



Prenatal – 25 Behavioral Health Strategic Plan Advisory Group Meeting

Thursday, January 12, 2023
4–6:30 p.m. PST

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Members

Youth/Young Adults			
<input type="checkbox"/> Hannah Adira	<input type="checkbox"/> Angela Cruze	<input checked="" type="checkbox"/> Bree Karger	<input checked="" type="checkbox"/> Lillian Williamson
<input checked="" type="checkbox"/> Darren Bosman	<input checked="" type="checkbox"/> Sage Dews	<input checked="" type="checkbox"/> Desi Quenzer	<input checked="" type="checkbox"/> Oscar Villagomez
<input checked="" type="checkbox"/> Xana Caillouet	<input type="checkbox"/> Eli Dolane	<input type="checkbox"/> Sol Rabinovich	<input type="checkbox"/>
<input checked="" type="checkbox"/> Sierra Camacho	<input checked="" type="checkbox"/> Tracey Hernandez	<input type="checkbox"/> Casi Sepulveda	<input type="checkbox"/>
<input checked="" type="checkbox"/> Alyssa Cruz	<input type="checkbox"/> Kennysha Johnson	<input checked="" type="checkbox"/> Amanda Shi	<input type="checkbox"/>

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

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

Staff		
<input checked="" type="checkbox"/> Jo Ann Kauffman (Kauffman and Associates, Inc.)	<input type="checkbox"/> Lisa Guzman (Kauffman and Associates, Inc.)	<input checked="" type="checkbox"/> Nate Lewis (Health Care Authority)
<input checked="" type="checkbox"/> Crystal Tetrick (Kauffman and Associates, Inc.)	<input type="checkbox"/> Johnel Barcus (Kauffman and Associates, Inc.)	<input type="checkbox"/> Cindi Wiek (Health Care Authority)
<input checked="" type="checkbox"/> Nicole Slowman (Kauffman and Associates, Inc.)	<input checked="" type="checkbox"/> Rachel Burke (Health Care Authority)	

TVW Recording

- [Link to TVW Recording](#)

Agenda

- Introductions – Advisory Committee Members
- Stipends
- Purpose of the Advisory Committee and Orientation of KAI's Strategic Planning Process
- Proposed Norms
- Break
- Breakout Session: Introductions and Discussion
- Report Out – Breakout Session
- Public Comments
- (Optional) Survey

Housekeeping Items and Agenda Walkthrough

Nicole Slowman, Kauffman and Associates, Inc. (KAI)

See TVW recording (0:02)

Welcome

Keri Waterland, Co-chair

Representative Lisa Callan, Co-chair

See TVW recording (6:31)

Introductions – Advisory Committee Members

Advisory Committee Members and Staff, facilitated by Jo Ann Kauffman, KAI

See TVW recording (9:30)

- The importance of acknowledging and honoring each other's presence was stated.
- The attendee list was used to call on advisory committee members for virtual introductions.
- The list will be updated to correct misspelling and to add any additional members.

Stipends

Nate Lewis, Health Care Authority (HCA)

See TVW recording (1:04:52)

- 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.

Purpose of the Advisory Group and Orientation to KAI's Strategic Planning Process

Purpose of the Advisory Group

Kashi Arora, Seattle Children's Mental and Behavioral Health Program Manager

See *TVW recording (1:06:30)*

- Why we are doing this work and purpose of the advisory committee.
 - This advisory committee is connected to the State's CYBHWG workgroup. That workgroup as well as providers and advocates have felt and heard from families that there are real gaps in our mental health system for youth and families.
 - The struggle to find services is a real issue.
 - The way that systems work together is not seamless and leaves significant gaps. There is disconnect between parts of the current system and a lack of shared information.
 - During the last Washington State legislative session, we worked on a bill that enables us, as a state, to look at the underlying issues and create a strategic plan.
 - This group gets to work on the following:
 - Mapping out what we currently have and do not have in the behavioral health system,
 - Map out where we want to be, the vision,
 - Consider where we are and where we want to be, and
 - How we want to bridge or fill those gaps.
- Thank you in advance for providing any feedback.

KAI's Strategic Planning Process

Jo Ann Kauffman, KAI

Crystal Tetric, KAI

See *TVW recording (1:10:37)*

- The planning process includes conducting a landscape analysis/environmental scan, developing a shared future vision, reviewing challenges and obstacles that may prevent moving forward toward the vision, creating a roadmap/strategic direction, and then drafting a strategic plan final report with all the information that has been gathered.
- This process will be conducted over the project timeline, from now until October 2024.

Proposed Norms

Jo Ann Kauffman, KAI

See *TVW recording (1:18:55)*

- A list of norms was presented to the advisory committee for feedback. The norms will be used when conducting advisory committee meetings.
- Feedback was provided:
 - Speak in 'I' statements
 - Not everyone understands the language we are using
 - Self-care is important
 - We assume everyone is doing their best with what they have at that moment in time
 - Reconsider use of the term 'safe' in safe environment/space norm
- Note that the general meeting is recorded. The breakout sessions are not recorded.
- Additional discussion and guidance may be necessary on how to address/respond to public comment, it currently is held at the end of the meeting.

Breakout Session: Introductions and Discussion

Advisory Committee Members and Staff

TVW recording start time (1:32:00) Breakout Sessions were not recorded by TVW.

- Opportunity to have more meaningful conversations with each other:
 - Random assignment into a Zoom breakout room
 - Volunteers are requested to take notes and or facilitate the discussion
 - Report out occurs after the breakout sessions where an individual from each group provides summary of items discussed
- Questions and topics for discussion:
 - Introductions (name and favorite place in Washington state)
 - Share your reason for being interested and involved in this planning process to improve the behavioral health system
 - What would make you feel like your input was more meaningful?
 - Share norms you would like to add to the list

Report Out – Breakout Session

Jo Ann Kauffman, KAI

See TVW recording (1:35:15)

- Each group was asked to provide a summary of discussion by a representative from that group. Not all groups had the opportunity to present due to time constraints.
- Topics:
 - Desire to actively change the system and see the change, knowing that it will impact the future
 - Rural communities are struggling due to lack of access and available services—telehealth has helped with access
 - Norm suggestion: change ‘safe’ to ‘brave,’ creating a brave space; also add accessibility and inclusivity to allow for more difficult discussions.
 - Dads are treated differently
 - Important to have continued stipends for those participating

Public Comments

See TVW recording (1:41:30)

- Time for individuals who are not on the advisory committee to share comments.
- Comments:
 - When discussing how input would be more meaningful in one breakout group, a theme arose about planting seeds for children to reap the fruit from the planted tree. Growing up in the foster care system and being reuniting with family has opened his eyes to see the outcomes of what is happening. Currently, kids are being negatively impacted, such as in education where they will be disciplined by consistently being placed into in-school suspension or not receiving homework assignments.
 - See the behavioral health system change to where there are places for people to be while in crisis and or recovery, aside from being placed into lockup.
 - An ideal system would be where a child is not required to provide evidence to receive a diagnosis/label to access quality mental health services. Early intervention and prevention are key, how might we move toward a system where we can invest money into prevention.

- 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 (1:50:20)*

- An optional short survey will be provided at the end of the Zoom meeting to gather feedback about how to improve the meetings going forward.
- A list of advisory committee meetings was provided. The next meeting was proposed to occur in mid-February. Thereafter, the meetings will be every two months, starting in March.
 - Subcommittee meetings may occur during the months that advisory committee meetings would not be held.

Chat

- **INTRODUCTIONS:** Multiple individuals expressed excitement and gratitude for everyone participating in this meeting.
 - So very grateful for everyone who is giving of your time, your experience, and your passion toward building a behavioral health care system for our children and families that meets the needs when, where, and how it is needed. I am full of hope for a better tomorrow with all of you.
 - I'm interested in supporting systemic change in behavioral health services to improve stability, increase service applicability to the culturally diverse populations and people who seek assistance, and enhance a long-term work plan to improve BH services in our state.
 - VERY excited to be in this space with you all.
 - I'm a mom of eight including several with intensive BH needs across the care continuum and beyond. In trying to get my kids' complex needs met, I became an accidental advocate for families across the state, so I have done lots of volunteer work helping others and have met some tremendous people along the way including some that are here today (yay!). I encountered a lot of trauma embedded in systems. I had to navigate to get my kids' needs met. I serve on a few various committees and am passionate about helping our state get to a place of meeting every need.
 - I am a father of three that all have behavioral health needs and live in Tacoma with my wife. Always looking for ways to use my lived experience to help others, especially fathers.
 - I am currently a student at the University of Washington majoring in public health. I am hoping to learn more about health education and health promotion, and I am passionate about sexual health education for LGBTQ+ individuals. I hope to continue my education and earn a master's in epidemiology or public health. I am so thankful for the opportunity to be here tonight!
 - This committee has more than doubled since the last time and it's grown exponentially in breadth and depth of experience. We appreciate the grace as we as staff get up to speed on this beautiful growth.
 - Hello. It is so wonderful to be in a room full of so many awesome people. I am Patty King family liaison from the Division of Behavioral Health and Recovery hired because of my lived experience as a parent and my 20 years' experience working and advocating with

and for parents. I am a descendant of the Tlingit Indian tribe from Alaska and live near the lands of the Puyallup Tribe.

- "Giving feedback is an act of hope."
- Non-members, please feel free to share who you are and why you're here in Chat.
- I see that I have made a few errors in names on the agenda. I promise I will fix these for the next meeting.
- FYSVRT = Family Youth and System Partner Round Tables: Regional groups that get together to address system problems for youth and family seeking mental health/SUD services.
- Does the landscaping exercise take into consideration accessibility of existing resources? Or is it simply a mapping to pull in what resources exist across the state and what services they provide?
- **STIPENDS**
 - Something that I forgot to mention when speaking on stipend payments: I will need a little information from each of you before I can process those, so I will be reaching out over the next couple of weeks to ensure I have what I need to take care of you.
- **NORMS**
 - I would like to propose an additional norm, that we assume everyone is doing their best with what they have in that moment in time.
 - This is just a comment: It seemed strange to solicit comments on the norms but still move forward with the votes (poll) without including the valuable recommendations (e.g., additional norms and edits) made.
 - Should only members vote? Or should all attendees vote?
 - Everyone can vote.
- **BREAKOUT SESSIONS**
 - Small group discussions in breakout rooms will not be televised or recorded by TVW. And all of the subcommittee meetings will not be televised or recorded by TVW.
- **PUBLIC COMMENTS**
 - I also think making the public wait until the end is also a power differential issue.
 - If you want to make a public comment, you can raise your hand in Zoom or tell us you want to speak in Chat.
 - I agree, suspensions are worthless and actually put kids further behind. We have to move past consequence/reward based behavioral health approaches.
 - The bar for accessing services early is really high, by the time you qualify for WISe it's often too late.
 - There is hospitalization for acute services and little else if you don't qualify for acute care.
 - I want to hear from Dads MOVE.
 - DadsMove.org is the website for Dads MOVE
 - Early intervention is key.
- **FUTURE MEETINGS**
 - Will there be a calendar invite for these meetings?
 - Calendar invites will be coming to all of you for these meetings.
 - There will be a calendar invite. In the eval/survey, we are asking you what times work best for you for these meetings. That will help us schedule the February meeting and confirm or change future meetings at times that work for people.
 - I think the proposed September date may be the 7th rather than the 9th, which is a Saturday.
 - Thank you! Noted on my end.



WA HCA PN25 Advisory Committee Meeting Breakout Session Notes

Date: January 12, 2023

Total number of breakout sessions: 10

Total number of notes received via email: 6

Time in breakout session: 25 minutes

Questions:

1. Introductions:
 - a. Name
 - b. Favorite place in Washington state
2. Share your reason for being interested and involved in this planning process to improve the behavioral health system.
3. What would make you feel like your input was more meaningful?
4. Share norms you would like to add to the list.

Question 2 responses:

- sharing processes in behavioral health systems from lived experience
- share views and experiences
- continuing to struggle to find resources for young people. Struggling as a professional and can't imagine navigating as a parent or youth.
- co-occurring youth struggling to access supports and families torn apart as a result - inadequate supports for IDD youth
- listen and hear what direction the group is going and think about how it affects the workforce
- FYSPRT - bringing voices forward
- want to see voice of family and youth at the forefront of new direction
- always been involved, interested in knowing how to better support self, family, and community
- She would like to see there be active changes. Her son couldn't leave the hospital, even though he had an open bed, until he was released by the behavioral health agency. She advocated by telling her story and the doctor changed the protocol. So she was able to see the positive change. Now Port Angeles is working toward a better system by the work that the school district is doing. Rural, Frontier communities struggle and would like to see changes that impact them. She has had to live in her van for a year to get services and can't work. She applied for SSI. She wants to make sure other families do not have to go through what her family has had to go through.
- He would like to see change with his kids and youth that he works with. He knows he won't reap the rewards but helping your grow would be powerful.
- Seeing change and know her children are going to benefit from it. Her child wanted to kill himself and she is hoping that providers will start working with families verses thinking they know it all because of their education.
- Her adopted child has FAS and is currently in CLIP and has been for 9 months. She is finally hopeful and he has actually had a period of time without violence. He will be celebrating his 16th birthday in the facility. She had to walk away from her career to care for him. She had WISE and

all the therapies and they didn't work. She knows there are still many years ahead for them. It takes so much time to care for a child with BH needs and you can't do traditional 9-5 work.

- Even with my years of experience in children's BH, when my child was in distress and not wanting to live, I reacted as a parent and I struggled to find him services. I can't imagine what it would be like for a parent who doesn't have the same knowledge.
- My lived experience was complete lack of access to care in childhood and young adult years. It wasn't even allowed to be spoken about. My daughter had access to services and they didn't serve her well, and as a neurodivergent female she was blamed for things that happened and misdiagnosed. These things increased her issues and that could all have been prevented. Throughout her life, working with kids and young adults, I've heard such wisdom about what's going on and what's not working and what systems should do differently. I want to make sure that we're not just listening to people, especially those closest to the impacts of what we're doing. I'm here because I'm committed to both taking some of the jargon talk that can come out of these meetings but also bringing back
- I originally wanted to teach high school and found myself working at a small school in rural New Hampshire with a lot of people sent there by the juvenile justice system. I learned a lot about the kinds of things that people have faced in their lives, plus I'm a foster parent so reform is important to me.
- I've been in two different mental health institutes, and I've had some bad experiences. I'm picky about my therapist and have had some bad ones.
- Part of a lot of advisory councils; physically disabled youth; several mental health disorders; "healthcare is a part of my life because of how many doctors I see".
- Mental Health Counselor Supervisor for Suquamish Tribe Wellness Program. Interest in this committee is the range of the focus to allow a bigger picture of how services intersect and are lacking as both prevention, intervention, and postvention processes.
- Clinical manager of child department of KMH services. Role is to represent agency and work and understand to how to better serve the community- what is current offered.
- 3 children with special needs, spent two decades in seeking them services- struggle with getting appropriate services and wants lasting change for people that come behind us.
- Mom of DS son with early onset dementia, other son epilepsy, SI and ODD Dx. Brain tumor removed. Does not like ODD label. Grew up with mother with schizophrenia. Behavior health navigator for Aberdeen, Cosmopolis and Cochwhiem and Police department. Wants to change the world, we need better care, permanent support housing, want to see changes.
- Representative of School based suicide prevention subgroup, advocate/counselor by history. Beaches are favorite place, loves to surf. Being able to have time to write down and process people's thoughts.

Question 3 responses:

- seeing change
- hearing others carry message of families forward
- having things reflected back to us eventually
- seeing progress through legislative session
- Sometimes we provide input in these conversations that isn't feasible and we don't understand the suggestions that would make our proposals impossible. So sometimes we provide input that can't be acted upon. So having honest and transparent feedback about why our suggestions weren't acted on would be helpful. So responsiveness and transparency.

- I feel like I have access so I don't know what would make me feel like my input more meaningful. I was thinking about the norms, specifically "stand up and step back". It's like I need to stand back and let others who have had these experiences inform what we do.
- It's my first time doing this so I don't have a lot to say, but I feel like 20 minutes wasn't quite enough time for us to get into this breakout group, I would love more time in the future.
- I don't really have much to say on this – I do a lot already in my community. I feel like my input is more meaningful than most people's already.
- Appreciate the stories of members in this process to provide a context of how ideas, resources, and systems are influencing/impacting real world experiences for children and families.
- Appreciate listening to shared experience as part of these meetings.
- Input from other's lived experience is a way to learn from others and share personal challenges and successes.
- Having a defined pathway for the info we give to know what's going to happen with it.
- Knowing how we navigate instances where we disagree.

Question 4 responses:

- None
- hold space for lived experienced of parents and youth in the community and work toward their committees. Like to change the word from safe spaces to brave.
- The two youth in our group felt like the norms and concerns about them were covered well
- Specifically call out something encouraging people to provide input how you feel most comfortable.
- Encourage people to have grace/compassion/kindness for themselves too.
- We don't do (self-imposed) comparative suffering - you don't have to belittle your experience even if you feel like it "wasn't as bad" as someone else's. Your experience matters because its YOURS and it's true to you!
- Assuming that everybody's doing the best they can in the moment. Best looks different for everybody. Recognize the impact of trauma.
- Poll asking about norms in the middle of the discussion on norms seemed like it was moving forward without incorporating input.
- Accessibility and inclusivity are the heart of the safety norm – maybe replace the word "safe". Not necessarily safe. Trying to cultivate a safe space may not be the thing to do since making change is not always comfortable. often "safe spaces" may not allow for more difficult discussions especially ones that involve heavier subjects.
- Give us feedback about what doesn't sit well.
- Create an environment where we can give each other feedback.
- And mindful of trauma.
- Brave space instead of safe place. Brave for people to tell their stories and for official people to listen and take that in know how to respond appropriately.
- Making change is uncomfortable – including being able to receive feedback we don't want to hear sometimes.
- Safe can be confusing.

Additional conversation that occurred/ where they would like to see some of the focus of this committee

- If MH providers are struggling to connect people with services, we can only imagine the challenges families have with no background with mental health. Developing a better understanding of what the barriers are. Crisis lines are providing limited resources- i.e. call ER or call the police (who sometimes do not show up).
- WHO recommends 5-6 beds available in hospitals , that is not happening in each county and MH clients are often placed in hallways with now privacy and treated as “problems” in the ER’s they are referred to.
- Lack of comprehensive list of resources- should be available in the emergency room-
- Not always navigated to the resources that are available from the ER-and resources are limited. Parents need professionals to help direct them to get the care when they are in a state of crisis.