

# PLANNING COMMISSION (COHAH) GENERAL BODY MEETING MINUTES

**THURSDAY, NOVEMBER 19, 2020 - 6:00PM**

**ZOOM CONFERENCE AND VIDEO CALL**

**ELECTRONIC – ONLINE MEETING**

<b>ATTENDEES/ROLL CALL</b>					
<b>COMMISSIONERS</b>	<b>PRESENT</b>	<b>ABSENT</b>	<b>COMMISSIONERS</b>	<b>PRESENT</b>	<b>ABSENT</b>
Adkins, Sarcia	X		Keita, Ramatoulaye	X	
Blocker, Lakisa	X		Kharfen, Michael (DOH)	X	
Brown, Charles		X	Massie, Jenné		L
Camara, Farima		X	McBride, Dennis	X	
Carney, Misty	X		McClain, Lenora		X
Cauthen, Melvin	X		Mekonnen, Betelhem	X	
Coker, Sharon	X		Murdaugh, Henry	X	
Cooper-Smith, Marjorie (DBH)		X	Padmore, Gerald	X	
Copley, Mackenzie	X		Rakhmanina, Natella	X	
Corbett, Wallace		X	Rhodes, Stefanie		X
Cox, Derrick	X		Sain, Philip	X	
Dean, Traci		X	Shaw-Richardson, Re'ginald	X	
DeMartino, Peter	X		Shazor, Charles		X
Fogal, Doug	X		Torre, Andrew	X	
Ford, Jasmine		X	Uyouko, Haris		X
Forman, Lynn		X	Wallis, Jane	X	
Gomez, Ana		X	Washington, Antonio		X
Hickson, DeMarc	X		Yocum, Ashley	X	
Hutton, Kenya		X	Zoerkler, Jennifer	X	
<b>RECIPIENT STAFF</b>	<b>PRESENT</b>	<b>ABSENT</b>		<b>PRESENT</b>	<b>ABSENT</b>
Barnes, Clover	X		Opoku, Jen	X	
			Varga, Leah	X	
<b>HAHSTA STAFF</b>	<b>PRESENT</b>	<b>ABSENT</b>	<b>COMMISSION STAFF</b>	<b>PRESENT</b>	<b>ABSENT</b>
Pettigrew, Kenneth	X		Bailey, Patrice	X	
Fox, Anthony	X		Clark, Lamont	X	

## HIGHLIGHTS

*This is a draft version of the November 19, 2020 COHAH General Body Meeting Minutes which is subject to change. The final version will be approved on December 17, 2020.*

## AGENDA

Item	Discussion
<b>Call to Order</b>	The meeting was called to order by Jennifer Z. at 6:13 pm, followed by a moment of silence.
<b>Welcome and Introductions/Roll Call</b>	Attendance of Commissioners was taken by Roll Call. With 23 commissioners present for roll call, quorum was established.
<b>Review and Adoption of the Agenda</b>	Jennifer motioned to adopt the November 19, 2020 COHAH Agenda. The voting was conducted via zoom polling. The agenda was adopted unanimously.
<b>Review and Approval of the Minutes</b>	Jennifer motioned to approve the October 29, 2020 Meeting Minutes. The voting was conducted via zoom polling. The minutes were approved unanimously.
<b>Ryan white HIV/AIDS Program (RWHAP) Recipient Report/Updates</b>	<p><b>Clover Barnes reported for the Recipient</b></p> <p>The GY 30 award has been received in the amount \$32,242,116, including the recently received carryover.</p> <p><u>FISCAL STATUS</u>          For Part A and Part A MAI in September 2020, (41) of (41) invoices have been received.</p> <p><u>SERVICE DELIVERY CHALLENGES</u>          DC: No challenges. MD: No challenges. VA: No challenges.</p> <p><u>PART A FISCAL SUMMARY</u>          Part A expenditures are 44% and should be 58%.</p> <p>Services spending at 30% below expected are Early Intervention Services (EIS), Medical Case Management (MCM), Linguistic Services (LS), and Outreach Services (OS).</p> <p>Clover noted that any services that are spending at less than 30% are the in-person services and given the current state of the pandemic this is to be expected.</p> <p><u>PART A MAI FISCAL SUMMARY</u>  <b>Part A MAI expenditures are 41% and should be 58%.</b></p>

	<p>Services spending 30% below expected: Outpatient/Ambulatory Health Services.</p> <p><u>UBC FISCAL SUMMARY</u>  <b>UBC expenditures are 49% and should be 58%.</b></p> <p>Services spending 30% below expected are Outpatient/Ambulatory Health Services, Oral Health Care, Substance Abuse Services – Outpatient, and Housing Case Management and Referral.</p> <p>The services spending 30% above expected is Non-Medical Case Management Services.</p> <p><u>RECIPIENT REPORT</u>          There have been delays in the reconciliation of the government fiscal year end close out, therefore recommendations for use of carryover funding has been delayed. The Recipient will update CPC at its December meeting.</p>
<p><b>Ending the Epidemic Update</b></p>	<p>Dr. Leah Varga, HAHSTA, gave a presentation/update on the District of Columbia's Ending the Epidemic plan (available upon request).</p> <p>She noted that the new plan will be released on December 1 (World AIDS Day). This information will be released on a new website that was created for the plan. One of the key updates was the goal of getting to only 130 new HIV diagnosis (annually) by the year 2030. There was an extensive modelling done to get down to this number. A lot of variables and markers were considered in order to get to that number. She also noted that in addition to the four pillars of the national plan (Diagnose, Treat, Respond and Prevent), the team added a D.C. specific pillar, and that is to Engage with the community.</p> <p>Some of the activities associated with each pillar include (but not limited to):</p> <ul style="list-style-type: none"> <li>• Diagnose – Testing. Increasing the testing time availability at the DC Health and Wellness Center and other Community Partners; They expect to increase rapid testing programs, especially for youth and young adults; Expand “convenience testing”, namely at-home testing kits; Provide walk-in testing at LabCorp; Support tele-medicine testing; and integrate testing messaging with U=U.</li> <li>• Prevent – Increasing knowledge and access around PrEP and PeP. There are several small city-wide projects looking at specific populations around use of PrEP and PeP.             <ul style="list-style-type: none"> <li>- U=U – Community engagement feedback has shown that steps need to be taken to increase the knowledge and support of U=U. This will include an assessment and re-launch of the U=U campaign.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>- Harm Reduction – Supporting efforts around Opioid Programs and Substance Use Harm Reduction models. This will also include connecting substance use with PrEP and PeP where appropriate.</li> <li>• Respond – Molecular surveillance, identifying clusters and outbreaks of HIV transmission and responding appropriately with enhanced testing, prevention, and care services. This is a critical component of EHE and preventing new infections.</li> <li>• Treat – They are establishing a new Red Carpet Rapid ART Standard of Care. Science has shown that earlier treatment of HIV benefits people who are newly diagnosed and it also helps to prevent transmission. They believe that all newly diagnosed people should have access to rapid linkage to care and begin treatment as soon as medically possible.</li> <li>• Engage – Hearing from communities, they are establishing a one year pilot program around Wellness Support Services. Wellness Support Services provide group or individual support and counseling services to assist people living with HIV, or those of Unknown Status, to address physical, social, and mental health needs. The new service standard is currently under review.</li> </ul> <p>There will be an interactive website that will be launched on December 1. There is a written narrative due to the CDC letting them know all the work done over the past year to update the EHE plan. There will be a EHE Data Dashboard that will be launched as well.</p> <p>Anthony G. asked that the equity aspects that HAHSTA has worked hard on be highlighted in the plan. Jennifer noted that COHAH would like to see how the 130 HIV diagnosis was reached.</p> <p>Doug F. motioned to provide the EHE/HAHSTA team COHAH's concurrence with the EHE Plan. Lakisa B. seconded the motion. The motion passed unanimously.</p> <p>Emily Brown, Montgomery Department of Health, presented the progress that has been made on Montgomery County's EHE Plan. She noted that they are at a different place in both scale and how far along they are in their plan than DC.</p>
<b>EMA-Wide Epidemiological Overview</b>	Jen Opoku, Behavioral Scientist, HAHSTA, gave a presentation on the EMA-Wide Epidemiological profile (available upon request).
<b>PSRA Training</b>	Lamont Clark gave an abbreviated presentation/overview of the PSRA process (available upon request).
<b>Standing Committee Updates</b>	<b><u>Community Education and Engagement Committee (CEEC) reported by Sharon C.</u></b>

	<p>Sharon noted that they are working on creative ways to advertise the Community Listen Session scheduled for February 2021. They are also working on a database of community stakeholders. .</p> <p><b><u>Research and Evaluation Committee (REC) reported by DeMarc H.</u></b>          The committee did not meet this month, however they continue to work on the Needs Assessment process.</p> <p><b><u>Comprehensive Planning Committee (CPC) reported by Gerald P.</u></b>          The CPC report mirrored the Recipient's report. In their meeting they also worked on providing a reprogramming suggestion to continue funding for Non-Medical Case Management which is currently overspent.</p> <p><b><u>Integrated Strategies Committee (ISC) reported by Jane W.</u></b>          They continue to work on the Immigration position paper in collaboration with the consultants from GWU. They also discussed the HIV Inventory, presented by GWU.</p>
<b>Commission Administrative Business – Things to Do</b>	N/A
<b>Old Business</b>	N/A
<b>New Business</b>	
<b>ANNOUNCEMENTS/OTHER DISCUSSION</b>	
Derrick C. noted that he is doing a video “World AIDS Day in a Different Way” and if anyone is interested in participating they should contact him.	
<b>HANDOUTS</b>	
<ul style="list-style-type: none"> <li>• Planning Commission (COHAH) Meeting Agenda, November 19, 2020</li> <li>• Planning Commission (COHAH) Meeting Minutes, October 28, 2020</li> <li>• Monthly Fiscal and Recipient Report (Part A and Part A MAI Funding) Year 29 – Reporting Period: September 2020</li> <li>• EHE Presentation(s)</li> </ul>	

<b>MEETING ADJOURNED</b>	<b>7:22 PM</b>	<b>NEXT MEETING</b>	<b>THURSDAY, December 17, 2020 6:00pm to 8:00pm ZOOM CONFERENCE AND VIDEO CALL</b>