



March 11, 2026 Community Collaborative Meeting

Agenda

- 3:30 Welcome from Shalom Agtarap, Community Thought Partner
- 3:35 Intro remarks: Dr. Tao Kwan-Gett, State Health Officer
- 3:40 Panel Discussion: How immigration enforcement affects physical and mental health
- 4:25 Resource Sharing and Open Mic
- 5:00 Gratitude and Close

Meeting slides are available on WA Portal under the heading of the March 11 meeting: [Community Collaborative Presentation March. 11, 2026.](#)

Resources:

- DOH's statement [Standing with Immigrant Communities in Washington \(PDF\)](#) (Translations will be posted on our [Refugee and Immigrant Health Program page.](#))
- Dr. Tao Kwan-Gett, DOH's state health officer, [video message](#)
- [Public health impacts of immigration-related fear](#) sent to our Washington State members of Congress.
- [Mental Health Resource List for Immigrants and Refugees.](#)

Meeting Recap

Welcome

Shalom Agtarap, Community Thought Partner and Co-Executive Director for Common Good Tacoma, welcomed participants and invited them to share “what is being revealed to them in this moment.” Participants responded with:

- *“The possibility of growth in mindset; flowers growing in the valley.”*
- *“It's raining here. But I see opportunity for collaboration and for people to step up and contribute.”*
- *“Community, connection, and magnolia trees.”*
- *“What's being revealed is my need for a more disciplined gratitude practice.”*
- *“Have been appreciating teamwork and the evening light.”*
- *“What is very clearly being revealed to me is that the traditional way that people engage in “healthcare” doesn't work for most people in the US. The more I spend time in spaces like community gardens, doing creative work with the communities, sharing a meal with families, the more that I value these opportunities as clearly being healthcare.”*
- *“What this moment is revealing to me is gratitude and appreciation for new experiences.”*

- “Leaning into working with unlikely partners to co-create the well-being we want in Washington state, as no one entity or agency or community can do it alone.”

Opening Remarks: Immigration Enforcement and Chronic Stress

[View the video here.](#)

Dr. Kwan-Gett shared the critical role community organizations play in bringing light and hope to people navigating challenges such as poverty, violence, intergenerational trauma, and racism. He explained that these stressors contribute to chronic stress, which increases the risk of heart disease, diabetes, weakens immune function, and mental health challenges. He addressed an additional stressor - fear related to immigration enforcement – worsening health and leading some to delay seeking care, resulting in long-term health and economic consequences.

Drawing from his experience as a pediatrician, Dr. Kwan-Gett shared that he has seen firsthand how chronic stress can negatively affect children’s development. He emphasized that the work of community organizations not only reflects that resilience but actively nurtures and sustains it. He reaffirmed that the Department of Health stands alongside immigrant communities and highlighted the 988 hotline, which is available 24/7 to provide free, confidential support in more than 240 languages and dialects.

Immigration Stories: Panel Discussion

Shalom introduced a panel discussion around immigration enforcement, its impacts, and the harm it creates for our collective health. She acknowledged that the agenda was created in response to the Community Collaborative’s input. The panelists included:

Marichuy Alvizar is Executive Director of Unidos Nueva Alianza (UNA), grassroots, community-based nonprofit that supports immigrant and rural communities across eight counties in Central and Eastern Washington. UNA focuses on immigrant, farmworker, and underserved, underrepresented families and communities, many of whom face barriers related to language, rural isolation, and immigration status. Marichuy has been serving her community for over a decade, and the organization itself grew directly out of community need in 2019. One program that illustrates their work is *Unidos in Health*, which focuses on improving access to healthcare for immigrant and rural families across Central and Eastern Washington.

Dr. Ileana Maria Ponce-González is founder and Executive Director of the Community Health Worker Coalition for Migrants and Refugees, a statewide organization that is women-led and multilingual. Founded in 2011, the coalition works with community champions to support migrant and refugee families across Washington State most of them Latinx. One program that illustrates their work is *Caminando Juntas*, a bilingual mental health initiative designed to demystify mental health, reduce stigma, and provide culturally grounded support for Latinx communities. The

program began with peer support and has since expanded to include a bilingual Hispanic mental health therapist, providing services free of charge to those who need them.

Mohamed Ugas is the Programs Director for East African Community Services, an organization that has been serving immigrant and refugee communities in King County for more than 25 years. Founded in Seattle's Rainier Valley, the organization now serves communities in SeaTac and unincorporated King County. Mohamed focuses on programs that support immigrant and refugee communities, particularly East African communities, including Somali, Oromo, and the broader African diaspora. One initiative he highlights is the organization's youth mentorship and leadership programs, which aim to ensure that young people feel heard, feel safe, and feel confident in their cultures. These programs create spaces where youth can process stress affecting their families and communities and talk openly about their experiences. As he notes, youth mental health is directly connected to what families are experiencing.

Panelist Q&A

Please share a story about how immigration enforcement is impacting the physical and/or mental health of communities with which you work?

- One story that has stayed with me was about a mother who attended one of our health events, *Fiesta de Salud*, which is a celebration centered on health. She attended with her children and shared that she had been experiencing severe headaches and anxiety but had been avoiding a doctor for months because she was afraid that seeking services could expose her legal status. Not only that, but her children were also struggling in school because they feared they would come home and their parents would not be there. When you have 8-year-olds telling you this, it really shows the level of stress and anxiety they are experiencing. This is something we see more often. Immigration enforcement creates chronic stress and fear that directly impacts both physical and mental health, including children. Many families are delaying medical care to avoid public spaces and are living with constant fear of separation. The health impacts are real— anxiety, sleep disruption, high blood pressure, and trauma among children. Immigration enforcement is not just a legal issue, but also a public health issue.
- We have many stories, but I want to focus on one. A mother in our program shared about her 10-year-old daughter. After witnessing her father being arrested, she is refusing to sleep alone. She does not want to go outside, go shopping, or access health services. The daughter now experiences chronic stomach pain, she frequently cannot sleep, has nightmares, has a lot of anxiety, worries about everything, and cries often. This is not an isolated case, immigration enforcement is creating a lot of toxic stress and fear of seeking medical care and long-term mental health services. This especially impacts children, who are experiencing long-term effects and consequences. It is difficult to fully understand the mental health impact on the mother and the family given the trauma they are living through. We see this happening right now in many places, and it is very sad.

- One story I want to share comes from an early learning home visiting program called *Shaax iyo Sheeko* (coffee and talk). One of the clients was dealing with severe postpartum depression. Along with the current immigration climate, she developed heightened fear, paranoia, and anxiety. This put both her and her child in danger, she began refusing services that she had previously trusted, even though we had built a strong relationship with the family. We had been supporting the child's development and ensuring they had what they needed—diapers, food, and other resources. With the buildup of trauma and fear, it became very difficult as it started to also affect staff, as we were worried about what we could do to support the family while keeping the mother and child together. There is fear that involving systems could lead to children being taken away, which creates stigma and damages the trust that has been built over time. It was a very sensitive situation, but we were able to get through it.

Shalom acknowledged the amount of time invested to build trust in a particular community takes years, and as that understanding is beginning to grow, there is another very real threat, which leads to suspicion of all agencies and institutions that might have access to these communities.

What is one strategy that state public health departments could take to meaningfully support their communities?

- One of the most important strategies is investing in trusted community-based organizations. The speaker noted that these organizations already have established trust, language access, and cultural understanding, which are essential for effectively reaching families. Sustained funding for community health workers, such as navigators and promotoras support culturally responsive outreach and allows organizations to connect families to healthcare, mental health services, and preventive care in ways that government systems alone often cannot. The speaker highlighted that investing in trusted messengers strengthens the entire public health system and makes it easier for individuals to seek help when they feel safe and supported.
- Public health agencies need to reinforce the importance of funding and partnership with community-based organizations, especially during a time when many funding sources have been reduced. There's an urgent need for investment in multilingual, culturally responsive, community-led mental health services. While progress has been made in reducing stigma around mental health, increasing fear and stress within communities has intensified the need for accessible care, including peer support, therapy, and group-based services. Additionally, there are concerns about the structural barriers to funding, including complex and time-intensive grant processes that many community organizations do not have the capacity to navigate. The lack of feedback from funders after rejection further discourages organizations from applying, placing additional strain on already limited resources. This administrative burden is unsustainable, particularly given the urgent needs communities are facing.
- Funding challenges are compounded by short-term funding structures. The speaker emphasized the importance of multi-year funding, which allows organizations to build capacity,

evaluate their work, and achieve meaningful outcomes. Short-term funding, limits the ability to develop sustainable and effective programs. The development of community liaisons and resource navigators who are deeply rooted in the communities they serve is also important. This approach enables more direct, effective communication and reduces reliance on intermediaries. Mobile clinics are a strategy to address barriers to care, particularly for individuals who may be afraid to leave their homes due to immigration-related concerns. Bringing healthcare services directly into communities in safe and trusted spaces can improve access to both physical and behavioral health services.

Shalom reflected on the importance of these ideas, highlighting the value of neighborhood-level navigators, culturally grounded approaches, and mobile, community-based care models that meet people where they are.

Question: Share the ways that communities are coming together in strength and solidarity

- Despite the fear and uncertainty many immigrant families are experiencing, our communities continue to show incredible resilience. One organization works intentionally to create spaces of joy, culture, and belonging directly into rural communities. For example, they organize mobile health and dental clinics, making it possible for families to access care close to home providing dental services to rural communities, along with health navigation and wellness events. *Fiestas de Salud* is where families can access health services while also enjoying music, food, and connection. These gatherings create a safe place for the community, a space where people can receive healthcare and connect with community resources while feeling comfortable and supported.
- Our organization works in many ways to build joy and resilience in the community, often by celebrating culture and bringing people together. One approach is storytelling and community gatherings, including a radio program where people talk about how they're feeling, the foods they remember, and the traditions that shape who they are. We also offer bilingual mental health group therapy for specific groups—such as pregnant women experiencing depression, youth in mixed-status families, and families coping with fear of separation—creating spaces where people can talk openly and support one another. Workshops help create safe spaces for healing, where people practice things like breathing exercises and share positive experiences together. Community health workers and promotoras are a very powerful force. They connect people to resources, share information, and support families. Much of that connection now happens through WhatsApp and other messaging groups, helping communities stay informed, protect one another, and stay connected.
- We also lean on the strength and resilience of the community but just because our community is resilient doesn't mean they don't have needs. People are resilient because they have had to be to survive, so we support that strength while also celebrating culture and identity. One example is a community program called *Shaax iyo Sheeko*, a Somali phrase that roughly means

“coffee and talk.” The gatherings bring people together around and bring dishes from their cultures, share meals, and celebrate through music and cultural dances. While people are together, we intentionally ask questions around one’s mental wellbeing and after talking through those challenges and sharing openly, people often “dance it off with cultural dances.” The events rotate each month to highlight different cultures, and the food and traditions reflect the diversity of the community.

Many immigrant parents “worked themselves to the bone” without the safety nets others may have. The challenge now is helping the next generation find balance—remembering that life cannot be only work and school but must also include well-being and joy.

Collaboration is one of the strongest things that we can do to support our communities, getting to know the community, know the folks, learn about the different work that they’re doing, know what resources are available and who I can go to when I have needs for my community. The speaker also highlighted that spaces like this panel create opportunities to build those relationships and learn from one another.

Shalom closed the panel by emphasizing the importance of staying connected, thanking the speakers for the lived experiences they shared. Reflecting on a recent Interfaith Iftar in Redmond during Ramadan, she said, “I feel such solidarity with folks who are wanting to not just push back on ICE and its impact on our vulnerable communities, but just being out there—right? Being out there and connecting. What I heard was the neighborhood level. Let’s not wait for this trickle-down of people to connect us. Let’s use our power and our agency to connect with one another and make each other feel safe. We protect us.”

What can we do to reach out to isolated people?

Community health workers and community champions are key because they know what is happening in households. They notice changes—for example, when someone who used to go out is now staying home, or when children are no longer playing outside. Those small signs can tell them that something is wrong and that a family may need support. They are often the ones reaching people directly because they are connected within the community. Collaboration is also important, including working with schools, educators, and spiritual leaders who understand what families are experiencing and can help identify those in need of support. Outreach is now often done through social media and trusted community groups rather than face-to-face. Communities are cautious about sharing information and are careful about who they partner with, prioritizing trusted organizations and relationships.

Are there other platforms communities are using to engage and involve people? Many organizations are doing similar work, but we're not connected—we're not networked. Are there ways for organizations to connect, engage, and collaborate more effectively?

Melissa West, Community Collaborative Manager noted that the April meeting will include additional organizations sharing more about their work, which may help strengthen connections across groups. Some county partners on the call may already be bringing together community members at the county level, creating more opportunities for engagement. Accountable Communities of Health are regional hubs across the state that help connect community-based organizations and support people with health and social service needs. She also said there are ways to plug organizations into these networks and suggested continuing the conversation offline to explore those connections.

Is there support in different languages for the 988 lifeline?

Yes! They have translation in over 200 languages. The 988 Lifeline is free, confidential, and available 24/7/365. The Native and Strong Lifeline is also part of 988, specifically for Washington's American Indian and Alaska Native communities. Calls are answered by Native crisis counselors who are tribal members and descendants connected to their communities. Call, text, or chat 988 to reach someone.

Resource Sharing

[Washington Immigration Information Center](#)

Sarah Peterson, Director of the Washington State Office of Refugee and Immigrant Assistance (ORIA), described the office's role in coordinating statewide efforts to support refugees and immigrants as they resettle in Washington. The office invests state and federal funding into community-based organizations that provide services such as employment support, English language learning, health and wellness, and immigration-related legal assistance. She also announced a new partnership with the International Rescue Committee (IRC) through the Washington Migrant and Asylum Seeker Support Project.

Jenny Lange of IRC introduced the [Washington Immigration Information Center](#) designed to provide timely, verified, and accessible resources for immigrant and refugee communities. The platform focuses on helping individuals understand their rights, protect their data, and make informed decisions about their safety and well-being. Current resources address urgent concerns, including questions about Apple Health and data sharing, as well as guidance on knowing your rights and what to do if a loved one is detained. Additional resources are in development, including information on emergency medical care and healthcare access for immigrants.

Jenny emphasized that the program is designed to reduce barriers to information by offering multiple access points. Community members can connect with information specialists who are

multilingual, trauma-informed, and take an empathic approach by phone or through text, email, WhatsApp, and social media platforms like Facebook Messenger and Instagram. These specialists share information about options and local resources to make decisions for themselves and their families. Services are free, anonymous, and do not require eligibility screening. The website also allows individuals to access information independently, with all materials available in multiple languages. Articles are broken down into visual, shareable posts in multiple languages so that community members can easily send them to friends and family.

988 Suicide & Crisis Lifeline

Luis Moreno Nunez, who is part of DOH's 988 Crisis Team, provided an overview of the [988 Suicide & Crisis Lifeline](#). It is free, confidential, and it's available at any hour of the day, every single day of the year, from anywhere in the U.S.

There is no wrong reason to contact 988. It can be to get mental health support, or substance use-related support for yourself, or for others. It can be about thoughts of suicide or just feeling extra anxious one day and you want someone to talk to. When you call there will be a paid, trained crisis counselor on the other side, who will stay with you for as long as you need, and who will provide resources and support, like safety planning and crisis de-escalation, to make sure that you are in a better place by the end of it.

Q. Does the intake ask about accessibility needs, such as ASL interpreters or tactile interpreters for deaf-blind users?

Luis responded that he believes there are interactions at the beginning of the contact to address these issues. He noted that Washington partners in the hotline with [DeafLEAD](#), a Deaf-run and Deaf-led nonprofit organization offering 24/7 crisis intervention and mental health support services to Deaf, Hard of Hearing, Late-Deafened, and DeafBlind individuals.

Refugee Women's Alliance (ReWa)

Mohammad, Community Health and Wellness Partnerships Coordinator for [ReWA](#), shared information about ReWA and its [Center for Social Emotional Wellbeing \(CSEW\)](#). ReWA counselors have a deep understanding of the refugee and immigrant experience and many of them have also left their home country and built a new life in the United States. The counselors focus on providing culturally and linguistically appropriate services to our clients, in languages including Arabic, Farsi, Dari, Pashto, Somali, Ukrainian, Russian, Kurdish, Turkmen as well as English.



What we can help with:

- Culture shock and integration
- Resource finding and self-advocacy skills
- Mental health symptoms and illness
- Relationship skills
- Navigating local systems
- Trauma related issues
- Mental emotional and social needs

ReWa provides a wide range of services to refugee and immigrant communities across Washington State, including early childhood education, domestic violence advocacy, career development, employment case management, rental assistance, counseling and emotional support, and English language and U.S. culture classes

Contact ReWa CSEW
206.721.0243

Web site
www.rewa.org/services/behavioral-health/

CSEW online referral form:

To refer a client, please scan the QR code for an online referral form or follow the link below:



We Speak Your Language

We provide culturally responsive, multilingual emotional support and counseling for immigrants and refugees 14+. Our counselors offer care in your preferred language while honoring your cultural experiences and values.

Mental Health and Related Immigration and Refugee Resources

Najma Abdi, DOH shared that DOH is developing a list of mental health and related resources specifically for immigrant and refugee populations in the state. The list is a living document, posted online so that community members can participate in co-creating this resource. Najma walked through the online document, then invited community members to join in contributing. The document is available here: [Mental Health Resource List for Immigrants and Refugees.](#)

THE COMMUNITY COLLABORATIVE

Mental Health and Related Resources

# Name / Link	Description	Category	WA Region	Languages	Cost
Form for ReWa Center for Emotional Wellbeing	This form allows you to input request for mental health counseling emotional support or community outreach. You can also email csewintakes@rewa.org for counseling referrals or visit the web page: https://www.rewa.org/services/behavioral-health/	Mental Health Resources Family Support Child/youth mental he...	Statewide	Arabic Dari Farsi Pashto Somali Ukrainian Russian Kurdish Turkish	Medicaid/Apple health
24/7 Health 988 and Crisis Lifeline	A crisis hotline available 24x7x365 for Washington state residents available in 240 languages and dialects, call or text 988 - Text "AYUDA" to 988 for Spanish or Text "NBV" for the Native and Strong hotline for AI/AN, to get help now in ASL, visit 988.lifeline.org and select "Deaf/HoH" at the top of the page.	Mental Health Resources	Statewide	Spanish	
Counseling and Service	Consejo provides mental health outpatient services, substance use disorder treatment, domestic violence support, health and	Mental Health Resources Child/youth mental he... Access to Healthcare	Western Wa...	Spanish	There is no cost associated with scheduling an initial consultation. Information about cost



Sort by category, region, language, cost

Resources for Immigrants and Refugees

Please add your own content!

Additional Resources Highlighted by Participants

[Inside Health Institute](#) provides pay-what-you-can counseling, naturopathic medicine, and community wellness programs designed to meet people in Washington State where they are. No income verification, no long applications - just affordable care for people who need it.

[Washington Poison Center](#) is available 24/7/365 to all, regardless of immigration or insurance status. Call to speak with a pharmacist directly in over 200 languages - 1-800-222-1222. Calls are confidential. [An Antidote Affair - Seattle: Celebrating 70 Years of Washington Poison Center](#) will be held on Thursday, May 7, 5:30-8pm PDT. [Click here to register](#) for either Seattle or Spokane.

[Washington Thriving](#) is a collaborative statewide effort to develop a strategic plan that will transform the behavioral health system serving children, youth, and young adults. Learn more at www.washingtonthriving.org.

[Elevate Health](#) is the ACH for Pierce County. Alysha McCloud invited folks to contact her at Alysha@elevatehealth.org if Elevate Health can assist other organizations or community members with local resources and services.

[Washington West African Center](#) provides culturally relevant wrapped around services to the West African and broader immigrant communities in WA.

Gratitude and Close

The next Community Collaborative meeting will be held April 8th and will include Health Disparities Council and Environmental Justice Council.

Closing Quote

“Not only are we the ones we have been waiting for, but this is the exact moment we have been shaped for and even though it came so quickly, it has actually taken forever. But here we are, in this moment, the present moment, naked and messy and visible right down to our roots.

The veil never hid us from others; it only ever hid us from ourselves. Now that more of us can see who we truly are, we must begin/continue to move towards who we truly want and need to be in order to sustain human life on this planet.

Liberation is no small task – it is appropriately daunting for miraculous beings. It is a gift, to be given such undeniable purpose, such immense odds. Hold each other tight, and let’s do this work.”

-adrienne marie brown