

INTEGRATED STRATEGIES COMMITTEE (ISC) MEETING AGENDA

WEDNESDAY MAY 29, 2024 – 1:00PM TO 3:00PM

ONLINE MEETING VIA ZOOM

Note: all times are approximate

1:05 pm	<ol style="list-style-type: none"> 1. Call To Order and Moment of Silence 2. Welcome and Introductions
1:10 pm	<ol style="list-style-type: none"> 3. Review and Approve the Agenda for May 29, 2024 4. Review and Approve the Minutes from April 24, 2024
1:15 pm	<ol style="list-style-type: none"> 5. Check-In – How are YOU!?
1:30 pm	<ol style="list-style-type: none"> 6. EHE Rate Update Discussion
2:15 pm	<ol style="list-style-type: none"> 7. Escalate – A Stigma Reduction Tool presented by Heart to Hand
2:30 pm	<ol style="list-style-type: none"> 8. Other Business <ul style="list-style-type: none"> • Integrated Plan Flier • Medicaid
2:40 pm	<ol style="list-style-type: none"> 9. Future Agenda Items
2:45 pm	<ol style="list-style-type: none"> 10. Announcements & Adjournment
<u>NEXT INTEGRATED STRATEGIES COMMITTEE (ISC) MEETING:</u>	JUNE 26, 2024 1PM – 3PM ELECTRONIC MEETING VIA ZOOM

INTEGRATED STRATEGIES COMMITTEE (ISC) MEETING MINUTES

WEDNESDAY, APRIL 24, 2024 - 1:00PM

ZOOM CONFERENCE AND VIDEO CALL

ELECTRONIC – ONLINE MEETING

ATTENDEES/ROLL CALL					
COMMISSIONERS	PRESENT	ABSENT	COMMITTEE MEMBERS	PRESENT	ABSENT
Camara, Farima		X	Lewis, Rodney	X	
Cauthen, Melvin	X		Naomi, Seiler	X	
Clark, Lamont (Govt. Co-chair)	X		Washington, Mehki	X	
Copley, Mackenzie	X				
Gomez, Ana		X			
Gutierrez, Anthony		X			
Hutton, Kenya		X			
Keita, Ramatoulaye	X				
Lewis, Jason	X		COMMUNITY PARTNERS/GUESTS	PRESENT	ABSENT
Pettigrew, Ken	X		Davis, Danielle	X	
Mekonnen, Betelhem		X	Givens, Phyllis	X	
Wallis, Jane	X		Taliaferro, Tiffany	X	
			PRESENTERS	PRESENT	ABSENT
			Cooper, Stacie	X	
			Coston, Asaah (Ace)	X	
			Morris, Kyla	X	
RYAN WHITE RECIPIENT STAFF	PRESENT	ABSENT	COMMISSION SUPPORT STAFF	PRESENT	ABSENT
			Bailey, Patrice	X	
			Johnson, Alan	X	
HAHSTA STAFF	PRESENT	ABSENT			
Orban, Julie	X				

NOTE: This is a draft version of the April 24, 2024, Integrated Strategies Committee (ISC) Meeting Minutes which is subject to change. The final version will be approved on May 21, 2024.

AGENDA	
ITEM	DISCUSSION
Call to Order	Jane W. called the meeting to order at 1:05 pm followed by a moment of silence and introduction.
Review and Approval of the Agenda	Lamont C. added a presentation on Stigma to the agenda after the HAHSTA presentation. Jane assumed the motion to adopt the April 24, 2024, Meeting Agenda with the addition.
Review and Approval of the Minutes	Julie O. noted a change needed on page 3 of the March 27, 2024, Meeting Minutes. Jane assumed the motion to approve the meeting minutes with the noted corrections.
Check-In	<p>Melvin C. spoke about the Protocol Implementation Summit 2.0 that was held on April 18, 2024. He enjoyed the event, and was moved by the stories, testimonies, and interactions.</p> <p>Ken P. attended the Annual Biomedical Conference in Seattle, Washington sponsored by NMAC. They had a pre-PrEP Summit that discussed PrEP research and innovations that are coming down the pike. (I.e. birth control and PrEP being in one pill and developing a male douche as a prevention method).</p> <p>Lamont announced that now is a good time to apply for scholarships and register as a presenter for the USCHA Conference September 12-15, 2024. Go to the NMAC website for details.</p> <p>Jane announced that she cannot attend the COHAH General Body Meeting tomorrow. She asked Melvin C. and Rama K. to give the ISC report.</p> <p>Mackenzie C. attended the Presidential Advisory Council (PACHA) Conference in Houston, Texas. The group has a sense of urgency moving towards the November election. Some of the discussions over the next nine (9) months will be centered around the CDC RFP's, how they are written and reviewed and trying to make them more inclusive for organizations, exploring the possibility of using ADAP funds to pay for health insurance coverage, and declaring HIV as a national health emergency.</p>
EHE/Prevention Updates	<p>Kyla Morris, HAHSTA Data Analyst and Asaah (ACE) Coston, HAHSTA Expanded Testing Coordinator, presented on the GetCheckedDC Program. GetCheckedDC is a free program that provides DC residents with confidential, convenient testing for both HIV and Sexually transmitted Infections (STIs). Individuals can either request a free HIV or STI self-testing kit or walk into a Labcorp patient service center in the DMV area with or without an appointment and get tested for free.</p> <p>Some of the challenges have been with incomplete surveys which can lead to inaccurate data and hinder the effectiveness of the program. Another challenge is the cost of postage (\$9.82 each) which limits the</p>

	<p>reach of the program and impacts its sustainability. Also, the lack of follow-up after initial engagement can result in missed opportunities for early detection or intervention.</p> <p>Naomi S. asked if Medicaid has been considered as a funding source for STI testing since testing for chlamydia in females up to age 26 years old is a required performance measure for Medicaid MCO's. Stacey indicated that they have not considered it but it's a great idea and worth looking into to expand their reach with less money.</p> <p>Jason L. asked about the process for receiving the test kits. Stacey instructed Jason to go to the website, choose the type of test (HIV or STI), enter the mailing address and it gets mailed. Stacey will put the link for GetCheckedDC in the chat. The HIV tests are distributed from HAHSTA. STI tests are shipped directly from another company. Jason asked how many tests can be accommodated with the current budget. Stacey responded that the recent office move has somewhat interfered with the ability to get the kits out. She further indicated that linkages with national partnerships, like CDC's "Together Take Me Home" program may be a way to get the kits out. Slides are available upon request.</p>
Stigma	<p>Ken P. indicated that two (2) members from Heart to Hand were asked to present on Stigma today. However, both are out sick. They will come next month to present.</p>
Medicaid Updates	<p>Lamont indicated that he has not received a response from Medicaid yet. He spoke with Clover B. about contacting a Medicaid representative. Clover gave him a couple of recommendations.</p>
Integrated Plan Flyer	<p>Julie reviewed the revised Integrated Plan Flyer. There were a few language changes, the map was corrected, and contact phone numbers were added. A few more revisions were mentioned during the meeting. After the final revisions, Julie will send the flyer to Lamont and Patrice for distribution and website posting. Julie asked the committee to send any additional comments/revisions by the end of next week.</p>
Future Agenda Items	<p>Lamont indicated that a request for an increase in Emergency Financial Assistance (EFA) has been presented to the ISC. Housing Counseling Services will attend the next meeting to provide information that supports the request. The focus is on rents but all services in that category can be discussed.</p> <p>Lamont indicated that the PSRA process is being tweaked to disseminate information monthly leading up to PSRA. Historically, information had been given during jurisdictional meetings scheduled consecutively across 2-3 days. Then all information would be discussed at the overall PSRA meeting.</p>

<p>ANNOUNCEMENTS/ OTHER DISCUSSION</p>	<p>Rodney L. announced that Howard’ University’s MAETC is putting on a virtual clinical mini residency on Friday April 26, 2024, from 9:00am – 1:25 pm. Howard U is offering CME and CPE accreditation to those who attend.</p> <p>Lamont announced that some of the COHAH membership terms are expiring. Patrice B. sent an email requesting a response to whether the commissioner wishes to remain on the board. Please respond to Patrice’s email.</p> <p>Rama K. announced that there will be an Open House at two (2) Whitman-Walker Locations, (14th St. NW, and Sycamore Dr. SE) on tomorrow. She will share the flyer with Lamont and Patrice for distribution.</p> <p>Jane announced that there will be a health fair event at Georgetown University over two (2) days (Tuesday and Friday). There will be twelve (12) providers attending and 650 youth are expected.</p>
<p>HANDOUTS</p>	<ul style="list-style-type: none"> • April 24, 2024, Integrated Strategies Committee Meeting Agenda • March 27, 2024, Integrated Strategies Committee Meeting Minutes

<p>MEETING ADJOURNED</p>	<p>2:12 PM</p>	<p>NEXT MEETING</p>	<p>WEDNESDAY, May 29, 2024 1:00pm to 3:00pm ZOOM CONFERENCE AND VIDEO CALL</p>
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The DC Region's Plan to Prevent and Treat HIV 2022-2026



The Washington, DC Regional HIV Plan aims to coordinate HIV prevention and treatment services across DC and parts of Maryland, Virginia, and West Virginia. It has goals and activities for HIV prevention in DC and for care and treatment for the greater DC area.



THE PLAN FOCUSES ON FOUR GOALS:

1



Preventing new HIV infections

2



Helping individuals with HIV with their health

3



Making sure everyone gets equal HIV prevention and treatment, no matter their race, ethnicity or gender

4



Working with partners and the community to plan and carry out HIV prevention and treatment

Note which groups are hit hardest by HIV in our area:

Black & Latino men who have sex with men

Black straight men and women

Transgender Individuals

Youth 13-24 years old

Individuals who inject drugs

Community Voices Matter!

The plan was made with help from the community. We used surveys, health department data and information from partners from the area. We made sure to include input from communities most affected by HIV.

The DC Region's Plan to Prevent and Treat HIV 2022-2026

From 2022-2026, DC Health will work with partners and the community towards objectives including:



DIAGNOSE

- Help more individuals learn about their HIV status
- Give out more HIV tests
- Reduce racial, ethnic, and gender gaps in new diagnosis



TREAT

- Help individuals get HIV care within a month of diagnosis
- Help individuals take HIV medicine to stay healthy



PREVENT

- Lower the number of new HIV infections each year
- Make it easy for individuals to get HIV prevention medicines (PrEP and PEP) and other services



RESPOND

- React fast when HIV is spreading
- Teach the community about how and where HIV is spreading



ENGAGE

- Offer more services to keep one's mind, body, and spirit healthy
- Train more individuals to work with HIV programs¹
- Work with the community to address problems like racism and stigma²

¹ Includes peer educators, case managers, patient navigators and community health workers

² Includes unmet social needs like transportation, employment, and housing

The DC Region's Plan to Prevent and Treat HIV 2022-2026

Some of DC Health's supporting programs to reach these goals include:

HARM REDUCTION

DC Health will help reduce health risks by providing clean syringes, HIV prevention services, HIV testing, condoms, and treatment pathways.

WELLNESS SERVICES

DC Health will make it easier to get healthcare, including wellness services and mental healthcare.

MOLECULAR SURVEILLANCE

Molecular surveillance helps identify where HIV is spreading. DC Health will use this approach to improve testing, prevention, and care services, and will listen to community concerns.

HIV TESTING

DC Health will offer HIV testing in new ways and new settings.

RAPID ART³

DC Health will quickly connect individuals diagnosed with HIV to medical care and medication.

U=U⁴

DC Health will spread the word about U=U, which means when HIV is undetectable, it can't be passed during sex. Treatment will be made easier to get.

PrEP AND PEP⁵

DC Health will promote access to PrEP and PEP, medications to prevent HIV.

DATA-TO-PREVENTION

DC Health will use data and community input to improve HIV prevention.

How can I learn more about DC's Plan?

You can find more about DC's 2022-2026 plan by visiting bit.ly/DCH_HIVreportsandpub, emailing cohah@dc.gov, or calling 202-744-0893.



³ Rapid antiretroviral therapy

⁴ Undetectable = Untransmissible

⁵ Pre-exposure prophylaxis and Post-exposure prophylaxis.