

The logo features a large, stylized red graphic element on the left, resembling a square with a horizontal bar extending to the right and a vertical bar extending downwards. The year '2018' is written vertically in light blue text within the vertical bar. To the right of the graphic, the word 'NATIONAL' is written in light blue, uppercase letters. Below 'NATIONAL', the name 'RYAN WHITE' is written in large, bold, white, uppercase letters. Underneath 'RYAN WHITE', the text 'CONFERENCE ON HIV CARE & TREATMENT' is written in light blue, uppercase letters. The entire logo is set against a dark blue background with a vertical red bar on the far left and a horizontal red bar at the bottom.

2018 NATIONAL
RYAN WHITE
CONFERENCE ON HIV CARE & TREATMENT

Fostering Transformative, Collaborative Relationship between Planning Bodies & Recipients

Kaleef Morse, Lamont Clark, Clover Barnes & Ebony Fortune

HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA)

DC Health – Government of the District of Columbia

Session Objectives

- Provide an overview of the Washington, DC EMA
- Describe the historical timeline related to the iterations of the Ryan White Planning Body
- Provide an overview of the historical fluctuations in the relationship between the Ryan White Planning Bodies and the Recipient
- Describe the steps taken to transform the Ryan White Planning Body
- Describe the new collaborative relationship between the Planning Body and the Recipient
- Describe at least 2 best practices to enhance the effectiveness and strengthen the relationship between the Planning Body and the Recipient

Geographic Makeup of the Washington, D.C. EMA

District of Columbia

Maryland

5 counties: Calvert, Charles, Frederick, Montgomery, Prince George's

Virginia

11 counties: Arlington, Clarke, Culpeper, Fairfax, Fauquier, King George, Loudoun, Prince William, Spotsylvania, Stafford, Warren

6 cities: Alexandria, Fairfax, Falls Church, Fredericksburg, Manassas, Manassas Park

West Virginia

2 counties: Berkeley, Jefferson



Once upon a time...not too long ago...

- **The Metropolitan Washington, DC Regional HIV Health Services Planning Council**
 - April 30, 2012 – DC Mayor Vincent Gray issued Mayor's Order 2012-63 that changed the name, reappointed members and appointed new members and a new Chair
- **The Metropolitan Washington Regional Ryan White Planning Council**
 - January 2, 2015 – Muriel Bowser was sworn in as the new Mayor of the District of Columbia
- **OPPORTUNITY FOR CHANGE!!!!**

No more Drama!!! – Challenges abound

- The relationship between the DC Department of Health/Ryan White Recipient and the Planning Council was deteriorating.
- **Challenges**
 - Leadership changes
 - Individual agendas and personalities
 - Engagement and involvement
 - Commitment
 - Accomplishing tasks

Planning Council Reorganization

- Catalyst for Change
 - Changing epidemic
 - Missed deliverables
 - Evolving Care Continuum
 - Affordable Care Act and Medicaid Expansion

Reorganization – Key Steps

- Assemble Transition Team
- Create a work plan
- Create application process
- Announce change
- Open application process
- Conduct interviews
- Train new members
 - ...Find new leadership....

Announce Change

- Announced at Aug. 27, 2015 Planning Council meeting...
- Washington Blade Oct. 15 2015

“DC Ryan White Planning Council members ousted in Bowser shakeup”

<http://www.washingtonblade.com/2015/10/14/d-c-ryan-white-planning-council-members-ousted-in-bowser-shakeup/>

“D.C. Mayor Muriel Bowser last month may have removed as many as 30 or more members of the Metropolitan Washington Regional Ryan White Planning Council in a major shakeup that surprised and roiled local AIDS activists.”



Planning Council Reorganization



“The decision to reconstitute the Planning Council was made to enhance the capacity of the Council to plan for the care and support services of people living with HIV/AIDS in the eligible metropolitan area,”

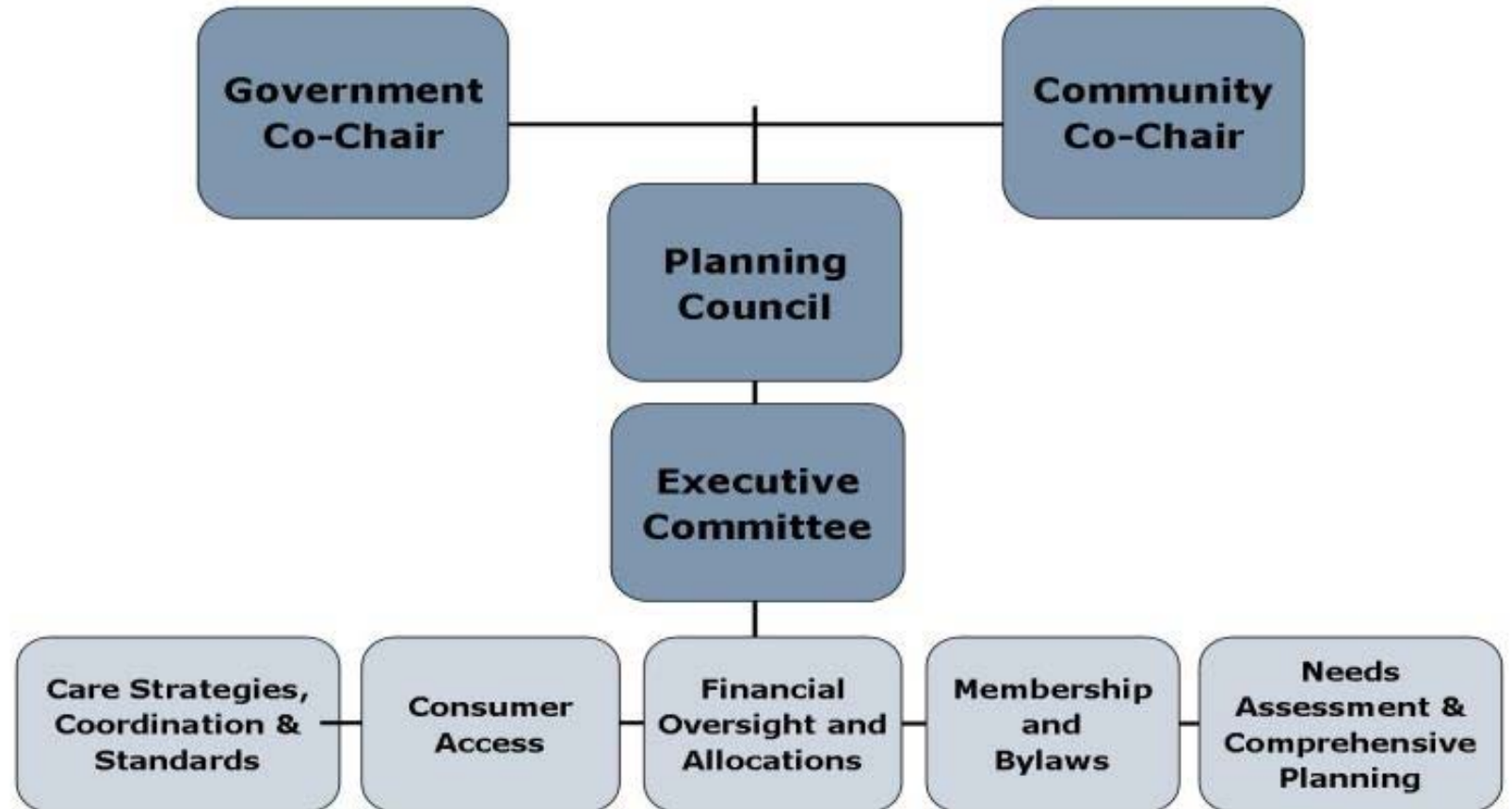
-Mayor Muriel Bowser (Oct. 15, 2015 –Washington Blade)

Planning Council Reorganization

January 8, 2016 Mayor's Order to Re-establish the Council and appoint New Members (2016-001/002)

New Leadership Structure

- Government Co-Chair
DC Government Employee
- Community Co-Chair
elected volunteer community member



Planning Council Stabilization

- **New Government Co-Chair hired January 2016**
- **Objectives**
 - **Establish relationship with the Council**
 - **Establish relationship with the Community**
 - **Establish relationship with the Recipient**
 - **Assess Council operations**
 - **Implement enhancements**
 - **Request Technical Assistance**

It's Story Time!

Experiences with the old and new Planning Body:

1. Lamont Clark, Planning Council Coordinator
2. Ebony Fortune, Program Officer – (Recipient Staff)
3. Clover Barnes, Part A Recipient

WORK TOWARDS INTEGRATION BEGINS

Developing the DC EMA Integrated Plan

Principles for Community and Stakeholder Engagement

- Leveraging existing relationships
- EMA-wide learning experience
- Thinking “regionally”
- Not a “rubber stamp” or “check a box”

Concurrent 90/90/90/50
Plan Development

- Crosswalk of activities

Integrated HIV Prevention and Care Plan Workgroup

- Metropolitan Washington Regional Ryan White Planning Council
- DC HIV Prevention Planning Group
- Maryland and Virginia Health Departments
- Engagement: Jurisdictional Town Halls, Focus Groups, Key Informant Interviews

DC STRATEGIC PLANS FOR HIV

2017-2021 District of Columbia
Eligible Metropolitan Area
Integrated HIV/AIDS Prevention and Care Plan



Mayor Muriel Bowser

90/90/90/50 Plan

Ending the HIV Epidemic in the District of Columbia by 2020



DC APPLESEED
Solving DC Problems

DC EMA INTEGRATED PLAN

Reduce New HIV Infections

Goal 1: Reduce new infections by 50%

- Regional biomedical interventions
- Regional socio-environmental & behavioral approaches
- Structural & social barriers
- Increase viral suppression TasP / U=U

Goal 2: Increase knowing status from 88% to 90%

- Focused geospatial & demographic testing
- Regional data sharing
- Improve testing capacity & performance

Increase Access to Care & Outcomes

Goal 1: Improve LTC rate 83.6% w/i 30 days

- Linkage performance/practices
- Data to Care
- Reduce linkage to 30 days
- Culturally affirming services

Goal 2: Improve retention in care to 90%

- Social determinants
- Retention by region
- Resources by population/geography
- Retention models

Reduce Disparities & Inequities

Goal 1: Increase viral suppression 58% to 90%

- Pharmacies & PBMs on treatment adherence
- Engage providers
- Targeted adherence support for key pops.
- Data to Care

Goal 2: Transform EMA Ryan White services

- Increase support services, behavioral health, and economic opportunity

More Coordinated Response

Goal 1: Fully integrate RW Planning Council & HIV Prevention Planning Group

Goal 2: Structured coordinated efforts for integration in region

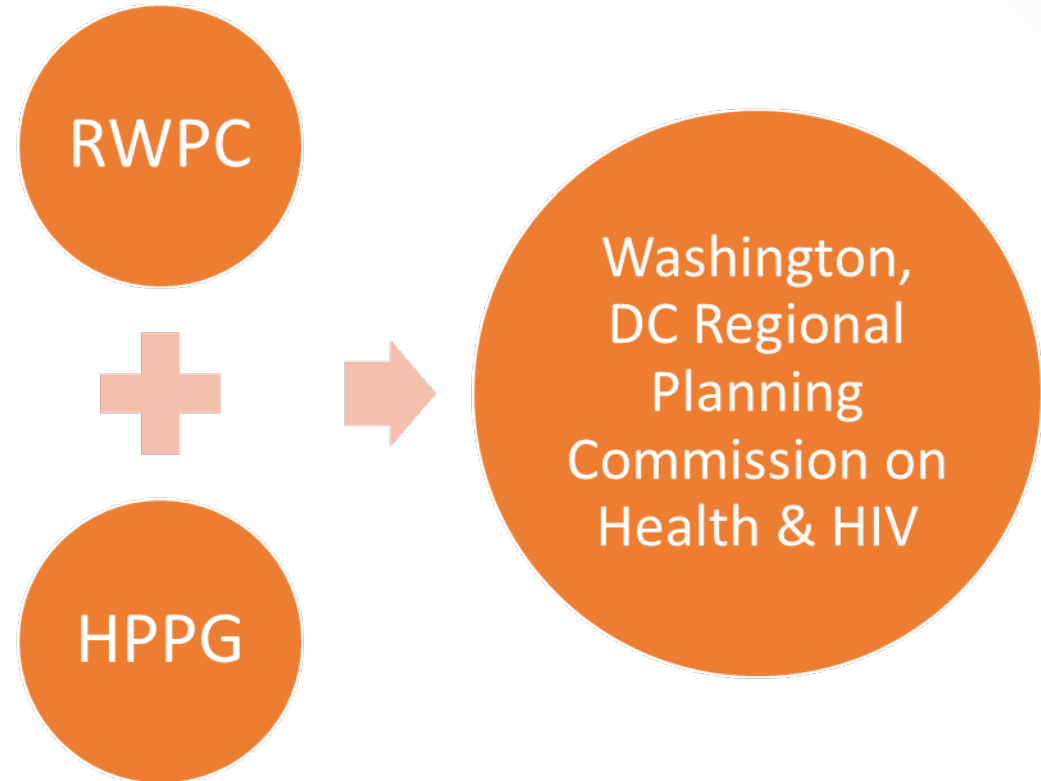
- Inter-jurisdictional meetings on data sharing
- Regional protocol for care engagement
- Regional partner services model

March 2017

- The integration of the DC HIV Prevention Planning Group (HPPG) and the Ryan White Planning Council (RWPC) started.
- Integration Workgroup formed
 - Members from both planning bodies.
 - Members from DMV Health Departments.

INTEGRATED PLANNING BODY

- Integration Work Group
 - Timeline
- Technical Assistance
 - George Washington University School of Public Health
 - UCHAPS
- Merger Landscape Review
 - Chicago, Los Angeles, San Francisco
- Tasks
 - Membership
 - Structure
 - Bylaws



INTENTIONALITY

NO PREVENTION COMMITTEE

- Integrate in action, not just in name
- Chicago TA visit – Lessons Learned

MEANINGFULLY STRUCTURE

- Structured the integrated body with elements from the HPPG, RWPC, and other jurisdiction's planning bodies.

Committee Structure

- **Executive Operations**

- Overall Operations
- Membership Nominations
- By-Laws
- Policies and Procedures

- **Integrated Strategies**

- Results-oriented Engagement Process
- Service Standards
- Directives

- **Research and Evaluation**

- Needs Assessment
- Integrated HIV Prevention & Care Plan
- Assessment Admin Mechanism

- **Community Engagement and Education**

- Recruitment
- Stakeholder Identification
- Engagement & Education – Focus Populations

- **Comprehensive Planning**

- Financial Oversight
- Priority Setting & Resource Allocation (PSRA) Process

May 2018

The DC Mayor's Office of Talent and Appointments (MOTA) swore in the inaugural set of commissioners on behalf of Mayor Muriel Bowser.

Washington, DC Regional
**PLANNING
COMMISSION**
on **HEALTH** and **HIV**





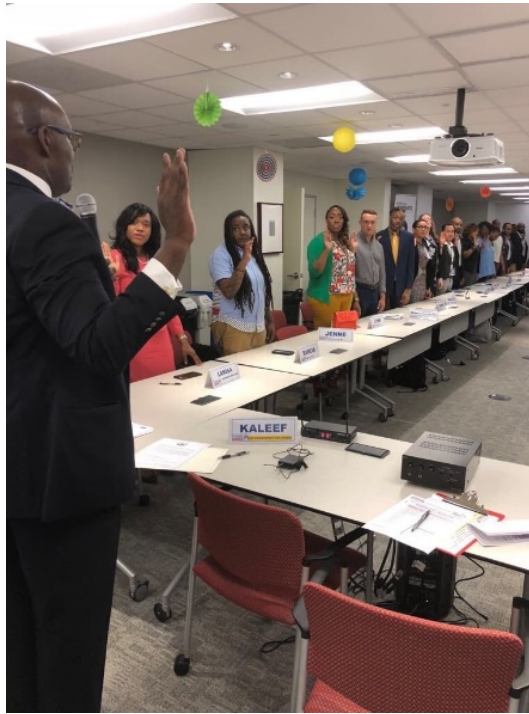
MOTA DC @DC_MOTA · 5d

The Washington Regional Planning Commission on Health and HIV develops strategies to engage communities to end the HIV epidemic.

Today 34 new @MayorBowser appointees from DC, MD, VA & WV planning area were sworn.

Thanks for your service & commitment.

#DCValues #MOTABoards



DC Health



WE ARE HERE TO WORK!

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

COHAH PURPOSE

- Increase collaboration, efficiency, and innovation with government partners and community stakeholders to achieve a more coordinated response to the HIV continuum of services
- Conduct community planning activities
- Integrated HIV Prevention and Care Plan
- 90/90/90/50 Plan
- Social Determinants of Health

Recipient and COHAH Roles

- Recipient and Planning Commission = two independent entities, both with legislative authority and roles
- Some roles belong to one entity and some are shared
- Effectiveness requires clear understanding of the roles and responsibilities of each entity, plus:
 - Communications, information sharing, and collaboration between the recipient, Planning Commission, and Planning Commission support (PCS) staff
 - Ongoing consumer and community involvement

Task	CEO	Recipient	Planning Council
Determine Planning Body	X		
Establish Planning Body	X		
Carry Out Needs Assessment		X	X
Do Comprehensive Planning		X	X
Set Priorities*			X
Allocate Resources*			X
Manage Procurement		X	
Monitor Contracts		X	
Evaluate Effectiveness of Planning Activities		X	X
Evaluate Effectiveness of Care Strategies		X	X
Do Quality Management		X	[Care Standards & Committee Involvement]
Assess the Efficiency of the Administrative Mechanism*			X

* Sole responsibility of RWHAP Part A Planning Councils

Recipient Roles

- Works with CEO to establish a Planning Body and appoint its members based on an open nominations process.
- Administers funds fairly and appropriately across the EMA/TGA, ensuring timely delivery of essential services.
- Enhances quality and access to care.
- Develop Service Standards with the Planning Body

Challenges

- **Maintaining Balance between HIV Prevention and Care**
 - Community Co-Chair from the “Prevention Side”
- **Incorporating the HIV Prevention Division and portfolio of services into the planning process.**
 - HIV Prevention Orientation began in November
- ***Molecular HIV Surveillance***
 - MHS info sessions and community engagement began in September
- ***Disease Intervention Specialists – Partner Services***
 - DIS/PS info sessions and community engagement began in October
- ***Data to Care***
 - Data to Care info session and community engagement began in November

QUESTIONS?

THANK YOU!

Kaleef S. Morse

Manager & Government Co-Chair

Washington, DC Regional Planning Commission on Health and HIV (COHAH)

Kaleef.Morse@dc.gov

Lamont Clark

Program Coordinator

Washington, DC Regional Planning Commission on Health and HIV (COHAH)

Lamont.Clark@dc.gov

Clover Barnes

RWHAP Part A & B Recipient (Chief, Care and Treatment Division)

HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA)

Clover.Barnes@dc.gov

Ebony Fortune

Program Officer, RWHAP

HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA)

Ebony.Fortune@dc.gov

