KAUFFMAN
AND ASSOCIATES INCORPORATED

PN25 Behavioral Health Strategic Plan

Advisory Group Meeting Notes

Thursday, February 16, 2023
1-3 p.m. PST

Contents

P.O. Box 21789
Spokane, WA 99201
Phone: (509) 747-4994

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Members

Youth/Young Adults			
☐ Hannah Adira	☐ Angela Cruze	☐ Bree Karger	☒ Chanson Toyama
☐ Darren Bosman	☒ Sage Dews	☐ Desi Quenzer	☐ Oscar Villagomez
☒ Xana Caillouet	☐ Eli Dolane	☐ Sol Rabinovich	☐ Lillian Wiliamson
☒ Sierra Camacho	☒ Tracey Hernandez	☐ Casi Sepulveda	☒ Kaleb Lewis
☐ Alyssa Cruz	☐ Kennysha Johnson	☒ Amanda Shi	☐

Parent/Caregivers			
☒ Tina Barnes	☒ Melia Hughes	☒ Alexie Orr	☐ Tui Shelton
☒ Marta Bordeaux	☒ Michelle Karnath	☐ April Palmanteer	☒ Kimberly Slattery
☒ Melissa Brooks	☐ Karen Kelly	☐ Rosemarie Patterson	☒ Danna Summers
☐ Christi Cook	☒ Brandi Kingsman	☒ Liz Perez	☒ Marcella Taylor
☒ Peggy Dolane	☒ Nicole Latson	☒ Jessica Russell	☒ Rokea Jones
☐ Jamie Elzea	☒ Starleen Lewis	☒ Janice Schutz	☐
☒ Heather Fourstar	☒ Niki Lovitt	☒ Sharon Shadwell	☐
☒ Amy Fumetti	☐ Sarah McNew	☐ Lamara Shakur	☐

Other Members		
☒ Jane Beyer (Office of the Insurance Commissioner)	☒ Byron Eagle (Developmental Disabilities Administration-Child Study Treatment Center)	☒ Jeannie Nist *or* Katherine Seibel (School Based Behavioral Health & Suicide Prevention subgroup)
☒ Shelley Bogart (Department of Social and Health Services-Developmental Disabilities Administration)	☒ Hugh Ewart *or* Laurie Lippold (Workforce & Rates subgroup)	☐ Sarah Rafton *or* Kristin Houser (Behavioral Health Integration subgroup)
☒ Kelli Bohanon *or* Kristin Wiggins (Prenatal-5 subgroup)	☒ Steven Grilli, Department of Children, Youth and Families	☒ Michele Roberts (Department of Health)
☐ Representative Lisa Callan, Co-Chair	☐ Summer Hammons (Tulalip Tribes)	☒ Representative Carolyn Eslick, 39th District
☐ Lee Collyer (Office of Superintendent of Public Instruction)	☒ Kim Justice (Commerce – Office of Homeless Youth)	☒ Keri Waterland, Co-chair
☒ Britni Dawson-Giles	☐ Amber Leaders (Governor's Office)	☐

Staff		
☒ Jo Ann Kauffman (Kauffman & Associates, Inc.)	☐ Lisa Guzman (Kauffman & Associates, Inc.)	☒ Nate Lewis (Health Care Authority)
☒ Crystal Tetrick (Kauffman & Associates, Inc.)	☒ Johnel Barcus (Kauffman & Associates, Inc.)	☒ Cindi Wiek (Health Care Authority)
☐ Nicole Slowman (Kauffman & Associates, Inc.)	☒ Rachel Burke (Health Care Authority)	

TVW Recording

- **Link to TVW Recording**

Agenda

- Welcome
- Norms
- Project Update
- Steering Committee Proposal
- Subcommittees
- Break
- Behavioral Health Care Continuum
- Qualitative Behavioral Health Landscape Analysis Process: Focus Groups
- Public Comments
- (Optional) Survey

Housekeeping Items and Agenda Walkthrough

Jo Ann Kauffman, Kauffman & Associates Inc. (KAI)
See TVW recording (0:08)

Welcome

Jo Ann Kauffman, KAI
Keri Waterland, CYBHWG Co-chair
See TVW recording (6:45)

Norms

Michelle Karnath
See TVW recording (11:45)

- The group norms were reviewed.

Project Update

Nate Lewis, Health Care Authority (HCA)
See TVW recording (13:46)

- Stipends
    - The state is able to offer payment (called stipends) of $45/hr to appointed advisory committee members who:
        - Are not being paid by their employer for participating on this committee, and
        - Are attending because of their own, or their family member's, lived experience with the behavioral health system.
    - We are also able to reimburse you for child or elder care, if needed.
    - Please email cybhwg@hca.wa.gov or send a message in chat to Nate Lewis if you believe you are eligible.

- Legislation that created this project refers to this body as the advisory group, not advisory committee, which will be changed in documents going forward.
- An orientation packet was attached to the calendar invite, which includes a sheet with definitions and acronyms.
- The project update and timeline graphic displayed shows the flow of work and who is responsible for what:
    - Our goal is to have the advisory group engaged throughout the project with KAI providing support.
    - HCA is currently negotiating a contract with a second contractor alongside KAI; the second contractor will focus on research and data related technical work that will last from the end of this year into early next year.
    - The advisory group will be developing goals and strategies and gather community and stakeholder input, then incorporate feedback into a draft strategic plan.
    - A public comment period for the draft plan is included.
    - During the last three months of the project (August through October of 2024) the CYBHWG will review the plan, approve it with any changes, and submit it to the governor and legislator by November 1, 2024.

Steering Committee Proposal

Purpose of the Steering Committee

Nate Lewis, HCA

See TVW recording (19:25)

- PROPOSAL: Formation of a steering committee that will set the agenda for the advisory group.
    - Currently the agenda is approved by the CYBHWG co-chairs.
- Currently, the proposal is to include the co-chairs and two member positions, one parent/caregiver, one youth, with the possibility of future expansion.
- Feedback and or questions:
    - What is the time commitment?
        - Time commitment would include a brief monthly meeting, 15-30 minutes, to help set up the agenda for the upcoming meeting and some email correspondence; all together an hour or 90 minutes per month.
            - After an additional question, the time commitment could be up to three hours each month due to responding to and reflecting on information presented by advisory group members to the steering committee team.
    - Will there be a mechanism for others to offer suggestions for meeting topics?
        - Once the members are chosen, then they can reach out to the steering committee.
    - Will the time commitment for the steering committee be compensated?
        - Yes

- Decision: Advisory group will form a Steering Committee.
  Members to send statement of interest to cybhwg@hca.wa.gov. Staff will send out a survey with the statements of interest for members to vote.
    - Poll launched for advisory group members to respond to: Do you agree to establish a steering committee as described in the proposal?
        - Yes or No response options.
        - 43 out of 76 individuals participated, resulting in 95% voting yes and 5% voting no.

Subcommittees

Jo Ann Kauffman, KAI
See TVW recording (29:56)

- The advisory is empowered to form subcommittees, as needed.
- PROPOSAL: Stakeholder/community engagement subcommittee.
    - This committee would be helpful in gathering feedback and informing key processes of the strategic plan.
    - The committee may include monthly 1–2-hour virtual meetings.
- DECISION: Form stakeholder/community engagement committee.
    - Poll launched for advisory group members to respond to: Do you agree to establish a stakeholder/community engagement subcommittee?
        - Yes or No response options.
        - 40 out of 78 individuals participated, resulting in 95% voting yes and 5% voting no.

Current Behavioral Health Care Continuum in Washington State

Keri Waterland, Co-Chair CYBHWG
See TVW recording (36:12)

- The Washington Department of Health, Health Care Authority, Department of Children. Youth and Families, and the Department of Social and Health Services got together and looked at the programs we have that formed a behavioral health care continuum, with the assistance of a contractor; this is not a comprehensive list of what the four agencies do.
- This presentation is an introduction to the continuum, all the additional back up information will be made available.
- Note that this model reflects the *current* services available through the state for the entire population and is not focused specifically on children, youth and families' services.
- Examples were provided to explain each item on the continuum of behavioral health care:
    - Behavioral health promotion
    - Primary prevention
    - Early intervention
    - Outpatient services
    - Residential treatment services
    - Crisis systems

  - Emergency services
  - Inpatient treatment
  - Recovery support services
  - Long-term residential care
  - Long-term inpatient care, including forensic programs.
  - Resiliency support
- Feedback and or questions:
  - This is a great start; one of the biggest issues around behavioral health and mental health is making sure people have information about what is available to them; information that would be helpful is learning who is accessing these programs, attrition rates in the programs, and types of insurance that may be required to access these programs; looking deeply at access will help us understand how these programs are used and if they are working efficiently for our community.
  - Will be interesting to see if a children/youth focused system of care would look different than one based on adults.
  - Struggle with the difference between behavioral health promotion and primary prevention.
    - Would be beneficial to come together to look at these lists and talk about why we group them the way we do and bring that discussion to the advisory group.
  - Request for a map of the existing program locations, which will help to identify. gaps: for example, early intervention programs are lacking in the South Puget Sound area.
  - The graphic is missing juvenile rehabilitation, occupational therapy, schools, and DD services and programs.
  - Look at what supplemental programs are available and where they are located.
  - Where does ABA behavioral health fit in?
    - It is on the list but need to locate the information.
  - Look at program network variations across regions.

Qualitative Behavioral Health Landscape Analysis: Focus Groups

Dr. Johnel Barcus, KAI

See TVW recording (1:00:06)

- There will be two components of the behavioral health landscape analysis, quantitative and qualitative.
- KAI will be asking for advisory group members and others for stories behind their experiences, which is the qualitative component.
  - The stories will be collected in four focus groups over the next month, which will include two parent, one youth (25 and under), and one provider group.
  - 90 minutes virtual Zoom sessions.
  - Discussion will focus on gathering stakeholder stories and experiences to find out where those gaps would be in the landscape analysis looking at cost of care, delivery of models, how insurance (private and Medicaid) covers those areas,

looking at gaps in continuum, areas without access to services, workforce demands, barriers to preventive services, and what is needed.

- Poll launched for advisory group members to respond to: I would participate in a focus group:
  - Yes or No response options.
  - 39 out of 73 individuals participated, resulting in 79% responding yes and 21% responding no.
- KAI will be approaching the advisory group and community engagement subcommittee to see where they can tap into potential participants to make sure we obtain a good mix of representation.
- Stakeholder engagement will continue throughout the course of the project.
- Feedback and or questions:
  - Will there be an option for individuals to submit a statement in writing?
    - KAI is going to make sure that anyone who takes the time to participate in the focus groups will be heard, so the number of people participating for each meeting will be limited; submission of a statement in writing will be possible.
  - Suggestion to have language options in focus group meetings.
  - Provide interpretation services when conducting community outreach and meetings.
  - Not providing translation services in these meetings sends a message.
  - Individuals might not be comfortable sharing their experiences when being recorded.
    - Recordings are for transcription and are confidential; after transcription and qualitative analysis, recordings will be deleted; informed consent will be obtained.
    - Recordings of the focus groups are confidential and not held by the state.
  - Trauma informed practices should be used in the research design.

Public Comments

See TVW recording (1:20:20)

- Time for individuals who are not on the advisory committee to share comments; the discussion was opened up to advisory group members after public comments.
- Comments:
  - Make sure that perinatal/early relational health gets elevated in this work and hoping someone can comment on this.
  - Request to focus attention on needs of youth and children with special health care needs, seeing significant increases in cooccurring mental health issues with some developmental disorders, like autism; the combination of factors creates real challenges for families and lack of access to resources.
  - It is difficult to find therapy for individuals with a diagnosis of autism; make sure people with autism and other developmental disabilities, their voices are heard.
  - Some things need intersectionality; regarding the individual children, different presentations present different challenges; it is much more difficult to find a

provider not to fix the child, but to understand; make sure this experience is not traumatic for the children.
    - It is important to define behavioral health with children as different than adults; children's behavioral health develops, and providers may not try to understand them but rather focus on treating them.
- Additional comments can be sent to the Children and Youth Behavioral Health Workgroup email: cybhwg@hca.wa.gov.

Closing Comments

Jo Ann Kauffman, KAI
See TVW recording (1:32:52)

- A list of advisory committee meetings was provided.
    - The next meeting will be March 13:
        - The proposed topics include finalizing the charter, discuss committee development, gather input on stakeholder engagement strategy, and present information for the quantitative part of the behavioral health landscape analysis; additionally, in March, we hope to begin the qualitative behavioral health landscape analysis with focus groups.
    - At the May 4 meeting, hope to say what the behavioral health system should look like, including challenges and barriers.
    - In the July meeting, finalize barriers and challenges to develop strategies in September.
    - Have an outline/structure/framework of this newly envisioned behavioral health system with the basic strategic pillars with goals and objectives to begin taking shape in November.
- An optional short survey link was provided at the end of the Zoom meeting to gather feedback about how to improve the meetings going forward.
    - The survey was open until the end of the day to complete.

Chat

- **Introductions**
    - Attendees introduced themselves in the chat with name and organization.
- **Steering Committee**
    - Not an alternate suggestion, but maybe a consideration as part of this new proposed structure. Will there be a mechanism (email, or otherwise) for others to provide agenda suggestions to the steering committee for their ultimate review and decision?
    - I was driving but I have a question about the steering committee. Is it compensated as well?
        - Yes, steering committee participation is also compensated.
    - Members and non-members alike if you are interested in being a part of the stakeholder engagement committee, please send e-mail to cybhwg@hca.wa.gov or let us know in Chat.

  - Just to be clear we are voting whether or not we agree with the creation of this subcommittee, not whether we wish to be on this subcommittee ... correct?
  - In addition to parents and youth, providers, community organizations, advocates, and others are also stakeholders.
- **Behavioral Health Care Continuum**
  - How is smoking cessation early intervention? They already are addicted.
  - It would be interesting to see if a children and youth focused system of care would look any different from one that's based on adults.
  - I do still struggle with the difference between behavioral health promotion and primary prevention. In our PH framework—increasing preventative factors would all fit under primary prevention. would appreciate hearing more on your perspective.
  - The graphic is missing juvenile rehabilitation, occupational therapy, schools, etc. Also looking at what supplemental programs are available in one location, but not in another (e.g., Best Starts for Kids).
  - Where would ABA/Behavioral Health fit in?
  - I agree about looking at program network variations across regions. Living rurally, I have firsthand knowledge of how programs can look vastly different.
  - I've been wondering about a subcommittee focused on the intersectionality of neurodivergence (autism in particular) and mental health issues. There's a lot of unmet support needs in this area, and a lot of need to look at a broader continuum of supports and services beyond ABA that are neurodiversity-affirming and trauma-informed.
  - I totally agree. Thanks for expanding because I try to keep things short.
  - WISe services also are not sufficient.
  - I'd define the group on neurodivergence to be emotional regulation of any kind ... (FASD, RAD, etc.) the involuntary treatment process isn't there ... needs to be separate.
  - Could further specify outpatient programs into BH services in primary care settings, school based behavioral health, specialty BH services, and intensive community-based services. Special Education services too.
  - One of the issues we have faced over and over again is insurance companies dictating when services are completed rather than actually focusing on what the child truly needs. This causes a lot of issues with regard to accessing proper care.
  - I know numerous other families who have encountered the same issues.
  - Alternatives to talk therapy aren't listed, ex. equine therapy, wilderness therapy, ABA.
    - Healing circles, storytelling, art therapy.
  - Hi Folks! As a clarification, you will not see all programs listed on the one slide, but we will be providing information as to what programs are currently included. We have much to do still...so tons of appreciation for the amazing feedback!

- I love comments about non-talk therapy options. In addition to all the wonderful modalities you mentioned, this also makes me think of Indigenous healing practices and to wonder how those are (or could be) reimbursed.
  - I've been told that wilderness therapy overlaps with methods tribes have used.
- At the risk of commenting on something I'm not fully informed on, my first suggestion would be to check that your benchmarks reflect that someone is actively receiving services, and not just "open" or "enrolled" in a program ... Many times, for example, we work with clients who are connected to services that are designed to connect them to services... that aren't available locally, have a waitlist, or doesn't address a barrier that is keeping them from following through with service requirements. So, they remain open/enrolled in a program but that doesn't mean they're actually making tangible progress ... or even necessarily attending anything.
  - Response from co-chair KW: It is inclusive of DCYF, which is the Department of Children, Youth, and Families. To clarify, it was not my department, but was an effort of the four largest state agencies that oversee behavioral health.
- DCYF doesn't include DD as you stated, and JR is supposedly a behavioral health intervention (REHAB).
  - Response from co-chair KW: Please note that DCYF included over 27 distinct programs as part of the initial, first, overview. We need to ensure that concerns get accurate responses. You are correct that there is work to do, but the work is not void of the work overseen by DCYF.

- **Focus Groups**
  - These focus groups could have a large number of participants, which would make it hard for everyone to be heard. Will there be the option for participants to also submit a statement in writing in some way that would be as anonymous as the focus group?
  - *Language Options*
    - What language groups will be used in focus groups?
    - Great question! And in addition to the linguistic diversity consideration, there are people who are non-speaking who we would benefit from learning from.
    - We can also develop assumptions to test through polls that are easier to participate in for some people.
    - Seattle Schools Special Education PTA has been navigating the language issue through a series of specialized coffees, as well as providing interpretation for all meetings.
    - ASL?
    - Not providing translation in our meetings now sends a message.
  - *Recording*
    - What about people who are not feeling comfortable during recording?

        - Some immigrant parents are not feeling comfortable describing about their experiences. Especially if it's recorded.
            - I want to add to the earlier comment re immigrant and refugee experiences and challenges with talking about MH related needs/issues/concerns. Perhaps there are ways of including youth who are or come from refugee immigrant families to help facilitate/break the 'ice'/ assist immigrant and refugee family members participating more forthrightly. I know some folks with whom you may wish to explore this aspect of the qualitative research more fully. FYI, I was just in a morning convening of BIPOC clinicians and BH workers and this was one of the many topics highlighted.
        - Assurances that the recording isn't held at the state.
    - How can different strategies be used to minimize secondary trauma of the participants?
    - Reminding people up front each time and providing those assurances will make a big difference. I need to be reminded. Also, when we go into a chat room in this meeting, that can't be on TVW is it?
        - Correct. Breakout groups are not recorded on TVW.
    - Trauma informed practices should be used in the research design.
    - We could get additional stories by interviewing some people who can't get to this meeting. Standard questions to ask about the journey would be helpful in sharing stories of the invisible voices.
    - I agree. If we really need the qualitive analysis, we have to understand how do we reach "unrepresented minorities."
    - Remember that marginalized fathers affect both generations social emotional wellness and we need to really engage those voices.
    - I just want to say how grateful I am to all of you who have shared your thoughts and your concerns. So many amazing perspectives and thoughtful comments that will only make this process better and easier for everyone to engage in.
    - Yes, DadsMOVE is a foundational partner of the Washington Fatherhood Council where we can get a cross cutting view of fatherhood as it intersects both parent and child mental health and wellness.
    - Will the landscape analysis include populations served? That is one of the biggest issues parents faces. Our children don't have mental illness.
    - Children who have developmental delays in emotional development are punished, these are the children who end up in jail.
    - Story telling is very Western way.
    - I feel it is the way that it is viewed through certain lenes. It is done in many other cultures that are outside the western culture.
    - Brilliant. Providers try to FIX the child, instead need start by understanding the child!
    - We need definitions.

  - I just would like to say that I am grateful we are looking at qualitative data alongside the quantitative. This is the kind of approach that help bridge the conundrum of quantitative data showing we are meeting benchmarks, all while dozens of news articles keep coming forward about people incarcerated and hospitalized, who should be receiving BH services. I'm thankful to be a part of this very meaningful work!
- **OTHER:**
  - Positive comment: really like that you separated the youth out into their own group today.
  - Another question to ask, do the FYSPRT regions have strategic plans that we could look at?