

PRENATAL – 25 BEHAVIORAL HEALTH STRATEGIC PLAN ADVISORY GROUP
Meeting notes and materials – November, 18, 2022

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ADVISORY COMMITTEE MEETING NOTES

DAY AND DATE	START TIME	END TIME	LOCATION
Friday, 11/18/2022	2:00 PM	4:30 PM	Zoom

MEETING TITLE

WA HCA PN25 Strategic Plan Advisory Committee Meeting

SUBJECT OF MEETING

Advisory Committee Charter, Application and Appointment Process

AGENDA

	START TIME	DURATION	DESCRIPTION	PERSON / DEPT. RESPONSIBLE	END TIME
1	2:00 PM	0:05	Welcome and Introductions	Jo Ann Kauffman	2:14 PM
2	2:05 PM	0:10	Report Out on Community Engagement Discussions	Nicole Slowman	2:19 PM
3	2:15 PM	0:15	Review Draft Advisory Committee Charter	Jo Ann Kauffman	2:43 PM
4	2:30 PM	0:15	Application and Appointment Process	Jo Ann Kauffman	2:52 PM
5	2:45 PM	0:30	Break-out Group Discussion on Charter, Application and Appointment Process	Jo Ann Kauffman	3:25 PM
6	3:15 PM	0:30	Break-out Group Discussion Report Out	Jo Ann Kauffman	4:17 PM
7	3:45 PM	0:45	Public Comments	Jo Ann Kauffman	4:30 PM

NOTES

I. Welcome and Introductions

- a. Welcome by meeting facilitator. Kauffman & Associates is under contract with the HCA to provide the facilitation and support for Prenatal to 25 strategic planning process for behavioral health services. Invited participants to enter name into the chat. Informed the participants that if anyone experiences any issues, raise your hand, or unmute yourself; we want to ensure everyone can fully participate today.

- b. Welcome by CYBHWG Co-Chair LC. Informed the participants that the meeting is being recorded.
- c. Welcome by CYBHWG Co-Chair KW. Looking forward to breakout group discussion to provide everyone the opportunity to participate in the discussion.
- d. The agenda items were reviewed. Spending some time today to review the purpose and the work that has been completed on developing the charter and recruitment for the advisory committee. Asking for participants feedback through breakout sessions.
- e. Reiteration of the purpose of the advisory committee.
 - i. Develop a strategic plan that describes:
 1. The current landscape of behavioral health services
 2. The vision for the behavioral health service delivery system
 3. A comparison of the current behavioral health system for families and the new vision through a cost-benefit analysis
 4. An incremental action plan to achieve the vision
- f. A reminder was provided that certain participants are eligible for payments, called stipends, for \$45 an hour to a maximum of \$200 day.
 - i. As long as you're not being paid by your employer for participating in this committee and your participation is based on your lived experience or that of your child or someone you take care of with their experience in the behavioral health system.
 - ii. If you believe you are eligible and we have not spoken before, please reach out during the meeting in chat or email cybhwg@hca.wa.gov. If we've spoken before and you feel like anything is amiss, please reach out.

II. Report Out on Community Engagement Discussions

- a. Thank you to those who agreed to speak with the team at Kauffman & Associates about expansion of the advisory committee and provide your perspective on communities that may be historically underserved in this process or who have not traditionally have been at the table and how to conduct that outreach. The information was rich and informative.
- b. An overview was provided of the community engagement discussions. The calls are ongoing and occur based on availability of the individual, so group call and individual calls have been held.
- c. Three main questions are asked:
 - i. Who are the voices or stakeholders that might not be heard as we begin this planning for an improved P25 behavioral health system?
 - ii. Can you help us identify specific stakeholders we should engage to ensure full and diverse input into this planning process?
 - iii. Do you have any names of individuals you think would be good to recruit for the Advisory Committee that will oversee the strategic planning process?

- d. So far, 2 group calls and a few individual calls have been conducted. The KAI team has been reaching out to individuals whose have been recommended during these calls.
- e. The feedback has been rich. Some of the recommendations included:
 - i. Diverse representation is important
 - ii. Lend support to those that participate, such as accommodating schedules and meet the youth where they are
 - iii. Imperative to incorporate voices of young people
 - iv. Doing more acting than talking
 - v. Listen
 - vi. Trust is earned
 - vii. Sometimes policies may be hard to understand so presenting information in a way that is easily understood by a broader audience
 - viii. Make this a statewide effort across the state of Washington
 - ix. Keep the application simple, which we will discuss today
 - x. Allow for submission of the application through different mediums, such as providing a video or audio
 - xi. Making the process fun
 - xii. Providing incentives
 - xiii. Think of those that are directly impacted by the system
 - xiv. Overall, about building relationships
 - xv. Working without titles because they can at times be intimidating
 - xvi. Being flexible with education/experience requirements
- f. Please share any recommendations with the KAI team.
- g. The themes that emerged here are consistent with the themes that we have been hearing since the very beginning about finding ways to expand opportunities for input from individuals in communities that may have been underrepresented. Please share comments in the chat.
- h. Chat comments:
 - i. The experience with the Poverty Reduction Work Group may provide some insight into an effective approach to putting people with lived experience at the center of decision making.
 - ii. The department of health has a new youth advisory committee and we had over 300 applicants for that. i think we have an opportunity to think about if there are alignments from our work there to this work - including if any youth that were not selected for that would be a fit for this. happy to connect you to the team here at DOH who is doing that work.
 - iii. Need to ensure that family voice is represented as well especially since it is P-25. I would also suggest getting feedback from all the regions throughout the state. This could happen by engaging with the regional FYSPRT (Family Youth System Partner Roundtables) and/or the Statewide FYSPRT.

III. Review Draft Advisory Committee Charter

- a. Feedback from these discussions have been incorporated into the draft charter, which will be reviewed today and hope to gain feedback from participants.
 - i. Establishment of norms and group agreements regarding the process that the advisory committee would experience together.
 - ii. Strategy and approach would be around centering racial equity and elevating the voices of the young people and family members who are experiencing behavioral health services would be represented and heard. Trying to structure the charter around that value and expectation.
 - iii. Then having protocols in place for any resolution and embracing potential for conflicts to occur, but also realizing and making sure conflicts of interest do not impact decision making.
 - iv. Goal is a balanced and level format for participants to engage either through meetings like this or having alternative ways of communicating input. Trying to do things in a non-traditional, in terms of bureaucratic, way and trying to create an environment that is inclusive and has multiple modes for engagement and decision making.
- b. Conversations have occurred about how the work with CYBHWG, and subgroups interacts with this group. Overall, want to ensure voices are heard. Group size for decision makers is important too. If you think a voice is missing or if you think the layout is creating a barrier, we would like to hear about it. Please don't hesitate to reach out. We are being intentional to ensure there is a balance of voices and that we are listening.
- c. The HCA PN25 Strategic Plan Advisory Group draft charter was reviewed.
 - i. Purpose
 - ii. Objectives
 - iii. Guiding Principles
 - iv. Governance Structure
 - v. Advisory Group guidance and oversight on listed activities
 - vi. List of Advisory Group Members
 - vii. 2023 Meeting Schedule
 - viii. Detailed schedule included at the end of the document

IV. Application and Appointment Process

- a. Individuals that still need to be recruited. Recruitment projected to continue to the end of this year.
- b. HCA will send out an email to think about and recruit individuals to apply.
- c. The application consists of four questions.
 - i. Where do you live? (Address)
 - ii. What is your age?
 - iii. What community, organization, and/or issue do you identify with?

- iv. Why do you want to participate on this Advisory Committee?
- d. Appointment process
 - i. Emails received will be reviewed.
 - ii. Individuals selected based on provided criteria.
- e. Timeline
 - i. Draft email is prepped and will be released based on feedback today. Editing will occur if needed.
 - ii. Submission of email responses to HCA by interested individuals due by 12/13/22.
 - iii. Between 12/14/22 and 12/20/22, co-chairs will be reviewing submissions.
 - iv. The notification process would happen before the end of the year in time for the January 12th advisory committee meeting.
- f. Feedback (verbal and in chat):
 - i. It would be really helpful in recruiting people with lived experience to be able to tell them, in broad terms, what the time commitment will be, as well as the compensation.
 - 1. Response: The email will include information about stipends and minimum time commitment.
 - ii. Does the application ask for demographic info like gender, race, ethnicity? I didn't see those Qs, but it is part of the evaluation criteria for community diversity.
 - 1. Response: Questions 3 and 4 were aiming to gather this information.

V. Break-out Group Discussion on Charter, Application and Appointment Process

- a. Participants were randomly assigned to one of the 10 breakout group sessions to discuss the draft charter and the application and appointment process.
- b. A request was made to designate a notetaker and facilitator. Notes will be emailed to KAI for compilation.
- c. Address three questions:
 - i. Is there anything you would like to change in the draft charter?
 - ii. Does the structure of the subcommittee make sense?
 - iii. Do you have any reflections on the application or appointment process?

VI. Break-out Group Discussion Report Out

- a. First Group Report Out
 - i. Making sure we are talking about the continuum of care. Do crisis services for individuals with high acute needs need to be more thought out. For instance, youth that go to hospitals with high acute needs or individuals who are involved in the juvenile justice system. Do we want this to be its own subgroup, high acute crisis needs?
 - ii. Call out juvenile justice or child welfare track where folks may not have been served by the behavioral health system. Maybe typical interventions may not apply so we want to make sure there is also voice and choice and gravity given to individuals who have experience in these systems. Train workforce people who

specialize in these areas. Pull in secondary education, post-secondary education, and LSPI partners. Strategize on how to include the voice of childcare providers.

- iii. What does cross collaboration look like? How do we operationalize it? The group requested for this to be defined for better understanding.
- iv. Review and selection process: want to make sure these individuals are speaking on personal experience, not someone who is sitting on a seat to speak on behalf of the entire population. How do we support getting as many voices as possible to the table? Suggested to engage with great work that is happening and get invited to those spaces.

b. Second Group Report Out

- i. How are we balancing prevention, promotion, and parent wellbeing and the strength of co-parenting pairs? Thinking about gender balance in the parent voice and how those systems impact children's social and emotional wellbeing. Make sure we are paying attention to all children and families, not just those high end. Someone in our group had made a comment about how difficult it is to find community mental health dollars that are not for those really acute kids. So WISE funding takes up most of the bucket so it's hard to find pre-diagnosis. Think about how to connect that to community resilience efforts. Paying attention to the fact that if we are really stressing lived experience from deep end families, how are we balancing that with those who have experience with outpatient services or are truly still kids not yet diagnosed. Certainly, means it is a much broader collective of families than what we think of when we think about just the treatment system.
- ii. Spoke about parent voice and how to bring to table in a cogenerative way. Did not discuss going to where parents are meeting. Weighed in on idea of parent subcommittee or are they really in the conversation. Yes, there is going to be insider language that is difficult, but if you don't have that cross fertilization, you continue to marginalize that voice. So, we voted for that and the idea that it helps us to be clear with one another. We also worried about the cross fertilization of work groups and the planning effort and how do you pull forward from what you learned from those groups, so we don't have to go back and cover that ground again.

- 1. In chat, asked what co-generative means. Anne explained when you have folks with lived experience and folks who are doing frontline work with families and folks who have access to policies and resources that can lead up to that process and to organizations, working together to draw ideas. Co-generation meaning we do it together to manage expectations and bring in the lived experience in the conversation.

c. Third Group Report Out

- i.** Mirrored a lot of the comments that have been made.
 - ii.** Acronym intimidation. People with lived experiences, making sure the language is not intimidating. Especially bringing children who will be sharing their lived experiences. Who is going to be assigned to be advocates for kids and their voices in this process?
 - iii.** Communities and connecting professionals that are boots on the ground and having agencies allow time for, that usually is met for billable hours. Might find some resistance getting boots on the ground perspective when there may be barriers from their agencies.
 - iv.** Changing up hours for meeting times so you can get voices in that are outside of Monday through Friday 9 to 5.
 - v.** Structures for work groups makes sense.
 - vi.** Accommodations for applicants, who will be at their side advocating and helping them through the process of applying because that is intimidating for someone who has complex issues acting as barriers in their life.
 - vii.** Rural communities being represented and having their voices heard. In Grays Harbour County, one agency has over 120 families on a wait list for WISE services.
- d. Fourth Group Report Out**
- i.** No recommendations for changing anything in the draft charter.
 - ii.** Recommendations on structure of committees, there are a lot of committees and subcommittees. When you allow for lots of voices, what can happen is that lots of committees get developed and it can be a lot of work for folks. Are there opportunities where we can integrate that into other systems or groups that are already happening? Provided some examples of other groups where there are ways to engage groups and people. Take advantage of some of the current subcommittees that are developed and the folks that are within those subcommittees that might be able to support the work.
 - iii.** Application process – request to ensure representation for youth and families that intersect with more than one system of care (early learning, juvenile rehabilitation, schools, housing). When recruiting consideration of how we engage folks and thinking about the ways to do that. Maybe the application is not the best way to engage people. Recruit from different demographics. Sometimes we get voice from one area that does not work with another area.
 - iv.** Clarification around subject matter expertise (SME), what is that SME? Who needs to be at the table for that SME? We saw a lot of state agencies listed, but consideration for those that are working boots on the ground that understand where gaps and struggles are. As well that those are not typically engaged (community-based organizations, small nonprofits).
 - v.** Overall request – with any development of new groups, consideration to be careful that one person does not represent all. Have many voices to reflect on

things so we don't have unintended consequences in the development of a strategy.

vi. Really excited about the gap and landscape analysis.

e. Fifth Group Report Out

- i.** Landscape and gap analysis – timelines are ambitious. Question about making deliverables more concrete and desire to build on existing work and not start from square one. Who is holding pockets of information so we can get all the information we need for that analysis.
 - 1.** Two groups that may be challenging to represent from a landscape analysis standpoint is privately or commercially insured kids and those who are paying out of pocket for services. That will be an important thing to represent in terms of quantifying the need is that we will have populations where the data will be harder to get. So how do we think about engaging them earlier in this work.
- ii.** Charter – include timelines on how long strategic plan will be driving work. Is this the 5-, 10-, or 20-year plan? Include checkpoints. This led to a conversation to recognize that if this is the plan to fireproof our system, we are all still fighting fires, so how do we ensure that the work we are doing and the iterative improvements that are being made are represented in the work as we move toward a vision. The crisis system was mentioned by Keri, which reminds me of 988 and crisis system redesign work is happening in parallel, how do we ensure those two things are well coordinated.
- iii.** Need more knowledge about subcommittee structure.
- iv.** Applications for advisory committee. Had a conversation about how to make this the most inclusive process, is there an option for those where a written answer doesn't represent them effectively and maybe don't have the tech proficiency to record themselves? Is there a third parallel option to have a conversation with someone? We do want a broad sampling of representation.
- v.** Professionals on the committees, if you're in this space, seek and incorporate feedback of others. Take your role seriously. Do stakeholder engagement yourself as well.

f. Sixth Group Report Out

- i.** Had discussion of variety of ways for people to participate.
- ii.** Appointment process – not everyone has technology to connect to virtual meetings consistently, so we are leaving out individuals who don't have alternatives.
 - 1.** Collecting applications via email may be exclusive because some people may not have email or consistently have access to email.
 - 2.** Making sure elementary age children are represented properly, make sure people are there explicitly to represent young children.

- 3. Will translation be available? Make sure its explicit whether translation will be available.
 - 4. Make it clear what individual level data will be used for in the application.
 - iii. Subcommittee structure – the conversation was less about the structure and more about information sharing piece. The charter calls for the information to flow in various directions, but not clear what that mechanism will be. Be more explicit. Concern around making sure the plan does cover the range of needs since the people with the highest need tend to have the loudest voices. So, making sure we cover the full spectrum.
 - iv. Desire to review charter in more detail before giving deep feedback. One point that was made with respect to the objective stating the stakeholder engagement process and a generic term, there was a desire to see the tribal representation called out as sovereign nations and not folded into stakeholders.
- g. Seventh Group Report Out
 - i. Guiding principles – inclusion of idea to have this intent to make innovative change or a broad vision to truly shift systems and not just patchwork the systems that are in place. Involve people outside of state that may have bigger picture ideas with other resources expanding our pool of knowledge we are utilizing as ideas to support change.
 - ii. Covering full spectrum of representation and finding ways for various people to participate with a variety of limitations. How do we minimize barriers to participation?
 - iii. Acronyms came up as far as family engagement, how do we support with the amount of acronyms. Beyond family engagement, just different areas of providers and acronyms.
 - iv. Application process, generally good, but seemed fast. More of focus for subcommittees was on how do we communicate between subcommittees? Who will be doing research piece, the technical components of it? How do we share data effectively and in a timely manner? how do we reflect real world experiences versus just the data numbers, such as focus group data because sometimes what people experience may not be reflected in data. Finding the best people to participate in committees, there was talk about flexibility in deadlines or allowing people to come in at different times.
 - v. Comment – bringing in people with big vision, there are people in state that have set up visionary programs of all kinds. On this committee, we have the appropriate agency people, we are deservedly focused on people bringing people in with lived experience. We also have to draw on the expertise more of people who have set up those programs and also people in the field. We do have leaders in research who can connect us to work being conducted in the US.

h. Eighth Group Report Out

- i. Accessibility** – who is going to have access to this document and is it going to be accessible to them?
 - 1. Terminology** – have glossary of terms to help with reading the charter to understand content. The description of Bill 1890 is reference, but is it described? Overarching idea of literacy and accessibility of the document itself.
- ii. Subcommittee structure** seems fine, when looking at future state versus current state, do we need to explain to people what they are looking at for that?
- iii. Application process** seemed great. Only questions were around logistics, how many people are going to be invited, how's that going to be for meetings, how will people with lived experience be recruited, does everyone who comes have a vote?
- iv. Suzanne S.** - Aligning across all other strategic plans that are being built currently in our own agency and sister agencies and in other programs. Would be good and useful to show that within our own agency we are linking up across systems and trying to figure out how to get a vision going using all the resources we have. Aligning across programs. The idea being we know what we have and we can make use of what we have and we aren't creating new positions to new work without thinking about how this fits into other work we are doing now. A glossary is important because there is so much jargon that can come through, be careful with the terms used.

i. Ninth Group Report Out

- i. From the discussion,** hearing elevating voices of the community and doing some type of co-creation. Racism is a public health crisis and we have declared it as a state, counties, and across the nation. Doing a lot of work in King County, established a committee that would bring in community and what would that look like. They developed a charter and timeline. They brought in a group of key people, and they said this isn't about co-creation, you already have purpose and objectives, and they don't represent me. So, when we look at bringing in community, does this say anything about their stories and lived experiences? People in the community won't see themselves in this, they are going to see themselves as an after the fact. Critical to do onboarding and determine what that will look like in terms of education. It's not about educating them to your language, it's about you being educated to their language. This will be critically important. The community has been through so much over the past years, they have been tapped into repeatedly for their insight and it goes flat. I think it's about making commitments to them too. It's not just about money. They should be compensated for their time and travel. Look at them as a partner. It will be

important for what this group looks like and anyone on this call they're not seeing themselves.

- ii. Application process - Who is judging these applications? How are you limiting people? We have elected officials and agency staff, who don't look like the community, but you are selecting them. What criteria are you using? In Seattle, they initially thought the committee would include 12-24 people. They decided it's not a committee, but rather a gathering and ended up with 80 people. 80 people showed up for meetings. Are you using an equity lens? Do you feel like you are the judges of who should and should not judge them? They should not have to answer your questions or show a video on why they should be on this advisory. My lived experience is more than enough. If I want to be at the table and share my experiences in my community, who's to judge me? I am sharing this with a lot of passion because I want this to be successful. I know behavioral health and the struggle.

j. Tenth Group Report Out

- i. Shout out to all the wisdom. We were talking about the charter and whether we could do it this month. Therefore, we cancelled December's meeting because we did not want to take anything into further development without having full membership here. We want to call this process out and make sure that it is not about the systems and not about those who have run and developed the systems because that is who it works for and that's who we're excluding and making sure it's not working for. I am hoping we can bring this truth and depth of conversation to every issue we bring forward. It might mean this is a two-year effort. We know every day we don't get this work done, we have more children that are hurting and more trauma that is happening. While we are working to make sure that trauma ends as soon as possible and services are available as quickly as possible, we also have to make sure that we are doing this work in a way that is actually going to change this system and build the services to meet each and every person in Washington state and their needs. It's not going to happen if we don't have the kind of truth spoken today.
- ii. Cross Sector and intersectionality of both systems and caregiving and what that really means. We need to understand and look at how processes, systems, and language are all trauma informed in this work. Because the people that are engaged in this work, those receiving services and those that are not receiving what they need and those that are providing services have a lot of trauma in this work and we have to make sure we are talking about it in a way that we can show up in the discussions we are having. In a way that is safe and honors each individual and then we build the new vision for WA state that is trauma informed.

- iii. Comments about duplication and redundancy across groups that each other aren't aware of, so how can we create some those efficiencies and hoping the landscape analysis covers and calls that out.
 - iv. Care coordination and what that looks like. In the past, it's been a big priority but has not come to fruition. Clarity around system's coordination, there's care coordination from recipient perspective, so assess how systems are coordinating, including collaboration around providers.
 - v. Make this community centered and culturally responsive, putting that first.
 - vi. Request for a change in language around the use of parents. Throughout the document that we talk about family support system and talk about a wide range of what a family can look like, who's care giving, and who's engaged in the work of this from an individual and their needs for services.
 - vii. People should be paid for this work that haven't been paid for this work.
- k. Request for feedback on comments
- i. CRIS committee for 988 implementation work and what has gone well is not making people apply and prove that their stories are worth showing in this case; The application and appointment process was there for all subcommittees except for lived experience. If you had lived experience, you were automatically allowed. Offering this as a model and is happy to make connections.
 - ii. Add parents to the application process. Important to have experience match with data, sometimes system solutions don't align with real life solutions. Michelle shared her story as a parent to a child with a disability. Appreciate that in this space we can be candid but need to match up what is happening in the communities to what we're saying. They have a committee for young people that doesn't require an application process. If you want to participate, then you show up and speak into the space. How is the application going out? Will it reach the communities we want at the table? Sometimes she doesn't receive all the emails, so may not reach some communities.
 - 1. Facilitator - May revisit distribution based on feedback. It was originally going to be disseminated through HCA.
 - iii. During notetaker summaries, there was a lot of discussion around ensuring full continuum is considered. That is important to recognize. Be in mindset of "Yes, and." Most trauma and funds are focused on critical care cases, so not making things mutually exclusive and not fostering increase of resources in one area in the mindset that we are taking them from one area for another. I am a volunteer and family advocate. Helped families navigate resources. In that process, got involved in a lot of advocacy groups and doing a lot of volunteer work. Needed to be more intentional about prioritizing time for family. Where is the information we put together, going to go? The response was that that part was not clear, so provided the perception that there is no movement. Be clear to perspective

applicants where information is going and what expectations are. The information we provide will help individuals determine involvement.

- iv. Timeline is logical but concerned if you start with landscape analysis (big technical task) and can take time. Not the best way to engage youth and caregivers and parents. If that is their first experience in this group, that will be tough. Wonder if we should include subjective landscape in the beginning of the process so hearing voices of youth. Then can be mindful of those voices and then they can be more comfortable participating as we move forward.

VII. Public Comments

- a. Keep in mind ages 25-30/35, they are young adults and may have come out of one of these systems. They have a different rearview mirror but can talk about what was helpful and what wasn't. This is important for young people from juvenile justice and child welfare. Application process has to be youth friendly and if they apply, they should be accepted. They will support each other as they go through this. Have some initiatives that engage young people with lived experience. They should get money, but they also gain meaning which is powerful and must be a part of the context in the application process. We meet with young people pre and post full group meeting. They see a sneak preview of the agenda and may get to inform the agenda. They get to know what is coming so they can prepare to talk about it. This has improved discussion. It focuses on how we are going to center them – put them in leadership/decision making role, not just at the table. What's the NorthStar, not just focusing on gaps, where do we want to be in 1 year/3 year/5 year? What do we want them to be able to access in real time?
- b. For moms who have children who are age wise 33, but cognitively 3; once they age out of high school at 21, very hard in rural communities to have a lot of engagement, it is challenging. How we get engagement with families that are not engaged. How do we reach those people in our communities that have never used services but rather kept within family to handle the needs of affected individuals?

VIII. Closeout

- a. You may send additional thoughts or suggestions via email to HCA: cybhwg@hca.wa.gov
- b. Closing comments from Facilitator
- c. Closing comments from CYBHWG Co-Chair KW
- d. Closing comments from CYBHWG Co-Chair LC

Link to recording on TVW: <https://www.tvw.org/watch/?clientID=9375922947&eventID=2022111223>

Allotted Time for Break Out Group Discussion and Facilitation: 60 minutes

Discussion Topics:

1. Is there anything you would like to change in the draft charter?
2. Does the structure of the subcommittees make sense?
3. Do you have any reflections on the application or appointment process?

Is there anything you would like to change in the draft charter?

RESPONSES:

- What percentage of representation will be for the different age groups?
- Acronym intimidation/considerations for those with lived experience (making the environment comfortable).
- Are the spectrum of services from all populations represented?
- Supportive environment for lived experts (how are they prepared, supported?)
- Should communities/individuals within communities be connecting in-person to help focus conversations for the structured meeting times?
- Boots on the ground participation-making times for meetings outside business hours (supervisors reluctant to allow participation because of "billing" hour concerns).
- how to navigate acronyms – a lot of people with lived experience don't always know what the acronyms are, and some have multiple meanings across systems
- Would like to use the word cross-sector, intersectionality of issues. It seems like silos are our big enemy
- Include language on how the whole process should be trauma-informed. There is trauma built into these systems for families that are trying to navigate them
- Lots of duplication and redundancy across groups that aren't aware of each other – can this group take on streamlining some of this? Hope that the landscape analysis will help with this
- This seems like care coordination – this was a big priority in the past, but it seems like nothing moved on this. With severe behavioral health issues, parents crave care coordination. And it's helpful even with mild and moderate. Lots of demand for behavioral health navigator role, and there are lots of different definitions of it. How do I connect to who I need, when and where I need them? For a multitude of services, not just a single service. Should we call out continuity and care coordination in the gap analysis?
- It's not all about care coordination, some of it is about systems coordination. There's much more efficiency that can take place if the providers are collaborating. In Grand County (rural area) – WISe services are very different depending on what county you're in. Larger/urban areas link in other resources; rural areas lack those secondary providers. Intentional pathway for communication among providers – not always adding services, but communicating better.
- Integration needs to be called out as an objective
- Love that community-centered is first – many counties, many different ways

ADVISORY COMMITTEE MEETING BREAKOUT GROUP DISCUSSION NOTES

DATE: 11/18/22

TIME: 2:00-4:30 PM PT

- Can we use language that is more diverse than “parents”? especially for foster/adoptive/kinship “family support systems” can be pretty inclusive. “Families” is liked. But sometimes “family” is too broad because it might include first [biological] families who may be unsafe
- Objectives: stakeholder engagement process, we do need tribal representation called out as sovereign nations and not folded into “stakeholders”
- Would like to review and submit more detailed thoughts later.
- Not sure it’s clear how the advisory groups are communicating.
- Guiding Principals- inclusion of ideal or Intent to make innovative change/ broad vision to truly shift systems not patchwork. In addition, big picture thinking outside the box involved in the committee with knowledge from expanded pool resources (visionary expertise of people who have set up some programs around the country)
- Those on the committee should be good about **seeking and receiving feedback** from others.
 - Professionals w/ a responsibility to amplify the voices of others.
 - Members - specifically professionals - take seriously their role and obligation to represent individuals who aren't present at the table. And encourage them to think about who else to bring to the table.
- Might be wise to put some timelines here about how long this vision/strat plan is supposed to be driving work. Is this the 5 year plan? the 10 year plan? at what points are there checkpoints?
 - How do we ensure we still "fight fires" in the meantime? And make the “fire-fighting” work known. We know that there will be iterative improvements even while we’re visioning - that can make it more attainable to do the work.
- Will be important to put some more concreteness to some of the deliverables - i.e. cost-benefit analysis
- Timelines are more ambitious than maybe is reasonable.
 - Really hoping we can build on existing data sets
- Some relationship building w/ private/commercial insurances – want to make sure we can represent their data/insights
 - Will be hard to capture the private pay option
- How are we balancing prevention/promotion and parent well-being and the strength of the co-parenting pair – balance genders, non-binary, same gendered parents etc.
- Not at this time. A little difficult with not being able to review ahead of time.
- Add to guiding principles: Speak on personal experience, not for the group of people/population.
- Sub strategic plan on workforce...best practices are just a list...so it needs an actual plan

Does the structure of the subcommittees make sense?

RESPONSES:

- We thought the breakdown made sense in general. More information on the subcommittee communication strategy needs discussion.
- Stipend will really help with this
- Trying to navigate attending a bunch of meetings when you're the only person not getting paid, and you have the most trauma
- Looking at the history of CYBHWG and how it was founded, there was originally an emphasis on deprioritizing psychiatric and pharmaceutical care, but as priorities has shifted we should ensure that the original intent of covering the range of needs and not focusing on the emphasis on high needs of high-clout stakeholders.
- Workforce and Rates subcommittee always stood out as one that is highly relevant to all ages. I'm curious to see how effective the communication has been between subcommittees when an item is brought up in one does it cross-pollinate to the others? Is there a process to ensure this is already happening?
 - We can borrow from some of the examples of the subgroups.
- Rather than naming ad-hoc subcommittees, what is the information-sharing conduit?
- Identify some focus on each age group independently to prevent a dissipated focus on all of them. Cover full spectrum with thorough representation
- Variety of ways for people to participate, break out rooms to support increased participation, recording videos, smaller groups to help people find a voice.
- How do we support family engagement with the amount of acronyms?
- Hard to answer the subcommittee Q w/o more context.
- Making sure we are really paying attention to all children and families – if we do this well we are reducing high end services
- Balance those that have already touched the BH system with those that might – which might be any family
- We find lived experience from deep end families –balance that with those that have experienced outpatient services.
- Community mental health – vast majority of funding WISE most acute kids- really hard to find funding pre-diagnosis – community connections/resilience
- How can does this articulate with community resilience Family Resource Center like services
- Need to pick up kids earlier before kids need really complex care
- Question is this related to the larger CYBHWG
 - Sometimes by trying to give everyone voice it can create a lot of extra committees and work.
 - How can we integrate into other systems or groups that are already happening?
 - How can we take advantage of the current CYBHWG subcommittees?
- Scope of youth young adult continuum of care

ADVISORY COMMITTEE MEETING BREAKOUT GROUP DISCUSSION NOTES

DATE: 11/18/22

TIME: 2:00-4:30 PM PT

- Is there a need to pull out crisis services with high acuity? Hospital/Juvenile Justice/Resource intensive individuals. Consider pulling that out. Hit that piece of the care continuum.
- Important to have providers/hospitals/JJ/child welfare. Membership needs to not only have experience, but impact...leaders, advocates, folks who receive services...not title.
- Community filters up to the state...not the other way
 - Start off small and then go bigger
 - Different impacts in each community, so there is a missed opportunity if we don't engage with existing...also, go to existing spaces, not invite folks to come to us!
- Juvenile Justice, already being served, but there needs to be a healing component. Child welfare, high risk groups are not forgotten. They need special plan/responses...fallen through the cracks...the typical intervention may not apply...how do we make sure we're not playing "hot potato" with kids and that providers and communities are trained to work with youth and families in crisis. Thinking subcommittee
- Meet people where they are at, approach with curiosity and empathy...listen, reflect back, and create space for all different voices
- Missing:
 - Pulling in educational partners (specifically secondary), make sure of that
 - Childcare providers
 - We have to engage commercial payers
 - Occupational licensing for regulations should be involved
 - Associations need to be balanced with multiple perspectives
 - How, or are, the ACHs going to part of this?
- What does the cross-cutting collaboration look like? How do they communicate and share learning? What does that process really look like, folks will want to know this.

Do you have any reflections on the application or appointment process?

RESPONSES

- How do we support applicants with the process? Will there be advocates and accommodations provided?
- Communities all over the state need representation, concerns the large counties will have the most representation.
- Regarding demographic data collection, will the application be clear what the individual-level data is used for? It is hard to disclose certain things on a form if you are not clear how the info is used and to what level it is shared.
- Please consider including the voices of elementary school aged children as well. While attendance of these meetings obviously isn't realistic for them, this work is about and for them as well as adolescents, transitional-aged youth, and parental caregivers. Children have important wisdom to offer us about what they need and what does and doesn't work for them if we as adults can figure out a way of accessing it. Is there a way we can bring in those voices and represent them properly, without discounting and disrespecting them as too often happens?
- Asking about diversity demographics: are we going to be explicit whether there will be translation available? Whatever the answer is, being explicit is important.
 - Possible related matter: inter-agency table on language accommodation
- Are applicants going to be given the technology to ensure they can connect, so as to not disadvantage those who might lack that? Related: what of possible applicants who are unhoused or otherwise lack the consistent access?
- Representation is one tier of engagement, but there should be a “menu” of ways to participate so that others can be properly engaged.
- Application process good but quick.
- Seemed like potential challenge to move between each sub-committee area. Who’s doing the research (the technical component). How do we share data effectively between subgroups in a timely manner?
- How do we reflect real world experiences? We want both subjective and objective data. Focus group data? We want to understand barriers to access from the community which may be more reflected in experience than data numbers.
- Flexibility on group participation deadlines and advisory committee members.
- Application - what do we do for those who can't write out an answer for their application? Esp if tech isn't accessible to them? Is there a different option for those with limited written/tech proficiency?
 - We want a broad sampling.
- Need providers who are on the ground doing the work.
- Gender balance – parents – intentionally calling out fathers
- Subcommittee on parents and caregivers or should they be on all/most committee? – there will always going to be insider language but we need to translate that for families and they need to be all the conversation.

ADVISORY COMMITTEE MEETING BREAKOUT GROUP DISCUSSION NOTES

DATE: 11/18/22

TIME: 2:00-4:30 PM PT

- Cross fertilization across the workgroups and this planning effort will be difficult and how do we pull forward from those groups to not go back over that ground.
- Need representation with youth and families that intersect with more than one system (housing, DDA, BH, JR, early learning, schools)
- Consideration in way to recruit
 - Youth with disabilities
 - Dad voices
 - Do we need an application?
 - Be aware to recruit from different demographics (rural, urban, ethnic, ages, etc)
- Clarify subject matter expertise
 - Boots on the ground
 - Non-profits
- Review and selection...how do we really trust that person to speak for me...this selection process really needs to ensure that the “seat” represents a group...how do we avoid? Be clear...also access, technology...can they call in?

ADDITIONAL RESPONSES:

- Overall consider, be careful to not just hear one story as representation of all.....take time to truly understand the challenges from many perspectives. Be aware unintended consequences.
- Excited about the gap and landscape analysis

ADVISORY COMMITTEE MEETING BREAKOUT GROUP DISCUSSION NOTES

DATE: 11/18/22

TIME: 2:00-4:30 PM PT

FACILITATOR POST BREAKOUT NOTES

- Broad and diverse input
- Conscience of uplifted voices of parents and youth w lived experience
- Use multiple mediums and be inclusive
- Be creative to ensure everyone's voice is present and shared in a safe manner
- Option for written comments after meetings for those who didn't talk
- Bring those with lived experiences, including providers and consumers
- Broad reach, types of service, those receiving services, lived experiences, reaching out to those who serve our children (justice centers, b/g clubs,
- Types of services, prevention, intervention, crisis, DD, Intellectual disability
- Be parent/youth led
- Support the courage and be mindful of triggers and provide psychological support
- Racial ethnic diversity
- Challenge decisions and feel safe
- AI/AN voice
- Hear public voices not only at 'the end' of the meeting, but other places
- Connection with front line providers and families and youth to make sure their voices are heard
- Diversity in hearing voices (perhaps do a survey to learn of how many voices)
- Think about solutions beyond the legislative process (parent health portal, BH360, collect info from those with lived experience, tap into existing efforts)
- Be community centered and balance that with data informed
- Community Voice – provide stipends for people with lived experience to participate
- How to acknowledge voices around the table and aware of voices missing and how to fix that, and how to be able to work with each other realizing there will be tension
- More 'client facing' people involved – have BH providers involved
- Opportunity to network with others
- How to sustain excitement for this committee beyond initial formation... talk about the legacy of this work
- 25% of total group should be 'lived experience'? Try to find that critical mass for safe sharing
- Break down acronyms
- Take time for introductions
- Clear expectations of Advisory Committee and how it is different from another group
- Range of treatment types, range of care givers,
- Hear the voices from children (not youth, but children). how can we be creative and hear from them?

Role of Advisory Committee in relation to the BH Work Group – can we keep this clear?

- Be open for all voices
- Transparent in the work
- Deep conversations with all segments
- Share what we are thinking, know when to step up and when to step back
- Advisory Committee has gotten so big

ADVISORY COMMITTEE MEETING BREAKOUT GROUP DISCUSSION NOTES

DATE: 11/18/22

TIME: 2:00-4:30 PM PT

- Don't like having everything on Zoom... can we find other ways to communicate ... make it more personal
- Weird to open meeting and have only certain people w cameras on/off but felt less inclusive, more power focused
- Mix methods to engage people, small groups, calls, zoom, face-to-face meetings, etc., surveys, written input, public comments...
- Consensus is good if possible, or as broad as possible
- Voting is OK if consensus is not possible
- Create subcommittees to ensure we address diverse issues
- Consider Rank Order choices as option for decision
- Consider unintended consequences of decisions and be willing to reconsider
- What is the strategy and consider the 'how'
- Willing to compromise respectfully
- Have a more iterative process and not all/nothing voting
- Clear and transparent decision process
- Be transparent and inclusive
- Eastern WA needs to be more represented in this type of group (how to incentivize their involvement w stipends, or mileage)
- Cultural diversity can be a special committee, or it could be a reached across all the groups

STRATEGIC PLAN ADVISORY COMMITTEE CHAT LOG

DATE: 11/18/22

- The Department of Health has a new youth advisory committee and we had over 300 applicants for that. I think we have an opportunity to think about if there are alignments from our work there to this work - including if any youth that were not selected for that would be a fit for this. happy to connect you to the team here at DOH who is doing that work.
- Need to ensure that family voice is represented as well especially since it is P-25. I would also suggest getting feedback from all the regions throughout the state. This could happen by engaging with the regional FYSPRT (Family Youth System Partner Roundtables) and/or the Statewide FYSPRT.
- Please consider including the voices of elementary school aged children as well. While attendance of these meetings obviously isn't realistic for them, this work is about and for them as well as adolescents, transitional-aged youth, and parental caregivers. Children have important wisdom to offer us about what they need and what does and doesn't work for them if we as adults can figure out a way of accessing it.
- It would be really helpful in recruiting people with lived experience to be able to tell them, in broad terms, what the time commitment will be, as well as the compensation.
- Does the application ask for demographic info like gender, race, ethnicity? I didn't see those Qs, but it is part of the evaluation criteria for community diversity.
- Seems to be a dynamic tension around the charter prenatal/perinatal and prevention components and family members/parents with lived experience with the behavioral health system. How are we thinking about this? Parenting relationships and unique needs of parents have a profound impact on child well being as we know...so how do we capture this?
- Regarding demographic data collection, will the application be clear what the individual-level data is used for? It is hard to disclose certain things on a form if you are not clear how the info is used and to what level it is shared.
- +1 to previous comment. Also, who will be reviewing the applications and making the decisions.
- What does co-generative mean?
Answer: I know that term from K12 where it refers to conversations where educators and students come together to discuss the classroom experience.
- This is such important input. we have had very similar experiences, Vazaskia, with our community work and what it truly means to co-create.

- Really important point. I was looking at video too and noting not many people of color, esp. Black people. That is a huge concern.
- The experience with the Poverty Reduction Work Group may provide some insight into an effective approach to putting people with lived experience at the center of decision making.
- I want to express appreciation for the comments about how to "screen" people with lived experience for participation. The decisions about whether/how to disclose diagnoses that are still so stigmatized are hard decisions to make given the power differential that the polarized "those with lived experience" and "professionals" exacerbates. The concept of self-determination in inclusion is appreciated.
- Thank you to everyone who brought their perspectives forward today, you all left me with a lot to consider in my own work with the behavioral health workforce and how to do better.

HCA PN25 Strategic Plan Advisory Group Charter - November 2022

Purpose

The purpose of the HCA PN25 Strategic Plan Advisory Group is to oversee the development of longer-term, system-wide strategies to ensure access to high-quality equitable care and supports in behavioral health education and promotion, prevention, intervention, recovery, and ongoing well-being for families in the perinatal stage (pregnancy through the first year of life), children, young people transition to adulthood, and their caregivers.

Objectives

- Fulfill the requirements of HB 1890.
- Develop a landscape analysis of the behavioral health system and services available to families
- Complete a gap analysis for the full continuum of care
- Complete best-practices research, including an analysis of peer-reviewed publications, and evidence-based practices addressing the delivery of behavioral health services to families
- Develop a behavioral health future state vision
- Complete a comparison of the current behavioral health system for the identified population with the Behavioral health future vision
- Develop strategic plan and deliver to legislature.
- Follow a state-wide community and stakeholder engagement process

Guiding Principles

The following principles will guide the work of the Advisory Group:

- Community centered
- Respectful engagement - we listen to the voices of children, youth, and parents
- Foster trust, safety, and inclusivity for all members
- Transparency in decision making
- Embrace diversity

Governance Structure

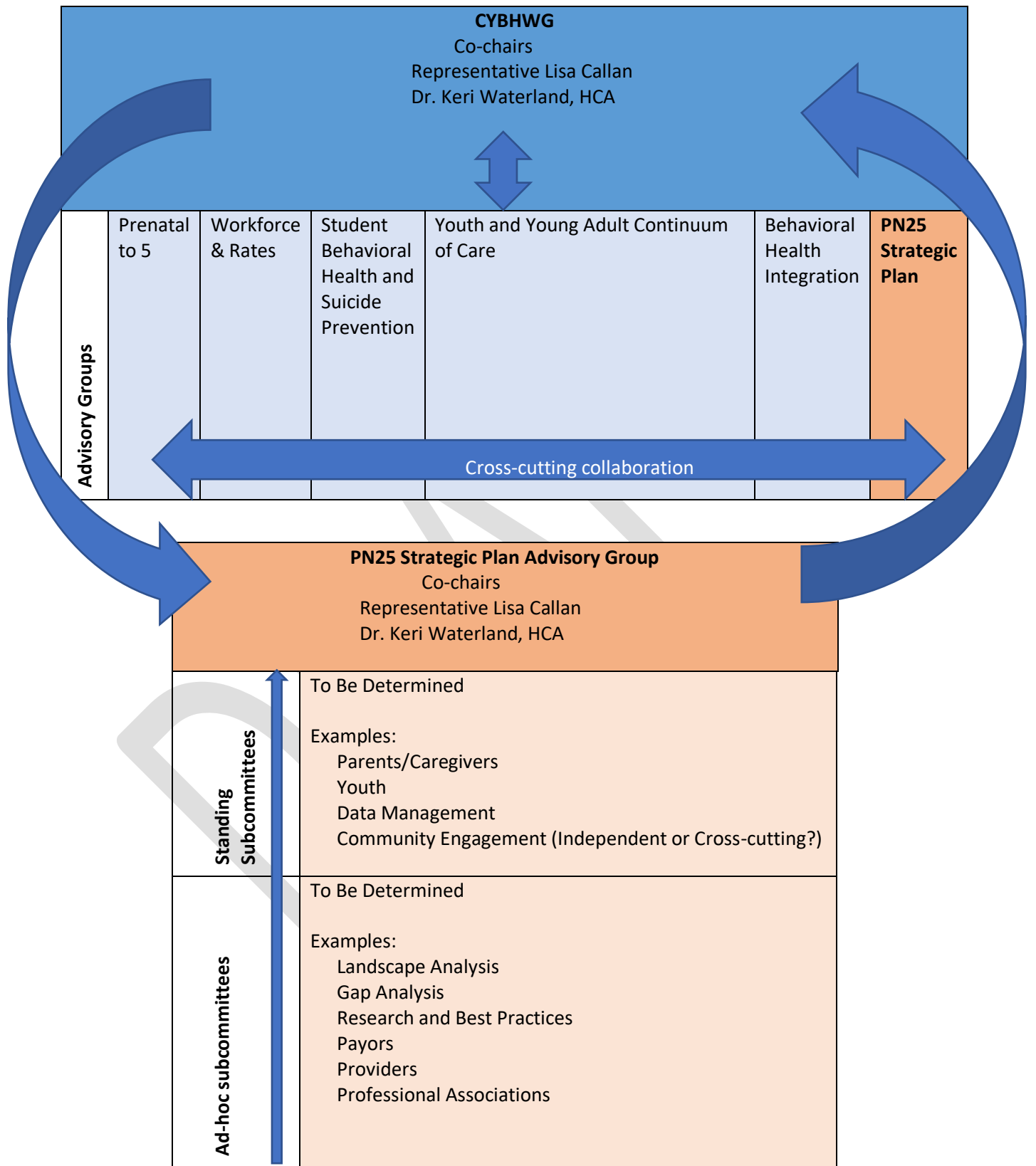
Children Youth Behavioral Health Workgroup (CYBHWG)

The CYBHWG provides recommendations to the Legislature to improve behavioral health services and strategies for children, youth, young adults, and their families. The group includes representatives from the Legislature, state agencies, health care providers, tribal governments, community health services, and other organizations, as well as parents of children and youth who have received services.

Co-Chairs

- Representative Lisa Callan
- Dr. Keri Waterland, Washington State Health Care Authority (HCA)

The PN25 Behavioral Health Advisory Group is one of 6 advisory groups to the CYBHWG.



PN25 Strategic Plan Advisory Group

This advisory group will provide guidance and oversight for the following activities:

1. Strategic Plan schedule and project scoping decisions
2. Community engagement strategies
3. Strategic plan development

They will report their progress recommendations to the CYBHWG and to the other Advisory Groups as needed. Similarly, the PN25 Advisory group may engage the other CYBHWG Advisory groups to help fulfill the objectives of the strategic planning process.

List of Advisory Group Members

Appointees

Representative Lisa Callan, Co-Chair
Keri Waterland, Co-Chair (HCA)
Hannah Adira (Young adult)
Shelley Bogart (DSHS-DDA)
Lee Collyer (OSPI)
Byron Eagle (DSHS-Child Study Treatment Center)
Representative Carolyn Eslick
Steven Grilli (DCYF)
Barb Jones (OIC)
Kim Justice (Commerce – Office of Homeless Youth)
Amber Leaders (Governor’s Office)
Colleen Thompson (DOH)
Lillian Williamson (young adult)

Other Representatives

Hugh Ewart <i>or</i> Laurie Lippold (Workforce & Rates)
Summer Hammons (Tulalip Tribes)
Kristin Houser (parent)
Kristin Houser <i>or</i> Sarah Rafton (Behavioral Health Integration)
Michelle Karnath (parent, Youth & Young Adult Continuum of Care)
Kristin Wiggins (Prenatal through 5)

Staff

Jo Ann Kauffman (Kauffman & Associates)
Lisa Guzman (Kauffman & Associates)
Nicole Slowman (Kauffman & Associates)
Crystal Tetrick (Kauffman & Associates)
Nate Lewis (HCA)
Cindi Wiek (HCA)
Rachel Burke (HCA)

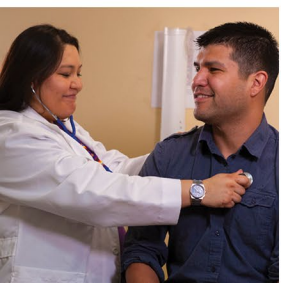
2023 Meeting Schedule

January 12, 2023
March 02, 2023
May 04, 2023
July 06, 2023
September 07, 2023
November 02, 2023

Lead (Individual, Core Project Team, Committee or Subcommittee)	Task	Time Frame
Core Team	<p>Engage Advisory Committee Members Identify and engage Advisory Committee Members -Identify experts or stakeholders no identified in the legislation. - Develop and implement a recruitment strategy that ensures diversity - Develop application, selection, and appointment process</p>	9/1/22 – 11/30/22
	<p>Stakeholder Engagement Develop strategy to gather information from a diversity of stakeholders statewide including providers and system partners, parents and family members and youth and young adults (up to age 25).</p>	10/20/22-4/7/23
	<p>Behavioral Health Landscape Analysis A description of the current service continuum, cost of care, what access looks like, gaps in services, barriers to accessing preventive care, the current behavioral health oversight and management of systems.</p>	1/2/23-5/15/23
	<p>Gap Analysis A description of the full continuum of care estimating the prevalence of needs for Washington state behavioral health services for the identified population served by Medicaid and private insurance.</p>	1/15/23 – 6/30/23
	<p>Best Practices Research Report An analysis of peer-reviewed publications, evidence-based practices, and other existing practices (including best practices from other states) and guidelines with preferred outcomes regarding the delivery of behavioral health services to families in the perinatal phase, children, youth transitioning into adulthood, and the caregivers of those children and youth across multiple settings that includes: - Approaches to increasing access and quality of care for underserved populations and communities;</p>	1/15/23-6/30/23

	<ul style="list-style-type: none"> - Approaches to providing developmentally appropriate care; - The integration of culturally responsive care with effective clinical care practices and guidelines; - Strategies to maximize federal reinvestment and resources from any alternative funding sources; and - Workforce development strategies that ensure a sustained, representative, and diverse workforce. 	
	<p>Future State Vision (informed by stakeholder engagement) A vision for behavioral health services for the identified population in which services are:</p> <ul style="list-style-type: none"> - Accessible, affordable, effective, timely, and engaging; - Culturally, linguistically, and developmentally relevant; - Supportive and affirming of gender orientation; - Supported by evidence; - Incorporating tailored interventions, as needed; - Coordinated across sectors, and tailored and aligned with communities' strengths and needs' - Integrated, whole-person care; - Sustainable, with robust capacity and funding; - Hold the promise of measurably improving health and outcomes; and - Amply resourced for all children, youth, and young adults. <p>The vision shall include:</p> <ul style="list-style-type: none"> - A complete continuum of services statewide from education, promotion, prevention, early intervention through crisis response, intensive treatment, postintervention, and recovery, as well as supports that sustain wellness in the behavioral health spectrum; - How access can be provided to high quality, equitable care and supports in behavioral health education, promotion, prevention, intervention, recovery, and ongoing well-being when and where they are needed; - How the children and youth behavioral health system can successfully pair with the 	<p>10/1/22-6/30/23</p>

	<p>988 behavioral health crisis response described under chapter 82.86 RCW;</p> <ul style="list-style-type: none"> - The incremental steps needed to achieve the vision for the behavioral health service delivery system based on the current gaps and barriers for accessing behavioral health services, with estimated dates for these steps; and - The oversight and management needed to ensure effective behavioral health care including forecasting need; developing, monitoring, and evaluating system performance in providing access to quality behavioral health services and supports, and on outcomes for children, youth, and families who receive services. 	
	<p>Comparison and Cost Benefit Analysis A comparison of the current behavioral health system for the identified population with the Behavioral Health Future State Vision created by the Strategic Planning process through a cost-benefit analysis.</p>	7/1/23- 8/30/23
	<p>Strategic Plan Goals and Strategies Preliminary strategic plan to share with public</p>	7/1/24
	<p>Revised Draft Strategic Plan Incorporates public comments, and deliver to CYBHWG</p>	10/1/24
	<p>Final Strategic Plan</p> <ul style="list-style-type: none"> - Incorporates changes from the CYBHWG, to be delivered for final review by the CYBHWG - Delivered to the Legislature and the Governor by November 1, 2024. 	<p>10/20/24</p> <p>11/1/24</p>



Kauffman & Associates INCORPORATED

We Do Work That Matters

WA HCA
PN25 Strategic Plan
Advisory Committee Meeting
November 18, 2022
2:00 – 4:30 PM

Purpose of the Advisory Committee

Develop a draft strategic plan that describes:

1. The current landscape of behavioral health services
2. The vision for the behavioral health service delivery system
3. A comparison of the current behavioral health system for families and the new vision through a cost-benefit analysis



Report Out on Community Engagement Discussions

Method:

- A call is scheduled for a group or individually, based on availability.
- A set of questions is asked:
 1. Who are the voices or stakeholders that might not be heard as we begin this planning for an improved P25 BH system?
 2. Can you help us identify specific stakeholders we should engage to ensure full and diverse input into this planning process?
 3. Do you have any names of individuals you think would be good to recruit for the Advisory Committee that will oversee the strategic planning process?

Results:

- 2 groups calls, and a few individual calls have been conducted.



Report Out on Community Engagement Discussions

- Diverse representation is important
- Lend support
 - Accommodate schedules (consider school and work schedules)
 - Meet the youth where they are
- Imperative to incorporate voices of young people
- Act
- Listen
- Trust is earned
- Present information in a way that is easily understood
- Make this a statewide effort
- Keep the application simple
- Allow for narrative to be provided through different ways including videos and audio
- Make this fun
- Provide incentives
- Think of those that are directly impacted by the system or in institutions (foster care, juvenile rehabilitation)
- Uplift youth
- Build relationships
- Create a space to come to
- Youth leadership and positions
- Work without titles
- Be flexible with education/experience requirements



Review Draft Advisory Committee Charter

With the guidance of CYBHWG co-chairs, HCA staff and any experts the co-chairs identify, guide the Advisory Committee through the development of a charter including, and not limited to:

1. Group agreements regarding meeting process and shared expectations for participation;
2. A strategy and approach for centering racial equity and elevating the voices of young people and family members with experience receiving behavioral health services in meetings and the statewide stakeholder process; and
3. Protocols to ensure that members' potential conflicts of interest do not impact decision-making.



Strategic Plan Advisory Workgroup Membership

Shall include at a minimum:

1. Community members with lived experience including those with cultural, linguistic, and ethnic diversity as well as thought having diverse experience with behavioral health care.
2. DCYF
3. DOH
4. HCA
5. Office of Homeless Youth Prevention and Protection Programs
6. Office of the Governor
7. Developmental Disabilities Administration
8. Office of the Superintendent of Public Instruction
9. Office of the Insurance Commissioner
10. A Tribal Representative
11. Two legislative members or alternates from the CYBHWG
12. Individuals with subject matter expertise



Application and Appointment Process

Application Process

- A. Individual applies via email (can respond with a video), and answers four questions:
 1. Where do you live? (Address)
 2. What is your age?
 3. What community activities are you involved in or community activities you would like to take a leadership role.
 4. Why do you want to participate on this Advisory Committee?

Appointment Process

- A. Applications reviewed
- B. Individuals selected based on the following criteria:
 1. Representation across the lifespan
 2. Families who have experience with the behavioral health system, to include, youth/young adult and parent/caregiver members.
 3. Representation across the state
 4. Community Diversity: specifically, those having diverse experience with behavioral health care and to include, those with cultural, linguistic, gender and ethnic diversity.

Advisory Committee Role: The Advisory Committee is established to identify barriers to and opportunities for accessing behavioral health services for children and their families, and to advise the legislature on statewide behavioral health services for the perinatal to 25 population



Break-out Group Discussion: Advisory Committee Charter

Discussion Topics:

1. Is anything missing in the charter?
2. Is there anything you would add?
3. Does the structure of the subcommittees make sense?
4. Do you have any reflections on the application or appointment process?



Future Advisory Committee Meetings

January 5, [insert time]

- New members will participate
- Approve Charter

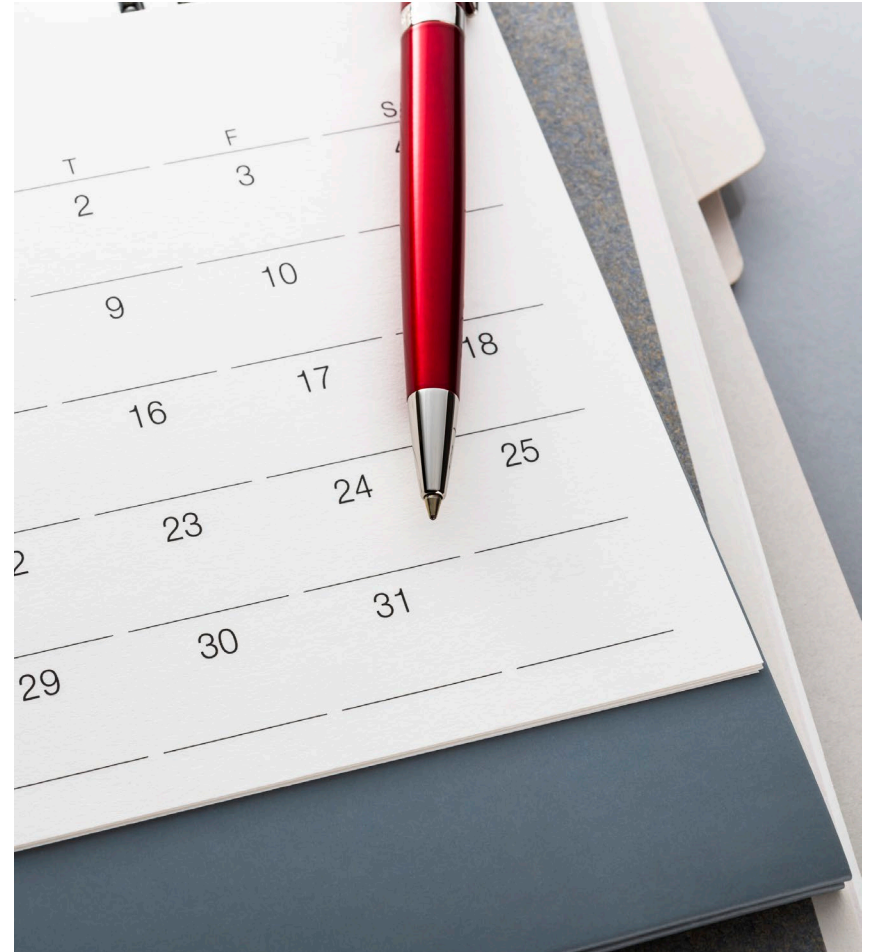
March 2, 2023

May 4, 2023

July 6, 2023

September 7, 2023

November 2, 2023





MEMBERS					
Appointees		Other representatives		Staff	
<input checked="" type="checkbox"/>	Representative Lisa Callan, Co-Chair	<input type="checkbox"/>	Hugh Ewart or Laurie Lippold (Workforce & Rates)	<input checked="" type="checkbox"/>	Jo Ann Kauffman (Kauffman & Associates)
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<input type="checkbox"/>	Amber Leaders (Governor's Office)	<input type="checkbox"/>		<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Michele Roberts (DOH)	<input type="checkbox"/>		<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Lillian Williamson (young adult)	<input type="checkbox"/>		<input type="checkbox"/>	