

INTEGRATED STRATEGIES COMMITTEE (ISC) MEETING AGENDA

WEDNESDAY MARCH 27, 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 March 27, 2024 4. Review and Approve the Minutes from January 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. ISC Work Plan <ul style="list-style-type: none"> - Medicaid updates - Integrated Plan
2:30 pm	<ol style="list-style-type: none"> 7. Other Business <ul style="list-style-type: none"> - LinkU update
2:50 pm	<ol style="list-style-type: none"> 8. Future Agenda Items
3:00 pm	<ol style="list-style-type: none"> 9. Announcements & Adjournment
<p><u>NEXT INTEGRATED STRATEGIES COMMITTEE (ISC) MEETING:</u></p>	<p>APRIL 24, 2024 1PM – 3PM ELECTRONIC MEETING VIA ZOOM</p>

INTEGRATED STRATEGIES COMMITTEE (ISC) MEETING MINUTES

WEDNESDAY, JANUARY 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	Seiler, Naomi	X	
Cauthen, Melvin	X		Lewis, Rodney	X	
Clark, Lamont (Govt. Co-chair)	X		Givens, Phyllis	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	Stallings, Kenneth	X	
Mekonnen, Betelhem		X	Washington, Mekhi	X	
Wallis, Jane	X				
			PRESENTERS	PRESENT	ABSENT
			Seiler, Naomi	X	
			Washington, Mehki	X	
RYAN WHITE RECIPIENT STAFF	PRESENT	ABSENT	COMMISSION SUPPORT STAFF	PRESENT	ABSENT
			Bailey, Patrice	X	
			Johnson, Alan	X	
HAHSTA STAFF	PRESENT	ABSENT			
Isom, Roger	X				
Orban, Julie	X				
Olejeme, Christie	X				

NOTE: This is a draft version of the January 24, 2024, Integrated Strategies Committee (ISC) Meeting Minutes which is subject to change. The final version will be approved on March 27, 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 introductions.
Review and Approval of the Agenda	Jane assumed the motion to adopt the meeting agenda for January 24, 2024.
Review and Approval of the Minutes	Jane assumed the motion to approve the meeting minutes for December 13, 2023, with the correction to Melvin Cauthen's attendance.
Check-In	<p>Lamont C. announced that the office is moving to 2201 Shannon Place, SE, DC in February 2024. Consequently, there will not be any meetings in February.</p> <p>Alan J. announced the Youth Summit scheduled for February 23, 2024, at MLK Library from 9am – 2pm for young people between 13-19 years of age. The event will center around whole person health. Some of the activities include Peer or near-peer led health education sessions, Trap Yoga, Go-Go High Impact Fitness Training. The Youth Coalition will also implement the Brown Bag Program. There are opportunities for tabling, resource sharing, presentations and break out groups.</p> <p>Melvin C. announced that his organization is in the process of renewing their 5-year CDC grant which will distribute \$1 million a year. Fortunately, the impact of the Maryland budget reduction won't be as great as it could have been. The CDC grant will replace the discontinued EHE grant.</p> <p>Mackenzie C. reported that ViiV has a RFP funding opportunity out. Lamont will send out the notification.</p> <p>Kenya H. announced that his organization is in the mist of planning DC Black Pride Activities. They are still looking for vendors. He further indicated that they partnered with DC Health last year in having a Health and Wellness Pavilion that provided a myriad of health services to the community. Anyone interested in participating should contact Kenya Hutton.</p> <p>Rodney L. is the Senior Training Coordinator at Howard University for the MidAtlantic AIDS Education and Training Center (AETC) MidAtlantic. He desires to serve as a resource for the COHAH and the community. Additionally, he is in the process of applying for continued funding specifically in the area of Minority AIDS Initiatives.</p> <p>There was discussion about having commissioner's email addresses available to all. Lamont said the question can be asked and give the commissioners the ability to opt in or opt out.</p> <p>Kenneth S. reported that Children's National has started a Community Partners Group. The first meeting will be on February 21, 2024. The focus is on youth between ages 13-24. Children's National has partnered with Gilead Sciences to have a summit in April. Anyone interested in attending</p>



	<p>the collaborative meetings can contact Kenneth at kstallings@childrensnational.org.</p>
<p>ISC Work Plan Brainstorming</p>	<p><u>Medicaid - Part II: Examples of Jurisdictions' Medicaid MCO coverage of services for PLWH</u> was presented by Naomi S. and Mehki W.</p> <p>Naomi presented specific examples of Medicaid activities and services in different states. The examples were taken from Amida Care in Yew York City, Wisconsin Forward Health (DHS), and The AIDS Foundation of Chicago.</p> <p>Mehki presented on the Medicaid Home and Community Based Services (HCBS) waivers and demonstration projects that are designed for the older population age 65 and above that need a higher level of care and discussed some potential follow-up questions for HAHSTA and Medicaid. Examples were from Maine's Section 1115 Demonstration of PLWH, IOWA HCBS AIDS/HIV, HCBS California Medi-Cal Waiver Program (MCWP), IL Persons with HIV/AIDS, and The Missouri Medicaid AIDS Home and Community-Based (HCBS) Waiver.</p> <p>Julie O. asked if the HCBS services are similar or different from long term care services covered under Medicaid Managed Care Organizations and how are they being funded for the work they do in terms of outreach and reaching those who have fallen out of care. Alan shared his experience with the AIDS Foundation of Chicago and Naomi indicated that the money is funded by the MCOs and exists to help people who would need nursing level of care stay out of institutional care to the degree they want to.</p> <p>Jason L. asked if Medicaid representatives could be invited to the committee meetings to ask more questions. It was agreed to try to obtain as many answers as possible from within HAHSTA and the COHAH first. Lamont asked Naomi and Mehki to give the same presentation again at the meeting in March and he will make Clover aware. Christie O. implicated two (2) familiar Medicaid workers who attend ADAP meetings. One is Tianna Reed who used to work in the HAHSTA/ADAP program. Julie the potential questions in an email to Lamont to make Clover aware of the areas of interest. Rodney suggested the idea of an education component be included.</p> <p>Jason asked about an online one-stop shop for services that eliminates the need to go to different organizations seeking out services. Lamont indicated that LinkU was developed for that purpose. Kenya added that the Get Checked DC is another source but specific to HIV. Jane added that there is a youth sexual health coalition that meets tomorrow that was established because it was recognized that youth do not access care the same as adults. There was a lengthy discussion about how the resources can be advertised better. One suggestion was to have Malachi Stewart</p>



	<p>talk about it on the Positive Voices podcast. Lamot indicated that the marketing of LinkU is not within COHAH's purview. Ashley Coleman can be asked to attend the March meeting to answer further questions. Christie indicated that CBOs funded by HAHSTA are required to use LinkU. They are cited if during a site visit there is no evidence that the source is being used for their customers.</p> <p>Integrated Plan</p> <p>Julie and GW are drafting a 2-page flyer for the Integrated Plan. It's still in draft form but hope to have it ready in March. They have been working on another flyer for the kickoff meeting in February.</p>
Other Business	None noted.
Future Agenda Items	<ul style="list-style-type: none"> • Next steps with Medicaid presentation and involve HAHSTA folks. • Recognizing that people understand the information. • Receive updates on LinkU and Get Checked DC usage and info on advertising. • Discuss the misnomers and what we want people to know. • Receive updates on the EHE programs in DC. • Get more information on the CBOs that are in violation of not accessing the LinkU and Get Tested DC websites. Julie shared some statistics generated by the Prevention Division on how many people are accessing Get Checked DC and suggested doing training in CMOC around LinkU.
ANNOUNCEMENTS/ OTHER DISCUSSION	Lamont re-iterated that there will be no COHAH meetings in February.
HANDOUTS	<ul style="list-style-type: none"> • January 24, 2024, Integrated Strategies Committee Meeting Agenda • December 13, 2023, Integrated Strategies Committee Meeting Minutes

MEETING ADJOURNED	2:56 PM	NEXT MEETING	WEDNESDAY, MARCH 27, 2024 1:00pm to 3:00pm ZOOM CONFERENCE AND VIDEO CALL

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



The Washington, DC HIV Plan describes how HIV prevention and care services are planned and carried out across the region. It has goals and activities for HIV prevention in DC and for care and treatment for the greater DC area. That area includes parts of West Virginia, Maryland, and Virginia.



THE PLAN FOCUSES ON FOUR GOALS:

1



Stopping new HIV infections

2



Helping people with HIV with their health

3



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

4



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

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

- Black & Latino MSM¹
- Black straight men and women
- Transgender people
- Youth 13-24 years old
- People 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 people from communities most affected by HIV.

¹ Black & Latino men who have sex with men

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

From 2022-2026,
DC Health will work
with partners and
the community to:



DIAGNOSE

- Help more people learn about their HIV status
- Give out more HIV tests
- Reduce racial and ethnic gaps in HIV



TREAT

- Help people get HIV care within a month of diagnosis
- Support people staying healthy by taking HIV medicine



PREVENT

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



RESPOND

- React fast when HIV is spreading
- Teach the community about HIV response



ENGAGE

- Offer more services to keep one's mind, body, and spirit healthy
- Train more people to work with HIV programs²
- Work with the community to address problems like racism and stigma³

² Includes peer educators, case managers, patient navigators and community health workers

³ 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 ART⁴

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

U=U⁵

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 PEP⁶

DC Health will promote access to PrEP (pre-exposure prophylaxis) and PEP (postexposure prophylaxis), 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 or emailing cohah@dc.gov.



⁴ Rapid antiretroviral therapy

⁵ Undetectable = Untransmissible

⁶ Pre-exposure prophylaxis and Post-exposure prophylaxis.