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**Washington Syndemic Planning Group Meeting**

**Minutes**

Tuesday September 27, 2022

6:00 pm – 7:30 pm

Virtual Meeting Via Zoom Conference Call

**MEMBERS PRESENT:**

Amy Hernandez, Bridgette Young, Beth Crutsinger-Perry, Courtney Wettemann, Howard Russell, James Sammuels, James Tillett, JJ Baker, Jsani Henry, Omero Perez, Walter McKenzie, William Cox, Yob Benami; Ann Mumford, Peter Cleary, Lisa Al-Hakim, Rachel Amiya, Dale

**MEMBERS ABSENT**; James Ludwig; Mike Ramirez III; Bjarke Mitchell**;** Kurt Ragin, Michael LeClaire, Monte Levine, Reina Davis, Viki Nikkila

**HMA SUPPORT STAFF PRESENT:** Brandin Bowden, Charles Robbins, Akiba Daniels

**DOH SUPPORT STAFF PRESENT:** Emalie Huriaux, Starleen Majaraj-Lewis, Zandt Bryan, Steven Erly, Danika Troupe

**SPANISH INTERPRETATION WAS AVAILABLE**

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| **TOPIC** | **FINDINGS, CONCLUSIONS & RECOMMENDATIONS** | **ACTIONS & FOLLOW-UP** | **PERSON RESPONSIBLE** |
| I. Call to Order | The meeting was called to order by JJ Baker. |  |  |
| II. Welcome by Tri-chairs | * Interpretation services – Starleen * Working to have translation services moving forward for both agenda and minutes. Starleen is working with Office of Population Affairs and Health Equity to offer these services and has started the process. Charles mentioned that based on the feedback received during 1:1 meetings, we will not be utilizing the PowerPoint deck for this meeting and will mostly remain in gallery mode. * JJ requested a link for the agenda, which we do not have available. The agenda was mailed out to everyone prior to the meeting. * Ice breaker – Name, favorite color * Review and approve agenda – the group approved the agenda |  |  |
| III. HIV Integrated Care Planning DOH *& HMA* (10 Minutes) | * **Discuss process – Emalie** * We talked a lot about the Integrated Care Plan; this is a requirement of HRSA who funds Ryan White Services and CDC funds other efforts. The funding for the care plan usually comes around a 5-year cycle. The role as a planning group is to concur or not concur plan priorities. So far, this has included community engagement efforts. Lydia facilitated one of those conversations with this group. * Charles mentioned the process of the virtual meetings included a jam board and asking people to contribute ideas and comments. The DOH team assimilated and combined the ideas to create priorities. Charles shared the broad goals on screen. * **Explain contents – Brandin - see TOC below** * Brandin provided an overview on the HIV Prevention and Care Integrated Plan Table of Contents |  |  |
| IV. Consensus on HIV Priorities HMA (30 minutes) | * Charles launched a poll around the priorities (67% resonate; 33% they are okay) * Beth clarified that if there are phrases or statements that are unclear, she is hopeful people will tell us what those are, and we can go over them. it is important for people living with HIV; these are services that would still fold into our existing work (case management, transportation, housing, etc.). Will play a role into how we might fund services. * James Sammuels is hesitant on the goals because the verbiage is a little different. Need to streamline some of these goals; maybe 6 or 7 goals rather than 10. * Ann Mumford asked where does prevention and outreach fall? * Emalie asked to show example of the goals and how Lydia created these from the sticky note exercises * Brigette mentioned there is still no mention of people with SUD who have disabilities. Also wants to know whose voices were used to compile this list of priorities. * Charles responded this group was invited to attend and many did attend. There was a King County Seattle group as well as promotion through DOH email list and then also exercise with DOH staff that occurred. * Discussion on make-up of the group and how many were holding professional roles vs. community members with lived experience * Beth mentioned the focus was on consumers and not professionals; those who might have been receiving these services or missing these services. The ideas did not generate from DOH staff, but they did put the words together across the conversations. * Omero: How it works is interested organizations send staff to DOH in King County for a 3-day training to be certified as MA’s. (I just learned that from my local disease prevention staff). I am not a professional, just a community member but I do have a focus on homeless and vulnerable populations, as well as PWID. * JJ mentioned what about those of us who are both? * Peter seconds everything Brigette just said and questions if these are listed in order of importance. Charles mentioned they were put together in the categories of diagnose or respond. So many of these goals overlap and hit multiple pillars and are not in priority order. * Jsani: Where does PrEp expansion land on this list? Or is that a different list? * Emalie mentioned that one of the reasons the members are on this planning group is because we listened to community about who should be on this planning group. One of the purposes of the caucuses and workgroups is to engage in a meaningful way with communities. * Charles launched the second survey around letter of consensus * Howard questioned if we must rush to vote on this today? * Consensus from group that PrEp needs to be added * Emalie mentioned concept of targeted universalism; services might be provided in mobile setting versus brick and mortar. The challenge is the group was provided a list without the context needed around setting priorities. Charles mentioned the document is currently at 50 pages and will probably be more by December. We must ensure Lydia is comfortable sharing a version. * Beth mentioned that faith and confidence in governmental public health is not always strong. They have requirements from CDC and HRSA that do not go away regardless of what they put in this plan. * Goal 9 includes an objective involving Prep * Omero: So, we can update this list as we go along I assume, because we are just mapping a direction for DOH/OID as part of our responsibilities, and being diverse as we are will hopefully remind us to be flexible. As well as never satisfied with our goals, seeking inclusivity and equity, step-by-step. * Charles shared the survey results and 94% were in concurrence. In terms of timeline, Charles and Beth will have a discussion with Lydia and figure out what components can be shared with the planning group. (Thumbs up from group members around this approach) * James comments he really respects community engagement; consensus letter looks really good. * James Sammuels comments on goal 4: expanding treatment options for people living with HIV. This is a good goal but some of them overlap and can be collapsed. Beth agrees. She mentioned we saw this rise in multiple communities. * Charles suggested the 18th would be a good meeting to extend and use time for * Beth and Charles will be out on the 11th; would like to use the 18th as a time to revisit these suggestions. Other committee members are in agreement on the 18th. * Next steps include to share these comments and ideas with Lydia and take into consideration consolidating the goals. We will present this again during the meeting on the 18th and ask for concurrence. Omero reminds everyone to ask questions. “Also let’s not be afraid to email each other with questions or to ask for help understanding these. Since we have to be on the same page as a group, we should be interacting more; this has made it very apparent that we are a group of individual professionals/community members.” | Committee Selection Form to be completed | All Members who have not selected a committee |
| VI. Discuss WSPG Committees (3) DOH (10 Minutes) | * Process for first meeting (doodle poll) - Starleen * Content of first meeting (select chair, discuss roles, define activities) * Chair reports back at November meeting * Starleen mentioned they have been trying to figure out best way to develop these teams (doodle poll?) * We will have support staff and subject matter experts from DOH to support the committee meetings * Starleen will speak with Supervisor around the different sections. Would like to ask Zandt and Emalie to facilitate some of these conversations around DOH processes. * Charles added that there were three functional committees and members self-selected. Starleen will do a doodle for each committee to get those individuals to agree on a date they could meet. The first meeting will be for selecting a lead and then discuss the roles and start to define the activities they want to accomplish. The other groups that consist of community members are the community defined caucus groups. We had four committee members raise a hand to be the liaison for these as well. * Starleen showed matrix/ table on screen. There has not been an update for James Ludwig yet and Brandin suggested we may need to talk offline about how to reach him. | Send updated list of committee membership to Starleen  Reach out to James Ludwig for participation | Brandin  Starleen |
| Discuss Community Defined Caucus Groups (4) DOH (10 Minutes) | * a. Doodle for the 4 group liaisons - Starleen * b. Content for first meeting (discuss how to promote the groups to the general public) * Charles mentioned we are in the “forming” stage of planning body |  |  |
| Public Comment | * None |  |  |
| X. Closing Thoughts/ Adjourn | The Tri-chairs thanked everyone. The group will receive invitation for October 16th at 6 pm and emails between now and then. | Send slide deck  Send draft Minutes for review  Onboarding for James Sammuels and James Tillett | Charles  Akiba  Charles |

**Minutes prepared by:** Akiba Daniels

**Minutes reviewed by:** Charles Robbins

**Minutes respectfully submitted by:**

**Minutes reviewed and approved by Tri-Chairs:** JJ Baker, Monte Levine,Beth Crutsinger-Perry