

PLANNING COMMISSION (COHAH) GENERAL BODY MEETING MINUTES

THURSDAY, SEPTEMBER 29, 2022 - 6:00PM

ZOOM CONFERENCE AND VIDEO CALL

ELECTRONIC – ONLINE MEETING

ATTENDEES/ROLL CALL

COMMISSIONERS	PRESENT	ABSENT	COMMISSIONERS	PRESENT	ABSENT
Barnes, Clover (Ex-Officio)		X	Hutton, Kenya		X
Blocker, Lakisa		X	Keita, Ramatoulaye	X	
Brown, Charles	X		Massie, Jenné		X
Camara, Farima	X		Mekonnen, Betelhem (<i>Comm. Co-Chair</i>)	X	
Carney, Misty	X		Murdaugh, Henry	X	
Cauthen, Melvin	X		Olinger, Joshua	X	
Clark, Lamont (Gov. Co-Chair)	X		Padmore, Gerald	X	
Coker, Sharon	X		Palmer, Kentrell		X
Cooper-Smith, Marjorie		X	Penner, Murray	X	
Copley, Mackenzie	X		Pettigrew, Kenneth	X	
Corbett, Wallace		X	Rakhmanina, Natella	X	
Cox, Derrick		X	Rhodes, Stefanie		X
Dean, Traci	X		Sain, Philip	X	
DeMartino, Peter		X	Shaw-Richardson, Re'ginald	X	
Fogal, Doug	X		Torre, Andrew	X	
Ford, Jasmine		X	Wallis, Jane (<i>Comm. Vice-Chair</i>)	X	
Forman, Lynn	X		Washington, Antonio	X	
Gomez, Ana	X		Yocum, Ashley	X	
Guitierrez, Anthony	X				
Hickson, DeMarc		X			
RECIPIENT STAFF	PRESENT	ABSENT		PRESENT	ABSENT
Lago, Lena	X				
HAHSTA STAFF	PRESENT	ABSENT	COMMISSION STAFF	PRESENT	ABSENT
Cooper, Stacey	X		Bailey, Patrice	X	
			Johnson, Alan	X	

HIGHLIGHTS

This is a draft version of the September 29, 2022, COHAH General Body Meeting Minutes which is subject to change. The final version will be approved on October 27, 2022.

AGENDA	
Item	Discussion
Call to Order	The meeting was called to order by Jane W. at 6:06 pm, followed by a moment of silence. Attendance was taken via Zoom chat. With 26 of 36 voting commissioners present, quorum was established.
Review and Adoption of the Agenda	Antonio W. motioned to adopt the September 29, 2022 Agenda for the COHAH General Body Meeting. The agenda was adopted unanimously via poll vote.
Review and Approval of the Minutes	Betelhem M. motioned to approve the August 25, 2022 Meeting Minutes for the COHAH General Body Meeting. The minutes were approved unanimously via poll vote.
Ryan White HIV/AIDS Program (RWHAP) Recipient Report/Updates	<p><u>Lena L. reported on the Recipient Report:</u> The Ryan White HIV/AIDS Program (RWHAP) Part A and Part A Minority AIDS Initiative (MAI) received the full award in the amount \$32,676,052.00.</p> <p><u>FISCAL STATUS</u> In July, 22 of 34 payment requests for Part A and Part A MAI were received and processed. Five (5) three to six month continuation grants to assist with the transition from Fee for Service to a Fee for Value and accommodate organizations that would no longer be a part of the network, ended on May 30, 2022.</p> <p>There are no service delivery challenges for DC, Maryland, or Virginia.</p> <p><u>PART A FISCAL SUMMARY</u> Part A expenditures are at 23% and should be at 42%.</p> <p>Service areas affected by unprocessed invoices are Early Intervention Services (EIS) Mental Health Services (MHS), Substance Abuse Services - Outpatient (SASO), Psychosocial Support Services (PSS), Outpatient Ambulatory Medical Care (OAHS), Oral Health Care (OHC), Health Insurance Premium and Cost Sharing Assistance (HISPCSA), Medical Case Management (MCM), Non-Medical Case Management (NMCM), Medical Transportation Services (MT), and Outreach Services (OS).</p> <p>Services spending 30% below expected due to unprocessed invoices, under-utilization and other issues occurring throughout the community are Outpatient/Ambulatory Health Services (OAHS), Early Intervention Services (EIS), Health Insurance Premium and Cost Sharing Assistance (HIPCSEA), Oral Health Care (OHC), Mental Health Services (MHS), Medical Nutrition Therapy (MNT), Medical Case Management (MCM), Substance Abuse Services – Outpatient (SASO), Non-Medical Case Management Services (NMCM), Food Bank/Home Delivered Meals (FBHDM), Medical Transportation (MT), Outreach Services (OS), and Psychosocial Support Services (PSS).</p>

	<p>The service spending 30% above expected is Other Professional Services (OPS).</p> <p><u>PART A MAI FISCAL SUMMARY</u> Part A MAI expenditures are at 36% and should be at 42%.</p> <p>There are no service areas affected by unprocessed invoices.</p> <p>Services spending 30% below expected are Early Intervention Services (EIS and Substance Abuse Services – Outpatient (SASO).</p> <p>There are no services spending 30% above expected.</p> <p><u>RECIPIENT REPORT</u></p> <p>The Core Medical Services Waiver for GY 32 was approved by HRSA in June. HRSA is also scheduling a comprehensive site visit with HAHSTA tentatively for the first full week or second week in November.</p> <p>The transition at the end of September into the new fiscal year should not pose any problems. DC Health is also rolling out a new integrated fiscal system. It is an internal system, therefore, the sub-recipients and the Ryan White network should not feel the impact of the change and external training on the system is not required.</p> <p>The Recipient is submitting the first non-compete continuation to HRSA for Part A, early next week. It is no longer an annual process therefore, there only needs to be a small subset of deliverables submitted.</p> <p>The Recipient also noted that there have been several hires recently. Some of them hired for HAHSTA/CARE were in attendance.</p>
<p>A Randomized Controlled Trial of Women Involved in Supporting Health (WISH)</p>	<p>Lamont introduced the presentation on the study entitled A Randomized Controlled Trial of Women Involved in Supporting Health (WISH). He described the study as a peer led intervention to improve postpartum retention in HIV Care. The purpose of the study is to test the benefits of the program led by peer facilitators in improving the wellbeing of mothers and their babies after delivery. According to statistics many women living with HIV during their postpartum stage encounter a decrease in HIV retention in care. Florence Momplaiser, Assistant Professor is a Physician Scientist at the University of Pennsylvania in the Division of Infectious Diseases and trained in adult infectious disease was the presenter.</p> <p>Some of the main points in the presentation were:</p> <ul style="list-style-type: none"> • Analysis showed that mothers who disengaged during one to two months postpartum would very likely be disengaged at the one to two years post-partum mark. • Interviews were conducted to help navigate the post-partum period and it was discovered that mothers needed/wanted social support

	<p>during the post-partum period from peers rather than family along with education.</p> <ul style="list-style-type: none"> • An infrastructure and curriculum was developed to administer the support. Eligibility requirements for peer and participants are: <ul style="list-style-type: none"> • Must be 16 years and older • Living with HIV and pregnant or have been pregnant • Comfortable disclosing HIV status • Provide confidentiality statement • Able to read and speak English (to be able to engage via cell phone) • Peers would provide education and training. During the perinatal period, there are three (3) intervention sessions and two (2) intervention sessions in the postnatal period that involve asking baseline questions to see if the sessions have been beneficial. • There are two (2) arms. The Parenting Arm, which serves as the control implemented the curriculum that focuses on parenting skills. • There are other partners. In DC the P.I. is Rachel Pap of Medstar Health and Tricia, Clinical Research Coordinator
<p>D (Seeing) Project – Brianca Wright, George Washington University, Intersectionality Research Institute</p>	<p>Brianca Wright, Project Coordinator at the George Washington University Intersectionality Research Institute presented on the D (Seeing) Project spearheaded by Lisa Bowleg and Dr. Jenné Massie. Some of the main points were:</p> <ul style="list-style-type: none"> • The project takes a community focus lens at health in black sexual minority men and black heterosexual women living with HIV in the DC area using photovoice and institutional ethnography. • Identify different social structural barriers that institutions create in the treatment of the population mentioned with the purpose to implement a strategy to help DC Health reduce HIV incident and time to viral suppression. • The people collecting the data are the participants. Looking to recruit 80 community researchers. • The groups will consist of 40 black sexual minority men and 40 black heterosexual women, ages 18 and over who have sought out HIV prevention services or living with HIV and have experience with treatment services in the DMV, with potentially 4 subgroups for both men and women. <ul style="list-style-type: none"> Group 1. Anyone who sought out HIV prevention services in the city (i.e. testing, PrEP, etc.), Group 2. Those who are newly diagnosed. Group 3. Those who are virally suppressed. Group 4. Those not virally suppressed but can or do not have to be in care.

	<ul style="list-style-type: none"> Co-researchers will meet once a month. After each meeting, each co-researcher will receive a gift card (a total of \$250 for all four meetings). A flyer was posted in the chat for anyone interested or if there are recommendations for dissemination. <p>Jenné M. indicated that she can also drop hard copies of the flyer off at your organization. They are also working on more social media coverage. She further indicated that some of the groupings mentioned in the presentation may be revised based on the feedback that's been given.</p>
<p>Standing Committee Updates</p>	<p><u>Research and Evaluation Committee (REC) reported by Lamont C.</u> The REC continues to work on the Needs Assessment. Alan J. and the students from GW and Morgan State have collected and entered the information from the DC Clinic into the SurveyForce platform. A few of the students have also been stationed at the Children's Hospital collecting information.</p> <p><u>Community Education and Engagement Committee (CEEC) reported by Lamont.</u> Anthony G. and CEEC are hoping to have the Protocol Implementation Summit at the Human Rights Campaign (HRC) tentatively on Wednesday November 16th. It's planned for a full day. The first part of the day will consist of giving an EHE update from the different jurisdictions. The second part will look at organizations that are implementing Same Day PrEP and Rapid Start/ART. Lamont suggested securing the space and notifying people in enough time that enables them to attend. Jed Barton is also helping to organize. A rough agenda has been created. Next step is to get the word out.</p> <p><u>Comprehensive Planning Committee (CPC) reported by Gerald P. and Lamont C.</u> The CPC reviewed the Recipient Report and debriefed on the PSRA Lite meeting that occurred at the August 25, 2022.</p> <p>Lamont reported that the Assessment of the Efficiency of the Administrative Mechanism (AEAM), a review of how quickly and well the RWHAP Part A recipient carries out the processes to contract with and pay providers for delivering HIV-related services, had been moved from the old Planning Council Financial Oversight and Allocations Committee (FOAC), now known as the Comprehensive Planning Committee (CPC), to the Research and Evaluation Committee, REC. The REC revamped the AEAM and now it doesn't need to be their responsibility. Therefore, the AEAM will move back to the CPC. Collecting information for it is slightly behind. When the fiscal year changes and staff returns from the USCHA Conference, work can begin with the Recipient team to administer the AEAM into the community.</p>

	<p><u>Integrated Strategies Committee (ISC) reported by Jane W.</u></p> <p>ISC reviewed comments and recommendations for the Equity Paper from reviewers. The committee is still looking for reviewers for the Transportation, and Employment sections. The ISC is considering changing the verbiage of the request for reviewers from subject matter experts to people who are utilizing services as a provider or a client. Natella R., Andrew T. and Doug F. volunteered to review the Transportation Standard. Antonio W., and Lynn F. volunteered to review the Employment Standard.</p> <p>The ISC is working on an Equity Work-plan to present out to the full General Body to show not only the research but what the General Body will be asked to help with.</p> <p>An update on the EHE Fact Sheet was presented that will help the community understand all the EHE initiatives such as the Harm Reduction Vending Machines. The ISC is pushing the Quarterly EHE Update back from October to November.</p> <p>The Child Care Standard team met with OSSE. OSSE informed the team that there is a delay in the rulemaking process and it will take at least two years to complete any requests. In the interim the plan is to establish an arrangement with licensed childcare providers that offer services in locations near medical providers. There are six medical provider locations that may be ideal candidates for a childcare services pilot program. Dr. Olejemeh will continue to research and connect with childcare providers.</p> <p>Lamont informed the board of the days and times of all committee meetings and encouraged the body to invite people to attend.</p>
Commission Administrative Business – Things to Do	<p>Lamont introduced Julie Orban as the new HIV Planner in CARE. Julie O. indicated that she is coming from GW at the Milken Institute School of Public Health as a Researcher in Health Equity and Health Workforce Education.</p> <p>Lamont reported on his meeting with MOTA and indicated that they are cleaning up the COHAH membership list. Additionally, the COHAH is always seeking new members, specifically women living with HIV in the Maryland and Virginia jurisdictions.</p>
New Business	None noted.
Old Business	None noted.
ANNOUNCEMENTS/OTHER DISCUSSION	
Doug announced that the Latino Festival in Old Mill Park in Fredericksburg Virginia is rescheduled for September 23, 2022.	

Ashley Y. announced the Quality Management Summit will be held virtually on November 2-3, 2022. The theme is Forward Together-The New Frontiers of Quality HIV Care. She will send a link to register.

Open enrollment for Medicare enrollment is from October 15 to December 7, 2022 and Affordable Care Act (ACA) enrollment is from November 1 to January 15, 2022. Virginia clients must use the insurance benefits manager Benalytics to help enroll in both. Communication is going out to the clients now. Clients who receive medications through the VDH ADAP are receiving information about insurance enrollment through medication bag inserts, We now provide medication co-payments for those clients that are currently enrolled in Medicare regardless of their L.A.S. subsidy.

VDH received a small Ryan White supplemental grant that will focus on the medical and support services for a prioritized population of justice involved clients.

Diana Jordan resigned from her position as Director of the Division of Disease Prevention. Elaine Martin has assumed the acting position until someone is hired. Kimberly Scott who is the Director of HIV Care Services will serve as the Project Director for the RW Part B Program.

Ramatoulaye K. announced the Annual Walk to End HIV and provided a link to register in the chat.

HANDOUTS

- Planning Commission (COHAH) Meeting Agenda September 29
- Meeting Minutes August 25, 2022
- Recipient Report

MEETING ADJOURNED	7:16pm	NEXT MEETING	THURSDAY, OCTOBER 27, 2022 6:00pm to 8:00pm ZOOM CONFERENCE AND VIDEO CALL
------------------------------	---------------	-------------------------	---