PARTNERSHIP MEETING

Monday, March 16, 2020

Zoom Mtg ID: 381 566 635

Members in attendance: Annie Valtierra-Sanchez, Kelle Adamek-Little, Clarice Amorim Freitas, Rebeckah C. Berry, W. Kirt Toombs

Members absent: Jim Rickards, Kãrun Virtue, Katie Harris, Alicia Ramirez, Brian K. Gibbs, Cat Livingston, Kim Sogge, Laura Williams; Mr. Lee Po Cha, David Bangsberg, Dean Sidelinger, Erin Schulten, Ernesto Fonseca, Frank Franklin, Holden Leung, Victoria Warren-Mears

Facilitator and staff: Lisa Ladendorff (Facilitator, NEON), OHA-PHD: Christy Hudson, Liz Gharst

Members of the public: Joanna Johnson, OHA Behavioral Health; Rebecca Knight-Alvarez, OHA – HPA, Rebecca Knight, OHA-HSD

Meeting Objectives:

- Review draft 2020 SHIP
- Approve plan for distribution
- Review timeline for developing the 2020-24 SHIP

Welcome, introductions and review of meeting purpose:

Lisa introduced herself as facilitator and opened up the meeting. Attendees introduced themselves and shared if they were participating on a subcommittee and what they were most excited about in the SHIP.

Lisa explained the purpose of this meeting is to review the draft plan, provide clarification and gather feedback for subcommittees, and approve plan for community engagement.

Meeting materials: Navigation map and meeting packet.

SHIP process update:

Liz gave a recap of the SHIP framework, subcommittee structure, timeline and the subcommittee process map. Highlighted timeline of when there will be feedback from community and other sectors Also discussed operationalization of the SHIP and the strategy criteria used to develop the draft plan. Absent PartnerSHIP members are able to provide feedback via email or basecamp.

Operationalizing the SHIP

- Metrics group will meet to review data sources and determine numerator and denominator. This group includes the State health officer and deputy state health officer and representatives from Program Design and Evaluative services that have been serving on the subcommittees.
- The PHD Science and Epidemiology council will review on March 23rd.
- Questions and concerns from these bodies will be brought back to subcommittees at their next meeting where process measures will also be discussed.

Strategy Notes

Lisa explained process for reviewing strategies.

- Concensus will be used.
- Each subcommittee aimed to have 10-15 strategies per priority area.
- Interconnectedness and artificial divisions exist amongst strategies as many of the strategies may be in more than one layer of the framework and sub-priority areas may overlap. Connections and overlap will be looked at more closely by the cross-section and cross-sector workgroups previously mentioned.
- The plan is not in its final form, it will evolve after community engagement and vetting. The intent of this meeting is to look at content, not wordsmithing.
- This is not a logic model. A logic model or driver diagram will be developed once the plan is finalized to illustrate connections.

<u>Access to Equitable Preventive Health Care and Behavioral Health</u>

Goal 1: Increase equitable access to and uptake of community-based preventive services

Policy

- Support dissemination of health literacy techniques for healthcare providers including educational outreach, online resources, and best practices.
- Expand and promote evidence-based approaches to preventive services such as harm reduction programs, overdose prevention, vaccinations, obesity and diabetes prevention programs, and contraception provision.

Community

- Reduce barriers to accessing preventive services by locating fundamental support services at or near clinics, for example childcare, food pantry services, housing, and providing safe and active transportation options.
- Provide and expand resources for and access to affordable, fresh, nutritious foods, particularly for populations experiencing food insecurity, communities of color, tribal communities, in rural and urban areas.

Individual

- Ensure that students have access to screening for health barriers to learning, for example developmental disabilities, poor oral health, reduced vision, reduced hearing, and chronic medical conditions.

Questions/ Comments:

- Clarice - Evidence based approaches don't often meet the needs of communities of color. Can we open space for practice-based strategies or other methods for communities of color?
    - Rebeckah- Some wanted evidence based, others practice based. Lots of discussion and committee never really landed on answer.
- Annie - For individual level, students have access to screening for health barriers. What about screening for social determinants of health and mental health?
    - Liz- Committee did talk about SDOH but left it in the adult strategy (using an EHR), SDI was considered but got taken out. Other committees wrestled with evidence-based language.

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    - Lisa- Different terminology was used in different subcommittees. Consider standardizing terms by adding language for practice based strategies.
- Kurt -Struggling with language of developmental disabilities. Recommend we talk about students with disabilities, as that is more inclusive (e.g TBI).
- Clarice- To second strategy under community, add culturally appropriate foods to affordable, fresh, nutritious, etc.
    - Rebeckah- I do not recall this being discussed in the subcommittee.
    - Liz- This came from a list of various screenings, there is room to expand here.

Lisa suggested approval with the following recommendations for change:

1. Consider standardizing language across strategies and adding language that adds practice-based strategies to evidence based strategies.
2. Change out developmental disabilities to students with disabilities and screening for disabilities to be more inclusive.
3. To second strategy under community, add culturally appropriate foods to affordable, fresh, nutritious, etc.

Vote resulted in approval with recommendations.

Goal 2: Increase equitable access to and uptake of clinical preventive services

Policy

- Support and expand evidence-based alternative workforce models for health care delivery, particularly to increase access to care in rural areas. Create health care teams that include primary care providers, advanced practice providers, dietitians, traditional health workers, school nurses, and dentists.
- Increase access to oral health preventive services by expanding the evidence-based model of mid-level dental providers especially in tribal and rural communities, and providing access to dental sealant and fluoride varnish programs in schools.
- Increase access to early prenatal care in the Medicaid and CAWEM+ population by reducing systemic barriers and expanding programs with the goal of reducing low birthweight and increasing efficiency.

Community

- Improve access to sexual and reproductive health services by decreasing stigma, improving knowledge of wraparound services, and expanding funding models for sexual health.

Individual

- Increase culturally responsive care through use of traditional health workers and developing health care expertise around caring for people of all race/ethnicities, gender identities, sexual orientations, and abilities.

Questions/Comments:

- Annie- Language is more partner language, not community language. Likes that it is inclusive, but recommend language is heavy. Balance between technical language and plain language, balance between partners and community. I understand from a policy level that language may be heavier, but community language should speak to the appropriate audience.
- Annie- Community strategy focused on sexual and reproductive health services. How did the focus on sexual health for community focus? Should we have a second community focus?

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    - Liz- Clinical preventative services goal was geared more towards clinicians, so more clinical language is used. It is important to increase prenatal care services earlier, especially for the Medicaid population.
    - Rebeckah- The group struggled with who the audience is in making decisions on how to write strategies. There is openness to more plain language but that needs to be a part of an edit to the overall plan. There are a few clinicians on in the group that may want the audience to be providers.
    - Kurt- Under individuals, does the word ability refer to people with disabilities? If so, it should just say people with disability.
- Lisa- Changes will be made to ensure consistency across all strategies (for example, evidence based, culturally appropriate, persons with disabilities, etc.).

Lisa moved to approve with the following recommendations for change:
1. Change abilities to persons with disabilities.
2. The recommendation for clinical vs. plain language is noted and acknowledged.

Vote resulted in approval with recommendations.

Goal 3: Implement systemic and cross-collaborative changes to clinical and community-based health related service delivery to improve quality, equity, efficiency and effectiveness of services and intervention.
(Kelle Little joined the group)
Policy
- Expand tele-medicine and its infrastructure (i.e. improvements to payment reimbursement mechanisms) to increase access to mental health care, health promotion programs, and specialty services.
- Increase and improve electronic health record coordination and data sharing between primary care and specialty and hospital care.
- Use health care payment reforms to create incentives and encourage flexibility to support access to food, housing, and transportation.

Community
- Support efforts around statewide community information exchange to facilitate referrals between the health sector and social services.

Individual
- Harness electronic health record technology to promote delivery of preventive care screenings (i.e. immunizations and colorectal cancer screening), including screening for social determinants of health.

No questions or comments.

Lisa moved to approve as is.

Vote resulted in approval.

<u>Behavioral Health</u>
Generally excludes substance abuse disorder at this time to avoid overlap with the Alcohol, Drug and Drug Policy Commission 5-year plan, the focus was on mental health here. The ADPC planr was recently finalized

and is published on their website. There is also the Governor's Behavior Health Advisory Council, Wes Rivers from that group has participated in informing this subcommittee to assure alignment.

Goal 1: Reduce stigma and increase community awareness that behavioral health issues are common and widely experienced.

Community

- Define the need for community behavioral health services in partnership with state, tribal and local entities.
- Ensure community agencies have access to information to destigmatize and educate communities around issues of behavioral health.

Individual

- Create, expand, and fund programs that combat loneliness and increase social connection in older adults.
- Implement public awareness campaigns (e.g., "Mind Your Mind", Cultivate Compassion) to encourage people to ask for services when they need them and reduce stigma.

Questions/ Comments:

- Lisa- In last individual strategy, list of campaigns is for example and not exhaustive.
- Annie- Include culturally appropriate information under community 2nd strategy

Lisa moved to approve with the following recommendations:

1. Change to add access to culturally appropriate information under community 2nd strategy

Vote resulted in approval.

Goal 2: Increase individual, community and systemic resilience for behavioral health through a coordinated system of prevention, treatment and recovery

Policy

- Create and build upon existing state, local, and tribal governmental partnerships between education, law enforcement, judicial system, housing and social services, payors, hospital systems, and health care practitioners to improve the mental health of Oregonians.
- Increase access to behavioral health services by coordinating across systems and improving integration between behavioral health and other care and service providers.
- Incentivize treatments that are rooted in science, culturally informed, and trauma-informed practice.
- Examine, reduce and remove barriers to behavioral health services, for example accessibility, assessment process, transportation, and language.
- Ensure that providers are paid for all behavioral health services provided by developing Oregon Health Plan billing codes that support outreach and care coordination and promoting alternative payment models in public and private insurance.
- Strengthen enforcement of mental health parity and addictions equity laws at the federal and state levels to assure equitable administrative requirements, payment, and access for behavioral health services.
- Build incentives to recruit, retain, and train a qualified and appropriately trained workforce, reflective of the communities that they serve, including training for evidence-based practices

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Community

- Identify evidence related to institutional bias and disparities in local education and law enforcement systems in communities of color to create localized solutions to improve mental health.
- Implement Housing First initiatives creating supportive and supported housing for individuals who are in need, including individuals waiting to access behavioral health treatment.

Individual

- Increase funding and resources for culturally and age-responsive suicide prevention and resilience programs for communities most at-risk, for example Native Americans, LGTBQ+ individuals, and veterans.

Questions/ Comments:

- Clarice- When talking about improving workforce, not having BH services provided in the client's primary language is very challenging. Need to add that to the last strategy. Need recruitment of native or very very fluent second language speakers.
- Annie- On first strategy about education, need to add recruitment under education for secondary education pipeline for bi-lingual, bicultural providers.
- Kirt- Incentivize bringing a diverse workforce into the field.
- Kirt- In individual strategies -add language to include folks with disabilities given the high rates of suicide and depression in this population.

Lisa moved to approve with the following recommendations:

1. On first strategy about education, add recruitment under education for secondary education pipeline for bi-lingual, bicultural providers.
2. Add educate before recruit in in last bullet.
3. Under individual add persons with disabilities (e.g. depression)

Vote resulted in approval.

Break

(Kelle Little signed off)

Economic Drivers of Health

Economic Viability

Goal: Increase the percentage of Oregonians earning a livable wage by raising public awareness of the correlation between health and economic sufficiency and advocating for evidence-based policies to improve economic sufficiency.

Policy

- Increase access to living wage jobs by addressing the barriers to pursing higher education and investing in job training and other workforce development activities for rural communities, communities of color, people with disabilities, and other marginalized populations.
- Improve data collection to better understand barriers to high-quality, affordable childcare and caregiving and develop data-driven policy solutions.

Community

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- Increase health-supporting, local employment opportunities for prioritized populations by strengthening local economic development, entrepreneurship, and small business growth in underserved communities.
- Develop educational programs that increase the opportunity of economic viability for populations that may be financially vulnerable: people with disability, low income, low financial literacy; and communities of color. Educational programs should address available resources and services, eligibility criteria for those services, and support for the application process in a trauma-informed and culturally responsive way.

Individual

- Increase broadband connectivity in rural Oregon

Questions/ Comments:

- Annie- Supporting education of diverse mental health providers. Having a way to pursue educational opportunities and becoming professionals. Creating opportunities to give knowledge and expertise in their own communities, especially in communities of color. It seems interwoven.
- Kirt- Regarding broadband, in much Oregon we have connectivity but cannot afford it. It's more about making connectivity affordable.
- Lisa- In regards to rural areas, connectivity is broadened for healthcare but is not always available for residents, for example those that are looking to start a small business. Should we include language to include broadband being available to all individuals?
- Liz- Under educational programs, this group outlined a variety of interventions including earned income tax credit education, predatory lending practice education and support for Medicaid and disability application processes.

Lisa moved to approve with the following recommendations:

1. Addition of affordable to broadband connectivity strategy under individual level.

Vote resulted in approval.

Physical Environment

Goal: Reduce stigma and increase community awareness that behavioral health issues are common and widely experienced.

Policy

- Ensure that transportation, health, housing and land use agencies utilize robust, culturally responsive community engagement strategies to co-create investments, policies, projects, and agency initiatives.
- Integrate racial equity as a key criterion in State agencies' health, housing, transportation and land use planning, policy, and investment development.
- Build climate and water resiliency in Oregon's most impacted communities by doing a statewide assessment of urgent needs and partnering with communities to implement locally- and culturally-appropriate solutions.

Community

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- Create healthy, livable rural and urban communities by increasing green infrastructure and access to safe, affordable housing, transit, childcare, education, employment, healthy foods, and healthcare; especially for communities of color, low-income communities, and people with disability.
- Increase affordable housing stock through state appropriations and housing development programs in neighborhoods with transit and active transportation choices, access to schools, jobs, services, goods, and community amenities.

Individual

- Promote and expand existing and innovative new programs to increase homeownership among communities of color, including the Oregon Bond Residential Loan Program, new manufactured housing, and access to affordable first-time homebuying loan products.

Questions/ Comments:

- Kirt- Under community, add accessible to first strategy, "Create healthy, livable, and accessible rural and urban….". Also, same for second strategy; add accessible, "Increase affordable and accessible housing….".

Lisa moved to approve with the following recommendations:

1. Addition of "and accessible to first and second community level strategies.

Vote resulted in approval.

Food Insecurity

Goal: Increase equitable access to culturally appropriate nutritious food regardless of social or structural barriers (e.g., age, location or employment) by addressing the underlying issues in food availability and stigma associated with food insecurity.

Policy

- Maximize community investments and cross-organizational collaboration on interventions through alignment of hospital, CCO, and local public health Community Health Assessments and Tribal Food Sovereignty Assessments.

Community

- Build resilient food systems at the state and local levels that support access to healthy, affordable food for all communities.
- Build capacity to address the needs of populations at high risk of food insecurity by increasing programmatic and financial supports, for example for existing nutrition programs such as SNAP, WIC, and the School Based Summer Lunch Program.

Individual

- Create educational campaigns to address the stigma associated with using food supports such as food bank and food vouchers.

Questions/ Comments:

- Lisa- Add culturally appropriate to first community strategy for consistency with goals.
- Kirt- Glad to see that structural barriers are added.
- Liz- This group has a lot of different interventions under each of these. For existing nutrition programs, they had quite an extensive list. When narrowing, we chose to identify those that would be most recognized by the community. When implemented, programs will be broader.

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Lisa moved to approve with the following recommendations:
1. Add culturally appropriate to first community strategy for consistency with goals.

Vote resulted in approval.

Institutional Bias

These three goals, when read sequentially, make up the combined goal statement of the Institutional Bias subcommittee, to "Expose and reduce the impact of institutional biases that influence health, by identifying and championing work across systems, structures, polices, communities and generations, so that all people in Oregon are empowered and have opportunity to participate fully in decisions to achieve optimal health."

Goal 1: Expose and reduce the impact of institutional biases that influence health, by

Policy

- Expand human resources practices, for example in hiring, recruitment, and retention, that promote equity.
- Ensure indicators data are reportable by race and ethnicity, disability, gender, age, sexual orientation, socioeconomic status, nationality and geographic location.
- Train all teachers on implicit bias with programming that addresses race and gender to end discipline disparities for black youth. Track teachers and schools for discipline disparities and address those contributing to racial and gender bias in school pushout.

Questions/Comments:

- Lisa- Are the indicators data, the indicator data for the plan?
    - Liz- No, I don't believe so. I think this is a point to get clarification from the subcommittee.
- Annie- Why the specific mention of black youth?
    - Clarice- Evidence indicates that black youth have the most severe disparity. Feeling is if it improves for black youth it will improve for all, but didn't want to dilute focus.
    - Liz- this also an outcome indicator for the department of education.
- Kirt- In Eastern Oregon, Latinx youth make up 30% of the population and black students make up a much smaller percentage. How will this fit and will it benefit? Thought to expand that out? Hard to focus on Latinos and Blacks at the same time due to anti-blackness in both Latino and white groups. How to track the discipline disparities that impact Latino school pushout? In small communities focus on black may make it easier for folks to ignore.
    - Clarice- Lot of diversity within Latinx population. Some are white passing and face different issues than darker skinned Latinx and black people. Hard to focus on Latino and Black students both because of differences, so choice was made in subcommittees to focus on Black youth.
    - Liz- pointed out that under Behavioral Health goal 3, that it specifically addresses institutional bias in education in communities of color and in a true logic model these would be linked.

After the robust conversation surrounding this goal, Lisa moved to approve with no changes.

Vote resulted in approval.

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Goal 2: Identifying and championing work across systems, structures, polices, communities and generations, so that

Policy

- Implement standards for workforce development that include identifying and addressing institutional bias.
- Advance the skills and abilities of the workforce to deliver equitable, trauma informed, and culturally and linguistically responsive services.
- Ensure state agencies are pledged to racial equity by accounting publicly for racial equity in budgeting to ensure adequate investment into BIPOC (Black, Indigenous, and People of Color) communities and incorporating equity into agency performance metrics.

Questions/Comments:

- Liz- This subcommittee was focused into three different areas. The areas were workforce, compliance and community level.
- Annie- In the second strategy I would like to see something about retention.

Lisa moved to approve with the following recommendations:

1. The addition of retention in the second strategy.

Vote resulted in approval.

Goal 3: All people in Oregon are empowered and have opportunity to participate fully in decisions to achieve optimal health.

Community

- Use restorative justice models in schools to address conflict, bullying, and to ensure that young students remain integrated within their peer community. Institute training in mediation and restorative justice for students, parents, teachers, and community members to avoid the school to prison pipeline and the escalation of misdemeanor charges for youth.
- Expand and strengthen the Senior Health Insurance Benefits Assistance (SHIBA) volunteer program for Medicare and Medicare Advantage enrollment and transportation assistance.

Individual

- Identify and mitigate barriers to the development and maintenance of affordable housing.
- Require sexual orientation and gender identity training (including trans-informed training) for all health and social service providers receiving state funds.

Questions/Comments:

- Annie- I would like to see racial harassment included in the first community strategy. Students are experiencing this from teachers as well which encourages negative student behavior, using the term bullying does not capture this specifically.
    - Clarice- Strategies for racial harassment and sexual harassment are different. Sexual harassment may be more covert than racial harassment.
    - Annie- Racial bias should be called out explicitly. Possible that sexual harassment is called out under different strategies.
    - Kirt- Not familiar with restorative justice. Youth are not connected with their peer community, disability advocacy community. Also, should hate bias be addressed here or elsewhere?

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- Group- Explanation of restorative justice.
- Kirt- Appears reactionary, it seems we word it to include other models and include the education part up front, but I am willing to move on.
- Annie- I can see that there are other strategies that would speak to the preventative aspects such as training and this strategy can speak to repairing damage after something happens.
- Lisa – One thing we could do is look to add in a bullying prevention piece into Adversity, Trauma and Toxic Stress.

Lisa moved to approve with the following recommendations:
1. Add racial harassment in first community strategy.
2. Integrating a bullying prevention piece to Adversity, Trauma and Toxic stress.

Vote resulted in approval.

Adversity, Trauma and Toxic Stress

The group was reminded to keep in mind two topics that were punted forward to this area were sexual harassment and bullying while reviewing.

Goal 1: Prevent trauma (e.g. intergenerational and historical trauma), toxic stress, and adversity through data driven policy, system and environmental change.

Policy

- Promote access to and provide resources (e.g. funding, training, and staffing) for safe, affordable, and high-quality culturally appropriate childcare and paid family leave.
- Ensure all school districts are implementing K-12 comprehensive health education according to law, including the Human Sexuality Education Law of 2009, the Healthy Teen Relationship Act of 2013, the Child Sexual Abuse Prevention Law of 2015, and the revision of the Oregon Health Education Standards in 2016.

Community

- Implement anti-racism, anti-poverty, and anti-oppression policies and initiatives through community partnerships, coalitions, and cross-system initiatives to prevent trauma and increase resilience.

Individual

- Support expansion of statewide evidence-based and culturally appropriate prenatal and early childhood home visiting.

Questions/Comments:

- Lisa- Would strategy number 2 would cover sexual harassment?
  - Liz- It may fall under multiple laws but looking under Oregon Health Education Standards, it does mention sexual harassment in multiple areas specifically.
- Lisa- If we look at the first community strategy, does this address the bully question or is it too broad?
  - Kirt- It may be too broad if we don't spell it out, may lack action. However, willing to go with the group.
  - Annie- I agree that being specific makes sense.
- Kirt- While we have included anti-racism, should we have something included about Hate Bias and Incidence Laws to second policy strategy?
  - Annie agreed that this would make sense in order to keep the accountability for adherence.

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- Lisa- Could we could meet this by including training about Hate Bias and Incidence Reporting Law?

Lisa moved to approve with the following recommendations:
1. Add conflict resolution and bullying prevention being added to the community strategy here.
2. Include training about Hate Bias and Incidence Reporting Law in second policy strategy.

Vote resulted in approval.

Goal 2: Increase resilience by promoting safe, connected and strengths-based individuals, families, caregivers and communities

Policy

- Create joint-use agreements between school districts, park districts, cities, public agencies, private entities, and nonprofit organizations in order to provide safe, accessible, high-quality community gathering places to meet the multi-ethnic and multicultural needs of the community.

Community

- Promote and invest in community-based, culturally appropriate opportunities for mentoring and peer delivered services, including intergenerational mentoring.
- Develop and/or strengthen community partnerships to increase awareness of toxic stress, its impact on health, and the strength of protective factors.
- Promote community-wide art and cultural events by holding them in widely accessible public spaces and reducing barriers to program participation, including lack of disability accommodation, and conducting culturally responsive outreach for community programs and celebrations.

Individual

- Provide culturally sensitive and age-appropriate outreach to inform individuals of where, when, and how they can access tools and resources in their community on toxic stress, its impact on health, and the strength of protective factors.
- Promote interventions that build relational capacity and supportive environments for positive connectiveness within family units. Interventions should provide trainings to families on coordinated, family-centered care and engage families to promote culturally responsive resiliency strategies.

Questions/Comments:
- Lisa- I see thumbs up. It's very comprehensive.
- Annie- This one seemed like a lot when we tried to condense it.

Lisa moved to approve as is with no recommendations.

Vote resulted in approval as is.

Goal 3: Mitigate trauma by promoting trauma informed systems and services that assure safety and equitable access to services and avoid re-traumatization.

Policy

- Include the requirement to develop a workforce trained to understand trauma, including awareness of adverse child experiences, with institutions, service providers, and contracting agencies engaged in systems of care that address trauma related services. For example, agencies may include the Oregon

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Health Authority, Department of Human Services, Oregon Youth Authority, Oregon Housing Community Services, Department of Justice, and Department of Corrections.
- Require documentation and implementation of policies and procedures reflecting principles of trauma Informed care for institutions, service providers, and contracting agencies engaged in systems of care that address trauma related services (e.g. modeled on an existing standard such as OHA Addictions and Mental Health Division Behavioral Health Trauma-Informed Services Policy).
- Ensure that state agencies implement House Concurrent Resolution 33 and implementation of trauma informed approaches is written into state agency plans.

Questions/Comments:
- Liz- This goal was difficult to flush out. Intent is to make sure agencies are adhering to trauma related services in contracts; in the second, how do you prove that you are doing trauma informed services, requires a policy to be in place about who they contract; lastly, assuring state agencies are also internally doing the work, citing the resolution.
- Kirt- Very difficult to capture, great job.

Lisa moved to approve as is with no recommendations.

Vote resulted in approval as is.

Community Engagement process update and timeline review.

Next step is our community feedback process. Christy Hudson is returned from maternity leave and will be spearheading effort. Thank you to Annie and Kirt for participating in this process, they represent 2 of the 7 agencies participating. We will be touching base with our mini grantee organizations to get a temperature of what they're engagement efforts will look like during a response to COVID. The next PartnerSHIP meeting is June 1. As this could change, please know will be informing everyone as decisions are made about the current timeline.

Public Comment:

Joanna Johnson- Plan looks good.

Evaluation, wrap-up and next steps

Thank you to everyone for giving your time and attention to participate in this great work. There are a lot of moving parts but we are going to continue to move this critical work forward.

- SHIP website creation is underway. Contact Liz Gharst if interested in participating in the website development. This could include reviewing narrative content or beta user experience testing.
- If you are interested in working on survey to collect feedback on strategies, please contact Liz Gharst.
- Next PartnerSHIP meeting is tentatively scheduled for June 1st.

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