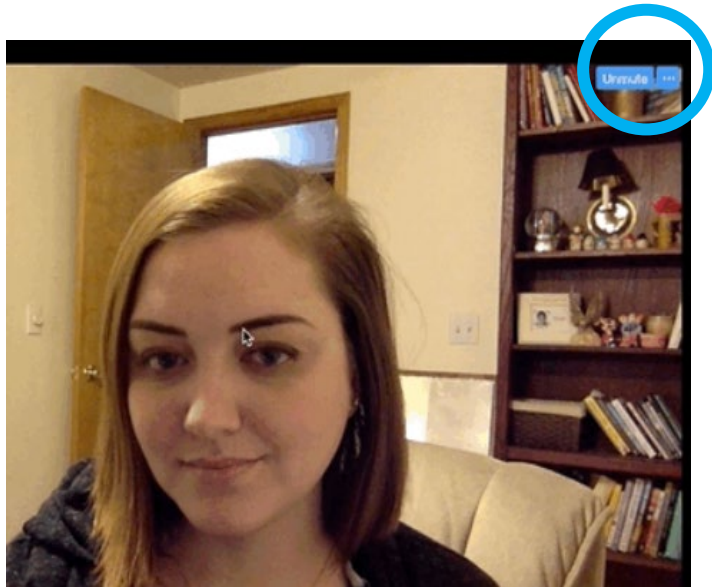
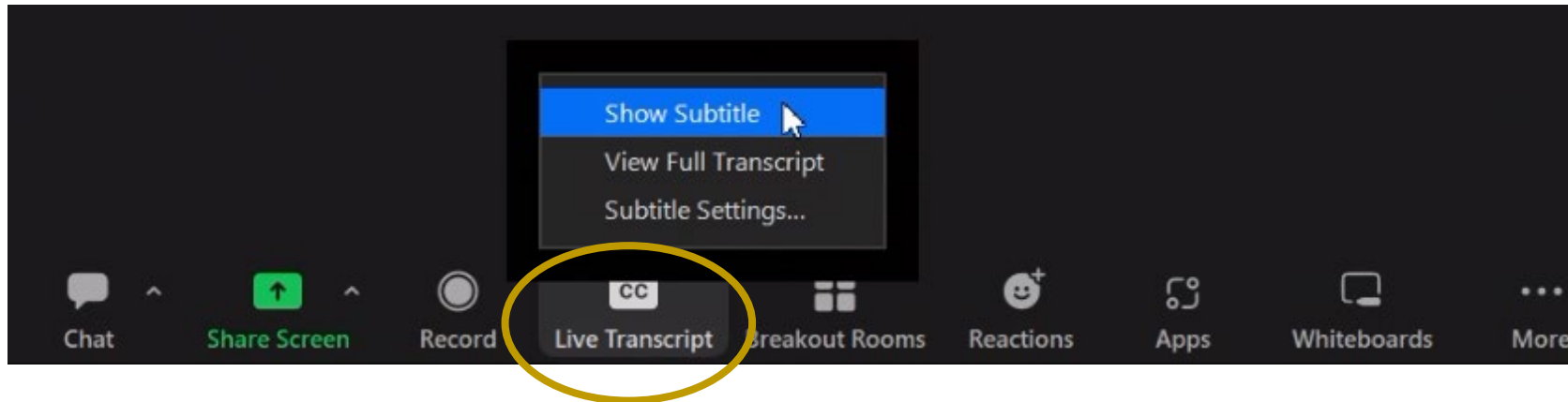


Welcome to the COMM NET Meeting




- ✓ Click the 3 dots in the top right of your image
- ✓ Select RENAME
- ✓ Enter...
 - ✓ First name,
 - ✓ Pronouns,
 - ✓ Your organization/agency name
- ✓ If you don't see your image, check your view settings at the top of the bar and set to see all webcams or Side-by-Side Gallery View
- ✓ Please make sure you are **muted**, and your **camera is turned off** if not speaking.

Transcriptions

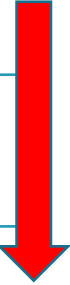



If you would like to access Transcription resources during the meeting, please select [Live Transcript](#) and click [Show Subtitle](#)

Zoom Toolbar



Adjust **View** of presentation and participants

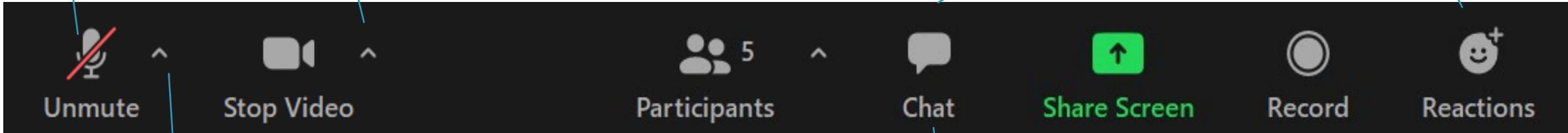


Unmute to Speak

Turn **Camera ON** when speaking

Use **Chat** to share comments & questions

Raise hand or offer nonverbal feedback with **Reactions**



Expand **Unmute** options:
Call-In info for optimal audio*

Submit feedback in **Chat** at end of each session



COMMUNICATION NETWORK MEETING

Children & Youth with Special Healthcare Needs - 10/12/23

Housekeeping Items:

- Please list your NAME, PRONOUNS and AFFILIATION in the chat
- Ice breaker: share your favorite place to visit in Washington in Fall
- If you are new, please add your email address in the chat so we can make sure you are added to our future community network list
- This meeting will be recorded
- ASL interpreters

We honor native land, people, and experience



- The Washington State Department of Health Children and Youth with Special Healthcare Needs (CYSHCN) program recognizes and honor the original occupants and stewards of the land where we all individually and collectively gather.
- The CYSHCN program honors the survival, the adaptations, the forced assimilation, and the resilience and creativity of Native peoples—past, present, and future. We encourage CYSHCN partners to consider their responsibilities to the people and land, both here and elsewhere, and to stand in solidarity with Native, Indigenous, and First Nations People, and their sovereignty, cultural heritage, and lives.
- We also pause to recognize and acknowledge the labor upon which our country, state, and institutions are built.
- We remember that our country is built on the labor of enslaved people who were kidnapped and brought to the U.S. from the African continent and recognize the continued contribution of their survivors. We also acknowledge all immigrant labor, including voluntary, involuntary, trafficked, forced, and undocumented peoples who contributed to the building of the country and continue to serve within our labor force. We acknowledge all unpaid care-giving labor.
- To the people who contributed this immeasurable work and their descendants, we acknowledge our/their indelible mark on the space in which we gather today. It is our collective responsibility to critically interrogate these histories, to repair harm, and to honor, protect, and sustain this land.

**This land acknowledgement is adapted from Seattle Colleges*

Please share the people you honor of the land you are occupying in the chatbox [Native-Land.ca](https://www.native-land.ca) | [Our home on native land \(native-land.ca\)](https://www.native-land.ca)

Agenda:

Time	Topic	Presenter
9:00-9:20	Welcome, Agenda, Program Updates	Monica Burke
9:20-10:45	Federal CYSHCN Blueprint for Change & National Center	National Center for a System of Services for CYSHCN
10:45-11:00	Break	
11:00-11:25	Parent Voice	Kim Tuminello
11:25-11:55	Resource: Angel Flight West	Jen Cooper
11:55-12:00	Final Questions & Closing Activities	Monica Burke
12:00- 12:10	Break	
12:10-1:00	Networking	ALL

DOH-CYSHCN Team:



Monica Burke, PhD
*CYSHCN Program
Director*



Nikki Dyer, MA Ed
*Family Engagement
Specialist*



Renee Tinder, MPH
*CYSHCN Behavioral
& Adolescent
Consultant*



Linda Ramirez
*CYSHCN Communications
& Early Childhood
Consultant*



Kimberly Schoenacker, RDN, CD
*CYSHCN Nutrition
Consultant*



Amanda Simon, MPH, CTRS
*Process Improvement
Specialist*

Updates:

General Updates

DDA is accepting applications for a new [Family Advisory Council](#)

[New virtual ECHO](#) for families of children 3-12 with challenging behaviors

The next Autism Center of Excellence (COE) training is Friday Feb 2, 2024- registration is through this page:

<https://medicalhome.org/event-home/autism-center-of-excellence-certification-trainings/>

CHIF

CHIF data will continue to be collected quarterly by spreadsheet as we've done since July 2022.

Please direct any questions about CHIF to the CHIF Inbox- DOH-CHIF@doh.wa.gov.

CHIF dashboard to be published soon with 2011-2021 data included for all counties, LHJs, ACHs, and all state roll-up.

Planning for improved CHIF system is ongoing and we will be reaching out to partners over the next few months to engage in the redesign process

Communication & Early Childhood

2024 CYSHCN meetings have been sent out, please reach out to Linda if you would like to be added to the meeting invite list

Communications has been updating CYSHCN Coordinator List (please send any updates/changes to Linda.ramirez@doh.wa.gov)

Updates Continued:

Family Engagement

Leading DOH internal Community of Practice on using Family Voices' Family Engagement in Systems Assessment Tool (FESAT) to measure and guide improvement on family engagement efforts within CYSHCN and in partner units.

Supporting a new Family Advisory Council on Care Coordination work July-present

Standing up Type 1 Diabetes family support through PAVE in partnership with Parent to Parent.

Behavioral and Adolescent Health

PMHCA-SAFES program services are up and running with SCH and Frontier Behavioral Health

PMHCA expansion funds projects will be continuing with extra funding received from HRSA – focused on consultation with emergency departments, school-based health centers and autism assessment training/tools.

Partnering w/Adolescent Health and Child Health on Youth Advisory Council and Child Death Review Community of Practice

Nutrition

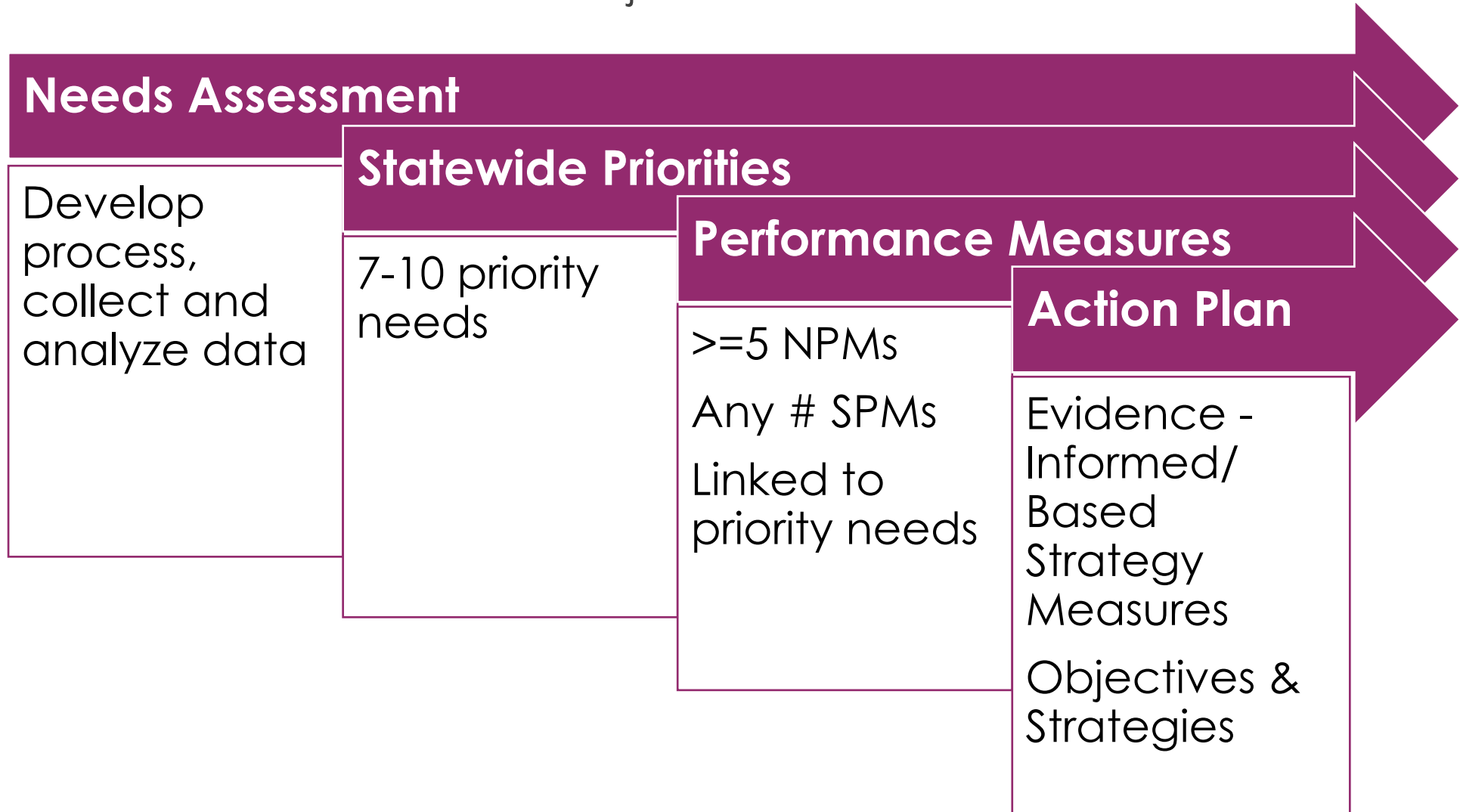
Module for how to teach cooking skills to youth with disabilities is currently being reviewed by community partners and healthcare providers for feedback and will be finalized by late fall 2023

WA Type 1 Diabetes (T1D) Teen Connect virtual support group will have the first session on November 13th, 7pm

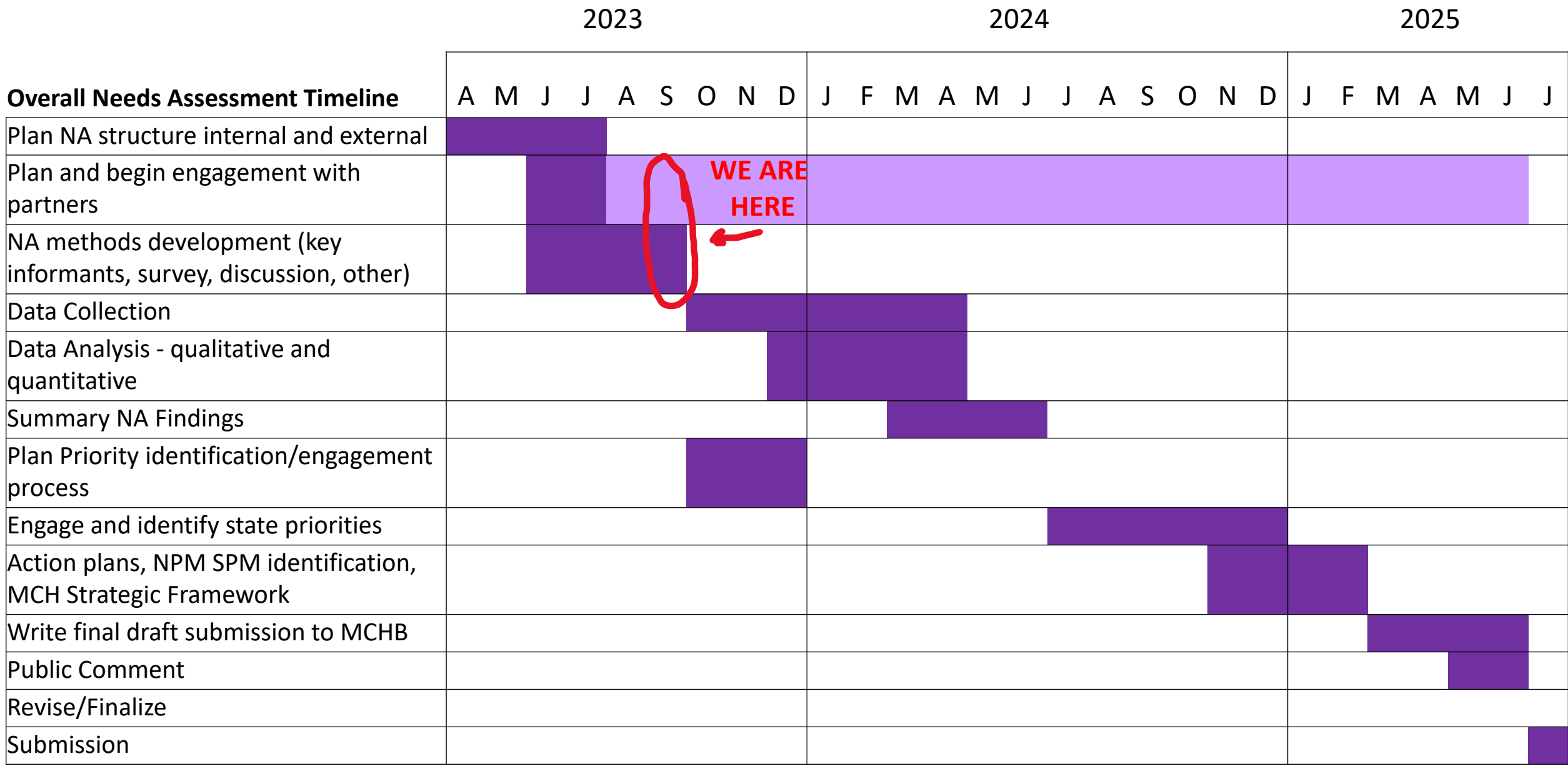
2024 CYSHCN-WIC Office Hours being created and will include dietitian focus on topics such as Pediatric Feeding Disorder, GERD, Restricted diets, Autism and ADHD & Nutrition

Understanding Eating Disorders in Adolescents: A Guide for Healthcare Providers under review in DOH process, will be shared soon

Maternal and Child Health Needs Assessment Major Milestones



	2023										2024										2025							
Overall Needs Assessment Timeline	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J
Plan NA structure internal and external	█																											
Plan and begin engagement with partners			█	█	█					█										█								
NA methods development (key informants, survey, discussion, other)			█																									
Data Collection							█		█																			
Data Analysis - qualitative and quantitative								█	█																			
Summary NA Findings											█																	
Plan Priority identification/engagement process						█																						
Engage and identify state priorities															█													
Action plans, NPM SPM identification, MCH Strategic Framework																	█		█									
Write final draft submission to MCHB																					█							
Public Comment																							█					
Revise/Finalize																												
Submission																									█			



**WE ARE
HERE**

←

State Needs Assessment Overview

Planned data collection and information gathering activities:

- Local Health Jurisdiction consultation
 - Key informant interviews with LHJ staff
 - Ongoing reporting about emerging needs
 - TA and support gathering and summarizing other quantitative and qualitative data
- Discovery survey
 - Open to all Washingtonians, but we will need your help getting the word out!
- Quantitative State and County level data compilation
- Subject Matter Expert and Community Inputs
- Summary learnings and recommendations from existing reports
- Key informant interviews with local health champions
- Tribal Needs Assessment
 - Currently conducting tribal listening sessions to support planning
 - Likely led by a contracted tribal agency

The Blueprint for Change and the National Center for a System of Services for CYSHCN

The National Center for a System of Services for CYSHCN is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1,500,000 with no funding from nongovernmental sources. The information or content are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

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BLUEPRINT FOR CHANGE: A NATIONAL FRAMEWORK FOR A SYSTEM OF SERVICES FOR CYSHCN

- Federal vision to advance the system of services for CYSHCN over the next 15 years.
- Aspirational document.
- Builds on numerous existing efforts; published in 2022 with input from diverse partners, including families/caregivers and other with lived expertise.
- Four focus areas: health equity, quality of life/well-being, financing, access
- **Blueprint goal in plain language:** Every child gets the services they need, so that they can play, go to school, and grow up to become a healthy adult. (And so grown-ups and siblings can thrive too.)
- Focuses on **measuring what matters to families**



BLUEPRINT FOR CHANGE: ASSUMPTIONS

- Disability is a natural part of the human experience; does not diminish the right of individuals to participate or contribute to society
- Racism is a social risk factor; profound impact on the health status.
- CYSHCN require more and different types of services; the current system is not ensuring access to these services, particularly for CYSHCN impacted by poverty and discrimination.
- CYSHCN are more severely impacted by the adverse effects of social determinants of health and inequities



BLUEPRINT FOR CHANGE: 4 FOCUS AREAS

- **Health equity:** Seeking to address the upstream and downstream factors that inhibit CYSHCN from a fair and just opportunity to be healthy.
- **Quality of Life/Well-being:** Need for systems to acknowledge and measure outcomes that are meaningful to children and their families.
- **Financing of services:** Need for a service system to support and finance improvements to ensure access, equity, and system integration, and ease the financial burden on families.
- **Access to services:** Need an adaptive, responsive system built around the needs of children and families, not just a diagnosis or treatment protocol.



NATIONAL CENTER OVERVIEW

- **Goal:** Advance and strengthen the system of services for CYSHCN, their families and caregivers at the community, state, and national levels by supporting implementation of the Blueprint for Change.
- To accomplish this goal, the National Center will:
 - Convene families/caregivers, youth, public health professionals, clinicians, and others to guide all project activities
 - Develop and disseminate a Roadmap to support implementation of the Blueprint for Change
 - Convene state teams co-led by Title V and families/caregivers to test Blueprint implementation strategies
 - Provide technical assistance, training, and support on Blueprint implementation
 - Evaluate all project activities



WHAT DO WE HOPE TO ACCOMPLISH?

- Equitable partnerships with families/caregivers and people with lived expertise
- Increase understanding and awareness of the Blueprint for Change
- Increase implementation of core Blueprint domains within states and jurisdictions
- **Long term outcomes:** Integrated supports and services through the life course for CYSHCN and their families; a fair and just opportunity for CYSHCN to be healthy



NATIONAL CENTER OVERVIEW

- **Timeline:** July 1, 2023 – June 30, 2028
- To implement this work, the AAP established the **National Center Consortium** which includes:
 - Boston University/Catalyst Center
 - Family Voices
 - The National Alliance to Advance Adolescent Health/Got Transition
- Other partners include:
 - UNC Chapel Hill
 - Association of University Centers on Disabilities
 - The Altarum Institute



NATIONAL CENTER ADVISORY GROUP

- Multidisciplinary group of partners across a variety of sectors serving CYSHCN
 - Families/caregivers
 - Young adults
 - Clinicians
 - Title V
 - Medicaid and other payers
 - Early childhood
 - Education
 - Social work
 - Community health
- Topic specific workgroups will be convened to help lead specific projects under each Blueprint domain, as well as support system integration for sustaining improvement



NATIONAL CENTER: PHASE 1 (YEARS 1-2)

- Technical assistance topics (*this list is not exhaustive*):
 - Understanding the Blueprint for Change and what role you/your organization may have in implementing the Blueprint
 - Understanding how to implement evidence-based/informed strategies across each of the 4 Blueprint domains
 - How to leverage current financing models to support care coordination, case management, and addressing social determinants of health.
 - How clinicians can collaborate with the education system and early childhood system to support CYSHCN



NATIONAL CENTER: PHASE 1 (YEARS 1-2)

- Publish Blueprint Implementation Roadmap
 - A collection of strategies to support implementation of the Blueprint for Change
 - Roadmap intended to be used by CYSHCN system partners to increase implementation of the Blueprint and improve the system of services for CYSHCN
 - Maintain and grow the National Center Web site and accompanying Roadmap Playbook
 - Informed by an environmental scan, feedback from our partners including families, caregivers, people with lived experience



NATIONAL CENTER: PHASE 1 (YEARS 1-2)

- Environmental scan/needs assessment
 - Key informant interviews
 - Focus groups
 - Literature search
 - Review of Title V block grant applications
 - Review of National Survey of Children's Health
 - Review of Medicaid Managed Care contracts



NATIONAL CENTER: PHASE 1 (YEARS 1-2)

- Learning Collaborative
 - Convening multi-disciplinary teams to learn and improve together
 - Method for accelerating change and adopting promising practices together
 - Implement components of the UNC Chapel Hill “Learning Journey” model
 - Participants: Michigan, North Carolina, Rhode Island, Texas, **Washington**
 - Each team will be co-led by a Title V representative and a family/caregiver
 - Lessons learned and promising practices will inform the Blueprint Implementation Roadmap

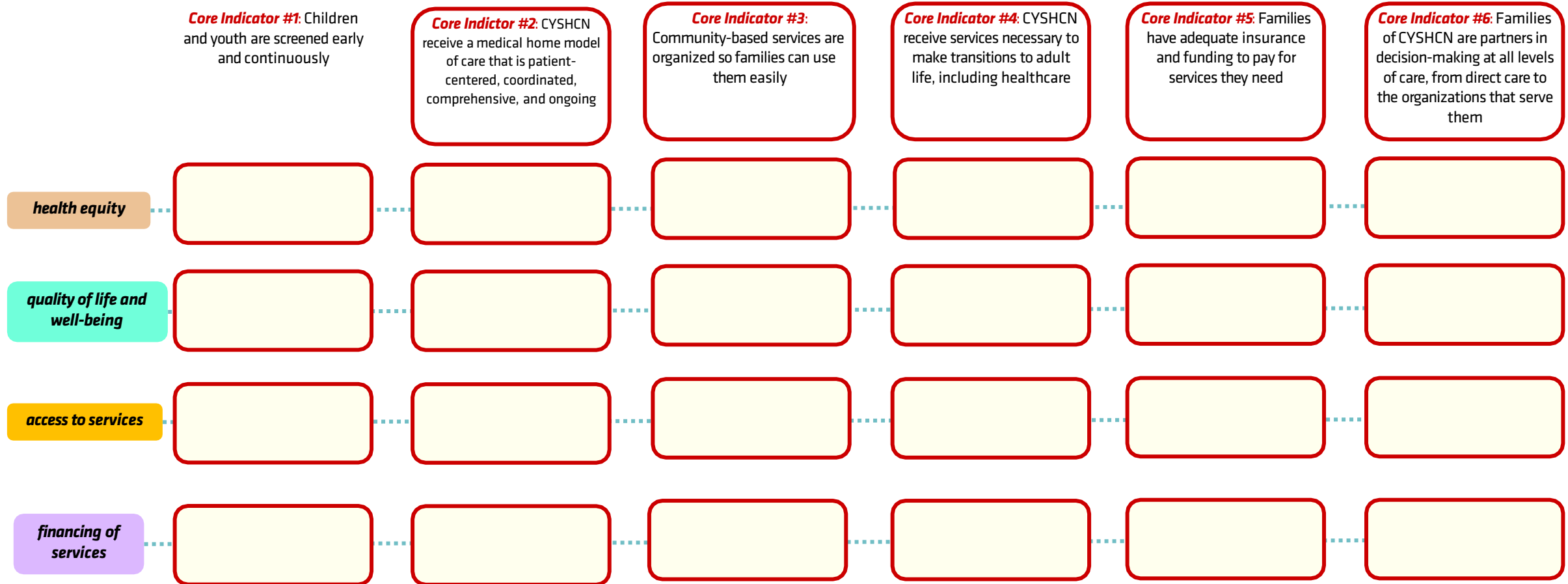


NATIONAL CENTER: PHASE 2 (YEARS 3-5)

- Blueprint Implementation Roadmap implementation through:
 - Continued provision of technical assistance
 - Blueprint Cafes
 - Promising practices
 - LEND training curriculum
 - Additional learning collaboratives
 - Stipends available to participating states
 - Innovation awards
 - Evaluation of all National Center activities



Crosswalk of MCHB 6 Core Indicators and the *Blueprint for Change*



WORKSHEET: ALIGNING YOUR WORK WITH THE BLUEPRINT FOR CHANGE FOR CYSHCN



Worksheet: Aligning your work with the Blueprint for Change for CYSHCN

Purpose: The purpose of this worksheet is to guide Title V programs in thinking through how to align current work and priorities with the [Blueprint for Change: Guiding Principles for a System of Services for Children and Youth with Special Health Care Needs \(CYSHCN\) and Their Families](#).

This worksheet is a *starting point* for identifying where the state/jurisdiction is and where it wants to go in improving the system of services for CYSHCN. This tool may support Title V programs in completing their Title V needs assessment and reporting future Block Grant application information related to Blueprint activities.

Directions: Complete this worksheet as a *starting point* to identify what your state/jurisdiction is currently doing within the 4 domains of the *Blueprint for Change* ([health equity, quality of life and well-being, access to services, financing of services](#)). When thinking about future activities and priorities, consider activities that are relevant to both the *Blueprint for Change* and the Six Core Indicators. Use the accompanying crosswalk as a reference to guide these discussions.

Identify Your State/Jurisdiction Priorities

1. What are your state/jurisdiction priorities for CYSHCN?
2. How are you thinking about health equity, access to services, quality of life and well-being, and financing of services in relation to these priorities?

Examine The Data

3. What does your state/jurisdiction data from the [National Survey for Children's Health](#) tell you about the overall system of services and each of the 4 Blueprint domains? Consider starting by looking at National Outcome Measure 17.2: Percent of children with special health care needs (CYSHCN), ages 0 through 17, who receive care in a well-functioning system, including both the composite measure and items within the measure. See below the table for instructions on how to access your state's latest data.

Measure	State/Jurisdiction Data (% Received)	How does my state's data compare to the national data?
---------	--------------------------------------	--

		You may also be interested in comparing your state/jurisdiction data to other states or Regions.
Well-Functioning System of Care		
Family-centered care		
Medical Home		
Early and Continuous Screening		
Adequate and Continuous Insurance		
Access to Community-Based Services		
Health Care Transition		

Accessing Your State's/Jurisdiction's Data on Systems of Care

Data Source: National Survey of Children's Health

- Click [this link](#) to find your data on the **OVERALL WELL-FUNCTIONING SYSTEM OF CARE** measure.

The following measures make up the components for the overall well-functioning system of care measure:

- Click [this link](#) to find your data on the **FAMILY-CENTERED CARE** measure.
- Click [this link](#) to find your data on the **MEDICAL HOME** measure.
- Click [this link](#) to find your data on the **EARLY AND CONTINUOUS SCREENING** measure.
- Click [this link](#) to find your data on the **ADEQUATE AND CONTINUOUS INSURANCE** measure.
- Click [this link](#) AND [this link](#) to find your data on the **ACCESS TO COMMUNITY-BASED SERVICES** measure [note this data requires 2 measures].
- Click [this link](#) to find your data on the **HEALTH CARE TRANSITION** measure.

4. What other data sources do you have in your state/jurisdiction and what do they tell you about the system of services?
5. What are the barriers to collecting data for CYSHCN in your state/jurisdiction? Specific to health equity, quality of life and well-being, access to services and financing of services?
6. As you begin to brainstorm outcomes/impact, consider what measurable outcomes do you want for each of the 4 Blueprint domains?

Determine Your Partnerships

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CONTACT Us

- Blueprint4CYSHCN@aap.org
- [National Center for a System of Services for CYSHCN Web site](#)
- Remember, there is “no wrong door” to approaching our Consortium for technical assistance!



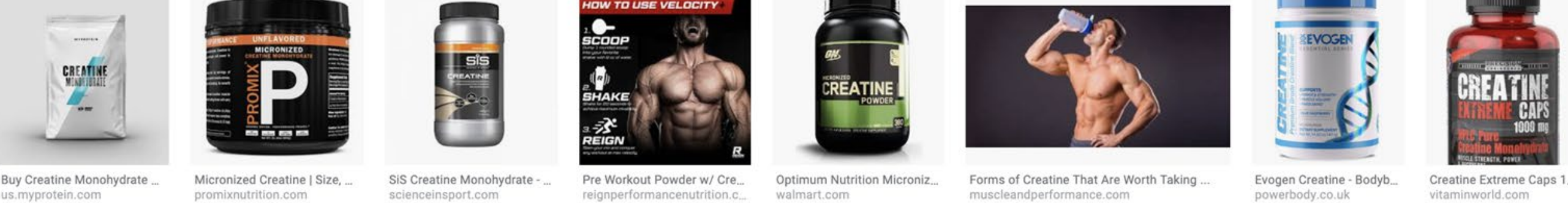


15 MINUTE BREAK
Please return by 11:00

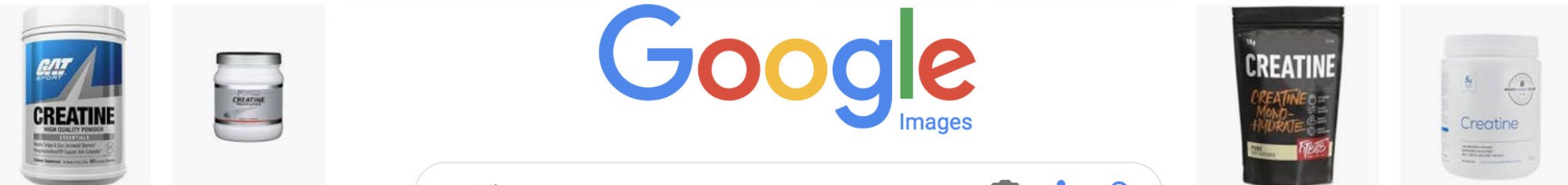


GAMT: The Family Experience, With and Without Newborn Screening

**Kim Tuminello, GAMT Mom & ACD Co-Founder
Director of Advocacy
kim@creatineinfo.org**



Buy Creatine Monohydrate ... myprotein.com | Micronized Creatine | Size, ... promixnutrition.com | SIS Creatine Monohydrate - ... scienceinsport.com | Pre Workout Powder w/ Cre... reignperformancenutrition.c... | Optimum Nutrition Microniz... walmart.com | Forms of Creatine That Are Worth Taking ... muscleandperformance.com | Evogen Creatine - Bodyb... powerbody.co.uk | Creatine Extreme Caps 1... vitaminworld.com



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Plus Phosphates builds ... beverlyinternational.com | Xendurance Creatine - JB | Rogue Europe rogueeurope.eu | Onnit Creatine | Rogue Fitness roguefitness.com | Creatine Gluconate Powder... truenutrition.com | Creatine X3 Dietary Suppl... walgreens.com | Dymatize Creatine Monohydrate (... flexshop.com | Creatine Supplements: Usage and Side ... webmd.com



Creatine Forte Powder, 4... | CREATINE ON CUTTING (क्रेटीने और ... | CREATINE DNA™ | BSN | Creatine Monohydrate - Cr... | Onnit Academy | Creatine Cycle the Right ... | Creatine Monohydrate | Ca... a day ago | Klean Creatine™

3 Cerebral Creatine Deficiency Syndromes

SCREEN FOR CREATINE

Can't make Creatine:

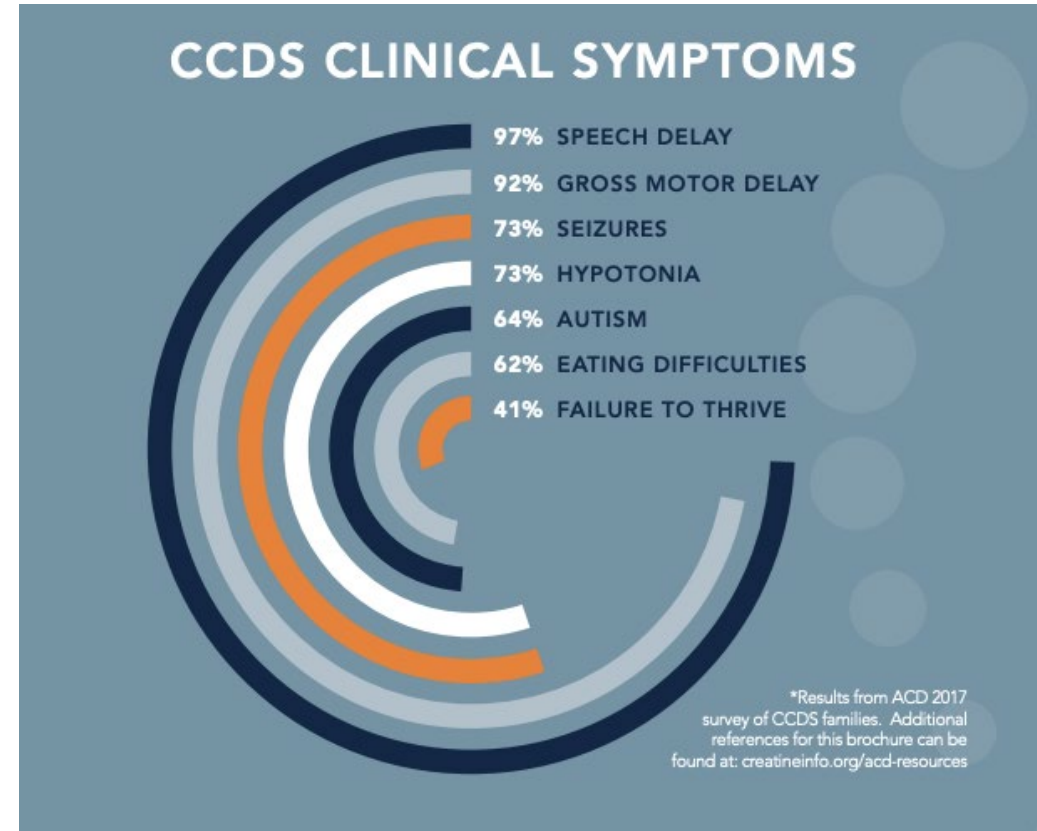
- AGAT Deficiency = take creatine ASAP!
- GAMT Deficiency = take creatine ASAP!

Can't use Creatine:

- Creatine Transporter Deficiency (CTD) = hope for a treatment



Creatine Deficiencies are difficult to diagnose





Learning Objectives:

- How GAMT diagnosed later vs earlier in life affects patients and their families
- Resources available to GAMT patients

Our Journey to a Diagnosis

Initial Symptoms, Cerebral Palsy or Mitochondrial



Therapy Therapy Therapy

Toddler & Preschool years



- Therapies
- Disease Progression varies

Treatment



- Creatine
- L-Ornithine
- Sometimes Sodium Benzoate
- Low Protein Diet

A Late Diagnosis and Treatment =



The Journey

“Recovery” is not possible; but we can do better... for today and tomorrow’s GAMT patients



The Younger Sibling





“Where do we go from here?”

Manage GAA (GUAC)



Helping Others

Advocate and end unnecessary disease progression
Utah NBS Lab > Full Time Advocate



Lessons Learned

Newborn Screening for GAMT is
LIFE CHANGING!



Association for Creatine Deficiencies provides:

- Parent Support Group
- Connect with Experts
- Supplement Support
- Patient Registry
- Research Grants
- Sibling Support



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Welcome

The Association for Creatine Deficiencies (ACD), is an international nonprofit organization dedicated to the three Cerebral Creatine Deficiency Syndromes:

Creatine Transporter Deficiency (CTD)

Guanidinoacetate Methyltransferase (GAMT) Deficiency

L-Arginine:Glycine Amidinotransferase (AGAT) Deficiency




 [Newly Diagnosed](#)

 [Research](#)

 [Donate Now](#)

2023 CCDS Virtual Conference

REGISTER TODAY!



**GAMT: The Family Experience,
With and Without Newborn
Screening**

THANK YOU!!!

Kim Tuminello, ACD Co-Founder
kim@creatineinfo.org



Angel Flight

WEST

Angel Flight West's volunteer pilots fly people to medical appointments at no cost to the passenger.

Our Mission

Angel Flight West delivers health and hope using donated flights to serve those with healthcare or other compelling human needs. In the air, Angel Flight West links volunteer pilots and commercial airlines with people whose non-emergency health needs require air transportation to access care. On the ground, volunteer drivers, earth angels, ferry passengers to and from their departure and destination airports.



Over 2,000 passengers served each year



Over 5,000 missions served each year
Over 100,000 lifetime missions



Over \$6M in-kind donations each year plus
thousands of hours of volunteered time



\$0 cost to passengers



....all thanks to **1,800+** volunteer pilots.

Angel Flight
WEST

The Need

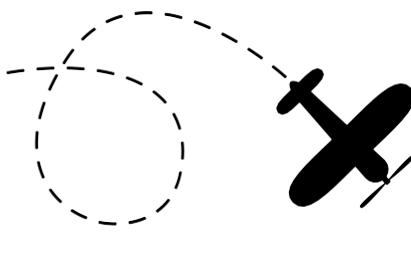
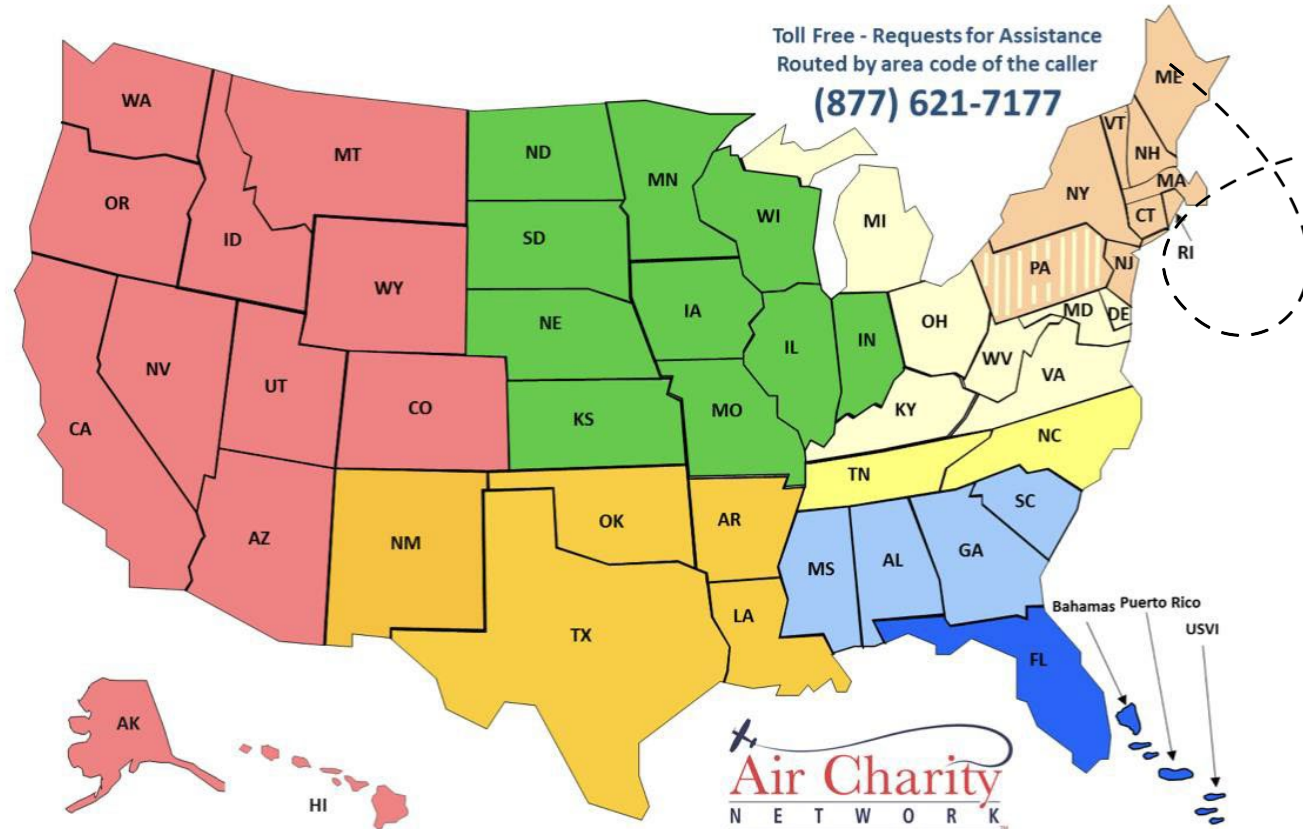
- According to Health Outreach Partners, 3.6 million Americans miss at least one medical appointment each year due to lack of transportation. Transportation is the #2 barrier to healthcare in the US, second only to cost. Medical treatment requiring long-distance travel only increases the chance of missed medical appointments, leading to:
 - Interrupted care
 - Inability to comply with prescribed health plans
 - Difficulty making and keeping appointments
 - Poor health outcomes
 - Increased used of emergency department care

Rural communities, communities of color, chronically ill individuals, elderly adults, veterans, and low-income families are at a greater risk for facing transportation as a barrier.

*<https://outreach-partners.org/2016/10/24/transportation-health-access-now-gov/>

Angel Flight
WEST

Around the Nation

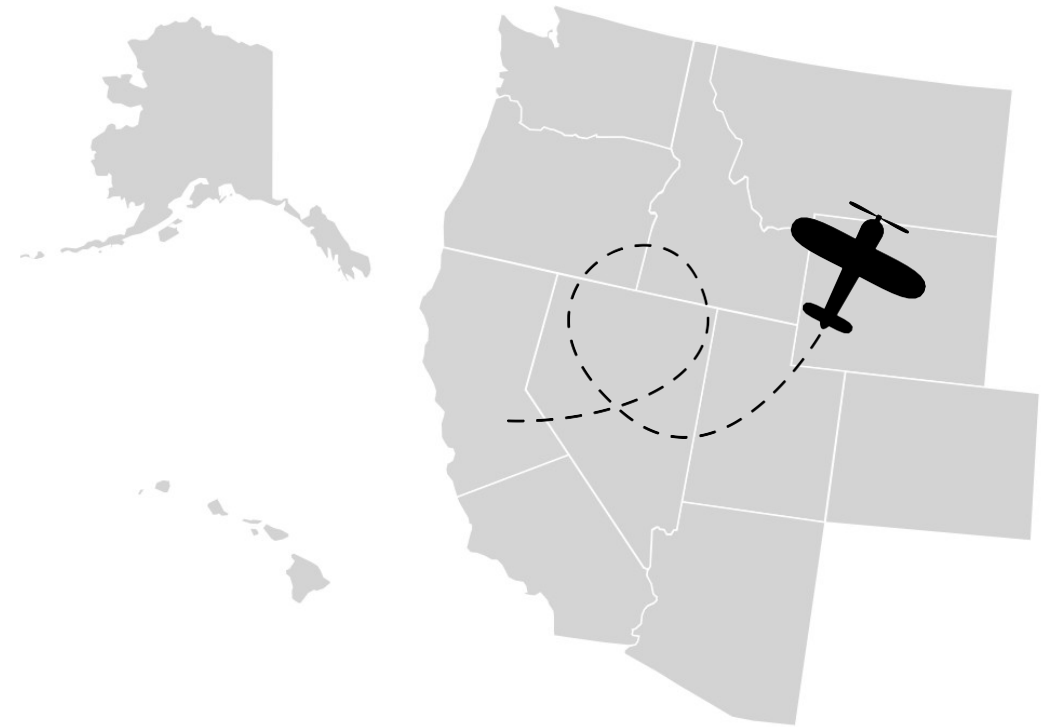


Combined, the Air Charity Network is the Nation's largest unified Volunteer Pilot organization comprised of thousands of pilots who annually fly tens of thousands of passengers across the US.

Why and Where We Fly

- Patients traveling for non-emergency care to research hospitals, children's hospitals, treatment centers, and more.
- Children – some of them burn survivors or navigating life-threatening illnesses – attending specialty camps.
- Survivors of domestic violence
- Veterans and active-duty military personnel
- Disaster relief efforts and drills
- Blood transport for blood banks
- Caregivers in need of flights to reach family members who are critically ill. Compassion flights are at the discretion of AFW.

And other compelling human needs...



Angel Flight
WEST

Mission Stories



Command Pilot Tom Close, and his Mission Assistant Paul, have provided over ten flights for Pamela for her cancer treatment at Scripps MD Anderson Cancer Center.



Angel Flight West also provides compassion flights for caregivers when a family member is ill or in the hospital. Command Pilot Eric Chadwick helped Linda make her way back home to Boise, ID with Avery, Rogue and Rebel when their father was hospitalized.



Angel Flight West provides flights for hundreds of campers each year. Sophie attended Firefighters Kids Camp, a special camp for child burn survivors.

Angel Flight
WEST

Passenger Qualifications

For safe flying, passengers must:

- Be medically stable and ambulatory.
- Be capable of sitting upright wearing safety belt for duration of flight.
- Have a scheduled appointment with a minimum of one-week notice.
- Have a financial need or other consideration (i.e., immune compromised, geography, etc.).
- If flying privately, be able to fly in a small unpressurized aircraft.



About Flights

- Most flights are provided in a small, single engine aircraft with 4-6 seats.
- Passengers can bring companions (family members or a friend) along for support. We must know in advance to ensure companions can be accommodated.
- Missions can be arranged to accommodate service dogs.
- Passengers can request flights as many times as they need.
- Most flight requests should be 900 miles or less, but we can sometimes accommodate longer travel, especially for passengers in Alaska and Hawaii.
- Some longer flights may have multiple-leg missions. This means that passengers may fly part of the way with one volunteer pilot before transferring to another plane with another volunteer pilot.



Angel Flight
WEST

The Alaska Airlines logo, featuring the word "Alaska" in a blue, italicized serif font.The Contour Airlines logo, consisting of a blue compass rose icon followed by the word "CONTOUR" in a bold, blue, sans-serif font.The Hawaiian Airlines logo, featuring the word "HAWAIIAN" in a bold, purple, sans-serif font above the word "AIRLINES." in a smaller, purple, sans-serif font, with a purple silhouette of a woman's head wearing a red flower on her hair to the right.The JetSet Airways logo, featuring the letters "J S X" in a grey, sans-serif font, with the "X" in red.The Mokulele Airlines logo, featuring a stylized red and orange flower icon followed by the word "MOKULELE" in a bold, red, sans-serif font above the word "AIRLINES" in a smaller, red, sans-serif font.

Commercial Airline Partners

Alaska Airlines and other commercial airline partners may donate tickets when transportation in a private plane is not possible due to location, weather, or volunteer pilot availability.

Angel Flight West raises money each year for the **Passenger Assistance Fund**. These donations help the organization purchase airline tickets when donated tickets and volunteer missions are not possible.

The Angel Flight West logo, featuring the words "Angel Flight" in a blue, cursive script font above the word "WEST" in a blue, sans-serif font.

Course for Social Workers

Healthcare Professionals

cme.angelflightwest.org

- Free, online, self-paced, NASW accredited CME course for social workers, brought to you by Angel Flight West.
- According to Health Outreach Partners, transportation is the #2 barrier to healthcare in the US, second only to cost. In this course, you will learn about a variety of transportation options for your patients who need to travel for medical treatment. The course will enable you to better serve patients who need to travel for diagnosis and treatment of rare diseases, cancer, second opinions, specialized surgery, pediatric care, and other chronic conditions.

Accredited by the NASW for 1.5 CME hours. Accreditation pending in Oregon and Idaho.

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From Requesters

The staff is always pleasant, responsive, accommodating, and professional. This service is critical to the state of Alaska as travel is very limited and this helps fill a significant gap in services. I currently have a request that is being processed and think of Angel Flight West first for patient travel needs. While the entire staff is excellent, I would like to specifically call out Alejandro and Anne for their continued support over the past several years.

-Casey, Angel Flight West Healthcare Requester

I have had only great experiences working with Angel Flight West.

-Alison, Angel Flight West Healthcare Requester



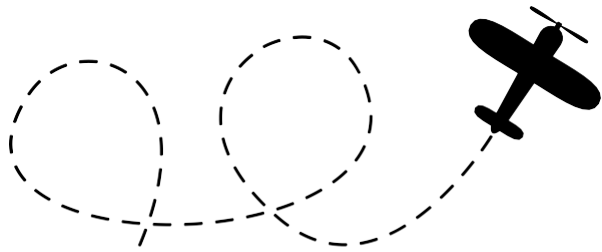
Angel Flight
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Fly With Us

**Request a Flight --
Use us as a first resort!**

www.angelflightwest.org

- Online on our website
- Call us at (310) 390-2958
- Requests can come from medical/social work professionals, passengers, and family members.



Giving Hope Wings

STEP BY STEP

- **Request** a flight a minimum of one week in advance. We will ask for a medical release from the patient's healthcare provider.
- Once flight details are finalized, our Mission Operations team will work on **securing a pilot**. This may take a little time.
- The Mission Operations team will email the passenger, social worker (if applicable), and pilot the **itinerary** and **contact information** for all parties. Passengers should expect to hear from their pilot and their volunteer driver to discuss all flight-related details (including where to go and what to know).
- The flight is likely to take place, but a **back-up plan** must be in place or the ability to reschedule the appointment. Flights may be canceled due to weather, mechanical problems, or inability to secure a pilot.
- **After your appointment**, another Angel Flight West pilot will ensure you are safely brought home!

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Contact Us

General contact information:

- www.angelflightwest.org
- (310) 390-2958
- info@angelflightwest.org

PNW Outreach Coordinator, Jen Cooper

jenniferc@angelflightwest.org

Mobile: 206 235-3397

Outreach Director

Russells@angelflightwest.org

Stay updated on passenger and volunteer stories, information, events, and more:

- Facebook: @Angel Flight West
- Instagram: @angelflightwest
- LinkedIn: Angel Flight West
- Twitter: @AngelFlightWest

Help us, to help more patients by building a digital partnership with Angel Flight West. We'd love to provide information about our services. Do you have a newsletter or blog and would be willing to let us provide information about a recent passenger or our services?

- Communications Manager, Jessica Hayes
Jessicah@angelflightwest.org

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Closing and Next Steps:

- Meeting Minutes and Recording will be available in the coming weeks
 - Please fill out [evaluation](#)
 - Please fill out [form](#) with any program updates
 - Send questions or additional info to Linda:
Linda.Ramirez@doh.wa.gov
- 10-minute break
- Networking over lunch (Optional)



10 MINUTE BREAK

Please return by 12:10 for a networking lunch



To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.