Washington State Department of **Health**

Pictured Above: The Gnome Project Garden hosted by staff at KPHD. See page 2 for more!

HCS Newsletter

This first edition of the HIV Community Services arrives in your inboxes during Black History Month. This year Black History Month began with **bomb threats** at Historically Black Colleges/Universities (HBCU). Many of us who identify as Black found this particularly significant because of HBCUs' unique history in Black Communities. We must recognize the ongoing need for racial equity work while honoring the contribution of Black people to our shared success. Black history is American history. It's all part of the same story that brings us to this time and place. February 7th was National Black HIV/AIDS Awareness Day. Let's celebrate progress in reducing new HIV diagnoses among Black people while recognizing that to #StopHIVTogether, we must address barriers like racism, homophobia, & transphobia.

Black communities have made significant progress in reducing HIV. Yet racism, discrimination, and mistrust in the health care system may affect whether Black people seek or receive HIV prevention services. These issues may also reduce the likelihood of engaging in HIV treatment and care. Washington State's Black Community is disproportionately impacted by the HIV epidemic— every *four* days, a person identifying as Black is diagnosed with HIV.

To continue to reduce the burden of HIV and other health risks, people need adequate housing and transportation, employment, access to culturally competent health services that are free of stigma and discrimination, and more. Together, when we work to overcome structural barriers to HIV **testing**, prevention, and **treatment** and to stop HIV **stigma,** we help reduce HIV-related disparities and health inequities in Black communities. You are integral to the success of these endeavors.

So, we hope you enjoy our first HCS Newsletter. Let us know your thoughts, critiques, and suggestions for future editions. As always, thank you for the vital role you have in our community and for being YOU every single day. The world is a better place because you are in it.

150-046-HIVAmongBlackCommunity.pdf (wa.gov)

Lydia Guy Ortiz
Health Equity & HIV Community Services Manager
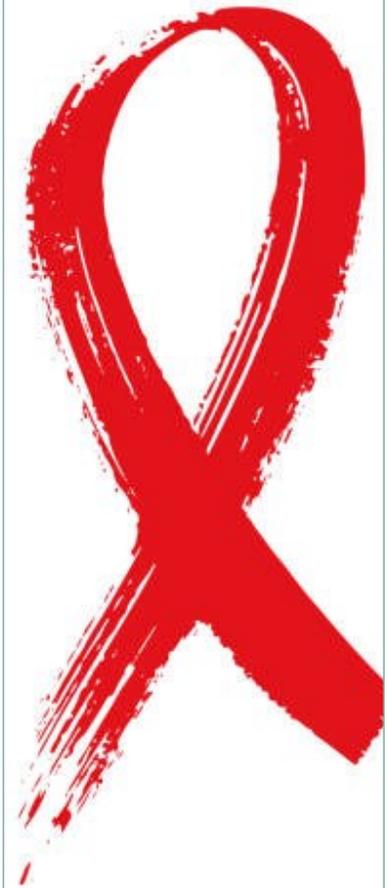
SPECIAL POINTS OF INTEREST

- KPHD is growing community with their garden

- Resources and opportunities to advance racial equity and close the gap on health disparities in the "Race to Equity"

- Do you know what a SMART goal is?

- Find out who at DOH wanted to design theme parks as a kid

The resident Gnome at the Gnome Project

2

AGENCY HIGHLIGHT: KITSAP PUBLIC HEALTH DISTRICT

Kitsap Public Health District (KPHD) started the Gnome Project as a way for their clients to be able to get out and socialize a bit during the COVID-19 Pandemic.

They rented a large garden plot (16x30) at their local pea patch in Bremerton. The pea patch is located in Blueberry Park, part of the city of Bremerton, which has restrooms, a picnic shelter, playground and walking trail. The city provides all the necessary tools and support. They began with rototilling and fencing the plot as well as constructing an arbor for beans and a bench for sitting.

Many of their pea patch neighbors gave them

starts to plant and they also purchased seeds. George, Peer Navigator at KPHD, would be there every Saturday morning during certain hours and folkx would come by and plant, weed, water and visit with each other.

Though only a handful of people participated this year, those that did really enjoyed it and made it worthwhile. KPHD also had a small plot up in Port Angeles which Peer Navigator Mark oversaw. That plot was given to a client who was providing produce to community dinners and the food bank, with the plan to continue supporting the community with produce.

From the Bremerton garden, KPHD was able to provide produce to be used at their monthly Red Ribbon Dinners run by volunteers as well as giving produce directly to clients to use.

George hopes to continue the Gnome Project again in 2022. The cost is relatively low, $80 per year and a minimal time commitment for a big impact!

AGENCY STAFF HIGHLIGHT

Melissa Roberts, Medical Case Manager at Benton-Franklin Health District

- What is your favorite part of your job?- The people and the medical break throughs that have happened in HIV treatment. The clients are really what makes this work amazing and rewarding, but coming from a father who died of AIDS in 1995 in San Francisco, I love that people don't have to die from this disease any more.

- What is your favorite meal?- I really love a well built salad- with lots of toppings.

- What is on your bucket list?- Standing behind the water of a large waterfall.

- What was your childhood dream job? – A judge in family court who could protect kids like me.

- What is your favorite quote?- "Be strong enough to stand alone, be yourself enough to stand apart, be wise enough to stand together when the time comes"- unknown

WHAT IS TRAUMA?

Trauma is a wound. Typically trauma refers to either a physical injury, such as a broken bone, or an emotional state of profound and prolonged distress in response to an overwhelmingly terrifying or unstable experience. Some trauma, like wounds, heal relatively quickly, some heal slowly, and many influence life going forward, like scars. Scars and trauma do not result in defects or deficiencies; rather they are markers of life experience one has survived.

Traumatic experiences are events that threaten or violate one's safety, health, and integrity. Traumatic experiences may be directly experienced or witnessed. They may be primarily physical experiences, as with physical assaults and sexual abuse, or primarily emotional experiences, as with verbal abuse. Traumatic experiences *may* result in the emotional experience of traumatic stress, but not necessarily.

Traumatic experiences are classified as **acute traumatic events** or **chronic traumatic situations**. Acute traumatic events are typically single events and initially are accompanied by feeling intense fear and/or helplessness. Acute traumatic events may include assaults, community violence, natural disasters, and sudden loss of a loved one. Chronic traumatic situations are persistently repeated threats or violations of safety and integrity and are associated with a complex range of emotions potentially including fear, shame, distrust, hopelessness, and numbness. Examples of chronic traumatic situations are chronic abuse, domestic and intimate partner violence, and political violence. Many people experience **complex trauma** which includes multiple traumatic experiences, typically of different types of trauma.

Traumatic stress specifically identifies emotional trauma. Traumatic stress occurs when an individual's capacity to absorb, process, and progress through a traumatic experience is overwhelmed and the fear becomes stuck. Traumatic stress results from a combination of individual factors – who we are, our genes, our temperament, and our life experience, and environmental or social factors. Everyone reacts to traumatic experiences in a unique way that is influenced by life and cultural experience. Everyone is capable of recovery from traumatic stress, but each individual will require different support and a different amount of time for that recovery.

Traumatic stress looks and feels different for each person. Often it is associated with complex and confusing emotional reactions and behaviors. Age and developmental stage, culture, and environment all significantly influence the expression of traumatic stress. Traumatic stress reactions can include intensely reactive emotions, emotional numbness, hyper-alertness, dissociation, intermittent regression to behaviors associated with a younger developmental stage, increased need for control, distrust, disengagement, impulsivity, irritability, disruption in sleep, distractibility, recurring memories, smells, or sounds from the event, nightmares, and forgetfulness.

Trauma informed care recognizes that traumatic experiences terrify, overwhelm, and violate the individual. Trauma informed care is a commitment not to repeat these experiences and, in whatever way possible, to restore a sense of safety, power, and self-worth.

Source: What is Trauma? - Trauma Informed Oregon

3

DOH EMPLOYEE SPOTLIGHT

Ray Harris, Stigma Reduction Consultant

- If you could snap your fingers and become an expert in something, what would it be?: I would want to be an expert in all languages

- What is your favorite part of your job?: Seeing when an event or project has positive impact on the community/ general population,

- What is on your bucket list?: Going to all the Disney Parks on the planet. I still have Paris, Hong Kong and Shanghai to go!

- What was your childhood dream job?: Theme park design.

- What is your favorite quote?: Everyday I say quotes from the movie Precious. That movie has so many good one lines!

NALOXONE PROGRAM

For those organizations who provide services to People Who Use Drugs (PWUD) and/or their friends and family, it is advised that you include naloxone distribution in your everyday suite of services. Naloxone is an opioid antagonist, and when administered can assist in reviving someone who is experiencing an opioid overdose.

The Washington State Department of Health offers free naloxone kits for distribution purposes to organizations in the state through its Overdose Education and Naloxone Distribution (OEND) Program. We are interested in partnering with organizations like substance use treatment programs, syringe service programs (SSPs), jails, health clinics, housing organizations, and others that work directly with PWUD.

Training on overdose recognition and response, as well as technical assistance on creating and facilitating a naloxone distribution program are also offered through the OEND Program. For information on how to apply, please email naloxoneprogram@doh.wa.gov .

CQM 1ST QUARTER FOCUS: RESTABLISHING COMMUNITY ADVISORY BOARDS

Community Advisory Boards (CABs) provide clinics with input and guidance from patients regarding the design and delivery of care. To be effective, CABs follow operating procedures to guide them to carry out tasks like selecting members, convening meetings, gathering feedback, and working with clinics to improve their operations.

As we return to in-person opportunities, I encourage all agencies to perform self-assessments in order to establish or re-establish Community Advisory Boards (CAB) within your respective agency. Input, guidance, and collaboration with Persons Living with HIV/AIDS (PLWH) are intricate to our success in delivered services. We collectively want to ensure that not only are we inviting our stakeholders to our conversations but we are solidifying positions at the table. Additional information can be found here or feel free to contact HIV.QualityImprovement@doh.wa.gov for Technical Assistance. Our 1st Quarter CQM Committee Meeting will be held on March 29th 2022 at 1pm.

Resource: Community Advisory Boards | TargetHIV

ISP GOALS: SMART AND PERSON-CENTERED

An ISP goal is a written detail of the supports, activities and resources required for a client to achieve their personal goals. ISP's should reflect the goals of the individual served. We are all different and unique people, and each person's ISP should be unique and address the needs and desires of that person. The Case Manager is ultimately responsible for assessing and documenting each persons: personal choices and preferences, significant needs, and safety and financial risks. Once we learn what a person wants, we can then decide what needs to be done to help this person move toward that in life. Good plans are rooted in what is important to the person, while taking in to account all the other factors that impact the person's life.

To make this process more simple and concise, HCS is promoting the usage of SMART goals to create person-centered ISPs for clients. By setting objectives and creating a clear roadmap of how a client will reach their intended target, they can decide how to apply their time and resources to make progress. Without goals, it can be difficult to determine how to get where they want to go. Here is how SMART goals work and a few tips and examples to assist you in your goal-setting efforts.

What are SMART goals? SMART is an acronym that stands for Specific, Measurable, Achievable, Relevant and Time-Based. Each element of the SMART framework works together to create a goal that is planned, clear, and trackable. Below the graphic, we'll demonstrate how to turn a goal like "I want to support myself" into a SMART goal.

S

SPECIFIC: *A specific goal has a better chance of being accomplished than a broad goal*
- Is the goal clear and easy to understand? (not subject to interpretation)
- What does the client want to accomplish?
- When does the client want to accomplish the goal?

M

MEASURABLE: *Keeping track of progress serves as an incentive to keep working towards a goal*
- Can the client's progress for this goal be tracked?
- How will the client know when the goal is accomplished?
- Will any systems have to be created to track progress?

A

ACHIEVABLE: *The client's goal must be achievable*
- What supports will the client need to achieve this goal?
- What are some of the challenges the client will face?
- Can the goal be broken down into small achievable steps?
- Ask the client "how do you know you can achieve this goal?"

R

REALISTIC: *Unrealistic goals are setting a client up for failure*
- Based on what you know about the client, is this a realistic goal?
- Is the client motivated to achieve the goal?
- Are there other things that need to be addressed before this particular goal is accomplished?

T

TIME-OREINTED: *Time frames help to establish a sense of urgency and help keep the client from being distracted*
- Did you record a start date or targeted end date?
- Should this be a short-term or long-term goal?
- Take into consideration other obligations the client may have

S = Specific

Be as clear and specific as possible with what the client wants to achieve. The more they narrow their goal, the more they'll understand the steps necessary to achieve it. **Example:** "I want to get a job so I can support myself financially"

M = Measurable

How will the client know they're making progress towards their goal? For example, if the goal is to get a job, you might measure progress by the number of positions the client has applied for or the development of application materials. Setting milestones along the way will give the client the opportunity to re-evaluate and make changes and needed. When they achieve their milestones, this should be celebrated! **Example:** "I will go to an employment fair"

A = Achievable

Has the client set an achievable goal? Making sure a goal is something the client can reasonably accomplish within a certain timeframe will help them stay motivated and focused. Using this example, make sure the client has the resources, experience and skills needed to get the job they want (and also are in a place in their life they can be employed successfully). Before you begin working toward a goal, decide whether it is something they can achieve now or whether there are additional preliminary steps they need to take to become better prepared. **Example:** "I will update my resume with my relevant qualifications, so I can apply to companies at an employment fair."

R = Relevant

When setting goals, consider if they are relevant. Each of the client's goals should align with their values and larger, long-term goals. If a goal doesn't contribute towards their long-term goals, you should rethink it. Ask the client why the goal is important to them, how achieving it will help them and how it will contribute towards their long-term goals. **Example:** "To achieve my goal of supporting myself financially, I will update my resume with my relevant qualifications, so I can apply to companies at an employment fair."

T = Time-based

What is the clients time-frame for their goal? An end-date can help provide motivation and help with prioritization. If the client doesn't achieve their goal in the timeframe, take time to consider why. Maybe the timeframe was unrealistic, unexpected roadblocks happened or the goal was unachieva-

Q: Why do client's need to write down their goals?

A: We all have things we want or need to accomplish. Goals are more likely to happen, if you set a plan in motion. Sometimes it helps to start with what a client wants to accomplish (the end result), but then they must think about what specific steps they will need to take to ensure success.

Q: What goes on the ISP?

A: The ISP can contain goals that address some or all of the following life areas:

Career, parenting, academic, mental health, financial, medical, or any other things that are important to the client. It can include areas in their life that they are not happy with or need more help with. The Case Manager and Peer Navigator may make suggestions or recommendations based on conversations with an individual or based on things that are needed. For example, if a client is not virally suppressed, the CM/PN might recommend making an ISP goal to address medication adherence.

Q: Can the client include others in their plan?

A: Absolutely! Someone may want someone they trust such as a family member, a significant other or friend to help them develop their ISP.

Q: What if a client doesn't know what goal to set for themselves?

A: That is okay, most people are still trying to figure things out. One way to start thinking about goal setting is to have the person think about the things that are important to them and what they need in life.

Ask:

   What do they value?

   What dreams to they have for themselves?

   What are some things they want for themselves right now?

   What are some things they need for themselves right now?

   What kind of person do they want to be?

   What are your future plans?

Q: How many goals does a client need to set?

A: They can create as many goals as they would like. Just keep in mind that this number should be realistic and attainable. It is probably best to set one or two at a time to make sure they can accomplish them.

KUDOS AND HUMBLE BRAGS

- HCS would like to give a big THANK YOU and kudos to **Spokane Regional Health District** for their participation in the HRSA audit of DOH. They did an amazing job as the representative agency for HCS. **Way to go SRHD!**

- In October 2021, **CAP SW Washington** launched its first testing program in Cowlitz County! The testing site is housed out of CAP's Longview office and the community can access free, rapid HIV and Hepatitis C testing every Wednesday from 12pm-5pm. There are also safer sex supplies and linkage-to-care services available as needed. **Congratulations CAP!**

- **CAP** made an exciting change to **Jamie Wick's** Medical Case Management role out of our Longview office. Over the years it's become more and more evident that our service delivery looks different for our clients living in Cowlitz and Wahkiakum counties. We've decided it's important to distinguish the unique approaches and interventions that are required to best support rural communities and also highlighting the skillset needed to effectively serve this population. In November 2021 we promoted Jamie as our Rural Health Case Manager. Jamie will be taking the charge on expanding partnerships, services, and resources that best support our rural communities and be our in-house expert on all things rural health. **Congratulations Jamie!**

- **Troy Preble**, one of Cascade AIDS Project's two current peer navigators in SW Washington has recently completed the certification process as a Certified Peer Counselor in both Oregon and Washington states. The process for certification requires intensive study and both oral and written exams and we are so excited to celebrate Troy's success and are grateful for his expertise, both in lived experience and peer education. **Congratulations Troy!**

- **CAP SW Washington** is now fully staffed and in February officially hit 20 staff on our team! We are thrilled that our programs, services, and team continue to grow and expand to meet community needs. **Way to go CAP!**

- Megan Nolan at **PCAF** would like to give kudos to the following staff for their work in establishing and growing the Pierce County Max Clinic during the pandemic: **Viki Nikkila** - current Max Case Manager and former Max Peer Navigator, **James Sammuels** - current Max Peer Navigator and **Sandra Sych** - former Max Case Manager, currently PCAF's Housing Assistance Coordinator. Our Max Clinic officially opened in summer of 2019 and was barely off the ground at the start of the pandemic. Despite the unexpected challenges of starting a brand new model of care during an unprecedented global pandemic (on site in community walk in clinic!) the Max Team was able to establish itself in Pierce County, begin working with the most vulnerable clients, create crucial community connections and even begin seeing results for clients. The goal of Max clinic is to engage people living with HIV who have been out of care for a long time, usually due to barriers in the traditional medical and case management models. Despite all the challenges they have faced since opening, they have still managed to help many clients reach and maintain undetectable status! While not a part of PCAF, I would also like to acknowledge our community partners on the direct service team: **Susan Cuellar** - current Max Clinic Nurse (Community Health Care), **LaShawn Hemingway** - current Max DIS (TPCHD) and **Emily Gregersen** - former Max DIS (TPCHD). The Max Clinic Providers: **Shauna Applin** (CHC) and **Abby Kress** (CHC)

The Leadership Team: **Caitlin Simmions** - Client Services Director PCAF, **Megan Nolan** - Client Services Team Lead PCAF, **Kendria Dickison** - Program Manager of Ryan White and Max Clinic CHC, **Evelyn Manley Rodriguez** - HIV/STD Program Coordinator TPCHD. **Fantastic Job Viki, James, Sandra, Susan, LaShawn, Emily, Shauna, Abby, Caitlin, Megan, Kendria, Evelyn and all of PCAF!**

- **Blue Mountain Heart to Heart** would like to give a special thank you to **Marissa Cosaert**, our HOPWA Coordinator and Case Manager Assistant. In 2021, Marissa administered our agency's HOPWA program and successfully provided a dozen clients across four different counties with housing-related support. Some of Marissa's most important work this past year was in finding permanent housing for people who had been living on the streets for more than a year. Our agency is thankful for Marissa's dedication to supporting our clients and their housing needs. **Thank you Marissa!**