



Washington State Department of **CHILDREN, YOUTH & FAMILIES**

Parent Advisory Group

Meeting Minutes

September 18, 2024 - 7:00pm-8:30 pm

Virtual Meeting

Welcome, Virtual Meeting Protocols and Introductions

Executive Committee members, Josie Guzman, Janel Waterman and Christianna Clinton welcomed attendees and initiated introductions.

Parent/Caregiver Supports Panel

PAG members heard from 5 programs/teams that directly or indirectly support parents and caregivers.

Discussion	<ul style="list-style-type: none">• Please take about 5 minutes or less to introduce yourself and tell us about the program or role you are here representing?<ul style="list-style-type: none">○ Help Me Grow, DCYF's Family & Community Navigation Administrator Sarah Holdener. Help Me Grow is a resource and referral linkage system that connects young children and their families to services, community supports, resources, benefit programs, etc. There are no eligibility requirements, so anyone can access it. Parents, caregivers, childcare providers, doctors, service providers, can get in touch with the resource navigator and get connected to what they need. Help Me Grow is not long-term care coordination. It is more of a webbing that connects families to what they need. I like to think of it as a power grid that is holding all the things that your family might need to be thriving. You still need a way to plug into what exists, and Help Me Grow is that plug.○ Developmental Disabilities Program Manager and Developmental Disabilities/Mental Health Program Consultant Supervisor, April Thompson: HB 1188 requires the DDA to provide their services to dependent children and youth that otherwise meets the criteria. There was a period of history where they felt that it was a duplication of services, for what DCYF should provide kids in foster care. We have realized that is not the case and it is not a duplication. Kids can be in foster care and get services from DDA, if they qualify.○ ECPLISE (Early Childhood Intervention and Prevention Services), Veronica Santangelo: This program focuses on
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providing mental health support to children and families that have experienced a big change in their life and are working to gain stability. ECLIPSE has been around for 20 years under other names. It was run by the office of child welfare before we all came into DCYF. Now that early learning and prevention services are under the umbrella of DCYF, we were able to receive some dollars as part of the Fair Start for Kids Act (FSKA) to grow the program. In 2023 we received additional funding for ECLIPSE to grow into other geographical areas of the state. The program transitioned from being in the prevention services unit to early learning because the program is a classroom-based, same age, center focus.

- **WISe, Patty King:** All youth ages 6 through 20 who complete the Child and Adolescent Needs and Strengths (CANS) assessment and are eligible for Medicaid coverage, then you would be qualified to be offered entry into WISe. For children who are under six years, the decision shall be based made from information from the CANS and clinical judgement. The same is true if the youth is over 20. WISe is intended to be youth and family led, and it is driven by wraparound principles.
- **DCYF Strengthening Families, Jenni Olmstead and Laura Alfani:** Our work is really grounded in prevention, and for us to do prevention well, families are at the center and the heart of what we do. Our services and supports are voluntary. There are six protective factors that are really the heart of our team. This is driven into our funding opportunities, our community funded programs, and the trainers on our team. It really drives the decisions that we make and how we collect the support that we provide. When we say primary and secondary prevention, primary is kind of that public awareness and is universal, meaning it targets the entire population. Secondary prevention includes more targeted parent education pieces. Tertiary prevention is child welfare involvement. We know



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that DCYF defines these differently, based on the division, or the team. Another goal of our work described is to support the narrative around parenting - addressing and mitigating parental stress.

- **What ways are you aware of that parents and caregivers give input to the program or role, if any?**
 - **Help Me Grow:** After every interaction we send out a survey. When we talk about program design, we are working on building pathways for very specific populations. One pathway is for infants with pre-natal substance exposure and their families. When we are designing outreach materials and programs we partner with First Legal Clinic, who have families with lived experience who are really informing how the program looks at outreach. Help Me Grow still has work to do to systematically. It is part of our five-year strategic plan that we kicked off last year.
 - **Developmental Disabilities Program Manager and Developmental Disabilities/Mental Health Program Consultant Supervisor:** Service delivery is not a component of my position – it is a lot of systems work, like working with people directly from the agencies that support DCYF involved families. I do get pulled into meeting from time to time (like family team decision-making FTDM meetings), just to be able to provide consultation. Sometimes because of that family members will reach out to me directly.
 - **ECPLISE:** We believe that parents are the first and most important teacher. There are some measured ways in which the program receives input from parents. There are parent meetings like the parent policy council, where parents will meet throughout all parts of the state to look at policies and procedures and give input to the program. The individual centers also have the opportunity to complete an end of year survey. ECLIPSE questions are embedded within that survey.



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- **WISE:** Washington State University (WSU) has been doing surveys with families who have experienced WISE and we share out that information to families. We live and work in a world that is pretty much led by family, youth and system partners. We have a youth liaison within our office who has lived experience. I am a parent with lived experience and we both have connections. Within the network we also fund them to have a work group around our children's behavioral health continuum of care. There have been many opportunities for parents to participate in the revision, improvement quality plan and we have a family roundtables in our 10 regions for behavioral health.
- **Strengthening Families:** See presentation for response.
- **If the program/role you are here representing provides services directly to families, how do families qualify?**
 - **Help Me Grow** is universal. There are no income or eligibility requirements to access it. Resource Navigators can help a family understand what sort of statewide benefit programs they might be eligible for. But in general, there is no need to qualify with Help Me Grow.
 - **Developmental Disabilities Program Manager and Developmental Disabilities/Mental Health Program Consultant Supervisor:** My role does not provide direct services.
 - **ECPLISE:** If the child is eligible for ECEAP they are eligible for ECLIPSE. If they are in a program where teacher or a parent request some help in well-being/mental health, we can see if we have an opening in ECEAP and transfer over. If you are under the same roof as ECEAP the child can stay where they are, and the therapist will come to them. If a family is at or below 110% of the Federal Poverty Level (FPL) they qualify for ECEAP. There are some life situations that could qualify a family, as well. You can reach out to the Medicaid provider of the youth that you are wanting services for and request care



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coordination and they should be able to support you in locating a WISE agency that can serve the area where the youth resides.

- **WISE:** Families qualify for WISE as part of Medicaid benefits for youth ages zero to their 21st birthday. There is a screening assessment that helps to determine medical necessity (CANS).
- **Strengthening Families:** Our programs are all voluntary. There are age requirements (usually it is prenatal to age 3/5). Our prevention support (primary and secondary prevention) families cannot be involved in child welfare to receive those services. We also offer concrete supports and fund Family Resource Centers (FRC). Some of the funding streams we use for those can support child welfare involved families. We are trying to think about how to be strategic when we are funding programs, so they can meet the needs of all the families that come through the door. Our prevention services are mostly birth to five but they do also support youth. The restriction around age isn't quite as precise in the prevention work as it might be in home visiting. Generally, we fund various programs based on what the community has identified. Each program may have some specific requirements, and we are primarily limited by funding, in what we can do and how much programming we can offer.
- **How would a family find these services or know they are available to them?**
 - **Help Me Grow:** We are working towards building relationships with providers where families might already be. We are doing outreach with doctors and hospitals. We also have a website with online tools (that is all getting revamped right now). [Help Me Grow](#)
 - **Developmental Disabilities Program Manager and Developmental Disabilities/Mental Health Program Consultant Supervisor:** All of our services are available to learn more about on our DCYF website. My role specifically is



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more of an internal support and so there is not much external facing information

- **ECLIPSE:** Families could find out about ECLIPSE through ECEAP, a family resource fair, flyers in doctors' offices. Anywhere where families would be that has a bulletin board! There is also information on social media. More information can be found on our [ECLIPSE](#) webpage.
- **WISE:** We get a lot of referrals from different systems (juvenile rehabilitation, foster care, schools) and requests for services over the phone. Really anybody can make a referral for youth. A Medicaid provider can be a great resource for getting youth connected to WISE, as well. More information can be found on the [WISE](#) webpage.
- **Strengthening Families:** Word of mouth and supported and funded based on the community coming about and expressing what they need. Information can also be found on our [Strengthening Families](#) webpage.

- **Questions/comments from PAG members:**

- Can a youth refer themselves to ECLIPSE?

- Yes, and I want to expand and remind people that ECLIPSE is certainly not the first stop in our behavioral health continuum of care for children and youth.

- My child was in WISE before we adopted them, and we were left with no psychiatrist. I only worked two days per week and had 8-10 hours/week of meetings. That could be a barrier for many families.

What do we do after WISE? (WISE)

- The services are designed to be very individualized and intensive support for the needs of the youth. Our teams is trained and the program is designed to navigate families' schedules and dynamics. The transition phase is supposed to help set up families with a plan for transitioning to a lower level of care. It sounds like that might not have been your experience. We want our families to be aware that the transition is coming.



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- Will we be invited to any of the trainings that you offer to learn more about these programs? (WISe, Help Me Grow, ECLIPSE program)
 - **WISe:** You are always invited to come to the family youth system partner roundtable ([FYSVRT](#)).
 - **Help Me Grow:** Having your perspectives is such an asset. When Help Me Grow and our strategic plan work on setting up a family approach I would love to come back to this group and help start thinking through what it might look like.
 - **ECLIPSE** services to families (including trainings, support groups, psychoeducation in small groups) happens at the community level. ECLIPSE is new, so we are not at this point yet. We are hoping to develop an outline for staff trainings as well as parent trainings.
- Are you a resource I can share with ECEAP and HeadStart family advocates to help guide parents where to go if they are running up against brick walls with DDA?
 - **Developmental Disabilities Program Manager and Developmental Disabilities/Mental Health Program Consultant Supervisor:** I would be happy to consult. I don't know everything, but I am happy to try to chat with folks and see if I can figure out what the next steps might be. Often, I hear from folks that it is hard to get hold of a live person and there is a benefit to having a direct person to connect to.
- **Additional Comments:**
 - When I was in the system it became clear that caseworkers only pretend to care. Parents need to prove their own or their families' disabilities and needs instead of being believed. Families are required to advocate for themselves. If you sit back and let the caseworker do it you are going to fall to the bottom of their priority. Parents need to learn to fight and ask for what they need.
 - I am sorry that was your experience. It should not be that hard – families should feel supported and be partners with their caseworker.



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	<ul style="list-style-type: none">• It is lovely that there are agencies out there, but if the frontline consumer for DCYF is the families and kids then you need to let them know that resources are there and explain to them why they should care.
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Closing Remarks/Adjourn

Next Steps/Follow Up	<ul style="list-style-type: none">• Next meeting will meet be in person in Spokane Nov 1, 2024, at 8:30am-4:00pm.
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