



## CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING

### Meeting Summary

TUESDAY, DECEMBER 7, 2021, 10AM – 1PM

#### SUMMARY PURPOSE

This document provides a summary of key input provided by Behavioral Health Task Force (BHTF) members. This summary is an accompaniment to the presentation slide deck and meeting recording, both available for review online:

- [BHTF webpage](#)
- [Slide deck](#)
- [Recording](#)

#### WELCOME & INTRODUCTIONS

Secretary Mark Ghaly, California Health and Human Services (CalHHS), welcomed BHTF members and members of the public. He highlighted the State and federal governments' focus on addressing youth mental health, noting that CalHHS has renewed its focus on people equity, and outcomes through a new set of guiding principles and strategic goals. Secretary Ghaly welcomed four new BHTF members who bring focus on and perspectives of youth and children in the state and Melissa Stafford Jones, director of the Children and Youth Behavioral Health Initiative (CYBHI). Secretary Ghaly noted that the CYBHI is a key focus for the agency at this time.

Task Force members were invited to introduce themselves in the remote platform chat panel, sharing where they work and the age group they primarily work with.

#### YOUTH PERSPECTIVE

##### INTRODUCTION OF NEW BHTF MEMBERS

Deputy Secretary of Behavioral Health Stephanie Welch, CalHHS, introduced four new BHTF members. As discussed in the last BHTF meeting, the Task Force did not previously have perspectives represented of youth voice and those that serve young people, both critical perspectives given the State's new Children and Youth Behavioral Health Initiative.

**Jackie Thu-Huong Wong**, MSW, PPS, serves as Chief Deputy Director for First 5 California, is a professor for Sacramento State's School Nursing Credential program and was elected to the Washington Unified School District Board in 2016 where she serves as the Board Vice President. Ms. Wong has three decades of public policy experience advocating for educational and economic equity for children and families. She has extensive experience in the non-profit and public sector, including child welfare, anti-poverty programs, child support, long-term aging,

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developmental disabilities, veterans and military affairs. Ms. Wong prides herself in being a school-based social worker who has a focus on strong comprehensive collaborations across agencies and diverse stakeholders. Her approach to advocacy and her work is rooted in community and fueled by her commitment to equity and justice, having grown up as a Southeast Asian refugee and a beneficiary of public benefit systems.

**Ken Berrick** is the founder and Chief Executive Officer (CEO) Emeritus of Seneca Family of Agencies, a nonprofit agency dedicated to providing Unconditional Care to children and families through comprehensive mental health, education, juvenile justice, foster care, and permanency services. Mr. Berrick is currently in the start-up phase of his new nonprofit, Just Advocacy, an organization that will work to provide individualized support to children and families, as well as help inform systemic solutions at local, state, and national levels. Mr. Berrick has served as a Governor's Appointee on both California's Mental Health Services Oversight and Accountability Commission and the California Child Welfare Council and is actively involved with California Advancing and Innovating Medi-Cal (CalAIM).

**Matthew Diep** identifies as a queer Vietnamese Transition Age Youth (TAY) who brings his education, professional experience and lived experience with the behavioral health system into his role as the Assistant Program Manager at the California Youth Empowerment Network (CAYEN). CAYEN was formed in 2006 to develop, improve and strengthen the voice of TAY (people ages 16-25) in local and state-level behavioral health policy. Through targeted advocacy, CAYEN supports TAY across the state to have a meaningful impact on the policies that shape their lives.

**Dr. Genie Kim** is the Director of Student Mental Health and Well-being for the University of California (UC) Office of the President. She obtained her Doctorate in Social Work from the University of Southern California and her Master's Degree in Public Policy from the California Polytechnic State University. Dr. Kim has been working in the field of higher education for 10 years and has served in a variety of roles as a social good architect, building equity-focused initiatives and bringing these programs to life. Currently, Dr. Kim leads the UC Basic Needs Initiative, advancing the work of a re-imagined definition of basic needs, ensuring equity is baked into an ecosystem of financial stability in order for students to grow and thrive. Most recently, Dr. Kim has been championing the UC Equity in Mental Health Initiative, stewarding a holistic student mental health and well-being framework to foster a campus culture of well-being and belonging. In addition, Dr. Kim provides systemwide guidance and direction in a variety of service areas, including, but not limited to counseling services, case management, gender and power-based violence, health promotion, and recreation wellness.

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Mr. Diep gave a presentation on CAYEN's work. Founded in 2006, [CAYEN](#) is the TAY program of Mental Health America of California, with a mission to empower Transitional Age Youth (TAY) to be leaders in community and mental health system transformation and to create positive change through the promotion of culturally appropriate supports, services, and approaches that improve and maintain the mental health of California's TAY. CAYEN elevates the voices of TAY across the state by bringing TAY leadership into both local and statewide behavioral health public policy spaces. CAYEN was a co-sponsor of SB 224, which recently passed and will bring mental health education to schools throughout California. Mr. Diep shared the following lessons learned for meaningfully working with TAY that may be applied to the work on the CYBHI.

- Set and communicate clear boundaries to manage expectations and limitations.
- Demonstrate commitment to growth through concrete action items.
- Provide appropriate compensation to youth for their leadership, especially when they are participating outside of the scope of their employment.
- Use Hart's Ladder to identify appropriate opportunities for youth leadership at different stages of planning and implementation.
- Bring youth stakeholders into any decision-making spaces where adult stakeholders currently have decision making power. Directly incorporate youth input into policies/programs that impact the lives of youth.
- Engage youth in spaces where they are already convening and meeting
- Identify youth perspectives that are missing from the conversation and consider ways for authentic engagement
- Develop a Request for Proposal (RFP) to identify stakeholder(s) who can support authentic recruitment and engagement of youth across California.
- Hold focus groups with a diverse pool of youth impacted by different systems in California to inform the points listed above.

**UC BASIC NEEDS INITIATIVE**

Dr. Kim shared about the UC Basic Needs Initiative. Successful pathways for student well-being requires that the student be centered, and all those that surround the student, such as parents, teachers, staff, coaches, and peers, be engaged to collaboratively develop strategies and opportunities to support the students. Ms. Kim emphasized building programs and services in a way that centers how youth will navigate and experience them. The approach must be customizable to students' unique experiences and include prevention, early intervention, and treatment. Additionally, efforts must empower students to build their own strengths, supports,

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resources, and cultural capital, as they will bring these with them as they move from the K-12 system into higher education and then into their careers.

The Basic Needs Initiative recognizes that for students to thrive, they must have access to an ecosystem of food, housing, health, mental health, financial stability, technological equity, and transportation. The Basic Needs Initiative was launched in response to two UC Student Regents elevating the issue of food and housing insecurity many students were experiencing. These issues, as well as many mental health and substance use challenges can go undetected; part of the UC initiative includes not only assessing students that come in for behavioral health treatment, but also looking to better understand the challenges and resilience of those who have not accessed supports and services. The program looks to identify the resources and supports, including cultural capital, that have helped prevent them from reaching a crisis point, and think about how to engage in prevention and early intervention by supporting students upstream. Dr. Kim emphasized the importance of engaging children and youth in developing solutions, involving students in designing and piloting solutions is key to really meeting their needs and achieving tangible outcomes. Additionally, communication and information sharing is key when developing large-scale, system-wide programs, gathering input from those who bring complementary experience and expertise, both internally and externally.

Further information about the UC Basic Needs Initiative is available [here](#).

**YOUTH PERSPECTIVE VIDEO**

Deputy Secretary Welch noted that during the last BHTF meeting, members discussed the need to incorporate youth perspective into the Task Force. As part of the first BHTF meeting with the new youth perspective standing agenda item, CalHHS shared video diaries in which youth shared their experiences with behavioral health. The video was an anecdotal presentation, intended to ground the BHTF discussion on the Children and Youth Behavioral Health Initiative in the direct experiences and perspectives of youth.

BHTF members commented on the video presented.

- Numerous members expressed appreciation for the video, saying that it was powerful and emphasized the importance of authentically engaging youth voice to inform the State's efforts.
- The focus on going to where youth are, including outside traditional school settings, is critical.
- Members of organizations represented on the BHTF would likely be interested to see the video.

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- It is important to hear directly from youth about what motivates them to seek help, including reasons why they sometimes do not or cannot and how different settings, such as educational-, medical-, and community-based, changes how they seek help.
- It is critical that services be appropriate to those they serve. Some mental health services can be harmful, particularly to queer, disabled, black, indigenous, and people of color (QDBIPOC).
- Stigma, lack of information, and lack of good mental healthcare based on cultural and spiritual beliefs leaves Black youth, families, and communities inadequately served. A model is needed to train Black parents and other adult family members as mental health advocates to counter this dynamic.

### CHILDREN AND YOUTH BEHAVIORAL HEALTH INITIATIVE

Director Stafford Jones gave a presentation on the CYBHI, covering four key areas of the Initiative's structure development process:

- Program aspirations
- Building blocks for stakeholder engagement
- High-level roadmap and milestones
- Available program overview materials

Information about the initiative can be found:

- [CYBHI webpage](#)
- [CYBHI Brief](#)

BHTF members were invited to weigh in on key questions throughout Director Stafford Jones' presentation.

#### PROGRAM ASPIRATIONS:

The Children and Youth Behavioral Health Initiative aims to reimagine mental health and emotional well-being for ALL children, youth, and families in California by delivering equitable,

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appropriate, timely, and accessible behavioral health services and supports. BHTF members were invited to respond to the following questions:

**1. What aspects of the system are most important to reimagine to achieve greater person-centeredness and advance equity?**

- We need more access to mental health in schools. Transportation and mistrust of outside agencies are hurdles to mental health access that would be addressed by providing services in the school system, while also providing quicker access.
- Increase access to “non-traditional” services, such as peer-based services, services not tied to an office setting, and services that are culturally relevant to traditionally underserved communities and populations. Increased access to substance use disorder services is also critical and must not be overlooked.
- The approach to addressing mental health issues with young people should include exposing them and their families to a human rights/civil rights model for thinking about mental health and inequity, as set forth in this 2009 [article](#).
- Reimagine access: existing mechanisms to reach youth across the state need to be further built up and buffered. Access to mental health services should be brought into the everyday spaces that youth occupy. Schools are an important channel and the State also needs to consider other channels and how these channels intersect. Local and statewide peer-to-peer services, crisis lines, advocacy organizations, grassroots organizations, and community health centers are important channels.
- It will be important to think deeply about youth partner feedback related to peer support and seamless access to support and services, particularly nights and weekends.
- Having multiple access points for mental health services is critical. Be mindful of how families of children 0-5 years old can access services both within a school model and through a truly community-centered system that uplifts dyadic care models and other models that can fully integrate 0-5 families.
- Youth-led vision of the system and youth and family engagement about how the system should be structured to meet their behavioral health needs must be central to "reimagining" the system.
- Access to substance use disorder (SUD) services should not be an afterthought.
- SUD is key for youth and impacts juvenile justice. SUD services need to be brought to youth and approached as meeting a healthcare need, not associated with "punishment."

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- The primary change needed is shifting from a heavily adult-focused behavioral health system to one that can serve across age groups. The adult frame is evident in who is part of the workforce and the type of services offered.
- We cannot rely solely on one area of the "system" to have all the answers – every aspect of the system must be thought through. This includes making sure that students and their families, teachers, administrators, counselors, and the community are educated and connected. The continuum of care between primary care, behavioral health and hospitals must ensure timely access to treatment, whether the individual is in crisis or on the verge.

**2. How would you define success for this initiative in 5 years?**

- Success should include quantitative measures showing greater access to services, timely access, service on demand, and similar other measures, as well as quantitative measures of success drawing on experiences of those who have accessed (or tried to access) services.
- Some measures of success include diverse engagement of youth in decision making, the total number of youth and youth-serving organizations included in planning and implementation, levels of youth accessing and re-engaging with services developed by the Initiative. The Initiative should use youth action participatory research to help define success for this Initiative and put weight on the definitions of success that are uncovered.
- Success in 5 years would include addressing mental health stigma across all age spans, with easily accessible services for which funding is not a barrier. With the expansion of a mixed delivery transitional kindergarten system, there is an opportunity to think about how we can extend back what we know works within schools into communities.
- Eliminate silos (structural and funding) that keep children, youth, and families from accessing care and addressing equity.
- Provide and finance services that youth and their families are asking for, not defined by the current systems and structures. With the attention and resources being brought to this effort in California, this is a unique opportunity to make this happen. It is challenging to work around current silos, but if we stay centered on the youth we have the capacity to change this.
- Ensure all payers have population health strategies that use analytics and insights to proactively identify and have structured programs to track outcomes for youth and families.

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- Success can be defined by consumers – they should be present to outline desired outcomes over the next 5 years.
- Success in 5 years is changing from a “fail first” system to a proactive, integrated system that allows for access points through schools, clinics, primary care, etc.
- A basic indicator of success is the number of children/youth involved in the justice system. We want to see these numbers significantly decrease. Data need to be collected and tracked at a statewide level, ideally on both "at promise" youth and youth who are justice system involved. The 2021 CCJBH Legislative Report includes several recommendations to strengthen the systems that are responsible for serving these youth.

### 3. Additional considerations

- In a California-based survey, 78% of respondents aged 12-25 said they had considered suicide in their lifetime.
- There are existing models for community driven, labeled, and led healing programs for behavioral health conditions. County behavioral health departments have responded to community feedback to establish such programs, funded through MHSA.
- Actively and fairly engage community-based organizations. This is particularly critical in Black/African American communities.
- Rely on and incorporate youth engagement to ensure that actual rather than presumed needs are being met.
- Ensure that there are workforce pipelines with complementary funding to provide for both an entry-point pipeline for those with lived experience or other non-traditional educational pathways, and pipelines for career advancement (including pre-employment training, earn and learn apprenticeship programming, and continuing education). These need to overcome recruitment and retention hurdles and ensure industry workforce shortages are addressed with those most qualified to provide these integral services and do so via high-road employment.
- The Initiative should be not just person centered, but community centered.
- Consider the use of traditional healers and natural helpers with respect to work in American Indian communities. This is an absolutely overdue policy change.
- Acceptance and affirmation significantly reduce suicide risk for intersex youths, according to a new Trevor Project [report](#).



**CALHHS BEHAVIORAL HEALTH AND TASK FORCE MEETING****Meeting Summary****STAKEHOLDER ENGAGEMENT & LINKING BHTF MEMBERS' EXPERIENCE/EXPERTISE**

An engagement plan will outline which stakeholders will be engaged, how they will be engaged, with what frequency, and who will engage them in support of the CYBHI. Director Stafford Jones said the Initiative will likely engage stakeholders including individuals with lived experience, federal, state, and local government partners, community partners and stakeholders on the ground in the field, and subject matter experts. While details of the engagement model and level of engagement with different types of stakeholders are still being developed, guiding principles for the stakeholder engagement have been defined:

- Bring diversity of voices to advance equity and address needs for all Californians in a way that centers the experience and engagement of children, youth, and their families
- Reflect perspectives from the field – across the continuum of care / support and across systems and sectors
- Provide consistent messaging to build awareness and shared understanding of the program
- Utilize existing channels where they are effective; establish new channels in a purposeful way
- Coordinate and aggregate asks for stakeholder inputs to avoid fatigue and maintain high level of engagement
- Embed stakeholder engagement activities in state departments leading program implementation
- Provide frequent updates and materials as stakeholders may engage with the initiative at different stages

Director Stafford Jones posed the following questions to solicit input from members about stakeholders engagement:

1. How could you bring engagement and insights from stakeholders/ groups that you are part of to the BHTF?
2. How can CalHHS support you or your organization/ constituency to bring those insights to the Behavioral Health Task Force?
3. What are some examples of existing forums and channels, where CalHHS and its departments do not currently participate, that would have important insights to provide on the initiative?

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BHTF members responded with the following comments and suggestions for stakeholder engagement:

#### **Develop appropriate engagement to meet the needs of the stakeholders**

- Please consider how to appropriately engage discrete subpopulations in the disability community, such as the deaf community, autism community, people with intellectual disabilities, and people dealing with Long COVID.
- Community-defined evidence practices (CDEPs) will be critical in bridging the initiative to reach communities.

#### **Seek diverse perspective of those impacted by the initiative**

- Add families to the stakeholders that are to be engaged.
- QDBIPOC families should be given opportunities to speak and represent their communities. It is important that the needs of our diverse communities are represented.
- Many children can articulate their mental health needs. The CYBHI should consider how to engage children in the conversation, not just youth.
- Caregivers should also be engaged.

#### **Address equity considerations**

- Authentic stakeholder engagement means no paid staff or lobbyists from organizations or nonprofits that have a financial interest in outcomes.
- The most marginalized youth should be engaged in the planning process. Though college youth are the easiest to access, they are an often-privileged subset of youth and do not represent all youth or even most youth. The Initiative should involve an expansive, community-based set of youth.

#### **Additional input**

- Prevention and early intervention are critical.
- Post-COVID stress disorder, from the stress, strain, and pain from loss, fear, anxiety, and economic fallout related to the pandemic and ongoing structural and systemic racism and trauma, is already impacting communities.

#### INITIATIVE GOALS – SHORT- AND LONG-TERM ACCOMPLISHMENTS

Director Stafford Jones presented CYBHI milestones, including a 5-year roadmap (Please refer to meeting slide deck, slide 34-36 for detailed description of the 5-year roadmap).

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BHTF members were invited to share input about the balance of short-term needs and long-term goals:

1. What is the BHTF's advice and suggestions on how we can ensure simultaneous progress on both addressing the needs of children and youth today and doing the longer-term systems reimagining/change work of the CYBHI?

BHTF members provided the following input:

- The two goals are not mutually exclusive. Rather, the Initiative should work toward and check in on both regularly.
- Workforce is a very critical issue, both in the immediate and longer-term.
- Include pipelines to bring youth into the workforce, as well as building multifaceted ways to maintain the current workforce.
- There is a longer-term opportunity to create a more diverse pipeline.
- Providing services through remote providers, around the state or even in other states, is an important way to meet the workforce need, particularly for QDBIPOC youth.
- Payment structures need to be reformed to improve access to community-based services.
- A truly diverse peer workforce is vital.

### THE WORK OF THE BHTF

The Sacramento State – Consensus and Collaboration Program (CCP) facilitation team presented upcoming steps for refocusing the work of the taskforce. Members will have an opportunity to weigh in and inform a draft charter through interviews and a survey. The draft charter will be further discussed at the next BHTF meeting, which will be scheduled in 2022.

BHTF members comments

#### **BHTF Representation**

- In addition to Task Force members representing the members of their organizations within BHTF meetings, the agency could hear directly from member stakeholders – including people with lived experience and family members – for example through regional meetings, listening sessions, focus groups, or surveys.
- Equity is "Nothing About Us Without Us."
- It would be helpful to have a state dep / agency coordinate and bring together different folks in government touching BH to make sure work is being coordinated appropriately. This would mean finding a way for the OAC, DHCS, HHS, CBHPC, and counties to work together to implement change in the BH space.

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**BHTF Purpose and Objectives**

- How does this approach reflect the CalHHS guiding principles and strategic goals? How can the process foster a culture of innovation?
- The BHTF purpose needs to be clearly defined, with a discussion of where we started, where we are, and where we are going.
- When the BHTF was first established, work was done to develop a charter, and there was some pushback related to what was developed. The group should discuss where there were areas of divergence as the new charter is developed.
- Creating clear goals and objectives that can then be used to create a workplan for BHTF. We need to understand the gaps to then identify which BHTF can work on filling.

**BHTF Focus Areas**

- Health must be integrated into work on housing and homelessness.
- CalHHS could be clearer in the questions they need answers to, so we can relay those questions to our networks. CalHHS also needs a strong commitment to doing things differently as many on-the-ground orgs are disillusioned when providing input to the State about changes that will occur.
- A clearer focus on the specific purpose of the BHTF, including what role it will play in the CYBHI, will help Task Force members engage their constituencies.
- Spend more time on how BHTF input will or has informed development of the CYBHI, including progress reports on rollout of the Initiative and interactive discussions on specific aspects.

Task Force members were invited to share their ideas using a Slido word cloud tool responding to the prompt: What are the necessary ingredients for a successful Task Force? See Appendix A for a list of the responses.

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**THE DYNAMIC AND CHANGING BEHAVIORAL HEALTH ENVIRONMENT - TASK FORCE MEMBER DISCUSSION**

Members of the Task Force were invited to share how their work connects with the CYBHI and/or to revisit any questions posed in previous presentations. Task Force members provided the following comments:

- The Crisis Text and Chat lines utilized by the National Suicide Prevention Lifelines will continue to be an integral part of crisis intervention and are run by CBOs (including CBHA and Alliance members).
  - The Crisis Text Line has impressive data that could be drawn on.
- Disability Rights California can connect the BHTF to a broader group of stakeholders in the disability community. Some, such as the deaf community and people who are non-verbal, have specific barriers to accessing mental health services.
- Community practices should be mobilized to address the urgent needs; we know they can work.
- Suspension and expulsion from school is a mental health crisis.

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#### RESOURCES SHARED BY BHTF MEMBERS

Acknowledging the importance of information sharing among members to enrich the discussions and members work, Task Force members were invited to share links of relevant documents, websites, and events that they are working on.

- CAYEN is currently recruiting for our statewide TAY Board. The application form can be accessed [here](#) and anyone interested can [contact Matthew Diep via email](#) for further information.
- [Publication from First 5 Center on 0-5 MH needs](#)
- [Sacramento Black Community Mental Health and Criminal “Justice” Real Talk](#)

#### NEXT STEPS

Deputy Secretary Welch encouraged BHTF members to review the CYBHI program brief, as well as share additional input or questions via email following the meeting. The CCP facilitation team will follow up with BHTF members to set the schedule for 2022 as well as gather input related to charter development.

#### PUBLIC COMMENTS

Public stakeholders were invited to share comments.

**Angela Vasquez**, Policy Director for Mental Health at the Children’s Partnership, said her organization was excited about the focus on children and youth mental health, including the new additions to the Task Force membership. The Children’s Partnership has been engaging youth leaders of color with youth development organizations across the country about their mental health needs and their proposed solutions for culturally responsive and gender affirming mental health services; findings will be shared in spring 2022. Ms. Vasquez said K-12 education stakeholders should be included intentionally into these conversations, particularly given the increased resources devoted to schools. Stakeholders from the early care and education system should also be included, including families and subsidized childcare services that serve the most vulnerable young children in the state. She also said the Initiative should be supplemented with an eye towards sustainability, including thinking through how local Mental Health Services Act (MHSA), public education, and Medicaid funding can be leveraged for ongoing programs beyond the life of the Initiative.

**Lilyane Glamben**, Ontrack Program Resources, emphasized the importance of the California Reducing Disparities Project. She asked that future BHTF meetings not be held on the Zoom Webinar format, which prevents public stakeholders from seeing who else is attending. Ms.

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Glamben said that black youth are disproportionately impacted by many of the issues that the CYBHI is connected to – for example, black youth make up 40% of the foster care system, but only about 6% of the population. She also said that suspension from school should be understood as a behavioral health crisis and the needs should be addressed rather than criminalized. She said that it is critical to lift up the voices of black people with lived experience within the criminal justice and behavioral health systems. Ms. Glamben shared a link to an event called Real Talk, hosted by Ontrack; the link is shared above.

**SLIDO WORD CLOUD RESPONSES**

Task Force members were invited to share their ideas using a Slido word cloud tool responding to the prompt: *What are the necessary ingredients for a successful Task Force?* In the list below, the number listed after each word indicates how many times each response was shared.

- Accountability - 5
- Equity - 3
- Clear priorities - 2
- Transparency - 2
- Inclusion - 2
- Trust - 2
- Discuss specific outcomes - 1
- Racial equity - 1
- Momentum in between mtgs - 1
- Meaningful stakeholder in - 1
- Shared analysis - 1
- Brave and safe space - 1
- SMART Goals - 1
- Focus Forward - 1
- Meaningful - 1
- Community voice - 1
- Meaningful Inclusion - 1
- Trauma-focus - 1
- Succession Plan - 1
- Respect - 1
- Clear vision - 1
- Equity in Action - 1
- Different voices - 1
- Diversity - 1
- Not be talked at - 1
- Data - 1



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- Curiosity - 1
- Accountability - 1
- Collaborative workspaces - 1
- Open-Hearted - 1
- Intellectual Humility - 1
- Cognitive Diversity - 1
- Shared vision - 1
- Support - 1
- Compassion - 1
- Accessibility - 1
- Consistency of messaging - 1
- Humility - 1
- Polling - 1
- QDBIPOC representation - 1
- A brave and safe space - 1
- Racial equity expertise - 1
- Open to need ideas - 1
- Creative - 1
- Solution focused - 1
- Task oriented - 1
- Active involvement - 1
- Learning environment - 1
- Safety - 1
- Discussion - 1
- Small Group Discussion - 1
- Local CBOs - 1
- Participation - 1
- Authenticity - 1
- Safe space - 1
- Urgency - 1
- Diversity of perspective - 1
- Expertise - 1