

EXECUTIVE OPERATIONS COMMITTEE (EOC) MEETING AGENDA

THURSDAY, MARCH 28, 2019 – 5:00PM TO 6:00PM

JUDICIARY SQUARE – CITYWIDE CONFERENCE CENTER

441 4TH STREET, NW; 11TH FLOOR; WASHINGTON, DC 20001

Note: all times are approximate

5:00 pm	<ol style="list-style-type: none"> 1. Call To Order and Moment of Silence 2. Welcome and Introductions/Roll Call
5:10 pm	<ol style="list-style-type: none"> 3. Review and Adoption of the Meeting Agenda for March 28, 2019 4. Review and Approval of the Meeting Minutes from February 28, 2019
5:15 pm	<ol style="list-style-type: none"> 5. Ryan White HIV/AIDS Program (RWHAP) - Updates/Concerns <ul style="list-style-type: none"> • Recipient
5:20 pm	<ol style="list-style-type: none"> 6. Commission Administrative Business <ul style="list-style-type: none"> • Review and adoption of COHAH Agenda for March 28, 2019+ • Commissioner Attendance Concerns • Authoring of the "Integrated Planning Cycle"
5:35 pm	<ol style="list-style-type: none"> 7. Standing Committee Updates/Concerns <ul style="list-style-type: none"> • Research & Evaluation Committee (REC) {Next mtg.: Tue. April 23rd @ 3pm} • Integrated Strategies Committee (ISC) {Next mtg.: Wed. April 17th @ 1pm} • Community Engagement & Education Committee (CEEC) {Next mtg.: Thu. April 18th @ 5pm} • Comprehensive Planning Committee (CPC) {Next mtg.: Wed. April 24th @ 11am}
5:45 pm	<ol style="list-style-type: none"> 8. Old Business 9. New Business
5:50 pm	<ol style="list-style-type: none"> 10. Announcements and Adjournment
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 45%;"> <p style="color: red; text-align: center;"><u>NEXT EXECUTIVE OPERATIONS COMMITTEE (EOC) MEETING:</u></p> </div> <div style="width: 50%; background-color: yellow; padding: 10px; text-align: center;"> <p>THURSDAY APRIL 25, 2019 5PM-6PM JUDICIARY SQUARE – CITYWIDE CONFERENCE CENTER 441 4TH ST. NW; 11TH FLOOR WASHINGTON, DC 20001</p> </div> </div>	



EXECUTIVE OPERATIONS COMMITTEE (EOC) MEETING MINUTES

THURSDAY, MARCH 28, 2019 – 5:00PM TO 6:00PM

JUDICIARY SQUARE – CITYWIDE CONFERENCE CENTER

441 4TH STREET, NW; 11TH FLOOR; WASHINGTON, DC 20001

ATTENDEES/ROLL CALL

COMMISSIONERS	PRESENT	ABSENT	COMMISSIONERS	PRESENT	ABSENT
Clay, Cyndee	<i>Sabbatical</i>				
Hickson, DeMarc	X				
Holley, Nathaniel		X			
Hutton, Kenya	X				
Massie, Jenné	X				
Morse, Ka'leef	X				
Padmore, Gerald	X				
Zoerkler, Jennifer	X				
RECIPIENT	PRESENT	ABSENT			
Barnes, Clover		X			
HAHSTA STAFF	PRESENT	ABSENT	COMMISSION STAFF	PRESENT	ABSENT
			Bailey, Patrice	X	
			Clark, Lamont	X	

HIGHLIGHTS

AGENDA

Item	Discussion
Call to Order	Jennifer Z. called the meeting to order at 5:30pm, followed by a moment of silence and introductions.



Review and Adoption of the Agenda	Gerald P. motioned to approve the March 28, 2019 Agenda for the Executive Operations Committee (EOC). Kenya H. seconded the motion. The agenda was approved.
Review and Approval of the Minutes	Jenné M. motioned to approve the February 28, 2019 EOC Meeting Minutes. Ka'leef M. seconded. The minutes were approved.
Ryan White HIV/AIDS Program (RWHAP) Updates/Concerns	<p><u>Jurisdictional reports presented by</u></p> <p>Jennifer indicated that Clover B. was not available to give the jurisdiction reports; however, she did present the reports on yesterday at the Comprehensive Planning Committee (CPC) meeting.</p> <p>When reviewing the jurisdictional reports, Jennifer noticed that the Maryland reporting period was from January 1 through January 31, 2019 and the Virginia report indicated a reporting period from January 1 through February 28, 2019. Ka'leef indicated that Virginia was able to complete their processing quickly, and was therefore able to closeout early. There will not be another report from Virginia.</p>
Commission Administrative Business	<p><u>Review and approval of the COHAH Agenda for March 28, 2019</u></p> <p>Ka'leef indicated a change on the COHAH General Body Agenda. There will not be a discussion of the GY'29 Resource Allocation Plan during the Recipient Report because Clover is absent. Ka'leef then moved to approve the COHAH General Body Meeting Agenda. Jenné seconded. The agenda was approved.</p> <p><u>Commissioner Attendance Concerns</u></p> <p>Jennifer indicated her concern about the leadership's compliance with the attendance policy. Specifically, Cyndee Clay, the Community Co-Chair, who missed the August and September meetings and began her sabbatical in January, and scheduled to return in May, as per her most recent email. Jennifer is concerned about the message it sends when the Community Co-Chair is not present at meetings that the rest of the commissioners are expected attend. There were several suggested options given to address the situation:</p> <ul style="list-style-type: none"> • Do nothing. Wait for her to return from sabbatical. • Jennifer, Vice Chair can step into the Community Co-Chair position for two years. • Jennifer can remain Vice Chair and an election for a new Community Co-Chair can be held. • Jennifer can move into the Co-Chair position and her position can be replaced with an Interim Vice-Chair. <p>Ka'leef indicated that the bylaws state that the removal of the Community Co-Chair is done by a two-thirds vote of the General Body. At which time, Jennifer will automatically elevate from Vice-Chair to Community Co-Chair. Election proceedings will then take place for the new Vice-Chair.</p> <p>Jenné made a motion to have the General Body vote on the removal of Cyndee C. as Community Co-Chair, which allows Jennifer to move up to that position and take a vote for Vice Chair. DeMarc H. seconded. It was so moved.</p>



	<p>Commissioners whose memberships expire on May 31st are Joshua Bowman, Dennis McBride, Ronald Simmons, Cyndee Clay, Mackenzie Copley, Charles Shazor, Antonio Washington, Lakisa Blocker, Sharon Coker, David Hughes, Natella Rakhmanina, Betelhem Mekonnen, DeMarc Hickson, and Andrew Torre. Recommendation not to renew terms for Joshua Bowman, Charles Shazor and Ron Simmons was discussed. The recommendation would be based on meeting absenteeism, behavior and attitudes.</p> <p><u>Integrated Planning Cycle</u> Jennifer indicated that not everyone had voted on the 12 steps in the Integrated Planning Cycle. To date, only four commissioners have completed six of 12 steps which were unanimously agreement upon; however, every commissioner needs to vote to have full input. There was discussion about number 7 Priority and number 8 Resource Allocation. Jennifer encouraged everyone to make time to complete the task.</p>
Standing Committee Updates/Concerns	<p><u>Research and Evaluation Committee (REC)</u> DeMarc will give an update on the Consumer Survey and discuss the top two research questions at the COHAH General Body Meeting.</p> <p><u>Integrated Strategies Committee (ISC)</u> Ka'leef reported that he will discuss Early Intervention Services (EIS).</p> <p><u>Community Education and Engagement Committee (CEEC)</u> Jenné will announce CEEC's participation at AIDS Watch and encourage everyone to attend.</p> <p><u>Comprehensive Planning Committee (CPC)</u> Gerald will discuss the reformatting of the jurisdictional report process and inform the COHAH that the Recipient will present the reports in the future.</p>
Old Business	Need more applicants for commissioners
New Business	None
Announcements and Adjournment	None
HANDOUTS	
<ul style="list-style-type: none"> • Executive Operations Committee Agenda for March 28, 2019. • Executive Operations Committee Minutes for February 28, 2019. • Suburban Maryland Ryan White Part A Fiscal Narrative Report (Part A and Part A MAI Funding) Year 28 – Reporting Period: January 1 through January 30, 2019 • Northern Virginia Regional Commission Fiscal Narrative Report (Part A and Part A MAI Funding) Year 28 – Reporting Period January 1 through February 28, 2019 • Washington DC and West Virginia Fiscal Narrative Report (Part A and Part A MAI Funding) Year 28 – Reporting Period: January 2019 	

- Recipient Report Monthly Recipient Report
- Planning Commission (COHAH) General Body Meeting Agenda, Thursday, March 28, 2019

MEETING ADJOURNED	6:04PM
NEXT MEETING	April 25, 2019 5PM-6PM Judiciary Square – Citywide Conference Center 441 Fourth St. NW; 11th Floor Washington, D.C. 20001

I, as Planning Commission Government Co-Chair, hereby certify the accuracy of the above minutes:

Signature of:
Kaleef Stanton Morse, MHS
Government Co-Chair

Date:

**Date the Minutes were
 approved by the
 Executive Operations
 Committee:**

RECIPIENT REPORT

April 24, 2019

To: Comprehensive Planning Committee (CPC)

From: Ryan White Recipient Staff

Re: Monthly Recipient Report

Attached are the monthly fiscal reports for Grant Year 28 (March 1, 2018 - February 28, 2019). This report is based on the allocations of funds by jurisdiction, sub-part (Part A and Part A MAI) and service categories developed by the Recipient from information provided by the former RW Planning Council.

Part A and Part A MAI. The Ryan White HIV/AIDS Program (RWHAP) Part A Grant Year 28 includes two components: Part A and Part A Minority AIDS Initiative (MAI). These reports are designed to report distinctly on the associated program activities. **The GY 29 award has been received in the amount \$31,293,011.**

Notes on Overview. The fiscal spreadsheets list the service categories by Part and jurisdiction, and identifies the reported expenditure as a proportion of expected-to-date. The Planning Council has requested an explanation of those service categories with a discrepancy greater than 30%.

Regional Services (Unit Based Costs). All vendors with unit based costs contracts in GY 27 have executed option year contracts for GY 28. Expenditures through January 2019 are reflected in the EMA wide fiscal roll up. Overall expenditures for UBC are at 78.6% through February 2019 and is expected to be 100%. The MAI carryover funds were added to the UBC Housing Case Management and Referral category which makes the service category severely underspent. Plans for a youth focused housing program are underway, but will not expend the totality of carryover funds. MAI carryover funds do not factor into the calculation of unobligated balance (UOB). Without the MAI carryover, UBC is spent at 90%.

Note. The amounts in the current column reflect the amount of funds that are loaded to current vendor contracts. All funding available for unit-based costs will not be awarded at this time because a portion of those funds are earmarked for the new solicitation, additionally funds are added to contracts based on utilization and expenditure rates.

1. **HRSA Site Visit.** The DC EMA comprehensive site visit has been **RESCHEDULED to September 10-13, 2019**. HRSA made this change due to scheduling conflicts within their system.
2. **Narcan.** Please contact Jonjelyn Gamble to receive the Narcan kits (jonjelyn.gamble@dc.gov). As a reminder, providers/staff must attend a Narcan training (at DC Health or in the community) to receive the kits. Proof of training is required to receive kits. A list of free scheduled trainings provided by DC Health can be found at <https://dchealth.dc.gov/page/cme-ceu-webinars-and-trainings>. Click the date of the training to register. The next training dates are
 - **May 21, 2019**
 - **July 26, 2019**

3. **Virginia MAI Services.** One letter of intent was received for this funding opportunity. Another organization has expressed interest and the closing date for the RFA has been moved back to May 3, 2019 to allow the other organization (or anyone else who wants to apply) the opportunity. Two awards are planned.
4. **Regional EIS.** The RFA for Regional EIS has been completed and will be posted on Friday, April 26, 2019. Responses are due back June 7, 2019. There will be three pre-application conferences, one held in Maryland, Virginia and DC respectively. Dates and locations will be announced.

The schedule for quarterly utilization reports

Quarter	Months	To be Reported
First	March – May	July 2018
Second	June -- August	October 2018
Third	September – November	January 2019
Fourth	December – February	April 2019

Date: April 24, 2019

To: Comprehensive Planning Committee (CPC)

From: Ryan White Part A District of Columbia Recipient Staff; Suburban Maryland Ryan White Part A; Northern Virginia Regional Commission

Re: Fiscal Narrative Report (Part A and Part A MAI Funding)
Year 28 - Reporting Period: February 1 – 28, 2019

Available Funding / Status of Contracts/Implementation Progress

DC: The District of Columbia and West Virginia will report expenses from February 01, 2019 through February 28, 2019. For the month of February, (12) of (12) invoices have been received.

MD: This Suburban Maryland report represents expenses for February 2019, 9 of 9 invoices have been received and processed.

VA: Northern Virginia reported that all invoices from February 01, 2019 through February 28, 2019 were processed and paid.

Challenges to Service Delivery

DC: N/A

MD: N/A

VA: N/A

Fiscal Summary

District of Columbia

Service areas affected by unprocessed invoices

N/A

District of Columbia Part A expenditures are 97.6% and should be 100%. (Overall Expenditure rates by funding source for the reporting period)

Services 30% below expected

N/A

Services 30% above expected

N/A

District of Columbia Part A MAI expenditures are 99.4% and should be 100%. (Overall Expenditure rates by funding source for the reporting period)

Services 30% below expected

N/A

Services 30% above expected

N/A

West Virginia Part A expenditures are 100% and should be 100%. (Overall Expenditure rates by funding source for the reporting period)

Service areas affected by unprocessed invoices

N/A

Services 30% below expected

N/A

Services 30% above expected

N/A

Suburban Maryland

Service areas affected by unprocessed invoices

N/A

Suburban Maryland Part A expenditures are 93.1% and should be 100%. (Overall Expenditure rates by funding source for the reporting period)

Service areas affected by unprocessed invoices

N/A

Services 30% below expected

Linguistic Services

*(Utilized as needed), however agencies have many different resources for linguistic services in the state.

Services 30% above expected

N/A

Suburban Maryland Part A MAI expenditures are 95.5% and should be 100%. (Overall Expenditure rates by funding source for the reporting period)

Service areas affected by unprocessed invoices

N/A

Services 30% below expected

N/A

Services 30% above expected

N/A

Northern Virginia

Overall spending concluded for GY28 at 85% for Part A and 100% for MAI.

- Part A Regular funds were more than 100% spent in Outreach Services (103%). Savings from EFA services were used to cover the deficit in this service category.
- Part A spending was at or near target for EIS (99%), Health Insurance Co-Pays (100%) and Legal Services (100%)
- Part A spending was lower than expected in Medical Case Management (87%) mostly due to staff vacancies, Linguistic Services (78%) and Medical Transportation (76.5%) and a lot lower in EFA (46%). You will recall part of the EFA funds were awarded mid-year. Metro, gas and food cards purchased at the close of the last grant year were used during this grant year. Any unused food and transportation cards remaining at 2/28/19 were returned to NVRC for transmittal to HAHSTA. There was no GY28 year-end stockpiling by Virginia sub-recipients.
- MAI funds were 100% spent during the 2018-2019 grant period. MAI spending was more than 100% spent in OAMC (114%); savings from Medical Case Management and Mental Health Services were used to cover the deficit in OAMC.

Northern VA Part A Expenditures ended at 85.1% and should be 100%.

Service areas affected by unprocessed invoices

N/A

Services 30% below expected

N/A

Services 30% above expected

N/A

Northern VA Part A MAI Expenditures ended at 93.0% and should be 100%.

Service areas affected by unprocessed invoices

N/A

Services 30% below expected

N/A

Services 30% above expected

N/A

PLANNING COMMISSION (COHAH) GENERAL BODY MEETING AGENDA

THURSDAY, APRIL 25, 2019 – 6:00PM TO 8:00PM

JUDICIARY SQUARE – CITYWIDE CONFERENCE CENTER

441 4TH STREET, NW; 11TH FLOOR; WASHINGTON, DC 20001

Note: all times are approximate

6:00 pm	1. Call To Order and Moment of Silence 2. Welcome and Introductions/Roll Call
6:05 pm	3. Review and Adoption of the Meeting Agenda for April 25, 2019 4. Review and Approval of the Meeting Minutes from March 28, 2019
6:10 pm	5. Ryan White HIV/AIDS Program (RWHAAP) Recipient Report/ Updates
6:30 pm	6. MOTION: Citywide Expansion of Rapid Antiretroviral Therapy (ART) Initiation in the District of Columbia Project – Support Letter
7:00 pm	***PUBLIC COMMENT PERIOD*** (SEE NEW RULES)*** <i>-Anyone interested, please complete the form with a COHAH staff member.</i>
7:15 pm	7. Standing Committee Updates/Concerns <ul style="list-style-type: none"> Research & Evaluation Committee (REC) {Next mtg.: Tue. May 14th @ 3pm} Integrated Strategies Committee (ISC) {Next mtg.: Wed. May 15th @ 1pm} Community Engagement & Education Committee (CEEC) {Next mtg.: Thu. June 20th @ 5pm} <ul style="list-style-type: none"> "Speak Your Peace! Community Listening Session on May 16th @ Benning Library – 6pm" Comprehensive Planning Committee (CPC) {Next mtg.: Wed. May 29th @ 11am}
7:50 pm	8. Commission Administrative Business – "Things to Do" <ul style="list-style-type: none"> Applications for Open Nominations Process – Interview Panel Volunteers Needed Nominations and Elections for Community Vice-Chair
7:50 pm	9. New Business
7:55 pm	10. Announcements <ul style="list-style-type: none"> IMPORTANT DATES FOR MAY, JUNE, JULY and AUGUST 2019
8:00 pm	11. Adjournment
<div> <p><u>NEXT PLANNING COMMISSION (COHAH) MEETING:</u></p> </div> <div> <p>THURSDAY MAY 30, 2019 6PM-8PM JUDICIARY SQUARE – CITYWIDE CONFERENCE CENTER 441 4TH ST. NW; 11TH FLOOR WASHINGTON, DC 20001</p> </div>	

IMPORTANT DATES – MAY THRU AUGUST 2019

DATE		MEETING	TIME
May	14	Research and Evaluation Committee (REC) Meeting	3p to 5p
May	15	Integrated Strategies Committee (ISC) Meeting	1p to 3p
May	16	“Speak Your Peace! Community Listening Session” hosted by the Community Engagement & Education Committee (CEEC) @ Benning (Dorothy I. Height) Library 3935 Benning Road NE, WDC (Orange Metro to Minnesota Avenue)	6p-8p
May	29	Comprehensive Planning Committee (CPC) Meeting	11a to 1p
May	30	Executive Operations Committee (EOC) Meeting @ 441 4 th St. NW	5p to 6p
May	30	COHAH General Body Meeting @ 441 4 th Street, NW on the 11 th Floor	6p to 8p
June	18	Research and Evaluation Committee (REC) Meeting	3p to 5p
June	19	Integrated Strategies Committee (ISC) Meeting	1p to 3p
June	20	Community Engagement & Education Committee (CEEC) Meeting	5p to 7p
June	26	Comprehensive Planning Committee (CPC) Meeting	11a to 1p
June	27	Executive Operations Committee (EOC) Meeting @ 441 4 th St. NW	5p to 6p
June	27	COHAH General Body Meeting @ 441 4 th Street, NW on the 11 th Floor	6p to 8p
July	16	Research and Evaluation Committee (REC) Meeting	3p to 5p
July	17	Integrated Strategies Committee (ISC) Meeting	1p to 3p
July	18	Community Engagement & Education Committee (CEEC) Meeting	5p to 7p
July	24	Comprehensive Planning Committee (CPC) Meeting	11a to 1p
July	25	Executive Operations Committee (EOC) Meeting @ 441 4 th St. NW	5p to 6p
July	25	COHAH General Body Meeting @ 441 4 th Street, NW on the 11 th Floor	6p to 8p
August	13	Research and Evaluation Committee (REC) Meeting	3p to 5p
August	14	Integrated Strategies Committee (ISC) Meeting	1p to 3p
August	15	Community Engagement & Education Committee (CEEC) Meeting	5p to 7p
August	21	Comprehensive Planning Committee (CPC) Meeting	11a to 1p
August	22	Executive Operations Committee (EOC) Meeting @ 441 4 th St. NW	5p to 6p
August	22	COHAH General Body Meeting @ 441 4 th Street, NW on the 11 th Floor	6p to 8p

Planning Cycle Component/Task	Group	Committee or Other Entity with Primary Responsibility	Committee or Other Entity with Secondary Responsibility	Timing Start-End (Months)	EOC Votes	EOC Comments
Integrated Plan Review/Update	1	REC	ISC; CEEC	Review: 3/1 to 8/31; Update: 9/1 - 9/30;	6	Group 1 with ISC moved to Primary with REC
	2	ISC	EOC	3rd Qtr: Sept - Nov	0	
	3	REC	ISC; EOC	Jan - Feb	0	
	4	ISC	Gen Body	Mar 1 - Mar 31	0	
	5	EOC	Gen Body	Monthly	0	
Annual Work Plan: "Plan to Plan"	1	EOC	Gen Body	Sept - Jan	0	
	2	Gen Body			0	
	3	EOC	All Committees	March - April	1	1) timing should be earlier in the year - Jan/Feb? My feeling that the planning is done in all committees before going to General Body. 2) the discussion should begin in December so that it can be drafted in December, discussed in January and finalized by Feb.
	4	Gen Body	All Committees	April 1 - April 30	0	
	5	EOC	Gen Body	Jan - Feb	5	

Epi Profile	1	Recipient	Support Staff	March - May	1	
	2	Recipient	REC	1st Qtr: March - May	1	
	3	HAHSTA		March - April	3	secondary responsibility from VDH and MDH.
	4	Recipient	Jurisdictions	June 1 - June 30	0	
	5	REC	Gen Body	As Data Becomes Available	1	REC should be tasked with launching and coordinating data requests as needed by the commission.

Needs Assessment	1	REC	CEEC; Gen Body	Ongoing	6	
	2	REC; CEEC	Recipient	4th Qtr: Dec - Feb	0	
	3	REC	CEEC; EOC	Jan - Feb	0	1) the need to develop and update measures, data collection and data analysis, I don't know how this cannot be an ongoing process. 2) although ongoing analysis is great, the end game for an annual Needs Assessment is for input for the annual PSRA process. Its a point in time for priority setting.
	4	REC	CEEC		0	
	5	REC	Jurisdictions	Oct - Feb	0	
	1	Gen Body	Each Committee	Ongoing	2	
	2	Gen Body	Recipient	1st Qtr: March - May	0	
	3	REC	Gen Body	April - May	4	
	4	Gen Body; EOC	Jurisdictions		0	
	5	CPC	Gen Body	April - June	0	
Review of All Data						

Data Presentation	1	Recipient	HAHSTA		0	
	2	Recipient	Gen Body	1st Qtr: March - May	3	
	3	Jurisdictions	CPC; Gen Body	May - Aug	2	timing should be a little earlier depending on schedule for annual PSRA.
	4	HAHSTA; REC		June - July	0	
	5	REC	Gen Body	April - June	0	
Priority Setting	1	Gen Body	CPC		5	
	2	Gen Body	Gen Body	2nd Qtr: June - Aug	0	
	3	Jurisdictions	CPC; Gen Body	May - Aug	1	1) Group 1's responsibility suggestions with Group 2 time frame. 2) Group 1 with timeframe from group 2
	4	CPC	Gen Body	June - July	0	
	5				0	

Resource Allocation	1	Gen Body	CPC		1	
	2	EOC	All Committees	2nd Qtr: June - Aug	0	
	3	Jurisdictions	CPC; Gen Body	May - Aug	4	Although I'd reverse responsibility to CPC primary and Gen Body secondary as voting authority. Timing September/October timeframe?
	4	Jurisdictions	Gen Body	July	0	
	5				0	
	1	ISC	Gen Body		0	
	2	ISC	Gen Body	Ongoing	6	
	3	ISC	EOC	Ongoing	0	
	4	EOC	ISC		0	
	5				0	
Directives	1	CPC	Recipient/Gen Body		0	
	2	CPC	ISC	Ongoing	0	
	3	CPC	EOC	Ongoing	0	I'm split: Group 4 and Group 3 given the formatting of reports now.
	4	CPC	Gen Body		5	w/ Ongoing Timeline
Review Expenditures and Service Utilization Data	5				0	

Reallocation	1	CPC	Recipient/REC	0	
	2	CPC	REC	0	
	3	CPC	Gen Body	6	
	4	Gen Body		0	
	5			0	
Evaluation and Planning Outcomes	1	REC		0	
	2	REC	CPC	0	
	3	REC	EOC	5	
	4	REC	Sept - Oct	0	
	5			0	

Group #1	Misty, Jenne, Lynn Julio, Ashley Reginald, DeMarc	Group #5	Nathaniel, Farima Ron, Ramatoulaye Wallace
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Group #2	Traci, Mackenzie Sharon, Haris
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Group #3	Andrew, Doug Jennifer, Jasmine David, Gerald, Beth Kimberly, Henry
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Group #4	Kenya, Lenora Derrick
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MOTION FORM

Instructions: The Committee Chair or another Commissioner making a motion for consideration by the Planning Commission shall complete this form and submit it to Planning Commission staff.

Standing Committee of Origin:	Executive Operations Committee (EOC)	Date Moved:	4-25-19
Motion Made By:	Kaleef Morse, Government Co-Chair		
Subject:	Support Letter for Rapid ART Initiation Research Project in DC w/ GWU		

MOTION STATUS			AYES	NAYES	ABST.	DATE OF VOTE:	CHAIR SIGNATURE:
Committee:	<input type="checkbox"/> Passed	<input type="checkbox"/> Failed					
EOC Action:	<input type="checkbox"/> Passed	<input type="checkbox"/> Failed					
COHAH Action:	<input type="checkbox"/> Passed	<input type="checkbox"/> Failed					
Documents Attached:	<p>1. Citywide Expansion of Rapid Antiretroviral Therapy (ART) Initiation in the District of Columbia Project Abstract</p> <p>2. Draft Letter of Support</p>						

1. Text of the motion:

To provide Dr. Rupali Doshi from GWU (on behalf of the DC CFAR) a Letter of Support for their application of supplemental funds for the Citywide Expansion of Rapid ART Initiation in the District of Columbia project.

2. Purpose of the motion / Need for the action

The DC CFAR As you may have heard, the DC CFAR has an opportunity to apply for supplemental funds as part of the Ending the HIV Epidemic initiative. One of the 3 projects that will be submitted is Citywide Expansion of Rapid ART Initiation in the District of Columbia. The abstract and specific aims are attached.

Since this is a planning grant, the DC CFAR will gather data to understand attitudes and concerns about rapid ART initiation and develop next steps for interested sites.

3. Research completed prior to formulating recommended action

n/a

4. Alternative strategies explored and reasons why the recommended action is preferable.

n/a

CITYWIDE EXPANSION OF RAPID ANTIRETROVIRAL THERAPY INITIATION IN THE DISTRICT OF COLUMBIA

Introduction

People with newly diagnosed HIV have high viral load levels, placing them at risk for HIV transmission prior to taking antiretroviral therapy (ART); early ART can reduce transmissibility and can reduce the viral reservoir. Guidelines from the United States Department of Health and Human Services recommend starting ART for all people with HIV, regardless of CD4 lymphocyte level, as soon as possible; these guidelines (updated October 2017) also posit that same-day ART initiation in the US remains “investigational” due to differences in availability of resources in the health care system.¹ Since the “treat all” recommendations were issued in 2012, standard practice among HIV medical providers in the US has been to order the baseline lab tests, wait for HIV genotype results to return (up to 2-3 weeks), and initiate applications for health insurance and pharmacy benefits. The time from HIV diagnosis to ART initiation could be 4-6 weeks or longer, depending on system and patient factors.

To improve upon these time frames, several studies have shown that rapid or same-day ART initiation can be effective in reducing time from HIV diagnosis to viral suppression, including San Francisco, Grady Hospital Infectious Disease Program in Atlanta, and Port-au-Prince, Haiti. Based on these results, the US Ending the HIV Epidemic Plan now promotes early initiation of ART among people newly diagnosed with HIV. However, optimal strategies for implementing rapid ART in diverse HIV care settings are not well-established in the US.

The District of Columbia (DC) is one of the highest burden jurisdictions named in the Ending the HIV Epidemic (EtHE) Plan for the United States, due to high HIV prevalence and persistence of new infections. The DC Department of Health supports rapid ART initiation among outpatient HIV medical care sites; however, only one high-volume federally qualified health center (FQHC) in DC has had experience using a rapid ART initiation protocol. We propose to use an implementation science framework to plan expansion of rapid ART initiation among HIV care sites in DC, thus addressing the Treat strategy of the EtHE Plan. We believe more rapid initiation of ART among newly diagnosed individuals will ultimately result in reduced HIV incidence in DC, a high priority for NIH-funded HIV/AIDS research.

Specific Aims

Aim 1: Document protocols, successes, and challenges among clinics who have already implemented rapid ART protocols in the US through review of written documents, surveys, and key informant interviews.

Aim 2: Assess knowledge, attitudes, and behaviors of clinicians, CBO stakeholders, administrators, and people diagnosed with HIV within the past 5 years in DC, and people tested for HIV in the past 5 years, related to rapid entry into HIV care and rapid ART initiation, through surveys, key informant interviews, and focus groups.

Aim 3: Develop a framework for expansion of rapid ART initiation in DC and for evaluating success, using published literature on dissemination and implementation science, and using data gathered in Aim 1 and Aim 2.

Significance

We expect to gather data that will further support expansion of rapid ART initiation that will ultimately improve community-level viral suppression and reduce new HIV infections in DC.



April 25, 2019

Rupali K. Doshi, MD, MS
Assistant Research Professor
George Washington University, Department of Epidemiology and Biostatistics
950 New Hampshire Avenue NW
Washington, DC 20052

Dear Dr. Doshi,

We are writing to provide our enthusiastic support of your upcoming NIH research proposal, entitled "Citywide Expansion of Rapid ART Initiation in the District of Columbia." This project will be one of the keys to addressing the second pillar of the Ending the HIV Epidemic Plan (Treat), and it will fill a gap in knowledge about the best strategies for expanding early ART in a variety of HIV care settings in DC.

The Washington, D.C. Regional Planning Commission on Health and HIV (COHAH) serves as the new regional planning body for HIV prevention and care services in the federally defined Washington, D.C. Eligible Metropolitan Area (EMA). The Washington, D.C. EMA spans the District of Columbia, five counties in suburban Maryland, eleven counties and six independent cities in Northern Virginia, and two counties in West Virginia. The Commission has the responsibility to prioritize a range of medical and support services along with resource allocation totaling over \$30 million in federal and other funds.

The COHAH has a strong collaborative relationship with GW, as the Department of Health Policy and Management in the Milken Institute School of Public Health serve as academic partners.

Most importantly, the COHAH demonstrated our support of Rapid ART Initiation in DC through the allocation of \$730,000 towards a pilot program in DC in November 2018.

On behalf of the Washington, DC Regional Planning Commission on Health and HIV, we fully support you in the implementation of this project. We highly recommend this project for funding, and look forward to hearing about its success.

Sincerely,

Ka'leef Stanton Morse, MHS
Government Co-Chair
Washington, DC Regional
Planning Commission on Health and HIV

Jennifer Zoerkler
Community Co-Chair
Washington, DC Regional
Planning Commission on Health and HIV