

## INTEGRATED STRATEGIES COMMITTEE (ISC) MEETING AGENDA

**WEDNESDAY SEPTEMBER 19, 2018 – 4:00PM TO 6:00PM**

**DC HEALTH HEADQUARTERS - HAHSTA**

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

**Note: all times are approximate**

4:10 pm	<ol style="list-style-type: none"> <li>1. Call To Order and Moment of Silence</li> <li>2. Welcome and Introductions</li> </ol>
4:20 pm	<ol style="list-style-type: none"> <li>3. Review Minutes from August Meeting</li> </ol>
4:30 pm	<ol style="list-style-type: none"> <li>4. Integrated Strategies Committee (ISC) Brainstorm /Discussion               <ul style="list-style-type: none"> <li>• Linkage to Care Strategies                   <ul style="list-style-type: none"> <li>○ What are some programs, strategies, or interventions that work?</li> <li>○ New Toolkit – STEPS to CARE <a href="https://stepstocare.edc.org/">https://stepstocare.edc.org/</a></li> <li>○ <a href="https://effectiveinterventions.cdc.gov/2018-design/">https://effectiveinterventions.cdc.gov/2018-design/</a></li> </ul> </li> <li>• Subject Matter Collaborations                   <ul style="list-style-type: none"> <li>○ Molecular HIV Surveillance                       <ul style="list-style-type: none"> <li>▪ Presentation and Discussion with DC Health Surveillance Team @ Sept. 27<sup>th</sup> COHAH Meeting and Oct. 18<sup>th</sup> CEEC Meeting. Do you want them to come present on Oct. 17<sup>th</sup>?</li> </ul> </li> </ul> </li> </ul> </li> </ol>
5:00 pm	<ol style="list-style-type: none"> <li>5. Provider Spotlight Planning for future meetings.               <ul style="list-style-type: none"> <li>• HIV Prevention and Care providers – scheduling – frequency – etc. (45min)</li> <li>• Topics for learning and discussion</li> </ul> </li> </ol>
5:20 pm	<ol style="list-style-type: none"> <li>6. ISC Membership Spotlight               <ul style="list-style-type: none"> <li>• Share role at agency and services available. Who do you serve? What do your partnerships look like?</li> </ul> </li> </ol>
5:50 pm	<ol style="list-style-type: none"> <li>7. Announcements and Adjournment</li> </ol>
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b><u>NEXT INTEGRATED STRATEGIES            COMMITTEE (ISC) MEETING:</u></b></p> </div> <div style="width: 45%; background-color: yellow; text-align: center;"> <p><b>Wednesday October 17, 2018            4:00pm to 6:00pm</b></p> </div> </div>	

## CONFERENCE CALL INFORMATION:

**Dial In #:1-866-809-0886**

**Participant Code: 8289221#**

## INTEGRATED STRATEGIES COMMITTEE (ISC)

# MEETING MINUTES

**WEDNESDAY – AUGUST 15, 2018 – 4:00PM TO 6:00PM**

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

### ATTENDEES/ROLL CALL

COMMISSIONERS	PRESENT	ABSENT	GUESTS	PRESENT	ABSENT
Sarcia Adkins	X		Reggie Cadet	X	
Farima Camara	CC		Jane Wallis	X	
Melvin Cauthen	X				
Derrick Cox	X				
Jasmine Ford	X				
Ana Gomez	CC				
Kenya Hutton	CC				
Dennis McBride	X				
Kaleef Morse	X				
Ron Simmons	X				
HAHSTA/ ADMINISTRATIVE AGENT REPRESENTATIVES	PRESENT	ABSENT	COMMISSION SUPPORT STAFF	PRESENT	ABSENT
Tim Agar	X		Patrice Bailey	X	
Felix Avellanet	X		Lamont Clark	X	
Lena Lago	X				
Montez Legrand-Punter	X				
Leah Varga	X				

<b>AGENDA</b>	
<b>Item</b>	<b>Discussion</b>
<b>Call to Order</b>	Meeting called to order 4:18pm by Kaleef M. followed by a moment of silence. Attendees introduced themselves.
<b>Review and Approval of the Agenda</b>	NA
<b>Review and Approval of the Minutes</b>	NA
<b>Committee Leadership</b>	Kaleef noted that he will serve as the Interim Chair for the committee. Once the committee membership is settled, the committee will select a Vice-Chair. He asked those interested in being on the committee to complete a Committee Application.
<b>Integrated Strategies Committee (ISC) Brainstorming Discussion</b>	<p><b><i>Examining the Service Delivery System - Not WHO, but HOW</i></b></p> <p>Kaleef advised that the committee would need to consider a broad spectrum of service and care. While the committee cannot talk about who specifically does the work, it can look at how the work is done. The conversations should center on how the system should look and how they should operate. Those who work at agencies can talk about their barriers and challenges, as well as their successes that could help drive the conversation and improve service delivery.</p> <p>As an example, Kaleef mentioned evening hours for services. Ron suggested that evening hours should be on the table as a directive. Derrick noted that there are organizations with evening hours. Lamont noted that evening hours was a discussed by a previous iteration of the Planning Council and they put it forward as a directive. Leah noted that evening hours was not a major topic of discussion brought up during the Needs Assessment. Kaleef noted that when the committee finds out there is a need, then they can figure out ways to address those needs whether through Service Standards or via Directives.</p> <p>Ron S. noted that there should be discussion around all-encompassing testing for HIV and other STI's. Kaleef noted that this would be a good example of a position paper or white paper that the committee could consider.</p> <p><b><i>Subject Matter Collaborations: Molecular HIV Surveillance, Partner Services, and Data to Care</i></b></p> <p>Kaleef stated that the Planning Commission would be collaborating on three subject matters: 1) Molecular HIV Surveillance - work would be done in the community (listening sessions) to inform them on what Molecular HIV Surveillance really is, answer any questions the community may have on the subject, and create strategies to make it effective; 2) Data to Care – What is it? Why is it important to providers, the Commission, the government, and the community? and 3) Partner Services – What is it? What does it look like in each state? How does it help people?</p>

	<p>There will be presentations to the Commission, to the committee, and then to the community. Kaleef noted that Cyndee Clay mentioned that when doing the presentations to the community, the presentations should be done in a way that isn't alarming to them. He noted that the first presentation on Molecular Surveillance will be given to the General Body at the September meeting, then to CEEC in October, and perhaps to the ISC as well in October. The presentations to the community will hopefully occur in December.</p> <p>Ron asked when will the discussion happen about having Maryland and Virginia involved in the District's Prevention Planning because prevention in other places haven't been as robust as it has been in DC. Kaleef noted that the overall goal is to have a regional planning session (PSRA) that would help coordinate services as a unified body. He also noted that there is already collaboration between state health departments and the goal is to have it draw down to the Commission level.</p>
<b>Prevention Services Discussion</b>	<p>Kaleef noted that in September there would be an orientation on what the Prevention portfolio looks like in DC. The commission would then begin discussion on how this integrates with the CARE services. He noted that Virginia and Maryland will be expected to also have discussions about their prevention services. The goal is to not overload everyone with information. As a new body there is a lot to learn so these presentations have to be spread out.</p>
<b>Psychosocial Support Service Standards</b>	<p>Kaleef noted that the Care Strategies, Coordination and Strategies (CSCS) committee from the previous Planning Council had already approved this service standard and this review was a courtesy for the new committee. He stated that if there aren't any issues with the service standard it would go to the General Body for approval.</p>
<b>Provider and Member Spotlight</b>	<p>Kaleef suggested that the group start thinking about what topics or services they would like to discuss or learn more about.</p> <p>Tim suggested looking at the calendar and intersperse the Spotlights during times when there aren't any major trainings or presentations. He noted it would take advanced planning.</p> <p>Kaleef noted that he and Cyndee had conversation around restructuring General Body meetings. He stated that she may bring up the idea of extending the meetings from two to three hours. He stated that the idea would be to have more meaningful conversations during the meetings and not have the meetings as focused on the financial information.</p> <p>Tim noted that NVRC uses a 'consent calendar'. The concept works where a calendar is sent where people are informed when the committees work on resolutions and offer members an opportunity to participate in those issues during the committee meetings. These items would then be moved to the Executive Meeting where they are reviewed and finalized. The slate of resolutions are then brought to the General Body and voted on as a slate of resolutions to make the General Body meeting more efficient.</p>

	<p>Jennifer noted that she would be interested in hearing from providers who do both CARE and prevention to hear how they make it work within their organization.</p> <p>Montez noted that at the DC HPPG they invited the organizations based on the topic of interest. They would reach out to Program Officers of different grantees, give the organization different date options, and allow them to speak for 30 – 45 minutes. Tim noted that the Virginia CPG would have daylong meetings and invite multiple providers around a specific topic.</p> <p>Reggie C. suggested having them share best practices. Ron suggested having a time where the providers can learn from each other. Kaleef noted that there would be an all-provider meeting coming up in the fall and he would make a suggestion to the organizers to have a time for providers to network with each other.</p> <p>Tim suggested asking them to discuss “who do you serve” and “what do your partnerships look like?” Montez suggested having them discuss their strategies around addressing emerging issues. Derrick suggested having them talk about their after hour testing services.</p> <p>Kaleef asked members to start making a topics list and come back to next meeting(s) with ideas.</p>
<b>ANNOUNCEMENTS/OTHER DISCUSSION</b>	
<p>Kaleef suggested that members begin thinking about a “crosswalk” of services. He noted that George Washington University is a partner with HAHSTA and has done a resource inventory which can be used as part of this discussion.</p> <p>Jennifer asked if it is within the COHAH’s purview to work with other government entities (i.e. – public schools). Kaleef noted that it is not mandated. Lamont noted that working with public schools tends to be very tough. Ron asked why is it so hard to work with schools and how extensive is HIV knowledge in schools. Jane noted that there are standards that are supposed to be met within public schools.</p>	
<b>HANDOUTS</b>	

<b>MEETING ADJOURNED</b>	5:55 PM
<b>NEXT MEETING</b>	August 15, 2018 DOH-HAHSTA 899 N. Capitol St. NE; 3 <sup>rd</sup> Floor Washington, DC 20002