



**PN25 Behavioral Health Strategic Plan Advisory Group Agenda
Thursday, May 4, 2023, 2-5 p.m. PDT**

ZOOM INFORMATION

Meeting URL: <https://kauffmaninc.zoom.us/j/96892232111?pwd=RHI0dlZ0Q1lvd3BwTmZuZno1L1pHdz09>

Meeting ID: 968 9223 2111

Passcode: 594131

AGENDA

2:00-2:05	Welcome (JoAnn Kauffman)
2:05-2:35	Full Value Agreement (Co-chairs, Michelle Karnath) <ul style="list-style-type: none"> • Breakout Session: Respond to questions about the agreement and meeting logistics. • Report Out on Breakout Session Discussion
2:35-2:55	Project Updates: <ul style="list-style-type: none"> • Advisory Group Charter Comments (Crystal Tetrick) • Project Timeline Review (JoAnn Kauffman) • Best Practices Research and Quantitative Behavioral Health Landscape Analysis (Nate)
2:55-3:05	Subcommittee Updates: <ul style="list-style-type: none"> • Report Out: Community Engagement (Crystal Tetrick) • Next Steps: Data (Nate Lewis)
3:05-3:15	Break
3:15-3:25	Update: Qualitative Behavioral Health Landscape Analysis (Johne Barcus) <ul style="list-style-type: none"> • Preliminary Overview from Focus Groups • Additional Stakeholder Engagement
3:25-3:55	Breakout Sessions: Qualitative Behavioral Health Landscape Analysis Questions <ul style="list-style-type: none"> • Based on the focus group preliminary findings, how would you define behavioral health? • What are some gaps in the current behavioral health system in the state?
3:55-4:25	Report Out on Breakout Session Discussion
4:25-4:40	Group Whiteboard Exercise in Mural (Comments can be made anonymously) <ul style="list-style-type: none"> • What terms used in these meetings, such as substance use disorder, do you find confusing or open to different interpretations? What do they mean to you or your community? • Who do you feel is missing from these conversations, who should be in the room? Share Highlights
4:40-4:55	Public Comments
4:55-5:00	Closing and (Optional) Survey



MEMBERS

Youth/Young Adults			
<input type="checkbox"/> Hannah Adira	<input type="checkbox"/> El Dolane	<input type="checkbox"/> Sol Rabinovich	<input type="checkbox"/> Lillian Williamson
<input type="checkbox"/> Darren Bosman	<input type="checkbox"/> Tracey Hernandez	<input type="checkbox"/> Casi Sepulveda	<input type="checkbox"/>
<input type="checkbox"/> Xana Caillouet	<input type="checkbox"/> Bree Karger	<input type="checkbox"/> Amanda Shi	<input type="checkbox"/>
<input type="checkbox"/> Sierra Camacho	<input type="checkbox"/> Kaleb Lewis	<input type="checkbox"/> Chanson Toyama	<input type="checkbox"/>
<input type="checkbox"/> Sage Dews	<input type="checkbox"/> Desi Quenzer	<input type="checkbox"/> Oscar Villagomez	<input type="checkbox"/>

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

Other Members		
<input type="checkbox"/> Jane Beyer (Office of the Insurance Commissioner)	<input type="checkbox"/> Byron Eagle (Developmental Disabilities Administration-Child Study Treatment Center)	<input type="checkbox"/> Amber Leaders (Governor's Office)
<input type="checkbox"/> Shelley Bogart (Department of Social and Health Services-Developmental Disabilities Administration)	<input type="checkbox"/> Carolyn Eslick (House of Representatives)	<input type="checkbox"/> Jeannie Nist or Katherine Seibel (School Based Behavioral Health & Suicide Prevention subgroup)
<input type="checkbox"/> Kelli Bohanon or Kristin Wiggins (Prenatal-5 subgroup)	<input type="checkbox"/> Hugh Ewart or Laurie Lippold (Workforce & Rates subgroup)	<input type="checkbox"/> Sarah Rafton or Kristin Houser (Behavioral Health Integration subgroup)
<input type="checkbox"/> Lisa Callan, Co-Chair (House of Representatives)	<input type="checkbox"/> Steven Grilli, Department of Children, Youth and Families	<input type="checkbox"/> Michele Roberts (Department of Health)
<input type="checkbox"/> Bridget Underdahl (Office of Superintendent of Public Instruction)	<input type="checkbox"/> Summer Hammons (Tulalip Tribes)	<input type="checkbox"/> Keri Waterland, Co-Chair
<input type="checkbox"/> Britni Dawson-Giles Suquamish Tribe	<input type="checkbox"/> Kim Justice (Commerce – Office of Homeless Youth)	

Staff		
Jo Ann Kauffman (Kauffman & Associates, Inc.)	Johnel Barcus (Kauffman & Associates, Inc.)	Erika Boyd (Rep. Callan's Aide)
Crystal Tetrick (Kauffman & Associates, Inc.)	Rachel Burke (Health Care Authority)	
Nicole Slowman (Kauffman & Associates, Inc.)	Nate Lewis (Health Care Authority)	



PN25 Behavioral Health Strategic Plan Advisory Group

FULL VALUE AGREEMENT

This agreement is intended to create a brave space, ideally striving for a safe space for families, youth, and system partners to share their experiences and ideas together. We acknowledge that what makes a space feel safe may be different for each person and that open and honest dialogue is a combined effort of creating space for varying perspectives and the bravery of a participant to share their perspective.

- Be respectful of each other
- Speak truth
- Honor this time as a brave space for you and others
- Use plain language (explain acronyms, if used)
- Use first names
- Stories stay private, but the lessons may carry forward
- Practice patience with ourselves and each other
- Step up then step back so that everyone has a chance to be heard – one at a time when speaking & give attention to facilitators/speakers
- Be mindful of trauma and recognize the impact of that trauma.
- Your experience matters
- Encourage grace, compassion and kindness for self

As part of this agreement, the PN25 Behavioral Health Strategic Planning Advisory Committee Leads want to be transparent about how these agreements will be supported during the meeting.

- At the beginning of meeting – The facilitators will review the Full Value Agreement and gain agreement to support **all voices having equal value**. This agreement applies to the chat and dialogue in the meeting.
- During the meeting – The facilitators will provide a general reminder, if needed, that supports the agreements of the group, for example, “I’m hearing a lot of system heavy language – how can we use more every day, conversational language”.

PN25 Behavioral Health Strategic Plan Advisory Group Charter

February 10, 2023

Purpose

During the 2022 legislative session, the Children and Youth Behavioral Health Work Group (CYBHWG) recommended the development of a statewide Prenatal through 25 (PN25) Behavioral Health Strategic Plan. This recommendation was passed by the Washington State legislature in [Second Substitute House Bill 1890](#) (HB 1890).

The purpose of the PN25 Behavioral Health 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, early intervention through crisis response, intensive treatment, postintervention and recovery, and ongoing well-being for families in the perinatal stage (pregnancy through the first year of life), children, young people transitioning to adulthood, and their caregivers. The development of these new system-wide strategies will be through a trauma-informed lens to reduce incidents of harm or trauma that may be experienced by families and instead, promote healing, recovery, and resiliency throughout the behavioral health system.

The Strategic Plan Advisory Group will provide guidance and oversight of the following activities:

- Strategic plan schedule and project scoping decisions
- Community engagement strategies
- Strategic plan development
- Submission of the strategic plan to the CYBHWG by August 15, 2024, and the Governor and legislature by November 1, 2024.

The Strategic Plan Advisory Group will report their progress and recommendations to the CYBHWG and its subgroups as needed. Similarly, the PN25 Advisory Group may engage the other CYBHWG subgroups to help fulfill the objectives of the strategic planning process.

Objectives

- Fulfill the requirements of HB 1890
- Use a strategy and approach that centers racial equity and elevates the voices of young people and family members with experience receiving behavioral health services in meetings and the statewide stakeholder process
- 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 the strategic plan to be approved by the CYBHWG and delivered to the Governor legislature
- Oversee a state-wide stakeholder engagement process.
- Engage tribes as sovereign nations as part of the stakeholder engagement process.
- Address gaps and barriers related to lack of coordination and integration between systems and between types of providers

Guiding Principles

The following principles will guide the work of the Advisory Group: As individuals and a collective we:

- Are community-centered
- Engage in respectful engagement - we listen to the voices of children, youth, parents, and family support systems
- Foster trust, safety, and inclusivity for all members
- Commit to transparency in decision-making
- Embrace diversity
- Foster ideas and intentions to make innovative changes
- Embrace radical ideas and thinking
- Speak on personal experience, not for the group of people/population

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 and family support systems of children and youth who have received services.

Strategic Planning Advisory Group 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 (Figure 1). There is cross-cutting collaboration across the 6 groups. The co-chairs of the CYBHWG also serve as the co-chairs of the Strategic Plan Advisory Group. The advisory groups work will be informed by its own subcommittees both standing and ad hoc, which will be established as needed. The Advisory Group will also be informed by the 5 CYBHWG standing



subgroups.

Decision Making

Decision making is done at the Advisory Group level. Decisions are informed by work done in standing subcommittees and ad hoc subcommittees. Decisions will be made by vote using electronic polling of the entire Strategic Planning Advisory group membership. We expect that any member who has a potential conflict of interest on a particular decision will abstain from voting.

Communication

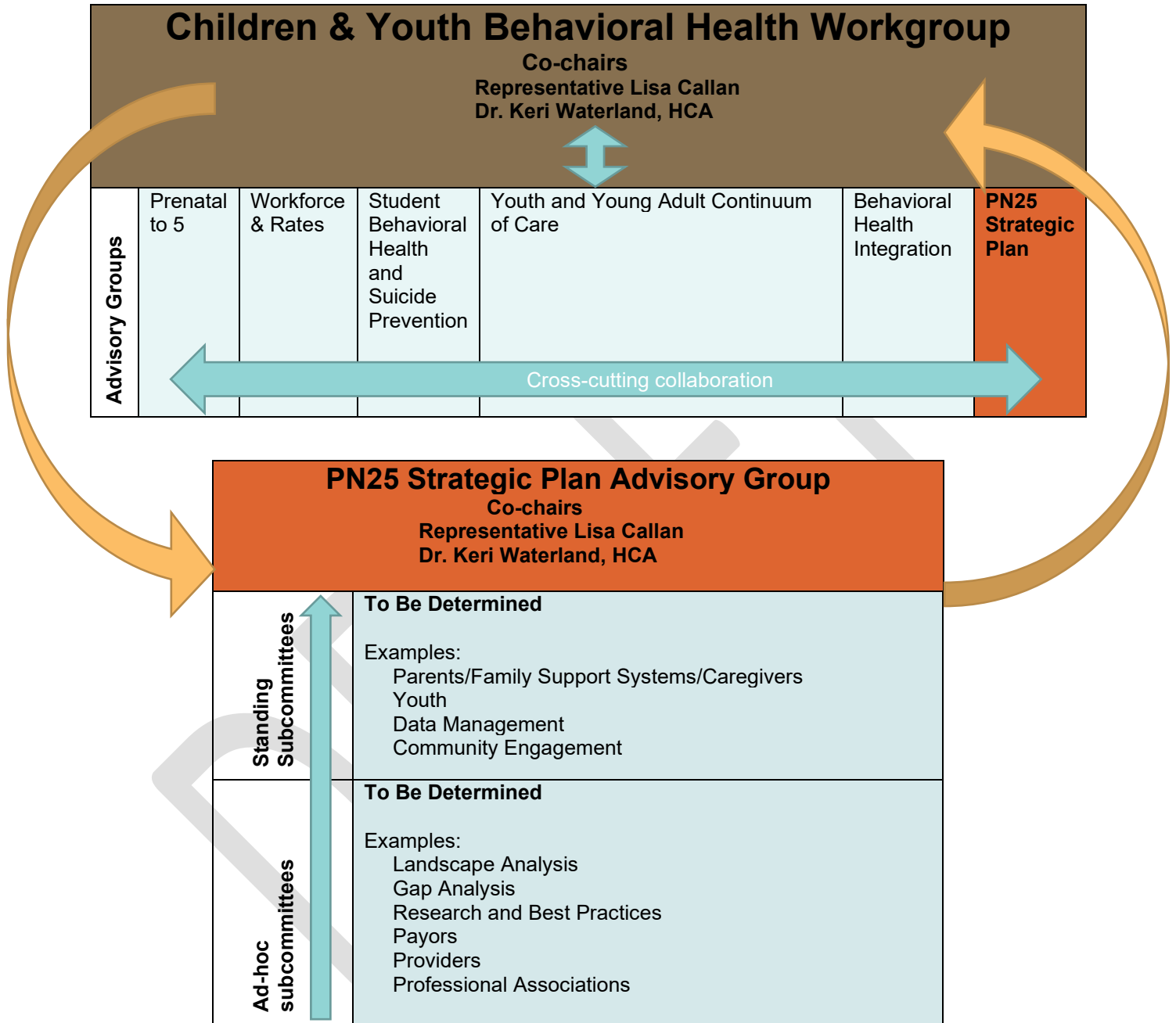
All Advisory Group meetings are documented in meeting minutes which are distributed to Advisory Group members and posted on the [CYBHWG website](#). In addition, all meetings are recorded on TVW.

Additional communication vehicles (email newsletters, social media, etc) will be used to announce project updates and stakeholder engagement opportunities.

DRAFT



Figure 1





List of Advisory Committee Members

Appointees

Representative Lisa Callan, Co-Chair
Keri Waterland, Co-Chair (HCA) or Diana Cockrell (HCA)
Shelley Bogart (DSHS-DDA)
Lee Collyer (OSPI)
Byron Eagle (DSHS-Child Study Treatment Center)
Representative Carolyn Eslick
Steven Grilli (DCYF)
Kim Justice or Matt Davis (Commerce – Office of Homeless Youth)
Amber Leaders (Governor’s Office)
Jane Beyer (OIC)
Michele Roberts (DOH)

Other Representatives

Hugh Ewart or Laurie Lippold (Workforce & Rates)
Summer Hammons (Tulalip Tribes)
Kristin Houser or Sarah Rafton (Behavioral Health Integration)
Kristin Wiggins or Kelli Bohanon (Prenatal through 5)
Jeannie Nist or Katherine Seibel (School Based BH and Suicide Prevention Subgroup)
Britni Dawson-Giles

Youth/Young Adults

Hannah Adira	Sage Dews	Desi Quenzer	Lillian Williamson
Darren Bosman	Eli Dolane	Sol Rabinovich	
Xana Caillouet	Tracey Hernandez	Casi Sepulveda	
Sierra Camacho	Bree Karger	Amanda Shi	
Amy Fumetti	Kaleb Lewis	Oscar Villagomez	

Parent/Caregivers

Tina Barnes	Melia Hughes	Sarah McNew	Lamara Shakur
Marta Bordeaux	Rokea Jones	Alexie Orr	Tui Shelton



Melissa Brooks	Michelle Karnath	April Palmanteer	Kimberly Slattery
Christi Cook	Karen Kelly	Rosemarie Patterson	Danna Summers
Alyssa Cruz	Brandi Kingston	Liz Perez	Marcella Taylor
Peggy Dolane	Nicole Latson	Jessica Russell	
Jamie Elzea	Starleen Lewis	Janice Schutz	
Heather Fourstar	Niki Lovitt	Sharon Shadwell	

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Jo Ann Kauffman (Kauffman & Associates)
Lisa Guzman (Kauffman & Associates)
Nicole Slowman (Kauffman & Associates)
Crystal Tetrick (Kauffman & Associates)
Nate Lewis (HCA)
Rachel Burke (HCA)
Erika Boyd (Rep. Callan's Aide)

2023 Meeting Schedule

Date	Time (PST)
January 12, 2023	4 to 6:30 p.m.
February 16, 2023	1 to 3 p.m.
March 13, 2023	3 to 5 p.m.
May 04, 2023	3 to 5 p.m.
July 06, 2023	3 to 5 p.m.
September 07, 2023	3 to 5 p.m.
November 02, 2023	3 to 5 p.m.

Note: The timeframe column will be updated and finalized by the end of March.

Lead (Individual, Core Project Team, Committee or Subcommittee)	Task	Time Frame
Core Team	Engage Advisory Committee Members Identify and engage Advisory Committee Members -Identify experts or stakeholders not identified in the legislation. - Develop and implement a recruitment strategy that ensures diversity - Develop application, selection, and appointment process	9/1/22 – 11/30/22
	Stakeholder Engagement Develop strategy to gather information from a diversity of stakeholders statewide including providers and system partners, family support systems, parents and family members and youth and young adults (up to age 25).	10/20/22- 4/7/23
	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.	1/2/23-5/15/23
	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.	1/15/23 – 6/30/23
	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: <ul style="list-style-type: none"> - Approaches to increasing access and quality of care for underserved populations and communities; - Approaches to providing developmentally appropriate care; - The integration of culturally responsive care with effective clinical care practices and guidelines; 	1/15/23-6/30/23



	<ul style="list-style-type: none"> - 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 988 behavioral health crisis response described under chapter 82.86 RCW; 	10/1/22-6/30/23



	<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.	
	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.	7/1/23- 8/30/23
	Strategic Plan Goals and Strategies Preliminary strategic plan to share with public	7/1/24
	Revised Draft Strategic Plan Incorporates public comments, and deliver to CYBHWG	10/1/24
	Final Strategic Plan <ul style="list-style-type: none">- Delivered to the Legislature and the Governor by October 20, 2024.	10/20/24



- A reminder more specific to an individual may also be provided, for example, “[name of person] I am continuing to notice use of system heavy language, is there a way to express the information in more every day, conversational language?”
- Participants could say “ouch” or type “ouch” in the chat at any point during the meeting if the space is not feeling safe to share thoughts or experiences.
- Leads and administrative support will monitor the chat – if someone feels a part of the agreement has not been followed and it is missed by the facilitators in the previous steps, they can private chat “911” to the designated person and include what the person is saying and who is saying it. The designated person will send the information to the facilitators to address with a strengths-based approach.

PN25 Behavioral Health Strategic Plan Advisory Group Charter Questions, Comments, and Responses

Sections in the Charter

1. Purpose
2. Objectives
3. Guiding Principles
4. Governance Structure
5. List of Advisory Group Members and 2023 Meeting Schedule
6. Deliverables Timeline Table

Added Section:

7. Communication

Section 1: Questions, Comments, and Responses – Purpose

#	Source	Question / Comment	Response
1	11/18/22 Advisory Group Breakout Sessions	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	Added to charter.
2	11/18/22 Advisory Group Breakout Sessions	What percentage of representation will be for the different age groups?	Not included in the charter. Percentages of representation are not required.
3	March 2023 Survey	The way that I read what we do as a committee is to provide strategies and or recommendations to the other subcommittees across the board. I hope that's right. And we are currently looking at the four areas of - stakeholder engagement, BH landscape, gaps, and best practices. I don't know how we will go through all of this in such a short period of time, and I'm trusting the process.	Comment received and reviewed
4	March 2023 Survey	The future state vision is not family centered. We need to expand the idea of children's care from "integrated, whole person care" to "integrated whole-person, family-centered care." including adding "amply resourced for all children, youth, young adults and their involved family members." (Right now DCYF does not see this as their mission and that is causing trauma to families.) Perhaps add something about services being available to families where children are found in the community. Also, can we add including a "growth mindset for	Not included in the charter. The future vision is not stated in the charter. This will inform the shared future vision of the strategic plan.



#	Source	Question / Comment	Response
		system partners" so that we continue to help break cultural stigma around the role of the system in people's lives and incorporate new and innovating treatment methods -- such as equine therapy. Add to the vision around the 988 system AND BH360/Parent Portal.	

Section 2: Questions, Comments, and Responses – Objectives

#	Source	Question / Comment	Response
1	11/18/22 Advisory Group Breakout Sessions	Objectives: Stakeholder engagement process, we do need tribal representation called out as sovereign nations and not folded into "stakeholders."	Added to charter.
2	11/18/22 Advisory Group Breakout Sessions	Integration needs to be called out as an objective	Added to charter.

Section 3: Questions, Comments, and Responses – Guiding Principles

#	Source	Question / Comment	Response
1	11/18/22 Advisory Group Breakout Sessions	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).	Added to charter.
2	11/18/22 Advisory Group Breakout Sessions	Speak on personal experience, not for the group of people/population.	Added to charter.
3	11/18/22 Advisory Group Breakout Sessions	Supportive environment for lived experts (how are they prepared, supported?)	Comment received and noted for overall function of Advisory Committee.
4	11/18/22 Advisory Group Breakout Sessions	Acronym intimidation/considerations for those with lived experience (making the environment comfortable). 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	Comment received and noted for overall function of Advisory Committee.
5	11/18/22 Advisory Group Breakout Sessions	Love that community-centered is first – many counties, many different ways	Comment received and reviewed.

Section 4: Questions, Comments, and Responses – Governance Structure

#	Source	Question / Comment	Response
1	11/18/22 Advisory Group Breakout Sessions	Those on the committee should be good about seeking and receiving feedback from others. <ul style="list-style-type: none"> ○ 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. 	Added to charter.
2	11/18/22 Advisory Group Breakout Sessions	Not sure it's clear how the advisory groups are communicating.	Added a communication section in the charter.
3	March 2023 Survey	I hadn't realized there were 6 advisory groups.	Comment received and reviewed.
4	March 2023 Survey	The graphic is confusing.	Comment received and reviewed. The comment was not specific enough to make changes to the graphic.
5	March 2023 Survey	Parent/child family unit committee. Also, to consider- a "working document" to send to members, outlining highlighted updates to the work plan. Happy to provide more detail.	Comment received and reviewed.

Section 6: Questions, Comments, and Responses – Deliverables Timeline Table

#	Source	Question / Comment	Response
1	11/18/22 Advisory Group Breakout Sessions	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?	Not included in the charter. This item will be added in the next revision. Will need to be determined by the advisory group.
2	11/18/22 Advisory Group Breakout Sessions	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.	Comment received and reviewed. Will inform the landscape analysis.
3	11/18/22 Advisory Group Breakout Sessions	Will be important to put some more concreteness to some of the deliverables - i.e. cost-benefit analysis	Comment received and reviewed.



#	Source	Question / Comment	Response
4	11/18/22 Advisory Group Breakout Sessions	Timelines are more ambitious than maybe is reasonable. Really hoping we can build on existing data sets.	Comment received and reviewed.
5	11/18/22 Advisory Group Breakout Sessions	Some relationship building w/ private/commercial insurances – want to make sure we can represent their data/insights <ul style="list-style-type: none"> ○ Will be hard to capture the private pay option 	Comment received and reviewed.
6	11/18/22 Advisory Group Breakout Sessions	Future State Vision: Would like to use the word cross-sector, intersectionality of issues. It seems like silos are our big enemy	Added to the charter.
7	11/18/22 Advisory Group Breakout Sessions	BH Landscape Analysis: 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	Comment received and reviewed. Will inform the landscape analysis.
8	11/18/22 Advisory Group Breakout Sessions	Gap Analysis: 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?	Comment received and reviewed. Will inform the gap analysis.
9	11/18/22 Advisory Group Breakout Sessions	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.	Comment received and reviewed. Will inform the gap analysis.

Section 8: Questions, Comments, and Responses - Other

#	Source	Question / Comment	Response
1	11/18/22 Advisory Group Breakout Sessions	Not at this time. A little difficult with not being able to review ahead of time.	Comment received and reviewed. Provide materials at least two weeks in advance for review.



#	Source	Question / Comment	Response
2	11/18/22 Advisory Group Breakout Sessions	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.	Comment received and noted for overall function of Advisory Committee.
3	11/18/22 Advisory Group Breakout Sessions	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.	Comment received and reviewed. Will inform the strategic plan.
4	11/18/22 Advisory Group Breakout Sessions	Sub strategic plan on workforce...best practices are just a list...so it needs an actual plan	Comment received and reviewed. Will inform the strategic plan.
5	11/18/22 Advisory Group Breakout Sessions	Would like to review and submit more detailed thoughts later.	Solution: provide materials at least two weeks in advance for review.
6	11/18/22 Advisory Group Breakout Sessions	Are the spectrum of services from all populations represented?	Comment received and reviewed. Will inform the strategic plan.
7	11/18/22 Advisory Group Breakout Sessions	Should communities/individuals within communities be connecting in-person to help focus conversations for the structured meeting times?	Comment received and reviewed.
8	11/18/22 Advisory Group Breakout Sessions	Boots on the ground participation-making times for meetings outside business hours (supervisors reluctant to allow participation because of "billing" hour concerns).	Comment received and reviewed. A survey was disseminated to inquire about the best meeting times. The results indicated early afternoon as one of the favorable options.
9	11/18/22 Advisory Group Breakout Sessions	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.	Incorporated the suggested term of family support systems into the charter.
10	March 2023 Survey	It looks comprehensive and thorough.	Comment received and reviewed.
11	March 2023 Survey	I think it might be great to create a more accessible/publicly consumable "one-pager" that summarizes the charter. :) It looks great though!	Comment received and reviewed.
12	Email	Limited vision statement The data expert clearly expressed the importance of having a clear vision so we know what	Not included in the charter. Comment received and

#	Source	Question / Comment	Response
		to measure. My suggestion, which was not included, was to center families in our vision. Without this perspective included, we will not arrive at a strategic plan that addresses problems our state's individualistic system of care policies create. One of the most challenging issues, our voluntary system, needs further examination of the impact it has on future quality of life for youth experiencing serious mental illness (e.g. bipolar and schizophrenia) for the first time. We also need to understand brain development and capacity of children with developmental and intellectual disabilities to consent to and participate in our current therapeutic talk-therapy based model of care.	reviewed. The future vision is not stated in the charter. This will inform the shared future vision of the strategic plan.
13	Email	<p>Adult definition of behavioral health</p> <p>I am also extremely concerned about the lack of definition of the term: behavioral health. Our adult definition of behavioral health (mental health + substance abuse) does not acknowledge that children's behavioral health develops. How we treat children who don't fit into the norm matters. Children who are disabled or BIPOC have a higher incidence of being placed in jail or foster care than they do receive appropriate behavioral health care. Schools are sources of trauma for our most at risk children and that trauma impacts their brain development and emotional regulation capacity.</p>	Not included in the charter. Comment received and reviewed. Will work advisory group on definition of BH.
14	Email	<p>Neuro-atypical children are not considered</p> <p>More than 20% of our children are neuro-atypical. These children are frequently underdiagnosed, over disciplined, and undereducated. Children challenged by emotional regulation "bad behaviors" often exhibit these behaviors because the adults in the system are expecting them to conform and assume consequences and rewards work. This is not an evidence based assumption.</p> <p>We must consider that children who are BIPOC, adopted, or have an intellectual or developmental disabilities are highly impacted by the trauma of living in the mainstream world. These emotionally challenging conditions are typically treated outside of our healthcare system, yet are in fact health care diagnoses including:</p> <ul style="list-style-type: none"> • ADHD • Autism Spectrum Disorder • Dyslexia • Speech and language processing disorders • Sensory integration disorder • Tourettes • Oppositional defiant disorder or pathological demand avoidance • Attachment disorder 	Comment received and reviewed. Will inform the landscape analysis.



#	Source	Question / Comment	Response
		<ul style="list-style-type: none"> • Auditory processing disorder • Other developmental learning disabilities • Fetal Alcohol/Drug Spectrum Disorder (FASD) <p>It is worthwhile to note that a hallmark symptom of FASD is an inability to understand consequences combined with high impulsivity. At least 5% and as many as 20% of school-aged children have an FASD diagnosis. The assumption that all of these children are being served by disability services is not factually based.</p>	
15	March 2023 Survey	This isn't specifically about the charter; I was just wondering if there has been an update regarding the landscape and gap analyses? I think it would be great if we could get them on a fairly regular basis!	Comment received and reviewed.
16	March 2023 Survey	I am curious about who is doing the research best practices and landscape analysis. Is there opportunities to be involved? I do a lot of research in this area. Thanks!	Comment received and reviewed.