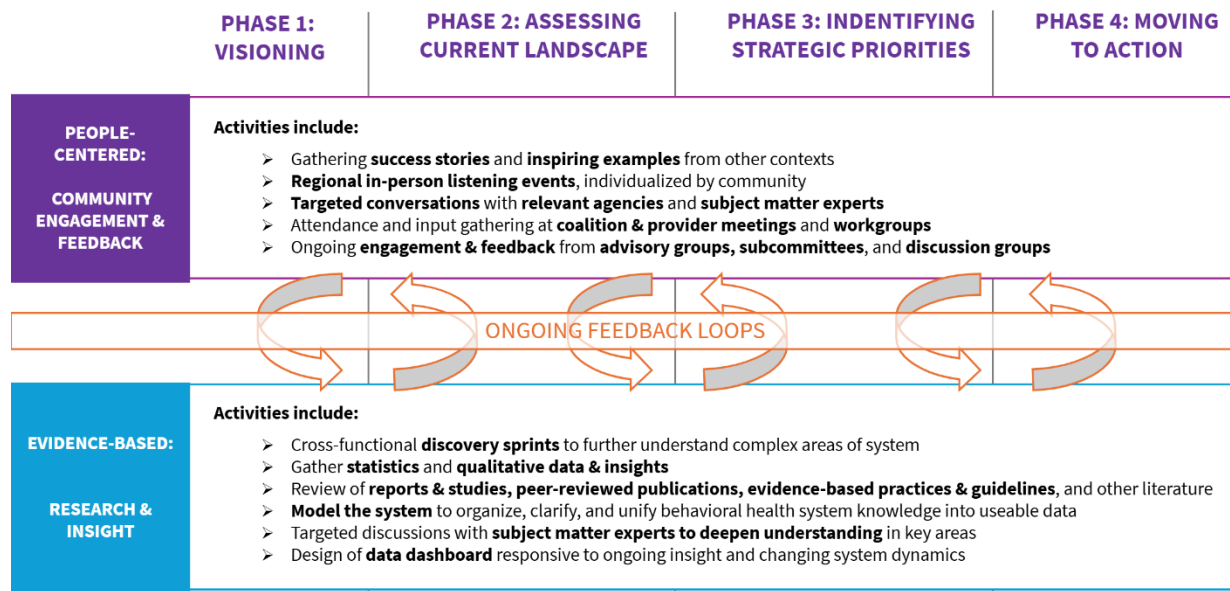


Approach: People-Centered, Evidence-Based, and Coordinated

Washington Thriving’s approach to developing the strategic plan is both people-centered and evidence-informed. **People-centered activities** involve engagement and consultation with community members and other interested actors from across the behavioral health system and intersecting systems. **Evidence-based activities** involve literature review, research, quantitative and qualitative data analysis, and expert consultation.

As with the phases of work, these two sets of activities are not mutually exclusive, and must be coordinated with other active behavioral health initiatives. The P-25 Strategic Plan will **integrate insights from both while prioritizing the voices and experiences of individuals with lived and living experience**. The approach aims to incorporate essential qualitative and quantitative inputs to enhance understanding in key areas and to organize, clarify, and unify a shared understanding of the behavioral health system to support implementation of the P-25 Strategic Plan. Figure 4 summarizes the two sets of activities, and the interface between them.

Figure 4. Primary sets of activities.



Centering People

For the P-25 Strategic Plan to transform the behavioral health system serving Washington State’s children, youth, and young adults – as well as their parents and caregivers – it will need to emerge from a **process of collaborative engagement** between those who will have to act to make the vision a reality and those the system aims to serve. Throughout each phase of work, intentional engagement is happening with the broad range of individuals, communities, organizations, and entities that experience, shape, and support the behavioral health of children, youth, and young adults. This includes young people and their caregivers with lived and living experience, community-based organizations, state agencies and commissions, tribal bodies, legislators, providers, advocates, insurers, subject matter experts and more. The goal of engaging with all these constituencies is to ensure that the future system envisioned by the strategic plan reflects the needs of every Washingtonian, is responsive as needs changes, and is more than a document on a shelf. If successful, **Washington Thriving will continue to be a living process that engages, activates, and builds effective understanding and collaboration between parties and enables more effective implementation by:**

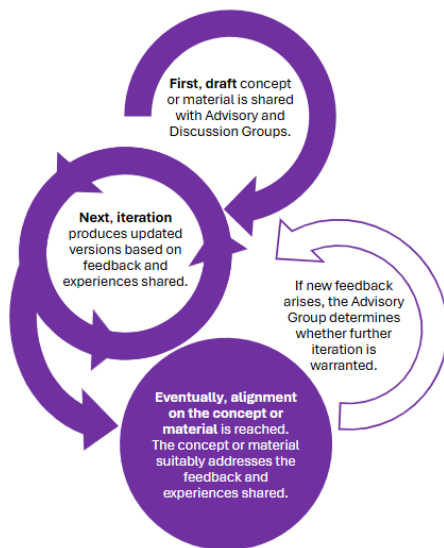
- Promoting awareness of and shared buy-in to the P-25 Strategic Plan including the vision, its implementation, and timeline (the *why*, *how*, and *when*)
- Helping each contributor identify and understand their important role, guided by and connected to the overall strategy
- Establishing the connections and spaces for ongoing participation and collaboration

- Bringing along key decision-makers in the process to the point where they are prepared to make the necessary investments and policy changes
- Bringing along actors across the system to the point where they are prepared to implement the strategic plan

Through the community engagement activities described later in this report, Washington Thriving is **prioritizing outreach to populations who have historically been marginalized** within health and human services, including: 1) Black, Indigenous, and People of Color (BIPOC), 2) rural communities, 3) LGBTQIA+ communities, and 4) individuals with disabilities, including young people and caregivers navigating services for co-occurring developmental and behavioral health needs.

This approach demands time and, in some cases, vulnerability, from those who engage. The valuable and vulnerable experiences and stories shared by individuals from across the state are being handled with intent and care. To honor these contributions, Washington Thriving maintains **consistent feedback loops** throughout the process of development and implementation. Ongoing feedback loops allow those providing input to see the impact of their contribution to the project and offer them an opportunity to validate whether their experiences have been captured with fidelity. The goal of these feedback loops is to reach consensus or alignment. See Figure 5 for a visual representation. In this context, alignment is measured by reduction in the volume and intensity of feedback received, and general agreement and confidence across the involved participants that the concept or materials in question suitably address the feedback and experiences shared. In addition to the feedback loop described in Figure 5, the Washington Thriving team strives to consistently follow up with contributors to share what was heard from their input and how it was, or plans to be, incorporated into subsequent outputs.

Figure 5. The feedback loop



Proactive, transparent communication is another important element of Washington Thriving’s approach. The effort aims to share updates, insights, and new ideas broadly and promptly. Washington Thriving **launched a website** in August 2024 and serves as a centralized platform to share information about the initiative, upcoming engagement opportunities and meetings. It also provides another channel for input from interested parties. A monthly **newsletter** was launched in October 2024 to support the dissemination of project updates, provide more opportunities for feedback, and to share relevant opportunities for people to engage in behavioral health efforts as part of Washington Thriving and beyond. This newsletter is sent to Advisory Group members, the Washington Thriving distribution list, and leverages HCA’s network to reach beyond those already engaged with the project. The project team has also launched a series of **bi-weekly blogs**, accessible through the Washington Thriving website.

Leveraging Evidence

Alongside our engagement activities, which are generating rich qualitative data and insights, Washington Thriving is also **incorporating evidence, research, and best and promising practices** from within the state and across the country. This includes **consultation with subject matter and policy experts** locally and nationally, **learning from other states’** experiences and approaches, and **reviewing the literature** to

ensure we are leveraging the best technical data and evidence available. Washington Thriving has also commissioned **deep dive qualitative research** (referred to as “Discovery Sprints”) into key issue areas to understand the challenges faced by individuals seeking access to services and supports and those working to provide them.

It also includes **aggregating and analyzing quantitative data** (to the extent available) from across Washington’s behavioral health system to understand trends in behavioral health **outcomes** and in **supply and demand** of behavioral health services and supports. Lack of accessible data is a known challenge. At a minimum, Washington Thriving’s efforts will generate **recommendations to improve the data landscape**.

Coordinating with JLEC and CRIS

As outlined in the legislation, Washington Thriving is coordinating with the Joint Legislative Executive Committee on Behavioral Health (JLECBH) and the Crisis Response Improvement Strategy (CRIS) Committee.

The **JLECBH** was **authorized in 2023** and is responsible for identifying key strategic actions to improve access to behavioral health services and develop a five-year plan. Washington Thriving and the JLECBH are both developing statewide behavioral health strategic plans, and are both concerned with emphasizing prevention, early intervention, and home or community-based supports to reduce escalations to emergency, crisis, involuntary, and criminal/legal systems. Washington Thriving’s focus is on children, youth, young adults and their parents and caregivers, and it is developing a detailed vision for the future of the array of services and supports needed in the state, differentiated for different ages and stages of development. JLECBH is considering behavioral health more broadly across the entire population in aggregate. The two initiatives have differing timelines, with the JLECBH due to produce its plan by June of 2025. Project staff from both efforts attend the other effort’s meetings and coordinate and collaborate regularly to align the efforts by sharing information and status updates and identifying opportunities for alignment and synergy between the efforts. For example, sharing data and employing complementary frameworks and definitions.

The CRIS Committee was **created by the Legislature in 2021**. It is charged with developing recommendations to support implementation of the national 988 suicide prevention hotline and the statewide improvement of behavioral health crisis response and suicide prevention services. Washington Thriving is considering the entire continuum of care, from prevention to early intervention to treatment, including crisis response and stabilization, and recognizes the need to develop specialized crisis services including mobile crisis response to address the needs of children, youth, young adults, and their caregivers. As strategic recommendations related to crisis response emerge, Washington Thriving will consult with the CRIS Committee.

Progress and Outputs to Date

Since the last progress report submitted in December 2023, Washington Thriving has made significant progress across multiple workstreams. The outputs from these workstreams are generating insights, recommendations, and other foundational material that will be incorporated into the P-25 Strategic Plan.

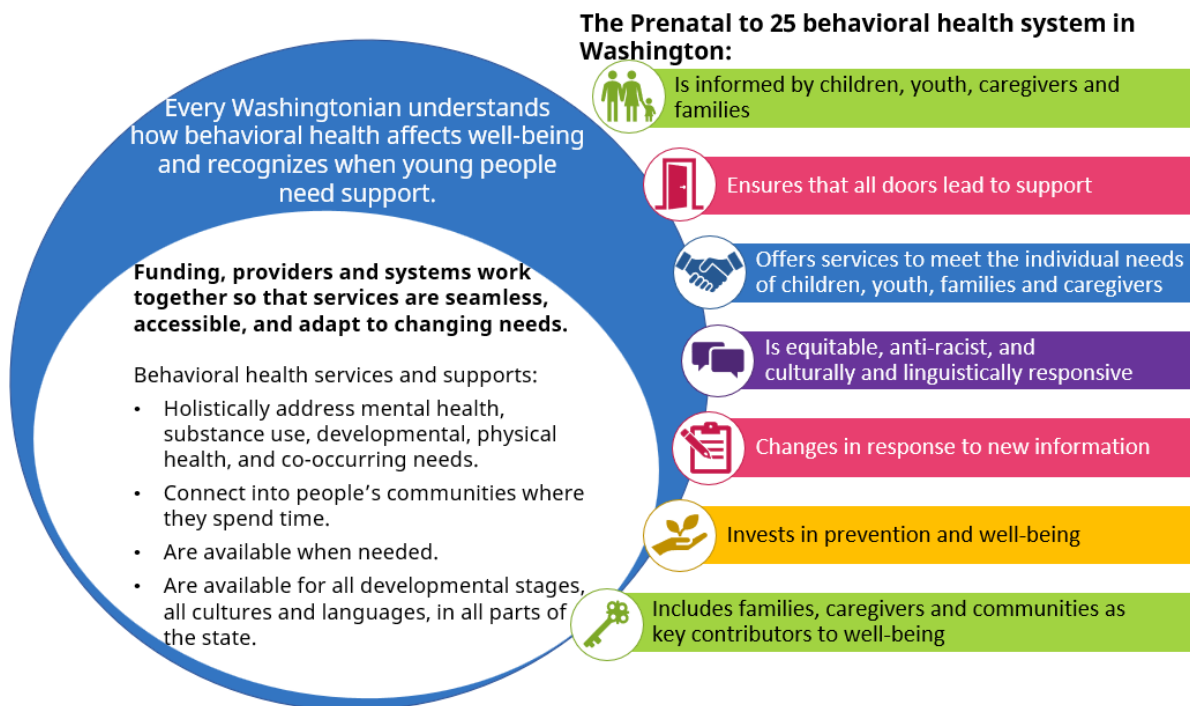
Vision, Principles, and Definition

In 2023, the Advisory Group engaged in extensive discussion to develop a vision for the future prenatal-through-age-25 behavioral health system. In 2024, this work came to fruition through rounds of additional input and feedback from the updated Advisory Group, its Discussion Groups, and the community engagement activities described previously.

Figure 6 presents a visual representation of the resulting **Future Vision for the behavioral health system and the principles that it must embody** to realize Washington Thriving’s ultimate goal for behavioral health of Washington Thriving: a future in which every Washington child, youth, and young adult is thriving, supported by their parents, caregivers, and communities.

Through the feedback loop process, the vision evolved into a centerpiece of Washington Thriving that describes how the behavioral health system would ideally be experienced by all who interact with or operate within it. Consistent with the foundational purpose of developing the P-25 Strategic Plan is the focus on centering lived and living experience and providing support that is equitable, accessible, and easy to navigate.

Figure 6. Future Vision and Principles



During the visioning process, Discussion Groups identified the need for Washington Thriving to align on a shared, plain-language definition of behavioral health that is relevant, applicable, and clearly understood by and reflective of the experiences of the prenatal-through-age-25 population. The term “behavioral health” is regularly used by subject matter experts, policy professionals, and direct service providers,

usually in reference to adults, and often as shorthand for mental health and/or substance use challenges. In the context of children, youth, and young adults, behavioral health challenges may be dismissed as “behavioral problems” and may leave out the holistic nature of wellbeing, parents’ and caregivers’ health, and the environments in which young people develop, beginning before birth.

Washington Thriving began with a definition of behavioral health provided by the JLECBH. Through a series of feedback loops, the definition in Figure 7 emerged, and has been shared back with JLECBH for their consideration. This definition not only describes what the term behavioral health refers to; it is also a resource that can educate a broader audience about behavioral health and the many ways it contributes to overall well-being. The definition has been developed to exclude judgmental language and seeks to reduce stigma and normalize the significant role behavioral plays in the well-being of children, youth, young adults, caregivers, and families.

Figure 7. Definition of Behavioral Health

Behavioral health involves the **interaction between a person’s body, brain, and the people and places around them**. It includes the feelings and actions that can affect one’s overall well-being.

Behavioral health can:

Impact **how a person relates and interacts** with their families and communities and maintain long-term positive relationships that are vital for well-being

Affect 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 the stress and trauma they have experienced or experiencing or challenges with substances or other ways of coping that get in the way of overall well-being

Include a broad range of diagnoses and can change or be exacerbated by lack of intervention

Coincide with other challenges, 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 impact on behavioral health; over time, as children and youth grow and develop, these **challenges change**

Be impacted even before birth through exposure to maternal stress or substances and **during the earliest months and years** of life as a result of poor social and emotional connections

Ideal Service Array

One of the most important goals of Washington Thriving's engagement with a diverse range of individuals and communities is building an understanding – from their own perspective – of what supports and services people need, what would make them accessible, and what would make them effective. In other words – what help would look and feel like help to Washington's diverse communities of children, youth, young adults, and their parents and caregivers? In consultation with diverse communities through the engagement activities described below, and through the series of feedback loops described above, Washington Thriving is elaborating on the Vision and Principle above by articulating the "**ideal service array.**"

The ideal array of services will address the broad range of behavioral health and co-occurring needs, in culturally responsive ways, in the settings that best serve children, young people, and their families and caregivers. This may include homes, schools, providers' offices, and inpatient and residential settings.

This service array will reflect the reality that some supports and services are **needed by everyone** in the prenatal-to-age 25 population or caring for them (e.g. education and promotion of wellbeing). Others are **needed by some** (e.g. early intervention, outpatient treatment, short-term hospitalization). Still other services (often the most intensive or specialized) are **needed by only a few**. All of these needs are important to address to realize the vision of Washington Thriving.

Analysis of Landscape, Gaps, and Barriers

A critical input to the P-25 Strategic Plan will be a comprehensive, shared understanding of the current state of the behavioral health system serving children, youth, and young adults, and an analysis of the gaps and barriers standing between the current state and Washington Thriving's vision.

The first draft landscape analysis is due to be delivered by Health Management Associates (HMA) on December 1st. This draft will be qualitative in nature and will focus on an inventory of the programs and services currently available in Washington, whether public, private, or community based. (See Appendix C for more detail on this inventory.) It will also capture qualitative insights gathered through community and expert engagement into the current quality and accessibility of these services. Quantitative data on supply and demand of services emerging from work being done by Mercer, a national consulting firm, will be incorporated into a subsequent version of the analysis in the first half of 2025. The landscape analysis is also expected to take stock of the current structural organization of the system, including which agencies handle which functions, and where oversight and funding come from, and the current cost of care.

Part of Washington Thriving's mandate is to aggregate and analyze disaggregated data to better understand regional, economic, linguistic, gender, and racial gaps in access to behavioral health services. To highlight the gaps and barriers in the system that the P-25 Strategic Plan should address, Washington Thriving will compare the needs expressed by Washington's various communities and the data on demand for services against what is currently funded, available, and accessible. This analysis aims to illuminate areas without access to services, areas of unmet workforce demand, and other capacity shortages. It also aims to uncover barriers to accessing preventive services and necessary care including inequities in service access, affordability, cultural responsiveness, linguistic responsiveness, gender responsiveness, and developmentally appropriate service availability.

Identifying and Aggregating Quantitative Data

In addition to their work quantifying the supply and demand of behavioral health services described above, Mercer has been contracted to identify key indicators and propose a blueprint of a data dashboard. If realized, the dashboard will be designed to provide actionable information that would

enable decision-makers and constituents to identify areas requiring attention and facilitate decision-making about how to allocate resources as needs change.

This work requires that Mercer identify and access sources of relevant data. Through this effort, we expect that data gaps will be identified, and recommendations will emerge to improve data collection, access, and sharing in the service of informed decision-making.

Also critical to this work will be an understanding of the ways in which data can drive inequity. Disaggregating data to understand the experiences of distinct populations will be critical to achieving equitable access to behavioral health supports and reducing behavioral health disparities.

In 2024, Mercer engaged with state agencies to 1) identify the set of indicators necessary to convey a comprehensive understanding of the behavioral health system for the prenatal through age 25 population and 2) identify data sources for these indicators.

This two-step process has included discussion and collaboration with representatives from the following agencies:

- Department of Social & Health Services (DSHS) and its Research and Data Analysis (RDA) Division
- Department of Health (DOH)
- Office of Financial Management (OFM)
- Department of Children, Youth and Families (DCYF)
- Department of Commerce (housing data)
- Office of the Superintendent of Public Instruction (OSPI)
- Office of the Insurance Commissioner (OIC)

Mercer initially **convened a series of three meetings with groups of representatives from state agencies** to identify data elements and sources that would be most important to include as indicators of the behavioral health system in the landscape assessment. These data partner discussions led to the identification of potential categories of data to include in the landscape analysis including demand, capacity, access/utilization, and outcomes.

Following the cross-agency discussions, there was a need for **additional individual agency meetings** to get more information unique to each agency to better represent the data elements and sources of each. Information collected from these discussions resulted in the development of recommendations for necessary data use agreements to be executed in late 2024, and the identification of potential data sources to support the proposed data dashboard design.

Ultimately, the data measures selected will support the quantitative analysis of behavioral health services in the prenatal through 25 system. This demonstration of the landscape will support the development for the proposal of a data dashboard designed to identify gaps in on-going data sources and describing the need, capacity, service access and utilization, and behavioral health outcomes in Washington. Anticipated potential challenges for this workstream include timeline delays resulting from establishing data use agreements across state agencies and a lack of availability of data measures specific to evaluating the efficacy and availability of behavioral health services.

This work was shared with the Washington Thriving Advisory Group during the September meeting, and feedback was incorporated into a **detailed report** summarizing Mercer's work.

Following on the first phase of work described above, the Mercer team is now preparing to: 1) establish data-use agreements with identified state agencies, 2) receive, analyze, and synthesize data to add

quantitative insights to the landscape and gap analysis, and 3) develop a detailed proposal for the structural blueprint and strategy to develop the data dashboard.

Discovery Sprints

In parallel to developing the P-25 Strategic Plan which will address systemic issues over time, Washington Thriving aims to effect near-term changes that will begin addressing children, youth, and families' immediate needs. To this end, Washington Thriving engaged Bloom Works, a contractor with expertise in user experience and roots in improving government service delivery, to deploy its "Discovery Sprint" methodology to dive deep into important challenges facing the behavioral health systems for children, youth, young adults, and their parents and caregivers. This approach is designed to quickly (8-12 weeks) understand individuals' lived and living experience in seeking or providing services/support and the complex set of actors, relationships, and policies that shape how the system interfaces with these individuals.

The four discovery sprints undertaken from May through October produced actionable recommendations for immediate improvements to key aspects of the P-25 behavioral health system and provided insights that will inform the strategic plan.

The four issue areas addressed by this first round of sprints were selected by the Washington Thriving co-chairs to each address a challenge in a different developmental stage from before birth to age 25, in different settings, and recognizing how parents and caregivers impact and are impacted by behavioral health challenges throughout early life.

For each of the four sprints, which are listed below, high-level insights and recommendations are provided in Appendix D. Detailed reports are available via the links provided.

1. **Pregnancy:** Supporting individuals experiencing behavioral health challenges, including use of substances, during pregnancy
2. **K-12:** Connecting students to behavioral health services and support through schools
3. **Transition-Age Youth:** Serving youth and young adults (ages 18-25 making the transition to adulthood and adult systems of care) experiencing complex behavioral health needs by designing services and supports specifically for this stage of development
4. **Complex Hospital Discharge:** Supporting youth and young adults with complex behavioral health needs and their caregivers after a behavioral health-related hospital discharge

The Washington Thriving team, with additional support from Bloom Works, is now consulting with the Advisory Group, relevant agency actors, and other stakeholders to determine how to activate the recommendations from each of the four sprints. The Washington Thriving team is also assessing the effectiveness of the discovery sprint approach in catalyzing productive collaboration between agencies

Overarching insight

All four of the discovery sprints highlighted the ways in which the **fragmented system** in Washington impedes people with behavioral health needs and service providers in accessing and delivering behavioral services to achieve meaningful outcomes.

Multiple agencies have discrete mandates, offer distinct services and programming, and are funded in various ways. In addition to impacting service delivery and user experience, the fragmented ownership makes it hard to develop and implement a unified vision and strategy.

This points to the need for a **more centralized function to facilitate coordination and collaboration** among the various actors to put children, youth, young adults, their parents and caregivers at the center of an **integrated system of care.**

and other actors that need to work together to action them and consider whether additional sprints will be helpful to advance the initial recommendations.

Community Engagement

Hearing from diverse communities, understanding their needs, and developing a strategic plan that reflects those needs is essential to Washington Thriving’s people-centered approach. This includes perspectives of both those that seek services and supports and those that provide them.

In 2024, Washington Thriving initiated a statewide community engagement strategy with emphasis on communities and populations who have historically experienced health inequities including 1) Black, Indigenous, and People of Color (BIPOC) communities, 2) rural communities, 3) LGBTQIA+ young people, caregivers, and families, 4) individuals with disabilities, including young people, caregivers, and families navigating services for co-occurring developmental and behavioral health needs.

Guided by the approach of a contracted partner, [Full Frame Initiative](#) (FFI), Washington Thriving’s strategy is to connect with people where they live, preferably in partnership with individuals and organizations who have already established trust in the community (see Appendix E for more information on FFI’s Wellbeing Design Principles and Five Domains of Wellness). The community engagement plan utilizes a diverse range of engagement methods and maintains flexibility throughout the process with respect to how and through whom input is gathered.

Before engaging with a community, the project team consults existing reports and other recent engagement efforts to limit the redundancy in what we are asking of these communities. For example, in our initial outreach to tribal representatives, we were pointed to a library of documentation capturing their communities’ perspectives on various aspects of behavioral health.

Washington Thriving hosted two **in-person listening sessions** in August of 2024, both of which involved individuals from across the state. The first, hosted by [Washington State Community Connectors](#), was held in Leavenworth, Washington. The second was embedded within the [Peer Pathways conference](#), which was held in Yakima, Washington. Key insights from these events can be reviewed in the “High Level Key Takeaway” sections in each report in Appendix E. Four additional in-person listening sessions were facilitated in mid-October 2024 (in Bellingham, Tonasket, and locations in Southeast and Western Washington). Insights from these activities are forthcoming.

In addition to listening sessions, Washington Thriving is **engaged with existing partners and growing networks to gather qualitative input through a variety of in person and virtual discussions**. An estimated 15-20 of these conversations are anticipated to be completed in 2024. Thus far, these engagement activities have included connections with statewide networks such as attending and presenting at meetings of the Family Youth System Partner Roundtable (FYSPRT), the Department of Behavioral Health and Recovery (DBHR) Coalition Leadership Institute, and the Tribal-Centric Behavioral Health Advisory Board, as well as attending, presenting, or facilitating discussions at regional and local meetings and coalitions that center the voices of individuals with lived and living experience. Connections with community partners have been vital to support the identification of locations where community members already come together, which provides natural opportunities for conversation and input.

Another important source of community insight that the Washington Thriving team is harvesting are the **many reports already produced** by advocates, agencies, and other actors across the system to capture these perspectives. The team maintains a comprehensive inventory of such sources, including, for example, reports from the Children’s Alliance, the Boys & Girls Clubs of Washington State, King County’s Youth Healing Project, and the Strong Youth Strong Communities summit in Washington State.

Input received from the listening sessions, discussion groups, feedback forms, and attendance at other state and local meetings is combined with input from other sources and synthesized. Insights and themes will be shared back through Washington Thriving engagement and communication channels, including the Discussion Groups, Advisory Group, and newsletter to confirm that the project team's synthesis accurately reflects the needs and vision expressed by community members. These insights will then be integrated into the Landscape Analysis described below.

A sample of feedback from the discussion groups and other state and local meetings is included below. *This is not an exhaustive list*; it is intended to provide insight into the scope and texture of discussions to date and may not reflect feedback received in the most recent engagement activities.

- Participants have identified the need to better define behavioral health (see Future Vision, Principles, and Definition)
- With respect to the proposed vision, participants identified a variety of key elements that were subsequently incorporated into the proposed vision presented in this progress report. For example, participants highlighted the need for:
 - Ensuring the vision centers a holistic approach to behavioral health that also addresses neurodivergence
 - Emphasizing attention to prevention and wellbeing, acknowledging that sometimes what can bring individuals into contact with behavioral health services are things housing, cost of living, and other basic needs
 - Including a family systems perspective, considering the needs of both the caregiver and young person
 - Incorporating a trauma-informed lens and reflecting the experiences of trauma that young people and caregivers may have experienced, including trauma that results from the current behavioral health system
- Participants are also sharing feedback about the current continuum of behavioral health care available in Washington state. This input gathering is in process and will be summarized in future reports.

The community insights gathered to date, and moving through the next year, will all contribute to the various project outputs including the landscape analysis and roadmap outlining the actionable path towards executing the P-25 Strategic Plan.

Additional workstreams

Over the next year, Washington Thriving will ramp up several additional workstreams.

Cross-System Collaboration

A consistent theme was reinforced by multiple Washington Thriving workstreams this year: **the disjointed way in which behavioral health services are currently funded, managed, administered, and delivered in Washington State**. This disjointedness is experienced by those trying to navigate the system to find support, those trying to collaborate to provide effective services within it, and those administering it.

Throughout the project, stories shared by young people, caregivers, and families have emphasized the barriers and complexities of accessing appropriate behavioral health services and the **resulting frustration that comes from a lack of coordination across the system**. This finding is mirrored by the structural challenges to accessing quantitative behavioral health data across state agencies. **Solving this coordination challenge will be a key recommendation of the P-25 Strategic Plan**.

To date, Washington Thriving's primary interface with agencies and other entities across the system has been through their individual representatives on the Advisory Group or the CYBHWG. In the next phase of work, complementary to our extensive community-level engagement, the Washington Thriving team will **engage with a broader set of individuals more proactively** to ensure that – in addition to reflecting the needs of those it aims to serve – the Strategic Plan will be actionable, taking into account the priorities and constraints faced by those working across the system, as well as the evidence and innovation coming from entities like the University of Washington's [Co-Lab](#), [School of Social Work](#), [SMART Center](#), Washington State University's work in substance use prevention, [New Journeys Early Intervention Program for First-Episode Psychosis](#), and others. Washington Thriving must build awareness and support across a wide range of actors, including those who will be integral to collaboration and the allocation of resources to implement the Strategic Plan. **This includes leadership from state agencies and commissions, legislators, school districts, experts from academia and non-profit organizations, health care providers, insurers and managed care organizations, and advocacy groups**.

Washington Thriving will do this through a **range of tactics**, including consultation with those already engaged in the CYBHWG or Washington Thriving, individual engagement by Washington Thriving co-chairs, the workshops described in the section on Systems Modeling below, and ongoing communications.

Meaningful leadership engagement will provide these actors visibility into the process, encourage their contribution to the development and implementation of the Strategic Plan, and will invite them to envision the important roles their organizations will play in establishing a high-quality, developmentally appropriate and culturally responsive P-25 Strategic Plan. In doing this work to engage these system actors, it will be critical not to recreate the system we already have. This requires **ongoing feedback loops** to bring together the perspectives and priorities of those the system aims to serve with the perspectives of those who operate and govern the system.

Systems Modeling

Put simply, a system is "a set of things ... interconnected in such a way that they produce their own pattern of behavior over time."² When trying to change a complex system, the actors involved need to develop a

² Meadows, D. H. (2015). *Thinking in Systems*. Chelsea Green Publishing.

shared understanding of the challenge and a theory of the issue. They need tools to help them refine and revise their thinking as they learn.³ Learning from evidence is especially challenging in the face of complexity, in part because of common mental models that we use to simplify our understanding of complex systems.⁴

The system of fragmented programs and entities and providers and funding sources that directly and indirectly impact the behavioral health of children, youth, and young adults in Washington State is one such complex system. In order to build our collective ability to learn and make strategic choices in the face of this complexity, Washington Thriving has engaged a systems dynamics expert from Pontifex Consulting. Working with best available data, evidence, and subject matter expertise, this expert will build a model of the dynamics at play. This model will simulate the relationships between policy and investment choices and expected behavioral health outcomes, with the aim of understanding the underlying systemic forces impeding young people’s wellbeing and identifying high leverage approaches to address the issue.

Through a series of workshops with the Advisory Group and actors from across the disparate parts of the system, this expert will use the model to facilitate collective learning about the system and generate insights about what policies and investments will have the greatest impact on the desired system function and outcomes. The process of developing the model and the outputs of the model are expected to and illuminate key dynamics within the current system that will need to be addressed to achieve our shared vision. These activities are expected to run through June 2025.

Learning from Other States

In addition to exploring home-grown innovations and evidence, Washington Thriving will be consulting with national experts to identify best practices and seek feedback on proposed directions. This includes engaging the Innovations Institute within the School of Social Work at the University of Connecticut to consult with and seek technical assistance from their nation-wide network of subject matter experts. Washington Thriving is learning from the team who oversaw the transformation of New Jersey’s behavioral health system of care for youth. The project team also has relationships with other behavioral health-focused policy institutes, including Meadows Mental Health Policy Institute in Texas and its collaborators from California, Ohio, and Massachusetts, and experts through HMA.

Cost-Benefit Analysis and Funding

An important aspect of the Landscape Analysis is understanding the sources and uses of funding going to behavioral health supports and services today. The gap analysis will illuminate areas where Washington State needs to increase funding or shift resources, as well as areas where we may be able to spend less. The systems modeling work described above will help us understand the benefit of investing in different parts of the system and the comparative strengths and weaknesses of investing in alternatives. We are also consulting with other states to understand the analyses they’ve done to understand important cost drivers and estimate the cost-benefit of a dollar spent in one area of the system versus another. In addition to estimating the costs and benefits of implementing the Strategic Plan, Washington Thriving aspires to identify sources of funding to sustain the future system. Washington Thriving plans to collaborate closely with agencies, with the Office of Financial Management, and with other analysts to make the case – in both fiscal and human terms – for the recommendations put forward as part of the P-25 Strategic Plan November 2025.


³ Clark, K. et al. (July 2015). *Using Systems Thinking to Shift Mindsets*. [white paper]. International System Dynamics Conference, Boston, MA, USA.

⁴ Sterman, John D. *Learning from Evidence in a Complex World*, Public Health Matters, March 2006.

Appendix A: Washington Thriving Identity


Through an iterative process with the Advisory Group and Discussion Groups, the initiative to develop the P-25 Strategic Plan was dubbed **Washington Thriving** and a distinctive icon was developed to reflect our shared ethos. The significance and symbolism behind this identify is described below.

Name & Icons



Washington Thriving

- **Washington Thriving:** This name represents the statewide effort, and the goal of ensuring that every Washington child, youth, young adult, and their families and caregivers, are thriving.
- **Evergreen Trees:** Symbol which resonates across the state, with multiple trees of different sizes to represent communities, families, and other support.
- **Bright color scheme:** Attention grabbing and youthful.
- **Multi-colored tree rings:** Represent generations and the growth and development that occurs during the prenatal-through-age-25 period.
- **Individual color icons:** Represent each age group with an evergreen tree correlating to that stage.



Prenatal 0-5 6-12 13-18 19-25

Appendix B: Washington Thriving Advisory Group

2024 Members

Co-Chairs

Representative Lisa Callan, House of Representatives

Diana Cockrell, Health Care Authority

Members

Patricia Leckenby, Provider

Nucha Isarowong, Provider

Natalie Gustafson, Provider

Kaneesha Roarke, Provider

Tessa McIlraith, Provider

Xochi Wade, Provider

Andrew Hudson, Parent/Caregiver

Kelly Sweeney-Widman, Parent/Caregiver

Jessica Russell, Parent/Caregiver

Richelle Madigan, Parent/Caregiver

Brendan Smith, Parent/Caregiver

Andrew Hudson, Parent/Caregiver

Krista Perleberg, Parent/Caregiver

Celeste Taylor, Parent/Caregiver

Brittany Miles, Parent/Caregiver

Krista Perleberg, Parent/Caregiver

Dillon Hill, Youth/Young Adult

Kelly Duong, Youth/Young Adult

Sierra Camacho, Youth/Young Adult

Sage Dews, Youth/Young Adult

Tracey Hernandez, Youth/Young Adult

Darren Bosman, Youth/Young Adult Member

Amanda Shi, Youth/Young Adult Member

Jane Beyer, Agency Representative, Office of the Insurance Commissioner

Shelley Bogart, Agency Representative, Department of Disability Services - Developmental Disabilities Administration

Kim Justice, Agency Representative, Department of Commerce, Office of Homeless Youth Prevention and Protection Programs

Matt Davis (Interim Member), Agency Representative, Department of Commerce, Office of Homeless Youth Prevention and Protection Programs

Amber Leaders, Agency Representative, Office of the Governor

Michele Roberts, Agency Representative, Department of Health

Mary Sprute-Garlant, Agency Representative, Department of Children Youth and Families

Bridget Underdahl, Agency Representative, Office of the Superintendent of Public Instruction, Project AWARE

Vickie Ybarra, Agency Representative, Department of Children Youth and Families

Rep. Carolyn Eslick, Legislator

To be appointed, MCO Representative

Carolyn Cox, Advocate

Janice Schutz, Advocate

Peggy Dolane, Advocate

To be appointed, Advocate

To be appointed, Tribal Member

Advisory Group Member Recruitment

Establishing a new cohort of Advisory Group members required recruitment to achieve the desired representation of individuals. Leveraging existing networks in collaboration with the CYBHWG, recruitment communications were sent through email to the CYBHWG distribution list, relevant distribution lists through HCA, and through local and regional partners. Individuals were invited to apply for membership based on their self-identified experience as either as a parent/caregiver of a child/youth/young adult with behavioral health challenges, a youth/youth adult with behavioral health challenges, or a behavioral health provider (including both individuals working in behavioral health settings and other adjacent environments such as schools, pediatrics, and community settings - "system partners").

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

2024 Meetings

Meeting Date	Topics Discussed
April 24, 2024	Updates from 2023 legislative session Upcoming engagement opportunities Community engagement Next steps and action items
June 10, 2024	Overview of strategic plan process Breakout groups: feedback on strategic plan principles Upcoming community engagement and discussion groups Updated version of project principles and vision
September 9, 2024	Project updates Overview of updates to the future vision following feedback Current landscape of behavioral health services in Washington Discuss next steps and action items Upcoming community engagement and discussion groups Updated version of project principles, vision, and definition of behavioral health

**October 28,
2024**

Project updates
Legislative progress report
Discovery Sprint updates
Discuss community engagement activities and insights
Breakout groups: input on behavioral health service gaps

Appendix C: Inventory of Supports and Services

The forthcoming inventory of supports and services will provide a detailed view of what services exist, where are they available, who accesses these services, and what organization or entity is responsible for service administration or implementation.

In 2023, program staff in HCA's Division of Behavioral Health & Recovery (DBHR) Prenatal-25 Section, in consultation with other state agency staff, began to construct a catalog of current state services and supports serving the prenatal-25 age span and encompassing a continuum of care ranging from prevention to recovery and wellbeing stabilization supports.

The catalog of services has been updated over the last year with information about state programs gathered through interviews with state agency partners. This document will be publicly available in January of 2025 followed by regular updates as more information is gathered. Interviews included representatives from the following agencies:

- Department of Children, Youth and Families (DCYF)
- Department of Commerce, Office of Homeless Youth
- Department of Health (DOH)
- Health Care Authority (HCA)
- Office of the Insurance Commissioner (OIC)
- Office of Superintendent of Public Instruction (OSPI)

The catalog has been further sorted into the following categories for the type of intervention including:

- Programs and Services
- Funding Source or Financing Mechanism
- Workforce
- Coalitions, Networks, Workgroups and Systems Improvements
- Consultation Lines and Services
- Public Education, Health Promotion, Campaigns, and App-Based
- Curriculum or Training
- Surveys, Studies, and Data Collection; and
- Care Setting

Ongoing work will provide additional information about behavioral health services that may be funded and administered through other entities in the state including:

- Accountable Communities of Health
- Academic Higher Education
- Commercial Insurance
- County-Based
- Behavioral Health Administrative Services Organizations

Appendix D: Insights and Recommendations from Discovery Sprints

Washington Thriving contracted Bloom Works to conduct four discovery sprints on four separate topics. The **insights and recommendations from each sprint** are summarized below.

In addition, Bloom Works highlighted an **overarching insight**. All four of the discovery sprints highlighted the ways in which the **fragmented system** in Washington impedes people with behavioral health needs and service providers in accessing and delivering behavioral services to achieve meaningful outcomes.

Multiple agencies have discrete mandates, offer distinct services and programming, and are funded in various ways. In addition to impacting service delivery and user experience, the fragmented ownership makes it hard to develop and implement a unified vision and strategy. This points to the need for a **more centralized function to facilitate coordination and collaboration** among the various actors to put children, youth, young adults, their parents and caregivers at the center of an **integrated system of care**.

Behavioral Health During Pregnancy

This discovery sprint explored the experiences of pregnant and parenting people who use substances and how they navigate the behavioral health system, as well as the perspectives of staff that serve them on the front lines, and professionals who oversee the systems that organize and deliver these services. A detailed report can be found [here](#).

The research highlighted these insights about experiences for both people with lived experience as well as service providers:

- Fear of CPS stops pregnant people from getting help and makes it harder for providers to know when to report.
- Despite widespread recognition for whole-family care, operational barriers make it nearly impossible for providers to offer it, burdening those with lived experience.
- Peer navigation work is crucial yet under-resourced, despite the growing recognition of the value of lived experience.
- Direct service organizations can do more with increased support.

Based on these insights, Bloom Works offered the following recommendations:

- Overarching recommendation: Increase focus on prenatal substance use as a strategic priority
- Decouple CPS from getting help
 - Iterate on Plan of Safe Care (POSC)
 - Provide essential information to families involved with CPS
 - Expand decision support resources for people who are reporting to CPS
 - Develop a “harm reduction” model for doula reimbursement
 - Emphasize local administration and independence from DCYF in CPS prevention efforts.
- Expand pathways to whole-family care
- Continue to expand opportunities for peer navigation/ally roles
- Increase support for direct service organizations
 - Encourage behavior change through information sharing and networking
 - Increase support for emerging or expanding providers

K-12 School-Based Behavioral Health

This discovery sprint explores how Washington might better connect middle and high school students to behavioral health services through school. A detailed report can be found [here](#).

The research highlighted these insights regarding how schools currently identify and connect students to BH services and what is needed to make this successful:

- Community engagement is key. Schools need to extend BH support and advocacy beyond school and into the community.
- Every student needs a support squad. Holistic BH support depends on communication and collaboration.
- Principals are crucial to success. Supported students start with supportive leadership.

The research highlighted these insights regarding what resources, expertise, and capacity are necessary for schools to deliver successful behavioral health supports:

- A centralized approach can create consistency and efficiency. Without statewide expectations or processes for behavioral health in schools, everyone is solving similar problems, separately.
- Delivery depends on individual expertise and effort. Some schools and districts provide incredible services.
- Infrastructure can come from the top down with the right mechanisms. Many resources are allocated top-down through the infrastructure of ESDs and districts.

Summary of recommendations

Given the known challenges and the insights from the research, we recommend the state consider the following foundational approaches when developing the strategic plan and implementation for behavioral health in schools:

- Strengthen collaboration between education and behavioral health
- Build services incrementally over time
- Design with relationships in mind

Nine recommendations were provided:

1. Clarify roles, responsibilities, and ownership between education and behavioral health entities.
2. Define minimum expectations and requirements for schools to provide behavioral health supports.
3. Investigate opportunities to develop sustainable funding and identify underused resources.
4. Invest in non-clinical supports that reflect the community they serve.
5. Ensure all schools can refer to an accessible licensed mental health counselor.
6. Require and provide training for staff on key tasks.
7. Define behavioral health role and training for principals.
8. Better leverage successful models and resources across state and districts.
9. Enable schools to engage and support families in accessing and navigating behavioral health supports.

Complex Hospital Discharge

This discovery sprint looked into the challenges facing youth with complex behavioral health needs in Washington state, specifically focused on the experiences of youth and their caregivers who repeatedly

navigate hospital emergency departments for behavioral health-related crises. A detailed report can be found [here](#).

The research highlighted many pain points about the process as a whole, identified by youth and caregivers and supplemented with perspectives from providers. Key insights:

1. Youth with complex behavioral health needs have limited access to care that meet their and their caregivers' holistic needs.
2. Washington state emergency departments are not always designed to support behavioral health crises.
3. Youth and caregivers often do not feel ready for or have support to navigate services after discharge.

From all perspectives, systemic barriers that influence the delivery of services were identified, including:

1. Behavioral health cuts across many different systems, expertise, and needs.
2. Fragmented entry points and services lead to fragmented support.
3. The care that youth and caregivers receive reflects system constraints, rather than youth and caregiver needs.
4. Lack of services within the continuum of care.
5. Lack of cohesion and coordination of efforts leads to frustration and mistrust for all perspectives.

Three recommendations were provided to improve outcomes in cases of complex hospital discharge:

1. Increase opportunities to assess and serve holistic needs for improved behavioral health care
 - a. Understand holistic needs consistently across entry points
 - b. Offer comprehensive discharge planning and post-discharge supports for successful reintegration to community
2. Build out the continuum of care at all levels of intervention to inform a longer-term roadmap
 - a. Expand and enhance mobile/local crisis stabilization and treatment offerings
 - b. Increase in-home services and options for ongoing non-crisis supports
 - c. Create step up/step down options: partial, short-term, and intensive outpatient
 - d. Expand in-state residential treatment and/or therapeutic schools
 - e. Ensure unique needs and populations are designed for within all levels of the continuum of care
3. Develop a cohesive, strategic approach informed by data collection
 - a. Align efforts and available data to focus on populations with unique needs and significant system impact
 - b. Strengthen mechanisms for quality management across systems and services

Transition-Age Youth

This discovery sprint aimed at improving behavioral health access and outcomes for transition-age youth (TAY). The overarching recommendation resulting from the research was that Washington needs to design a TAY-centered continuum of care that addresses the specific needs during this stage of development. A detailed report can be found [here](#).

Three recommendations were provided, with key findings supporting each and opportunities identified for action.

1. Help TAY and their support networks understand needs, navigate services, and coordinate care.
 - a. Findings:

- i. The systems that TAY must navigate often assume strong executive and physical functioning, which can create barriers to access and engagement.
 - ii. A diagnosis can be life-changing, but not everyone gets one, or they may not get it when they need it most.
 - iii. TAY are more likely to engage with programs and services where they feel accepted.
 - iv. TAY are more likely to thrive when they have natural supports or a trusted adult in their lives, but not everyone has access to such resources. In their absence, direct service providers frequently step in to fill the gap.
 - b. Opportunities
 - i. Increase access to peer support for TAY as part of behavioral health services and Community-Based Organizations.
 - ii. Share guidance for providers on working with TAY
 - iii. Normalize TAY behavioral health through targeted marketing efforts
 - iv. Provide guidance for TAY family, caregivers, and support networks on navigating behavioral health needs.
 - v. Evaluate the expansion of existing resource lines.
- 2. Provide TAY-centered services at the appropriate level, across the continuum of care.
 - a. Findings
 - i. Because of high demand and limited resources, many services focus on treatment, instead of prevention that could ease the strain on both individuals and the healthcare system.
 - ii. More care options exist for people with high-intensity needs than for those with middle- to lower-intensity needs, creating a counterproductive incentive for health conditions to worsen before getting treatment.
 - iii. Gaps in services create breaks in care for TAY. At 18, many TAY lose benefits, age out of programs, or get dropped from Medicaid without their knowledge, disrupting their care and setting them back.
 - b. Opportunities
 - i. Offer providers guidance on how to promote safe and trustworthy services to TAY.
 - ii. Build out private insurance high-intensity wraparound services to have parity to Medicaid.
 - iii. Build out Medicaid-funded mid-intensity wraparound services.
 - iv. Help Medicaid enrollees navigate the transition from household to individual Medicaid at age 19.
- 3. Enable providers to work with TAY effectively and at the level that is needed.
 - a. Findings
 - i. Providers for TAY struggle with unstable funding and complicated insurance, leading to shortages that disrupt programs and stifle consistent service.
 - ii. Workforce shortages are common in behavioral health, especially in Washington. Poor working conditions and low pay increase turnover, pushing providers into private practice and limiting access to services for TAY.
 - b. Opportunities
 - i. Increase funding for outreach, navigation, and care coordination.
 - ii. Streamline the funding process and requirements to ease burden on providers.

- iii. Integrate funding opportunities across behavioral health agencies for a simplified provider experience.

Appendix E: Community Engagement Approach and Activities

- Peer Pathways Conference listening session
- Connecting Communities Retreat
- Designing for a Fair Shot at Wellbeing
- Five Domains of Wellbeing Definitions and Key Aspects

Peer Pathways Conference Listening Session

The listening session at the Peer Pathways conference was conducted on August 22, 2024 in Yakima, Washington. The approximately 400 people in attendance at the conference came from all over the state and were involved with peer support. Health Management Associates (HMA) and the Full Frame Initiative (FFI) attended to make connections throughout the conference and to conduct the listening session. Eight people attended the listening session, which allowed for an in-depth conversation. Participants came from the counties of Okanogan, Snohomish, Chelan and Spokane.

Purpose and structure of the listening session

People don't live their lives in the behavioral health system. Other systems they interact with and non-system activities also influence people's experience of behavioral

health and can inform how a system wanting to tackle behavioral health may respond. For that reason, this listening session focused on four main questions:

- What already supports your wellbeing?

High level key takeaways

- There are already places, events, and activities supporting people's wellbeing. However, there are increasingly barriers to accessing them.
- Church, parks and nature, and Pow Wows support people's wellbeing in diverse ways.
- There are activities, services and programs that exist, yet both providers and community members don't know about them.
- Fear and stigma prevent people from accessing mental health services. Think outside-the-box for making services accessible.
- The benefits and services structures make it difficult to qualify for and also access services without significant wellbeing tradeoffs (related to time, money, etc.)

Significant influences on behavioral health outside of the behavioral health system

- The foster care system experience impacts people's behavioral health in lasting detrimental ways.
- There is inadequate support for people being released from prison.

- What gets in the way of your wellbeing?
- How do all of those things impact your behavioral health?
- What would be part of your vision for a behavioral health system?

Since Washington Thriving is also an effort at shifting the relationship between the state and people who are most impacted by systems, we gave space for identifying themes as a group and for people sharing deeply personal traumas deemed as necessary aspects of their responses.

While we collected contact information for participants to stay in touch with Washington Thriving, we chose not to collect detailed demographic information or record the listening session. We felt this would be the best way to encourage community members to speak freely. Traditional community engagement has a history of causing harm in communities, so we wanted to ensure that participants felt more like partners and less like research subjects.

Summary of the conversation

What's working to support wellbeing?

These are assets to wellbeing and behavioral health that could be strengthened or prevented from inadvertent or accidental erasure during change. They were described specifically as being able to support connection and relationships, to allow people to feel that they can safely be themselves, to provide a feeling of accomplishment and influence, to provide a feeling of predictability and familiarity, and to get basic resource needs met.¹

- Places: church, parks and nature, food establishments, library
- Events and activities: festivals, Pow Wows, fishing, hiking, board games, helping others, social media posting, taking public transit
- Organizations and groups: Narcotics Anonymous, Washington State Community Connectors, Seamar, Recovery Place, YMCA, community and multi-service centers, nature centers, workplaces, food banks

¹ More information about these specific drives for wellbeing, known as the Five Domains of Wellbeing may be found at this link:

<https://www.fullframeinitiative.org/learn/our-core-concepts/all-of-us-are-hardwired-for-wellbeing/>

At a glance: How these assets support wellbeing

	Relationships & connection	Safely be ourselves	Accomplishment & influence	Predictability & familiarity	Accessing Resources
Church					
Parks & nature					
Restaurants					
Library					
Festivals & community events					
Pow Wows					
Fishing, hiking, board games, helping others, social media posting					
Taking public transit					
Narcotics Anonymous					
Community centers & service orgs					
Workplace					

What are barriers to wellbeing?

The following items are notes on comments made by participants, arranged by theme.

Difficulty accessing services and programming

- Eligibility barriers related to having private or public insurance, especially WISE.
- Eligibility barriers based on geography resulting in higher time commitment and cost. For example, you live in County A and services in County B are closer, but you need to travel far to go to the services in County B.

Difficulty providing, holding or knowing about events, programs or services

- Hard to hold the type of events (festivals, Pow Wows) that support wellbeing because venues either aren't available anymore or they require \$1 million liability insurance to hold an event.
- Lack of advertising and publicity for programs and services, particularly for teens.
- Difficulty for providers in knowing what programs and services are available in different regions as families move from one county to another.
- Difficulty for programs to get into schools to provide support to teens.
- Services sometimes require three hours of travel and Telehealth, as an alternative, doesn't work for everyone.

Mindsets and narratives

- Stigma and the mindset that "you're a bad parent because your kid is in therapy."
- Fear of getting locked up in a mental hospital so [you] don't want to see a therapist.
- People are intimidated by power dynamics and authority.

Benefits cliff

- You can't earn more money because of losing benefits that are significantly more costly.
- Single parents not qualifying for childcare.

Experience in the Foster Care System

- No one is listening to youth and some describe it as "the worst experience of their lives."
- Young people can't get out of the system, so some get pregnant as a way to get out of the system.
- Caseworkers live in the office because kids have nowhere to go.

Employment and other support

- Difficulty to seek employment in rural areas because of overqualification.

- No support when released from prison.

What is part of a vision for behavioral health?

- Make it possible for people to access services without going into a facility, such as having counselors and doctors on-site at community events in parks.
- More digestible information and education, especially for young people.
- More programming like: Job Corps, Peacemakers, FYRE, Washington Youth Academy.
- Fund people and organizations living in rural communities who already know the community to do the work.

Questions to explore for the strategic plan

- **How might the behavioral health system work more closely with the foster care system?** The foster care system is a source of trauma resulting in people needing behavioral health support later in life.
- **How can what's already working to support wellbeing be further strengthened?** We know that people get a lot of support outside of formal systems and we know that relationships and mental health are connected. Festivals, events and Pow Wows in particular were named as strengthening community bonds, however, there are barriers to holding them.
- **How might there be more opportunities for service providers and community members to share knowledge of activities, services and programs?** During the listening session, peer support professionals shared valuable information in real-time to fill in gaps for others. Some way to support ongoing communication and sharing across the state may be useful, especially since people and families move all the time.
- **How might the behavioral health system support mental models and narrative shifts?** There are stories being told about people who need help that are detrimental. These feed into how individuals access services by creating fear and stigma, and they feed into how services are set up by putting in place qualification barriers based on distrust. How can we tell stories about people that are more complex and also highlight their humanity?

Potential key champions of this work

During the conversation, there were several people who seemed especially engaged and may be interested in an ongoing relationship:

- John Bodkins, Peers Empower Peers, Tonasket

Connecting Communities Retreat

From August 12-13, HMA and FFI were part of the Connecting Communities event, a statewide gathering of leaders from community, peer-led, and faith-based organizations, and people with lived experience in behavioral health. The event was sponsored by Washington State Community Connectors (WSCC), and supported by HCA and SAMHSA. The focus was on building relationships and connections across the 45 participants, and surfacing natural supports for youth and families navigating the system. There was deep discussion and creative interactions around wellness and wellbeing, leading to a closing session that HMA and FFI facilitated on Washington Thriving that looked at the strengths, barriers and future vision of a P-25 behavioral health system in WA state.

Purpose and structure of the listening session

People don't live their lives in the behavioral health system. Other systems they interact with and also other non-system activities also influence people's experience of behavioral health and can inform how a system wanting to tackle behavioral health may respond. For

High level key takeaways

- Natural helping networks that are organic, spontaneous and community-driven are essential to wellbeing.
- More decisions need to be community-driven with people with lived experience. Reduce "Helicopter Healthcare."
- Systems are fragmented and community members are feeling the effects.
- There are a wide range of barriers to service access, including lack of cultural relevance, stigma, transportation, and more.
- At the service delivery level, behavioral health for staff is essential to behavioral health support in the community.

Significant influences on behavioral health outside of the behavioral health system

- Community members are involved in multiple systems and the effects of these systems not coordinating has an impact.
- The education system and justice system have roles to play in increased wellbeing.
- Workforce development and human resources have impacts on worker wellbeing, which, in turn, affects behavioral health service delivery.

that reason, this listening session focused on four main questions:

- What already supports your wellbeing?
- What gets in the way of your wellbeing?
- How do all of those things impact your behavioral health?
- What would be part of your vision for a behavioral health system?

Since Washington Thriving is also an effort at shifting the relationship between the state and people who are most impacted by systems, we also gave space for identifying themes as a group and also allowed there to be enough space for people sharing deeply personal traumas that are necessarily part of their responses.

The organizers of the convening collected contact information and we chose not to collect detailed demographic information or record these conversations. We felt this would be the best way to encourage community members with lived experience of trauma to trust us, speak freely, and believe this is truly a different approach. Traditional community engagement has a history of causing harm in communities, so we wanted to ensure that listening session participants feel more like partners and less like research subjects.

Summary of the conversation

The following items are notes on comments made by participants, arranged by theme.

What's working to support wellbeing?

These are assets to wellbeing and behavioral health that could be strengthened or prevented from accidentally erasure during change:

Family systems support based on self-defined “family”

- Self-defined “family” that includes biological and chosen family, with cross-generational roles
- Support for not just the individual, but also for the family

Community and people with lived experience involvement

- Active involvement in decisions that affect our lives
- “Meet us where we’re at. Sit with us. Don’t throw programs and services at us.”
- Peer support and peer training programs around behavioral health

Natural helping networks that are organic, spontaneous and community-driven

- One person shared a story about not having an easily accessible community for her son. She sought to build connections with people through wood-working because he was interested in that. Now he has a group of elders who he does wood-working with. This was a supportive and nurturing connection that this person created when nothing else was there.
- One person shared a story of a spontaneous connection that led to a community for her son. She met someone at the gym who did Jiu Jitsu. Since then, she has found a community for her son within Jiu Jitsu. This was a spontaneous connection that led to a valuable community for her family.
- Meal trains
- Networks and events for caregivers to share support and resources

Meaningfully accessible and inclusive

- Accessibility of services for multiple languages and respectful and inclusive of cultures
- Psychological safety
- Behavioral health services in schools

What are barriers to wellbeing?

“Helicopter Healthcare”

- “Helicopter Healthcare”: Organizations that impose solutions without community involvement, which results in ineffective or watered-down legislation

Infrastructure and the built environment

- Gentrification affects community trust and resource accessibility
- Lack of transportation

Current events

- Influence of social media

Stigma, lack of inclusion, and lack of cultural relevance

- Stigma around mental health
- Racism and exclusionary impact of some DEI language (e.g. debates about the inclusivity of “BIPOC”), lack of culturally and linguistically relevant services

Specific barriers related to formal behavioral health system

- Service system structure

- Fragmented services and competition for funding creating inefficiencies and barriers to access
- Inequitable access to resources, funding and lack of transparency in the legislative process
- Expectation of programs and organizations to front load money
- Insurance authorizations: difficult to access WISe for non-Medicaid families
- Service system approach and perspective
 - Systems not connecting to community resources and creating new programs for things that already exist in communities
 - Too much focus on being reactive, rather than preventative approaches
- Insufficient understanding of available services
- High turnover and inadequate training for case managers

What is part of a vision for behavioral health?

Increasing accessibility for employment, housing, and services; reducing the wellbeing tradeoffs of seeking supports

- Free care for anyone seeking behavioral/mental health care
- Equitable rural access to the services in urban areas
- Childcare and support for teenagers who are also parents, so they can access behavioral health services
- Culturally trained providers, including peer support in prisons, hospitals, schools, etc.
- Elimination of felony/3rd degree charges for people dealing with mental health

Increased meaningful involvement for people with lived experience

- Expanded role for peers in schools and communities, support with adequate compensation and recognition
- Regular forums and communication for parents and caregivers to discuss and address their needs and challenges
- Parent-led committees in the WA State Legislature

Systems approach and restructuring

- Integrated, collaborative and transparent systems across all care
- Focus on preventative care and mental health education pre-crisis, including education for parents and caregivers
- Mental health crisis response that does not require police intervention

Community and organizational support

- Livable wages and benefits for staff to reduce turnover and ensure quality of care
- Flex funds for regions and local communities to respond to what is needed in community
- Involvement of employers in supporting behavioral health for employees, including wellness days

Questions to explore for the strategic plan

- How can funds be made available by smaller entities and organizations for the purpose of strengthening natural helping networks?
- How can there be more culturally specific celebrations to build community connections and support?
- How can there be greater collaboration among systems leaders across systems?
- How can people with lived experience be more deeply a part of the decision-making process in a way that is meaningful? How about in direct service?
- How can we learn more about what is happening formally and informally in communities before replacing them with new programming?
- How can we structurally reduce stigma around seeking behavioral health care?
- How can funding be more flexible and not require organizations to front money?
- How might workplaces better support the behavioral health of their staff structurally through compensation, wellness days, etc.?

Potential key champions of this work

During the conversation, there were several people who seemed especially engaged and may be interested in an ongoing relationship:

- Representative Lauren Davis
- Patty King, WSCC
- Katie McMurray, Sensory Tool House
- Mayra Colazo, Central Washington Disability Resources
- Julissa Sanchez, Choose 180
- Karen Kelly, WSCC



Designing for a Fair Shot at Wellbeing

Principle 1: Start with what matters to people: wellbeing.

Do we:

1. Tap into people's inherent drive for belonging and connection, safety, stability, purpose and choice and meaningful access to resources?
2. Uncover and build on how a community defines wellbeing for itself?
3. Guard against pushing progress that requires tradeoffs likely to be unsustainable, or that will be borne primarily by those who historically and currently have less power and fewer resources?
4. Focus on removing systemic barriers to equitable access to wellbeing more than individual action or choice?
5. Think at the level of the family and community, not just the individual?

Principle 2: Design and implement with, not for.

Do we:

1. Partner with community to vision and frame issues, rather than engaging community for feedback around solutions designed by others?
2. Ensure that those most impacted dictate what matters, rather than externally determining what "should" matter?
3. Shift power to community and shift risk and burdens out of community?
4. Allow communities to be complex and non-monolithic?
5. Value – not exploit – people's and communities' vulnerability and shared experience?
6. Hire/fully compensate people with lived expertise in navigating structural challenges and changing systems and history?

Principle 3: Heal and regenerate.

Do we:

1. Understand the history of an issue and the perspectives from those who bear that history?
2. Incorporate healing into process and outcomes?
3. Explicitly tie our work to shifting harmful patterns of the past?
4. Use restorative and transformative practices within our communities and with others?
5. Respect Indigenous and informal cultural norms and values?
6. Push against concentrating harms in communities already facing the greatest adversity?
7. Use mindful language?

Principle 4: Foster social connections and social capital.

Do we:

1. Support people helping people before adding programs to help people, including removing obstacles to family/community members helping one another?
2. Recognize that no relationship, person or social connection is “perfect” or “perfectly healthy”?
3. Build on and not undermine social connectedness, belonging and social capital in community?
4. Support bridging and linking capital (relationships that connect us across differences of identity, experience and power), not just bonding capital (relationships with those most like us)?
5. Focus less on individual change and consider how changes in relationships between and among people might be more useful?

Principle 5: Span boundaries.

Do we:

1. Seek out uncommon partners and solutions?
2. Integrate with and advocate across other systems, and leverage other fields and sectors?
3. Expect and accelerate change coming from people and spaces not usually consulted?
4. Resist centering fields and programs, and instead center people and intersectionality?
5. Leverage different aspects of the human experience, including arts, culture and joy?
6. Identify and advocate when policies of one system (including the one in which we work) create barriers in other systems?

Principle 6: Build (on) assets and innovation.

Do we:

1. Start with what communities already have and diligently seek ways to avoid circumventing what works well, as defined by the people who are impacted?
2. Address policies that undermine people’s and communities’ ability to accumulate wealth, knowledge, data and other kinds of capital?
3. Resist always favoring adding something, when doing nothing or taking something away can be the most important innovation?
4. Preserve innovations sparked by the pandemic or other calamities?
5. Reflect a new way of understanding a problem, not an improved delivery on an old mindset?



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The Full Frame Initiative is a social change nonprofit working toward a country where everyone has a fair shot at wellbeing — the needs and experiences essential for health and hope. We partner with a growing cohort of pioneering public systems, communities and nonprofits across the country to fundamentally transform the structures and beliefs that perpetuate poverty, violence and oppression.

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Five Domains of Wellbeing

DEFINITIONS & KEY ASPECTS

Wellbeing is the set of needs and experiences essential, in balance and combination, to weather challenges and have health and hope. We all are driven to meet our needs in and have experiences that provide social connectedness, safety, stability, mastery and meaningful access to relevant resources without unsustainable tradeoffs.

We can have assets in one domain and be challenged in others, or even have assets and challenges in the same domain. We don't either have wellbeing or not, it's not all or nothing.

Our ability to build assets is deeply dependent on the external environment and context, including: 1. How people respond to us; our race, gender, socio-economic status, sexual orientation, disability, religion and other identities impact our access to wellbeing, 2. The structures and policies of systems and society give some people greater, easier access to wellbeing than others, based in significant part on these identities. Building assets in the domains isn't all about a mindset or motivation, it's dependent on the context of your life.

Our needs don't follow a hierarchy. In reality, they're in constant interplay. At any moment, one can feel more important, it's fluid.

We're all driven to meet our needs for wellbeing based on what's available to us. The ways we meet those needs can help us or harm us. Having greater access to wellbeing gives us more options to choose from. There are not "good" and "bad" ways to meet our needs for wellbeing.

Social Connectedness

The degree to which we have and perceive a sufficient number and diversity of relationships that allow us to give and receive information, emotional support and material aid; create a sense of belonging and value; and foster growth.

Key Aspects:

- Number and diversity of relationships (there's no magic number!)
- Having people we can count on and people who count on us
- Belonging
- Growth

It's just as important to be needed. Social connectedness doesn't just go in one direction, it's not just people who support us, but people who we support too. **Social connectedness is critical for mental and physical health** (as are all the domains). Indeed, social isolation and exclusion are linked to serious health problems. **Social connectedness also comes from weak ties.** It's not just the strong bonds or close relationships, less prominent relationships matter as well.

Safety

The degree to which we can be our authentic selves and not be at heightened risk of physical or emotional harm.

Key Aspects:

- From people, places and systems
- Ability to be true to core identities without danger or shame

What is safe for one person may not be safe for another. Safety is contextual, there is not only one way it's experienced.

We don't prioritize safety over everything else. Taking risks often means feeling a bit unsafe, and is also where growth occurs.

Stability

The degree to which we can expect our situation and status to be fundamentally the same from one day to the next; where there is adequate predictability for us to concentrate on the here-and-now and on the future, growth and change; and where small obstacles don't set off big cascades.

Key Aspects:

- Anchors (small weekly or daily routines) which create a sense of predictability
- Familiarity
- Buffer that keeps small problems from snowballing into big problems

We experience stability through anchors and having “buffers”, not the big things like housing or finances. Our sense of stability comes from day to day predictability. **A certain amount of stability is necessary to take risks and try new things.** Everything doesn't need to be exactly the same all the time, but we each need a certain level of predictability.

Mastery

The degree to which we feel in control of our fate and the decisions we make, and where we experience some correlation between efforts and outcomes.

Key Aspects:

- The effort put into something influences the outcomes
- The outcome is desired and possible given circumstances, but not guaranteed
- Sense of choice
- Curiosity
- Sense that we can influence, not necessarily control, our environment, future and/or relationships.

Mastery comes from accomplishment and progress, which can come from making progress or getting better at something even if we're not “the best.” We don't have to “master” something to feel mastery. **Mastery is not the same as self-esteem.** We can have high self-esteem and not have a sense that we can influence people or our world, or to overcome challenges.

Meaningful Access to Relevant Resources

The degree to which we can meet needs particularly important for our situation in ways that are not extremely difficult, and are not degrading or dangerous.

Key Aspects:

- Self-determination of what basic needs are relevant and important
- Resources are accessible without shame, danger or significant hardship

Resources are not the same as services. Services can help people gain access to resources. A grocery store and a food pantry are both services; if they offer meaningful access to food to the recipient, then the resource is accessible. **Accessibility is not just about physical proximity**, language or other elements of accessibility. These are important but insufficient. “Meaningful” is the experience a person has in accessing resources (without danger or extreme difficulty).



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The Full Frame Initiative is a social change organization that partners with a growing cohort of pioneering organizations, systems and communities across the country to fundamentally shift their focus from fixing problems to fostering wellbeing – the needs and experiences essential for health and hope. Together, we are creating possibilities for lasting change in people's lives and sparking a broader movement that replaces poverty, violence, trauma and oppression with wellbeing and justice.

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Appendix F: Staffing and Contractors

Washington Thriving is coordinated by staff at HCA with support from several organizations and contractors. These collaborators include:

- **Behavioral Health Catalyst** (a nonprofit organization), provides strategic input to the co-chairs and project team on overall effort, including supporting the integration between workstreams.
- **Health Management Associates** coordinates the various project workstreams, facilitates Advisory Group meetings and community engagement, and supports alignment and collaboration with related efforts including the Joint Legislative Executive Committee on Behavioral Health (JLECBH) and the Legislative Crisis Response Improvement Strategy (CRIS) Committee.
- **Full Frame Initiative** coordinates and facilitates virtual and in-person community engagement activities, such as listening sessions, across the state.
- **Mercer** leads the quantitative workstream and is responsible for identifying, obtaining, analyzing, and synthesizing data from relevant sources to inform the landscape and gap analysis. Additionally, the Mercer team is designing a proposal for the future development of a statewide behavioral health data dashboard.
- **Pontifex Consulting** specializes in systems modeling and will utilize both qualitative and quantitative inputs to design a model of the Washington behavioral health system which can simulate the connection and impact of policy and investment choices on behavioral health outcomes.
- **University of Connecticut's Innovation Institute within the School of Social Work** facilitates Washington Thriving's connection to a strategic advisor who led the transformation of New Jersey's behavioral health system for children and youth.

Appendix G: Organizations Engaged to Date

State agencies

- Health Care Authority
- Department of Health
- Department of Children, Youth, and Families
- Office of the Insurance Commissioner
- Office of Superintendent of Public Instruction
- Department of Commerce
- Department of Social & Health Services
- Office of Financial Management
- Washington State Workforce and Training Board

State commissions

- Office of Equity
- Asian Pacific American Affairs Commission

Outreach in progress or planned to:

- African American Affairs Commission
- Commission on Hispanic Affairs
- LGBTQ Commission
- Women's Commission
- Office of Indian Affairs

Other government entities

- Tribal-Centric Behavioral Health Advisory Board
- Joint Legislative Executive Committee on Behavioral Health (JLECBH)
- Crisis Response Improvement Strategy (CRIS) Committee
- Governor's Office – Children and Youth Multisystem Care Coordinator (role established through SSHB1580 in 2024)

Additional outreach ongoing

County and city agencies

Future outreach planned

Community-based and academic organizations

- HealthPoint
- Akin
- CoLab for Community and Behavioral Health Policy (University of Washington)
- Barnard Center for Infant Mental Health (University of Washington)
- Empower Youth Network
- Tahoma Indian Center
- Northwest Youth Services
- Lived Experience Coalition
- Washington State Community Connectors
- SPARK Peer Learning Center
- citiesRISE
- Washington Boys and Girls Club
- Peers Empower Peers

Additional outreach ongoing

Advocacy organizations, associations, and other coalitions

- Statewide Family Youth System Partner Roundtable (FYSPRT)
- American Indian Health Commission
- Children's Alliance
- Northstar Advocates
- The Arc of Washington

Additional outreach ongoing