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**Washington Syndemic Planning Group General Meeting**

**Notes/Minutes**

Tuesday March 26, 2024

Virtual Meeting Via Zoom Conference Call

**WSPG Members Attendance:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  | | --- | --- | --- | | **Name** | **Present** | **Away** | | **Amy Hernandez** |  |  | | **Ann Mumford** |  |  | | **Brigette Young** |  |  | | **Christina Jackson** |  |  | | **Ernest Walker** |  |  | | **Howard Russell** |  |  | | **James Sammuels** |  |  | | **James Tillett** |  |  | | **Jsani Henry** |  |  | | **Kathleen Wilcox** |  |  | | **Lara West** |  |  | | **Starlett Cunningham** |  |  | | |  |  |  | | --- | --- | --- | | **Name** | **Present** | **Away** | | **Lisa Al-Hakim** |  |  | | **Nia Sipili** |  |  | | **Monte Levine** |  |  | | **Omero Perez** |  |  | | **Remy Styrkowicz** |  |  | | **Stephen Zeller** |  |  | | **Tamara Foreman** |  |  | | **Walter McKenzie** |  |  | | **William Harrison** |  |  | | **Yob Benami** |  |  | | **Elizabeth Crutsinger-Perry** |  |  | | Terrance Jackson |  |  | |

**DOH SUPPORT STAFF PRESENT:** Starleen Maharaj-Lewis, Shana Ferguson, Genee Grimmett, Vanessa Grandberry

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| **TOPIC** | **FINDINGS, CONCLUSIONS & RECOMMENDATIONS** | **ACTIONS & DUE DATES** | **PERSON RESPONSIBLE** |
| I. Call to Order/ Welcome by Tri-Chairs and member check and connect (5 mins) | * Called to order at 6:02 * Community agreements: * Center community * Experience discomfort * Leave stories, take learnings * Share space * Acknowledge your impact * Different perspectives * “I” Statements * Expect and accept non-closure |  |  |
| II. WSPG updates DOH/WSPG (35 mins) | * Karlos Johnson: CQM Basics - Quality Management Infrastructure: * Learning objectives: * Provide a basic understanding of the purpose of Clinical Quality Management Program * Identify one of three areas of impact related to utilizing Clinical Quality Management principles. * CQM Policy Clarification Notice 15-02: * Purpose: This policy clarification notice (PCN) is to clarify the Health Resources and Services Administration Ryan White HIV/AIDS Program expectations for clinic quality management programs. It is the responsibility of the RWHAP recipient to work directly with their subrecipients to provide overall direction and to implement, monitor, and exchange any needed data for performance measure data and/or quality improvement activities. * Scope of coverage: RWHAP Parts A, B, C, and D-Recipient and Subrecipients. * Quality Management and Quality Improvement: * Community engagement * Client satisfaction * Data quality * Infrastructure * CQM Program Infrastructure: * CQM is: * Improvement specific * Utilizes data, client feedback, and agency goals * Quality Improvement Projects * CQM is not: * Grant administration * Quality assurance * Independent performance indicator * Clinical Quality Management (CQM) Program -Summary * The CQM Program is established to work collaboratively with Ryan White Part B HIV Community Services Program to support the implementation of services. As a result, utilizing CQM principles can lead to increased patient care, healthy outcomes, and patient satisfaction. * Additionally, Quality Management/Quality Improvement can be utilized as an evaluation tool to measure effectiveness and promote change. * CQM Program Improvement Tools: * Client engagement and satisfaction * Agency infrastructure (revisions or updates) * Performance measure benchmarks and goals * QI/QM activities * Action plan or work plan with a timeline and responsible parties * Evaluation of process and/or procedures * CQM & WSPG: Integrated Goals: * Goal 2: Support organizations in creating full-service, robust, regional MOU * Objective 1: Increase collaboration between sub-recipients agencies * Objective 2: Decrease the number of clients lost to care by increasing the number of warm handoffs between agencies * Upcoming meeting agenda: * Quality management role with community engagement * How to increase community engagement? * What is a client advisory board (CAB) and how can I join? * James T: Client advisory board, is it active clients or would you like to hear from clients from negative experience for full scope? * Karlos: All clients in good standing. We aren’t able to have a full complete quality management without hearing all feedback. All feedback from clients is good feedback. What we have done in HIV community service in OID is to assure quality management is imbedded in every organization/agency Ryan White Programs. Everyone has a quality management manager. * Howard R: Are organizations coming together to see what other organizations are doing. Does DOH come in to help organizations come together to discuss what they are doing? * Karlos: One of the early steps for quality management is being able to have assessment for each agency to see where they are at for client advisory board and client engagement. That is something that is in the works currently. It is also having the understanding of size and location and clients as well that each agency might not have such a robust client advisory board. This is an area where we are trying to provide basis and information for agencies to fit into their scope and capacity. * Omero: Can there be more than one community advisory board for one area? * Karlos: Yes, we are encouraging each agency to have their own advisory board. * If you have any other questions feel free to reach out to Karlos at [Karlos.Johnson@doh.wa.gov](mailto:Karlos.Johnson@doh.wa.gov). * Committee updates: * 2 committees’ role out initial projects: * Data committee reviewed integrate plan 13 goals. Evaluation of outcome measures. * James T: Reviewed the 13 goals with Claire Mocha. Different sections. Review what other working departments had positions or ideas about how we run the goals effectively and work together. Discussed possible partnering with CHWS for mobile services. Trying to find missing puzzle piece in DOH. * Omero: Most of the goals come down to having supporting agencies with mobile units. Just so they can hit different parts of communities. Not just focus on rural communities. As populations grow there are going to be people who don’t go out. With the growing model of home delivery, you don’t have to go out if you don’t want to anymore. Public assistance can cause folks who are shut ins to not go out. Mobile units can get to the point where they do blood draws and administer medication. They could serve so much of the population. Client centered care will combat syndemic portion. Meeting folks where they are comfortable. * Syndemic Committee: * Bridgette: How are we ensuring quality and service they are providing are being provided. Ensuring that members are receiving good services. Possibly look at how we can work with these agencies as 3rd party survey for them. How we can be as equitable and transparent with clients that will be served. * William: Have WE determined that mobile services are what people need or are asking for? Have WE determined agencies who already use mobile services vs those who do not have mobile services or funding to establish mobile services for their agency? * Claire: Those are great questions and partly what we hope to answer with our evaluation, although maybe WSPG could help us also explore the need and use for mobile services in different communities across the state through caucus work or other projects. * Beth: Want to say mobile services have not been services that DOH has been able to support in the past with funding. It is because of the purchase of equipment, van, or truck or vehicle. We are working through the issues and believe we have a way forward. Working through this to purchase a vehicle using federal or state funds for state agencies is a difficult process. We are trying to manage our bureaucracy around this. Folks have asked for this in the past and have not been able to support it. Moving to a place where we can answer yes to this question. The future will lead to more support for mobile services. * Howard: This was brought up in meeting with 13 goals, my concern was that we put out the RFPs for folks to have mobile vans but limit others for this request. We need to do something a little differently so they can put in RFPs as well. * Beth: OID supports work of mobile units. Trying to work through this and move towards mobile services. We want to support this effort. |  | Starleen and Summer |
| III. Member Updates (10 mins) | * Starleen: In person meeting: * Looking into OWL for teleconferencing. Cut a lot of the costs. I sent out location map and budget from last year’s meeting. What we are looking for at this time using the survey is to look at other ways we may be able to further economize on our budget. One piece would be holding it September and early October. Another is location to fit most WSPG members and discussion about OWL device. Been used by many organizations and looking to purchasing it outright. * Steering members, during this time tri chairs need to revisit selection of steering members. |  | Karlos |
| IV. Stipend Processing Presentation DOH/WSPG(25 mins) | * Summer Wurst – Stipend Process Presentation: * Why: Agency and legislature have looked at community compensation and making sure we have equitable compensation process. * What are the options for compensation? * Direct deposit – Would need bank account, SSN, SWV, or individual taxpayers’ identification number. * Check – Would require mailing address, SSN or SWV, ability to wait for payment (up to 8 weeks) * Regardless of payment option method, the Office of Financial Services will need to fill out a 1099-MISC if an individual receives a total of $600 or more in compensation. As a community member you then use the 1099-MISC to report the income on your tax return. * SWV allows us not to need SSN. * Starleen: The move to protect privacy as much as possible led to the Statewide Vendor Number (SWV). This is what was obtained last year for the WSPG inaugural in-person convening. * Forms you will need to complete: * Washington State Syndemic Planning Group Stipend Application Form (specific to WSPG) * Demographic Form (optional) * Demographic Information: Voluntary and anonymous. Not required but helps us to record the demographics of the work group and all work groups across WA state. * THE WA State Department of Health is required to request demographic information for those community members who participate in state boards, commission, councils, committees, and other similar groups and who received compensation from the WA State Department of Health as part of Second Substitute Senate Bill 5793 from the WA State Legislature requiring state agencies to report the demographic and geographic information of community members who receive stipends of class one workgroups (RCW 43.03.2705). * **Folks will receive the form within the next week.** * We are required to ask but you are not required to answer. * Beth: If there are parts of the form folks wants to fill out and parts they don’t want to complete this is ok? * Summer: Yes, answer whatever you feel comfortable to. These forms come back to Starleen who compiles information into a document, and then she sends document without names to OID Admin team. * Compensation Processing Form: * Community compensation processing form is required from agency. * Beth: Want to say this with best of attentions, 2010 I started with DOH, came from non profit organization. One thing I have learned being with DOH is there is always a form for that. This is our process; it is not great but it is how bureaucracy works. We are not great at a lot to this stuff but we are trying. May not stay this way but it is where we are right now. We feel your pain around this format. We are here to help you and want you to be compensated. * Summer: At any time the forms are complicated, reach out for help. We can gather information over phone call. Please reach out to Starleen and she will coordinate with us in the office to get this gathered. * 1099-MISC Form (for you will receive) * A19 Invoice * Timeline for submissions:      * Beth: If A19 is not submitted by April 5th, will they not get paid? * Starleen: Late submissions will have a delay. It will come a little bit later. * Summer: Will have tighter restrictions for June/July due to state fiscal year close out. * Beth: Will we be providing the membership contact emails for the variety of folks who may be able to help them move through the documents? * Summer: You can send requests admin inbox – [OIDAdmin@doh.wa.gov](mailto:OIDAdmin@doh.wa.gov). * James T: Want to say thank you. This may seem like a lot but I am appreciative of this new format. Protects our best interests and shows appreciation for our time and effort. Appreciate the thought and effort put into this payment system. |  |  |
| V. Public Comment | * Beth: Last week I was in District of Columbia doing work things with DC, I had the opportunity to sit in the room with CDC, HHS, HRSA. Office of Infectious Disease, shared about this group and syndemic work and they are asking for information about our work and what this group has done. |  |  |
| VI. Closing Thoughts/ Adjourn | * Meeting adjourned at 7:29 pm. | Send draft Minutes for review |  |

**Minutes prepared by:** Shana Ferguson

**Minutes respectfully submitted by:** Starleen Maharaj-Lewis

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