*The **Washington, D.C. Regional Planning Commission on Health and HIV** (COHAH) will invigorate planning for HIV prevention and care programs that will demonstrate effectiveness, innovation, accountability, and responsiveness to our community.*

INTEGRATED STRATEGIES COMMITTEE (ISC)

MEETING MINUTES

WEDNESDAY – OCTOBER 17, 2018 – 4:00PM TO 6:00PM

DC HEALTH-HAHSTA - 899 N. CAPITOL ST., NE; 4TH FLOOR; WASHINGTON, DC 20002

ATTENDEES/ROLL CALL					
COMMISSIONERS	**PRESENT**	**ABSENT**	**GUESTS**	**PRESENT**	**ABSENT**
Sarcia Adkins	X		Tim Agar		X
Farima Camara		X	Felix Avellanet		X
Melvin Cauthen	X		Reggie Cadet		
Peter Cruz	CC		Roderick Sheppard		
Kenya Hutton		X			
Dennis McBride		X			
Kaleef Morse	X				
Ron Simmons		X			
Jane Wallis	X				
Jennifer Zoerkler		X			
HAHSTA/ ADMINISTRATIVE AGENT REPRESENTATIVES	**PRESENT**	**ABSENT**	**COMMISSION SUPPORT STAFF**	**PRESENT**	**ABSENT**
Leah Varga	X		Patrice Bailey	X	
Laura Whitaker	X		Lamont Clark		X
Ashley Coleman	X				

AGENDA	
Item	**Discussion**
Call to Order	Meeting called to order 4:30pm by Kaleef M. followed by a moment of silence. Attendees introduced themselves.
Review and Approval of the Agenda	Did not have quorum.
Review and Approval of the Minutes	Did not have quorum.
Ryan White HIV/AIDS Program Service Standards	*Service Standards Overview - Draft of the Early Intervention Services (EIS) Standard* Kaleef led a discussion on the EIS Service Standard. He provided the attendees a copy of a draft standard that contained notes. He stated that HRSA has inquired about the standard but even they have admitted that EIS is a difficult standard to create. Through his search for models, there were not many comprehensive models available so the DC EMA will probably have one of the most robust standards. Kaleef noted that HRSA now uses new language and terms within the document and the Part C version of EIS is slightly different than Part A. Ashley noted that this area is confusing because of the overlap of services between prevention and Care and there are a lot of things that care will not pay for because a person is negative. Melvin stated that one difficulty he finds in his program is that an EIS worker may get a client in the program, but after several months of working with the Case Manager the client may slip out of the program and the Case Manager then needs additional help getting the person back in the program. Roderick noted that having the CHW has been very helpful with getting clients reengaged. Michael K. stated that the State of Maryland has been working on the EIS standard and since there is overlap between the EMAs, he suggested taking a look at what they are doing and maybe asking Peter DeMartino to come in and discuss how the state is conceptualizing EIS. Jane asked how do providers work with dealing with one group (HIV+) and potential engaging with another group (HIV-) when the funding structure (or other resources) may not be set up to accommodate working with both groups? Michael stated that in this context you are looking at it from the social network and engagement perspective. The service provision piece will be different and the organization may ultimately refer the clients to other programs that can meet their needs, but initially you are engaging the client and their network in a broad conversation about HIV, HIV Prevention, STDs, etc. Kaleef noted that as

	the planning moves forward there is a goal of combining the planning of funding. Michael noted that Virginia is already doing this and embracing "neutral status" definition understanding that HIV + and HIV – may have some of the same bundle of services. "Neutral Status" meaning that as integrated approaches are developed there will be access to similar services, health care, social determinants, screenings, treatments, preventions, etc. for both HIV + and HIV – persons who may be within the same social network. Michael mentioned that he believed it would be helpful if this committee participated in the Data to Care protocol (part of the CDC Funds of 18-1802) discussion so they can hear how this is unfolding. Ashley noted that it appears that we would be adding on extra people for the client to engage with. Melvin agreed and suggested thinking about how many people are actually needed for keeping a client in care. Kaleef suggested maybe offering model options for agencies when they are building their programs. The committee agreed and discussed potentially offering options and flexibility so that the agencies can begin to do more innovative work. Kaleef suggested the committee to take the handouts with them and really read it and come back next month for further discussion.
ANNOUNCEMENTS/OTHER DISCUSSION	
Kaleef noted that the Molecular HIV presentation will happen at the CEEC meeting tomorrow (October 18th). He also noted that the Prevention Orientations will occur on November 7th and November 27th.	
HANDOUTS	

MEETING ADJOURNED	5:56 PM	**NEXT MEETING**	November 14, 2018 @ 4:00pm DC Health-HAHSTA 899 N. Capitol St. NE; 4th Floor Washington, DC 20002