Advisory Group Meeting

February 11, 2025 5:30 – 8:30 pm



Washington **Thriving**

Developing a strategic plan for prenatal through age 25 behavioral health.

Welcome!

Everyone: please change your name in Zoom* to include member status and role:

- For Advisory Group Members: add "M -" before your name
- All: add your role, YYA (youth or young adult), Parent (parent or caregiver), Advocate, or Partner (system partner/provider), after your name

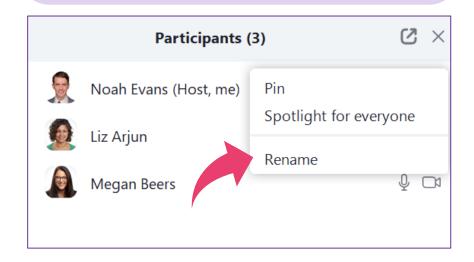
For example, M – Hanna Traphagan - Partner

This meeting is being recorded and streamed on TVW.

Breakout groups will not be recorded.

How to change your name in Zoom:

- 1. Go to the participants list
- 2. Click on the "..." next to your name to see a drop down menu
- 3. Click on "Rename"



*The project team will add M to any Advisory Group members who have trouble making this change on their own.

Advisory Group Introductions

In the chat, please share:

- Your name
- Where you are joining from today
- Something that has brought you joy in 2025



Full Value Agreement

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- Use plain language (explain acronyms)
- Use first names
- Encourage grace, respect, compassion, patience, and kindness for self and others
- Be open, listen actively for understanding, be brave
- Embrace uncertainty, sit with discomfort
- Step up then step back so that everyone has a chance to be heard.
- One at a time when speaking, and give attention to facilitators/speakers
- Honor this time as a space for you and others to share perspectives across differences without judgment
- Acknowledge your own lenses
- Assume best intentions and that everyone is doing the best they can with the tools they have

- Speak your truth, from your own experience – your story, your knowledge, and your experience matters
- Stories stay private, but lessons carry forward
- Affirm and validate one another
- Everyone is a teacher, everyone is a learner
- Be mindful of trauma and recognize the impact of that trauma
- When sharing a traumatic experience, please offer warnings to others
- Receive feedback without defensiveness, show humility, take accountability
- Address issues collectively and repair early

Today's Goals



- Update Advisory Group on latest developments
- Orient Advisory Group to 2025 workplan and how the CYBHWG will engage in the process this year
- Orient Advisory Group to System Modeling workstream and solicit input on what the model will solve for
- Share process for drafting Strategic Plan and highlight points of Advisory Group engagement
- Introduce framework for Strategic Plan and get input on System of Care and comprehensive array of services

Agenda



Time	Topic
5:30-5:40pm	Welcome and introductions
5:40-6:00pm	Washington Thriving high-level updates
6:00-6:45pm	System modeling workstream discussion – purpose, scope, and high-level activities
6:45-6:55pm	Break
6:55-7:05pm	2025 Washington Thriving Strategic Plan workplan with discussion
7:05-8:05	Strategic Plan framework & high-level outline, including key strategic questions with discussion
8:05-8:20pm	Public comment
8:20-8:30pm	Wrap up and next steps

Washington Thriving Updates

What is the process?

PHASE 1: **VISIONING**

PHASE 2: ASSESSING **CURRENT LANDSCAPE**

PHASE 3: IDENTIFYING STRATEGIC PRIORITIES PHASE 4: MOVING **TO ACTION**

NOVEMBER 2025 STRATEGIC PLAN

TO LEGISLATURE

(open processes)

Phase 1 questions:

What's the vision?

What is the ideal continuum of care? Phase 2 questions:

Does WA have the right services and supports?

Does capacity for each meet the need? Phase 3 questions:

What are the gaps, and how can we fill them?

What are the key levers for change with the greatest promise?

Phase 4 questions:

How do learnings inform the strategy?

What are the shortand long-term wins?

How will we know we're on the right track?

Two intersecting, iterative strands of work inform the process

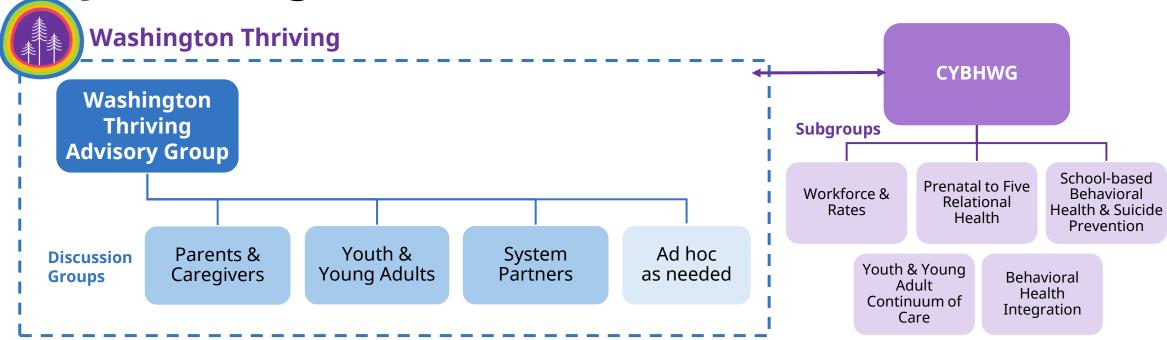
PEOPLE CENTERED ACTIVITIES - COMMUNITY ENGAGEMENT AND FEEDBACK

WE

ARE HERE

IMPLEMENTATION

Project Organizational Structure



Washington Thriving coordinates with **related initiatives**:

- Joint Legislative Executive Committee on Behavioral Health (JLEC-BH)
- Crisis Response Improvement Strategy (CRIS)

Staff from relevant **executive branch agencies** participate in the CYBHWG and Washington Thriving Advisory Group:

- Governor's Office
- Department of Health (DOH)
- Office of Superintendent of Public Instruction (OSPI)
- Department of Children, Youth and Families (DCYF)
- Health Care Authority (HCA)
- Department of Health and Social Services (DSHS)
- Office of the Insurance Commissioner (OIC)
- Office of Homeless Youth within Department of Commerce

CYBHWG and Washington Thriving Advisory Group are staffed by **HCA**, with philanthropically-funded support from **Behavioral Health Catalyst** (BHC).

HCA engages **various contractors** to provide key inputs.

Increasing engagement with the Children & Youth Behavioral Health Work Group

Washington Thriving Advisory Group is the key body influencing direction of P-25 Strategic Plan.

CYBHWG is the sponsor and ultimate decision-maker.

CYBHWG will hold a consensus vote in October to approve submitting the Strategic Plan.

- CYBHWG will dedicate at least half of its meeting time to the Strategic Plan this year
- CYBHWG subgroups will focus their effort this year on providing input and recommendations to the Strategic Plan elements in their domain
- Sequencing of meetings will provide Advisory Group the opportunity to inform and give feedback before things go to the CYBHWG
- CYBHWG may put forward additional, urgent recommendations, but primary recommendation will be for the Legislature to adopt and resource the Strategic Plan as the guiding framework for P-25 behavioral health in Washington
- If adopted, CYBHWG could adapt to serve as key source of accountability for implementation and iteration of the Strategic Plan over time

Governor's Directive

Governor Inslee's Directive*

Effective December 2nd, 2024, the following are frozen:

- Service contracts
- Goods & equipment purchases
- Travel
- Hiring

This impacted HCA's contracts with Health Management Associates, Bloom Works, and University of Connecticut

Impact to Washington Thriving:

- Advisory Group meetings to continue as planned, with coordination and facilitation shifting to project team
- **Discussion Group meetings** will prioritize integrity, impact, and high-quality engagement over frequency
- Community Engagement is a cornerstone of Washington Thriving and will continue; exploring how the approach will adapt to ensure that those with lived and living experience still have opportunities to be heard and participate throughout the process
- New project email: info@washingtonthriving.org

^{*}No end date has been provided by the Office of Financial Management

2025 Overview





Q1	Q2	Q3	C	Q4
Landscape reports received: • Funding structure • Community engagement themes Feb Optional: Key strategic questions Jan-Apr: Lit review and expert community	• Quantitative findings • System model Apr • Optional: Input to subgroups • Consultation	Jun Jul	v of	Review final SP Oct • Review final SP
Jan-Jun: Systems Modeling	Apr-Jul: CYBHWG Sub	group Inputs		
Community and cross-system e	ngagement			
	Apr-May: Analysis	Jun-Jul: Draft v1 SP	Aug-Oct: Iteration	Submit final SP
	 Combined analysis of landscape and gaps Filling in sections of SP as info comes in 		Socializing v1 SPIterating v2	12

System Modeling

Washington Thriving is building a model to better understand our P-25 BH system dynamics

PHASE 1: VISIONING

Phase 1 questions:

What's the vision?

What is the ideal

continuum of care?

PHASE 2: ASSESSING CURRENT LANDSCAPE

PHASE 3: IDENTIFYING STRATEGIC PRIORITIES

(narrowing pri

PHASE 4: MOVING TO ACTION

NOVEMBER 2025 STRATEGIC PLAN

TO LEGISLATURE

Exploring (open processes)

Phase 2 questions:

Does WA have the right services and supports?

Does capacity for each meet the need?

Phase 3 questions:

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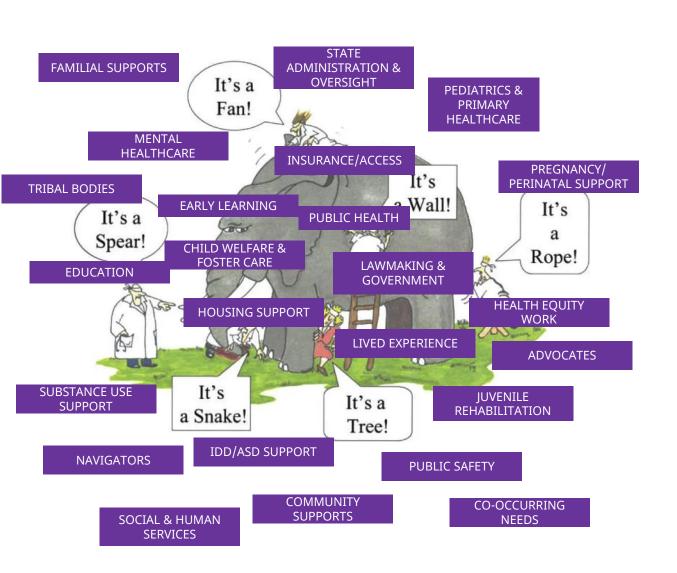
PEOPLE CENTERED ACTIVITIES - COMMUNITY ENGAGEMENT AND FEEDBACK

WE

ARE HERE

IMPLEMENTATION

How will the system model help the strategic planning work?



System modeling allows us to imagine more concretely what might happen and inform better collective decision-making by:

- Checking our assumptions
- Creating a shared perspective of the system
- Considering and discussing alternatives and high-leverage actions or places to intervene

We will use the system model to facilitate discussion and consideration of trade-offs and relative impact. It will NOT spit out answers.

The system modeling work is one of many inputs informing the Strategic Plan.

Who is helping build the system model?



The model is **guided by the vision of the Washington Thriving Advisory Group**, which has been vetted through community engagement.



A core team of cross-system partners are informing the initial assumptions and helping source data and information.

These individuals bring real world experience and practical understanding of their part of the system spanning:



- Public health (DOH, regional public health)
- Pediatric & behavioral health providers
- Education/school system (OSPI, ESDs, school administration)
- Adjacent systems impacting behavioral health (e.g. housing, justice, child welfare)
- State agencies administering aspects of P-25 BH (DCYF, DSHS/DDA, OHY, HCA)
- Lawmakers & policy professionals
- Private & public insurance (Medicaid/AppleHealth, MCOs, health plans)
- Equity-focused professionals (e.g. commissions, Office of Equity)



An **experienced systems modeler** will guide the process and program the model.

Additional expertise and insight will be engaged as needs are identified.

After the initial model is built, a broad range of cross-system engagement, including lived/living experience, is planned to iterate and ensure that the model reflects reality.

Chris Soderquist – System Modeler

Relevant Experience



WA Family Policy Council

- Developed community-level simulator to communicate the long-term impact of Adverse Childhood Experiences
- Developed in partnership with WA agencies (state, local) and NGOs





- Modeled the 988 Suicide and Crisis Response Lifeline nationaal strategic plan
- Providing leadership coaching to state teams and coalitions responsible for state-level strategic plans



GA Department of Public Health — Department of Behavioral Health and Developmental Disabilities

- Created strategy map for state-wide Interagency Directors Team
- Developed by cross-sectoral team from agencies (e.g. DPH, Education), advocacy groups, and NGOs



Country of Perú – World Bank and UNDP

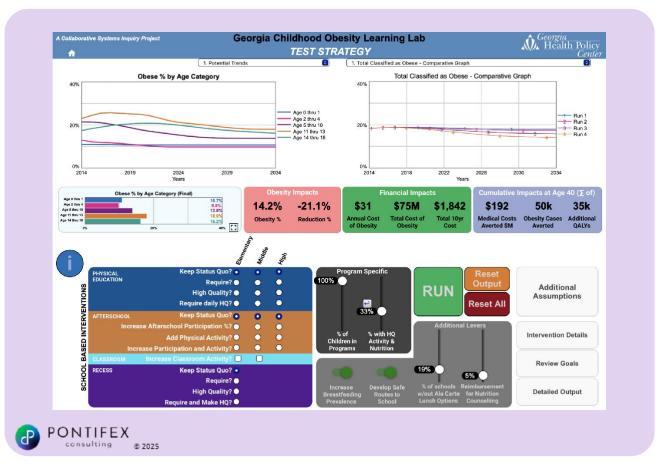
- Developed country-level scenario planning tool to reduce chronic childhood malnutrition
- Model insights led to cutting malnutrition by 50% in less than 10 years

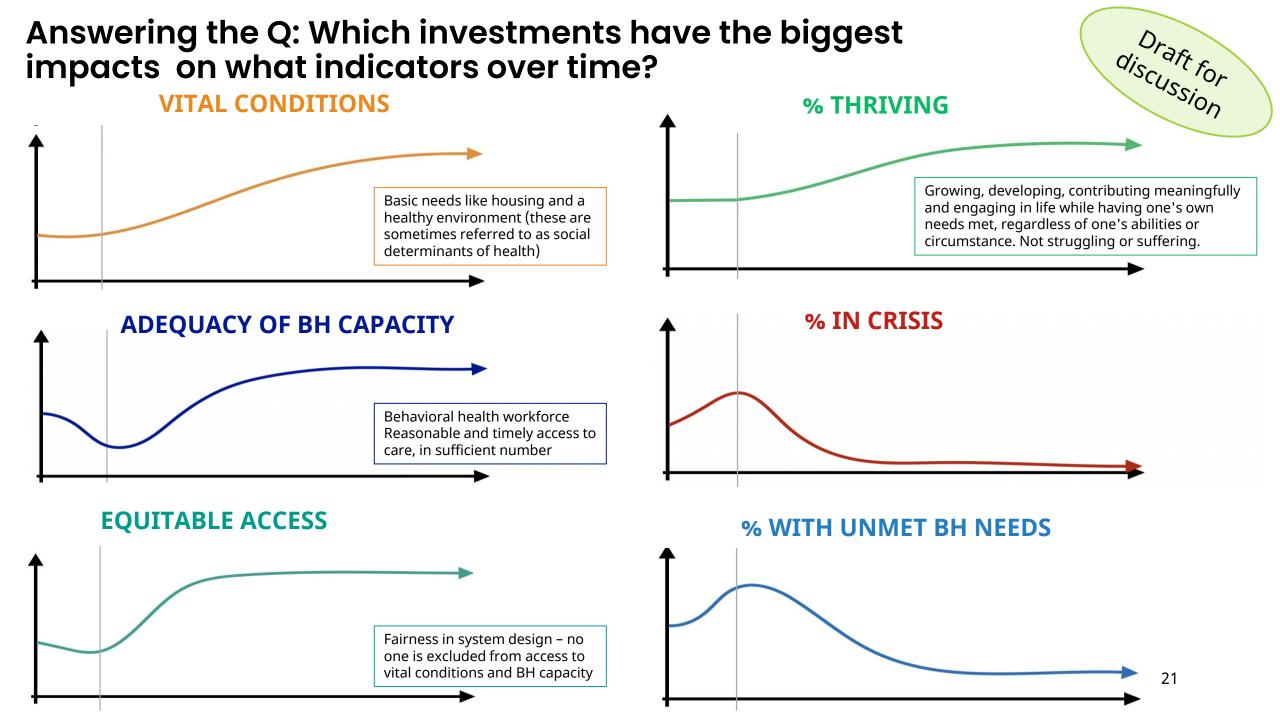


What is a systems model for?

- A simplified, shared "map" of the way the system operates interconnectedly
- Allows us to safely experiment with, discover, and discuss possible areas of investment and how they may or may not make the changes necessary to meet our goals
- Looks for areas of high leverage

Example model:





Answering the Q: Impact for whom, in what areas, over what timeframe?





Time Horizon. The model will consider both **short-term** (1-5 years) and **long-term** (5-20 years) impacts to understand:

- Immediate policy implementation effects
- Workforce capacity and productivity
- Long-term behavioral health outcomes



Distinct Populations. The model will disaggregate data where possible, balancing complexity with insight:

- **Age group** segmentation across P-25 (prenatal, early childhood, school-age, adolescent, transition-age youth)
- **At-risk/high-risk populations** by identity and/or circumstance (e.g. youth with developmental disabilities, 2SLGBTQIA+, youth in challenging circumstances such as unhoused/foster placement/carceral settings)
- Racial/ethnic identity (e.g. African American, Asian Pacific Islander, Hispanic, Native/Indigenous, Caucasian, non-English speaking)
- Rural vs urban access points

Breakout discussions



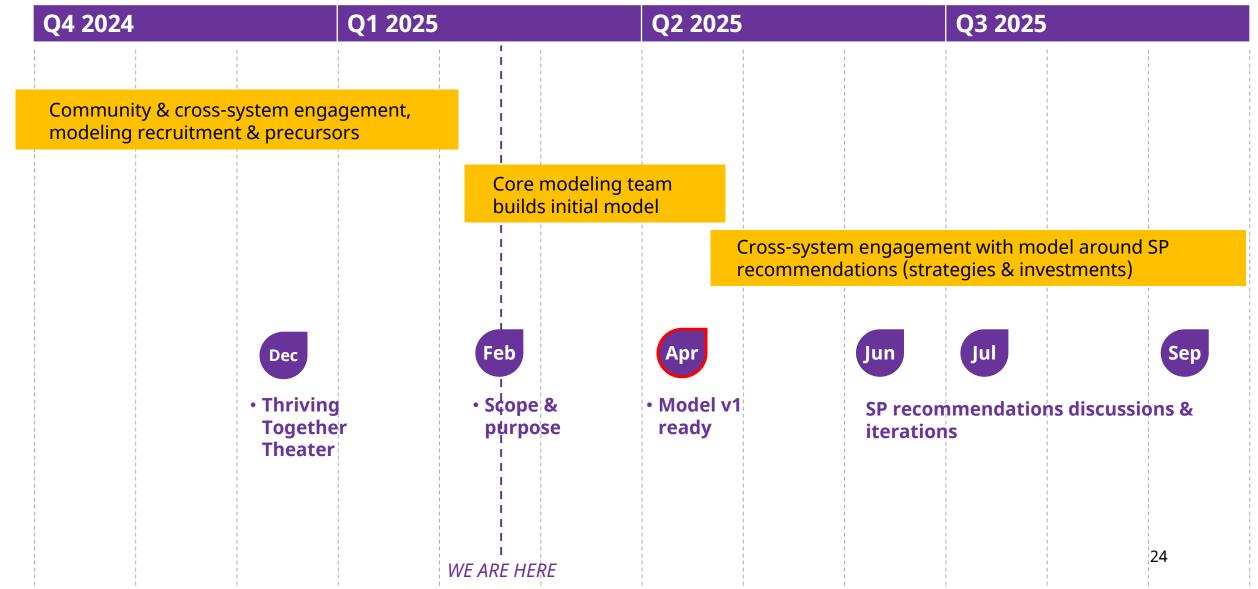


Look at the identified indicators, time horizon, and populations to be considered for the modeling effort.

- Do you agree these dynamics would be helpful for Washington Thriving to understand?
- Do you see your areas of interest and/or populations of concern reflected in these indicators and population segments? What else?
- What other questions do you have that you hope the system modeling effort might help us to better understand?

System modeling activities & next opportunity for engagement





Break – 10 minutes

Developing the Strategic Plan

2025 Strategic Plan Drafting Timeline

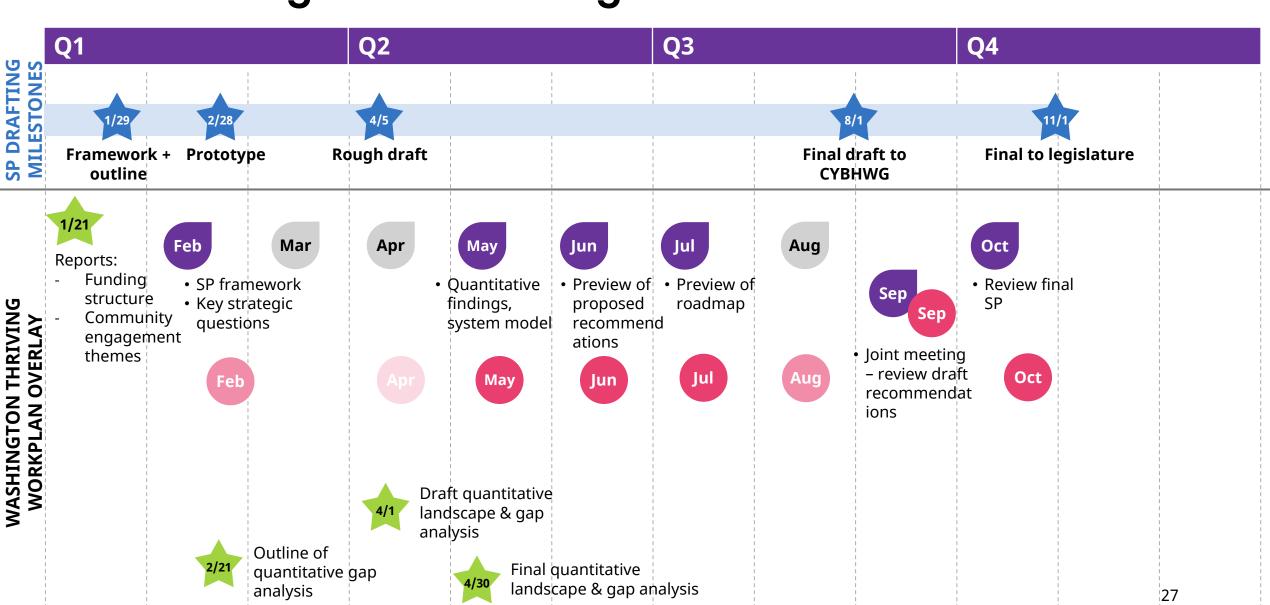












Strategic Plan Framework

Washington Thriving's process

PHASE 1: VISIONING

PHASE 2: ASSESSING CURRENT LANDSCAPE

Exploring (open processes)

PHASE 3: IDENTIFYING STRATEGIC PRIORITIES

WE (narrowing choices HERE)

PHASE 4: MOVING TO ACTION

NOVEMBER 2025 STRATEGIC PLAN TO LEGISLATURE

Phase 1 questions:

What's the vision?

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g, Is **IMPLEMENTATION**

Shared Vision

A future where every pregnant person, baby, child, youth, and young adult in Washington is thriving, supported by their families, caregivers, and communities.

Washington's Prenatal-through-Age-25 Behavioral Health System:

Every Washingtonian understands how behavioral health affects well-being and recognizes when young people need support.

Funding, providers and systems work together so that services are seamless, accessible, and adapt to changing needs.

Behavioral health services and supports:

- Holistically address mental health, substance use, developmental, physical health, and co-occurring needs.
- Connect into people's communities where they spend time.
- Are available when needed.
- Are available for all developmental stages, all cultures and languages, in all parts of the state.



Ensures that all doors lead to support

Is informed by children, youth, caregivers and families



Offers services to meet the individual needs of children, youth, families and caregivers



Is equitable, anti-racist, and culturally and linguistically responsive



Changes in response to new information



Invests in prevention and well-being



Includes families, caregivers and communities as key contributors to well-being

Supports Ø Services

The Strategic Plan will address these areas



What will the system offer and where



Full continuum of culturally- and developmentally-appropriate education, prevention, services and supports accessible where people spend their time



How will services and supports be provided

Regionally-led Family- and community-centered Tiered service coordination

What will power the system

Diverse, well-trained, thriving workforce Sustainable financing

What will guide the system

Guiding principles Defined leadership and structured coordination Supportive policy, shared resources, integrated data, and other enablers

Vital conditions outside the **Behavioral Health** System that impact wellbeing

Economic stability

Food security and nutrition

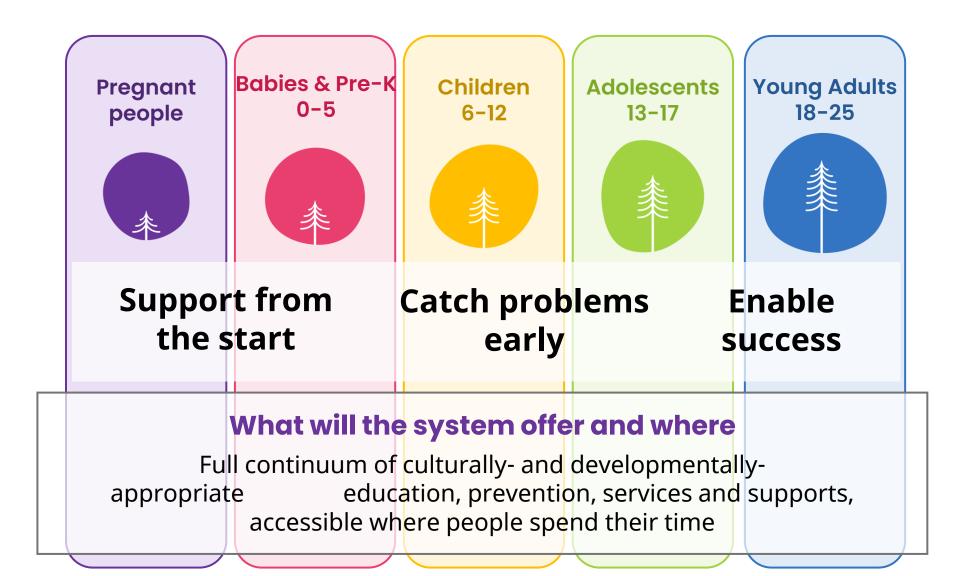
Safety and security

Housing

Natural and built environment

Civic and social environment

The Strategic Plan will call out opportunities and needs at each age/stage

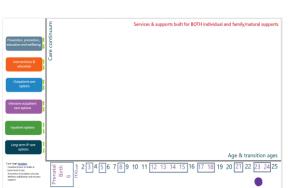


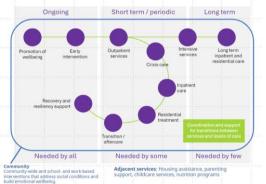
System of Care framing

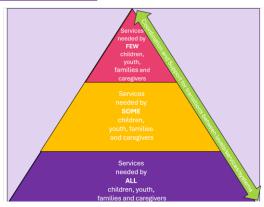
Evolution of thinking: Ideal service array / continuum of care for P-25 Behavioral Health

Key steering questions:

- What should the P-25 BH system offer, to whom, and where
- How should services & supports be provided







Early concept (prior to June 2024) Key feedback:

- Like axes age + services continuum and transition services
- Importance of recognizing not every kid hits same developmental milestones at same ages

9/24 AG feedback:

- Like overall categories
- May convey a false linearity + "road to nowhere" for most acute needs

10/24 AG feedback:

- Like population-level view that captures services for everyone
- Consistent with how public health and education systems conceive of tiered services
- Not immediately clear how specific services and supports would be categorized within

Note: the ideal state includes both what already exists and what may not yet exist



TriWest Group. (2024). Comprehensive service array for children, youth, young adults and families.

12/24 AG feedback:

- Descriptions of categories are helpful in illuminating what situates where
- Is missing recovery services & supports
- Would be helpful in separating "upstream" services as promotion, prevention, and early intervention are distinct

The ideal system includes:

Full continuum of developmentally- and culturally- appropriate services and supports
For pregnant people, babies, children, youth, young adults, and their parents and caregivers
Accessible where they spend their time - community, schools, & clinical settings

What is a System of Care?



Defined by Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health as:

"a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life."

The **core values** of a System of Care are resonant with the values and vision of Washington Thriving:

- Family driven and youth guided, with the strengths and needs of the child and family determining the types and mix of services and supports provided
- Community based, with the locus of services, as well as system management, resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level
- Culturally and linguistically competent, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services and supports

Taking a System of Care approach builds on established frameworks & agreed principles

Why this approach:

- Aligns with the vision & principles of the ideal vision crafted the Advisory Group
- Has strong evidence base for the kinds of outcomes Washington Thriving is seeking
- Follows the lead of other states who we point to as success cases in P-25 Behavioral Health
- Leverages the strengths of Washington's system while allowing us to fill critical gaps
- Provides a clear structure and framing for the Strategic Plan and resulting recommendations

The conceptual diagram and array of services **build on existing frameworks** from other states and incorporates:

- The principle of supporting individuals as well as families/caregivers and communities
- A single point of contact to enable "all doors lead to help"
- The array of supports/services from education/promotion to prevention to early identification/intervention to treatment & recovery support
- The enablers to realize the values navigation, coordination, family advocacy
- The idea of tiered services and supports, with different levels of support needed by all, some, few

A System of Care for P-25 Behavioral Health*

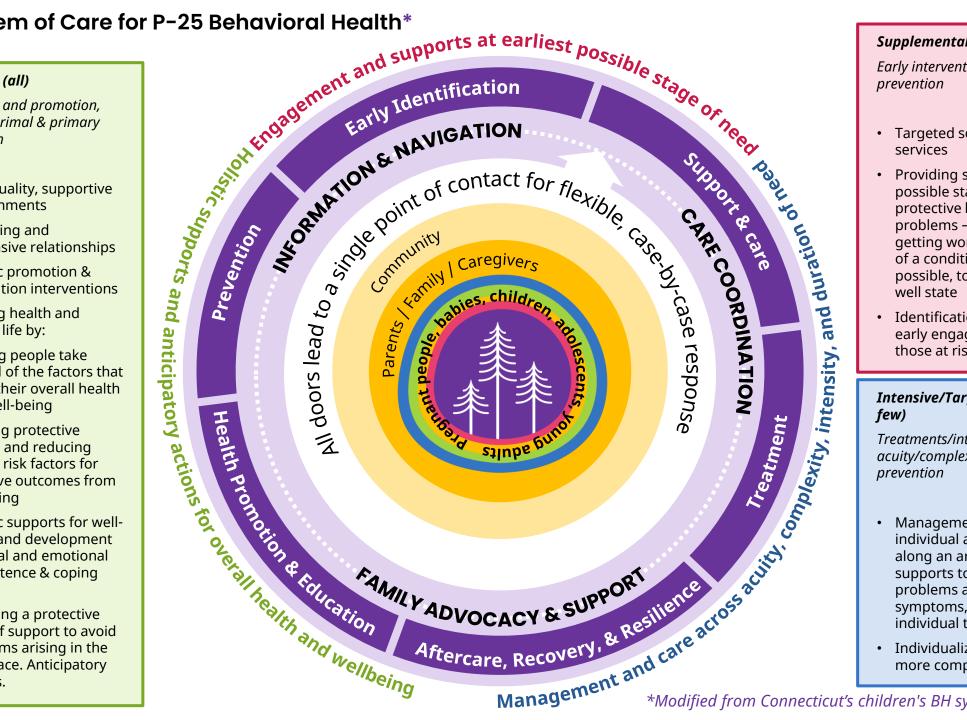
Universal (all)

Education and promotion, includes primal & primary prevention

- High quality, supportive environments
- Nurturing and responsive relationships
- Holistic promotion & prevention interventions

Improving health and quality of life by:

- Helping people take control of the factors that affect their overall health and well-being
- **Building** protective factors and reducing overall risk factors for negative outcomes from emerging
- Holistic supports for wellbeing and development of social and emotional competence & coping skills
- Providing a protective layer of support to avoid problems arising in the first place. Anticipatory actions.



Supplemental/Selective (some)

Early intervention, includes secondary prevention

- Targeted social-emotional supports & services
- Providing support at the earliest possible stages that problems occur; a protective layer of support to stop problems - once identified - from getting worse; helps reduce the impact of a condition on an individual; and, if possible, to return the individual to a well state
- Identification, targeted prevention, and early engagement and supports for those at risk

Intensive/Targeted/Indicated (some to

Treatments/interventions on spectrum of acuity/complexity/intensity, includes tertiary

- Management and care with an individual at varying degrees of acuity along an array of needs, services, and supports to manage and control problems as they occur, lesson symptoms, and if possible, return the individual to a well state.
- Individualized intensive intervention for more complex and enduring needs

*Modified from Connecticut's children's BH system of care

What the System Offers: Comprehensive services & supports for P-25 behavioral health

Health education & promotion

Education

- Behavioral health & wellness promotion
- · Youth & family education
- · Social-emotional learning
- School climate interventions
- Community programs
- Behavior management skills training
- Behavioral health curriculum & programming
- Information

Promotion

- Wellness services (e.g., exercise, meditation, social interaction)
- Social & recreational services (e.g., After School programs, camps, drop-in centers)
- Youth & young adult peer support
- Parent/caregiver peer support (e.g., parenting groups)
- Other non-traditional / non-clinical communitybased, faith-based, grassroots programs & supports

Prevention

BH-specific

- Early childhood education & assistance
- Family supports & parental skill-building (e.g., training, counseling, navigation)
- Parent-child therapies & assistance
- Infant & early childhood behavioral health consultation (e.g., to primary care, education)
- Pediatric behavioral health services
- School-based behavioral health services
- · Resilience building
- · Plan of safe care
- Juvenile justice & disciplinary diversion
- Positive youth development services
- Other issue-specific prevention interventions
- Other youth services
- Telehealth (video & audio)

Risk factors & basic needs

- Basic needs support (including transportation)
- Early care & afterschool (including therapeutic nursery & daycare)
- Supported employment
- Reentry services
- Supported education & employment
- Supported housing
- Flex funds

Early identification S

- Home visiting
- Universal screening
- Early pre-diagnosis intervention for specific populations (e.g., IDD/ASD)
- Developmental assessments & diagnoses
- Behavioral health consultation
- Referrals to care
- Targeted selective & targeted indicated interventions & therapies (speechlanguage, audiology, occupational, & physical therapies)

Support & care

Supportive services

- Collaborative care
- Tiered care coordination
- Behavioral health referral assistance services
- Intensive care coordination (e.g., using wraparound)
- Therapeutic behavioral aide services
- · Therapeutic mentoring
- Outpatient therapy individual, family, & group
- Foundational community-assisted care & supports
- Transitions
- Specialized care coordination (including focus on life and selfdetermination skills for transition-age youth)
- Respite services (including crisis respite)
- Trauma-informed and trauma-specific treatment methods

* Can be further disaggregated to specify to whom services are offered (ages & stages, specific need areas) & where (community, schools, at home, clinical & hospital settings/ facilities)

Treatment

Aftercare, recovery, & resiliency

Outpatient & integrated care

- Evidence-based practices
- Counseling & SBHC services
- Integrated mental health and substance use treatment
- Outpatient substance use disorder services
- Medication assisted therapies
 & substance use treatment
- Problem gambling treatment
- Intensive outpatient
- Partial hospitalization/day treatment
- Ancillary therapeutic services
- IEP/special education services

Intensive home & community services

- Intensive in-home mental health treatment
- Combined in-home services
- Behavioral rehabilitation services
- First episode psychosis services

Comprehensive crisis care

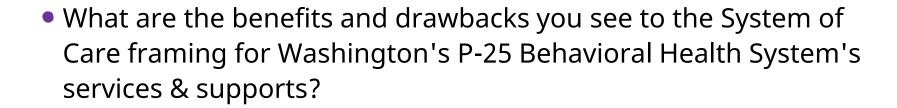
- Crisis response services nonmobile (24/7)
- Mobile crisis response & stabilization (MRSS)
- Intensive Behavioral Health assessment centers
- Tribal crisis services
- Crisis services in carceral & other restrictive settings
- Emergency Departments (last resort)

- Life skills support
- Recovery based transitions: discharge, housing, and supports
- · Peer supports
- Recovery navigator programs
- Adjunctive & wellness therapies (e.g., creative arts therapies, meditation)
- Recovery high schools/colleges

Inpatient, residential & congregate care

- Inpatient hospital & psychiatric services
- Services under the Involuntary Treatment Act (ITA)
- Inpatient medical detoxification
- Safe out-of-home respite (non-treatment)
- Residential crisis & stabilization services
- · Long-term civil commitments
- Long-term inpatient
- Treatment family homes
- Therapeutic group homes
- Residential treatment services
- Residential substance use interventions (including residential services for pregnant people and parents with children)
- Mental health treatment in carceral settings
- Forensic mental health

Breakout discussions





- How do you feel about the evolution of the ideal continuum / array of services & supports into this System of Care framing?
- Do you see your programs, services, supports, areas of interest and/or populations of concern reflected here? Are any critical services or supports missing?

Public Comment



At this time, we invite all of you who are not members indicate in chat if you have a comment you would like to share.

- We'll be starting with members of the public who have let us know in the chat that they would like to share a public comment. If we miss your name, please message Hanna Traphagan directly.
- If you want to share a public comment and have not sent a message in the chat yet, please raise your hand.
- If you prefer not to speak, you may add your comment in the chat, and it will be documented as part of the public record.

Next Steps

- Today's meeting materials will be sent out to members and shared to the HCA website by 2/19/2025
- Share out of the qualitative materials (funding structure and community engagement theme reports) mid-March
- Project team to incorporate information from today's discussions into the materials
- Finalizing dates and times for remainder of the Advisory Group and Discussion group meetings – will be in the February Newsletter, project website, and emailed to Advisory Group members
- Sign up for the Washington Thriving Newsletter and distribution list <u>here</u>

Stipend payments for young people and families

You may qualify to receive payment (called stipends) of \$45/hr to you for being a part of this meeting if:

- You personally received behavioral health services at the age of 25 or under, or wanted services but couldn't access them (no matter what reason); or
- You are the parent or caregiver of a youth or young adult who received or wanted services aged 25 or younger; and
- You are not a state employee or being paid by your employer or anyone else for your time in this meeting.

We are also able to reimburse you for child or elder care, if needed.

If this describes you, please email <u>cybhwg@hca.wa.gov</u> to request your stipend payment. Cindi Wiek will reach out to you with details.

Meeting Feedback

https://www.surveymonkey.com/r/KCF8PSF



2025 Advisory Group Meetings

Date	Time
May 1st, 2025	Afternoon - time TBD
June 24th, 2025	Evening – time TBD
July 29th, 2025	Afternoon - time TBD
October 6th, 2025	Evening – time TBD

Thank you!



Additional Resources

- Contact the project team: <u>info@washingtonthriving.org</u>
- Visit the project website: https://www.washingtonthriving.org/
- Learn more about the Children and Youth Behavioral Health Work Group: https://www.hca.wa.gov/about-hca/programs-and-initiatives/behavioral-health-and-recovery/children-and-youth-behavioral-health-work-group-cybhwg

Washington Thriving Advisory Group Members

Member Name	Membership Category
Patricia Leckenby	Provider Member
Nucha Isarowong	Provider Member
Natalie Gustafson	Provider Member
Kaneesha Roarke	Provider Member
Tessa McIlraith	Provider Member
Xochi Wade	Provider Member
Andrew Hudson	Parent/Caregiver Member
Kelly Sweeney- Widman	Parent/Caregiver Member
Jessica Russell	Parent/Caregiver Member
Richelle Madigan	Parent/Caregiver Member
Brendan Smith	Parent/Caregiver Member
Krista Perleberg	Parent/Caregiver Member
Celeste Taylor	Parent/Caregiver Member
Brittany Miles	Parent/Caregiver Member

Member Name	Membership Category
Dillon Hill	Youth/Young Adult Member
Kelly Duong	Youth/Young Adult Member
Sierra Camacho	Youth/Young Adult Member
Sage Dews	Youth/Young Adult Member
Tracey Hernandez	Youth/Young Adult Member
Darren Bosman	Youth/Young Adult Member
Amanda Shi	Youth/Young Adult Member

Vacant Member Positions:

1	мсо
1	Advocate Member
2	Tribe Member

Member Name	Membership Category
Jane Beyer	Agency Representative Member, Office of the Insurance Commissioner
Shelley Bogart	Agency Representative Member, Department of Disability Services - Developmental Disabilities Administration
Kim Justice	Agency Representative Member, Department of Commerce, Office of Homeless Youth Prevention and Protection Programs
Matt Davis	Alternate- Agency Representative Member, Department of Commerce, Office of Homeless Youth Prevention and Protection Programs
Amber Leaders	Agency Representative Member, Office of the Governor
Diana Cockrell	Agency Representative Member, Health Care Authority, Co-chair
Michele Roberts	Agency Representative Member, Department of Health
Mary Sprute-Garland	Agency Representative Member, Department of Children Youth and Families
Bridget Underdahl	Agency Representative Member, Office of the Superintendent of Public Instruction, Project AWARE
Vickie Ybarra	Agency Representative Member, Department of Children Youth and Families
Rep. Lisa Callan	Legislator Member, Co-Chair
Rep. Carolyn Eslick	Legislator Member
Carolyn Cox	Advocate Member
Janice Schutz	Advocate Member
Peggy Dolane	Advocate Member