

## INTEGRATED STRATEGIES COMMITTEE (ISC) MEETING MINUTES

**WEDNESDAY – AUGUST 14, 2019 – 1:00PM TO 3:00PM**

**DC HEALTH-HAHSTA - 899 N. CAPITOL ST., NE; 4<sup>TH</sup> FLOOR; WASHINGTON, DC 20002**

<b>ATTENDEES/ROLL CALL</b>					
<b>COMMISSIONERS</b>	<b>PRESENT</b>	<b>ABSENT</b>	<b>GUESTS</b>	<b>PRESENT</b>	<b>ABSENT</b>
Sarcia Adkins	X		Greg Dwyer	CC	
Farima Camara	CC		David Moody	CC	
Melvin Cauthen	X				
Ana Gomez	CC				
Kenya Hutton	CC				
Rama Keita	X				
Kaleef Morse	X				
Jane Wallis	X				
Jennifer Zoerkler	X				
<b>HAHSTA/ ADMINISTRATIVE AGENT REPRESENTATIVES</b>	<b>PRESENT</b>	<b>ABSENT</b>	<b>COMMISSION SUPPORT STAFF</b>	<b>PRESENT</b>	<b>ABSENT</b>
Jose Delao Hernandez	X		Patrice Bailey	X	
Khalil Hassam	X		Lamont Clark	X	
Leah Varga	X				
Laura Whitaker	X				

<b>AGENDA</b>	
<b>Item</b>	<b>Discussion</b>
<b>Call to Order</b>	Meeting called to order at 1:10pm by Kaleef M. followed by a moment of silence. Attendees introduced themselves.
<b>Review and Approval of the Minutes</b>	Jennifer Z. moved to approve the July 31, 2019 minutes. Jane W. seconded. The motion was unanimously approved without further discussion.
	The committee reviewed a draft copy of Early Intervention Services standard which contained feedback from the Recipient ( <i>all changes can be found in the actual document</i> ).

<p><b>Draft Early Intervention Services (EIS) Service Standards</b></p>	<p>Kaleef noted that they needed to decide on use of the terms of either “acquisition”, “exposure”, or “infection” and they would use the term consistently throughout the document. Jane W. noted that in her field they do not utilize “infection” because of the negative connotation. Khalil H. noted the term “exposure” doesn’t appropriately categorize the nature of the final infection. The term “acquisition” was decided upon.</p> <p>Kaleef asked if more was needed in the U = U “Teach ‘em” section (Page 6)? Jane suggested adding U=U as a bullet point in the HERR section.</p> <p>The group also discussed the time frame for Rapid ART. They decided to add a 7 to 14 day timeframe to the standard. They also discussed possibly adding a 14 – 30 day frame and adding these (or similar) timeframes to the PrEP/PEP sections.</p> <p>The committee discussed adding language around using LinkU.</p> <p>Kaleef noted that he will make the changes discussed during the meeting and forward them to the Recipient.</p>		
<p><b>Review of Old Outpatient/Ambulatory Medical Case Standards of Care to update as the Outpatient Ambulatory Health Services Standard</b></p>	<p>Kaleef noted that the old standards are from 2010. He stated that updating the standard would definitely need to involve clinicians. The committee would need to think about what things they would like to ensure are added into the standards. Sarcia A. asked how long would this take to complete? Kaleef noted that at his previous job it took 9 months. He also noted that because the standard is so old, it will definitely take some time to update and add whatever the committee is seeking to add as well as collaborating with clinicians. Kaleef asked the committee members to share the old version with their clinician colleagues to begin to get feedback.</p> <p>Kaleef noted that Michael Kharfen suggested creating a directive that would ensure that providers participate in HRSA required activities (i.e. – AEAM, Needs Assessment Surveys, etc.).</p>		
<p><b>ANNOUNCEMENTS/OTHER DISCUSSION</b></p>			
<p>Lamont reminded people to attend their jurisdictional PSRA meetings. Kaleef noted that POWAB is having a Community Day event on this coming Saturday.</p>			
<p><b>HANDOUTS</b></p>			
<p>Agenda – August 14, 2019          Minutes – July 31, 2019          Draft 2019 EIS Service Standards</p>			
<p><b>MEETING          ADJOURNED</b></p>	<p>2:25 PM</p>	<p><b>NEXT MEETING</b></p>	<p>September 17, 2019 @ 1:00pm          DC Health-HAHSTA          899 N. Capitol St. NE; 4<sup>th</sup> Floor          Washington, DC 20002</p>