



VIRTUAL  
2020 NATIONAL  
RYAN WHITE  
CONFERENCE ON  
HIV CARE & TREATMENT

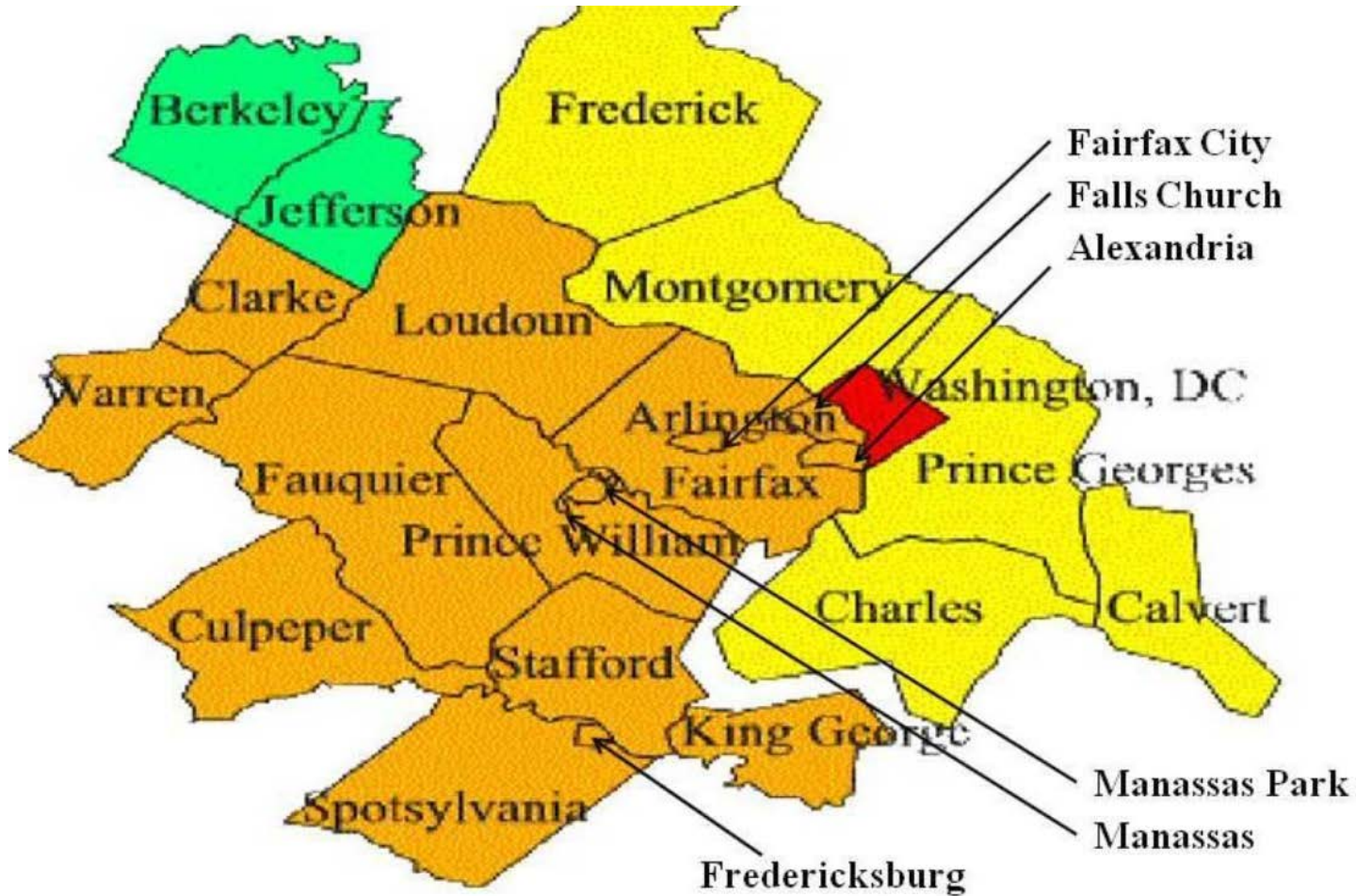
# Multi-state Collaboration: A Guide to Regional Programming and Planning

# Overview



- Description of the Washington, DC EMA
- Inspiration for Change
- Regional Planning – Prior to 2016
- Regional Planning – Present day
- Program Shifts
- Impact of Regional Planning
- Lessons Learned and Takeaways

# Washington DC EMA



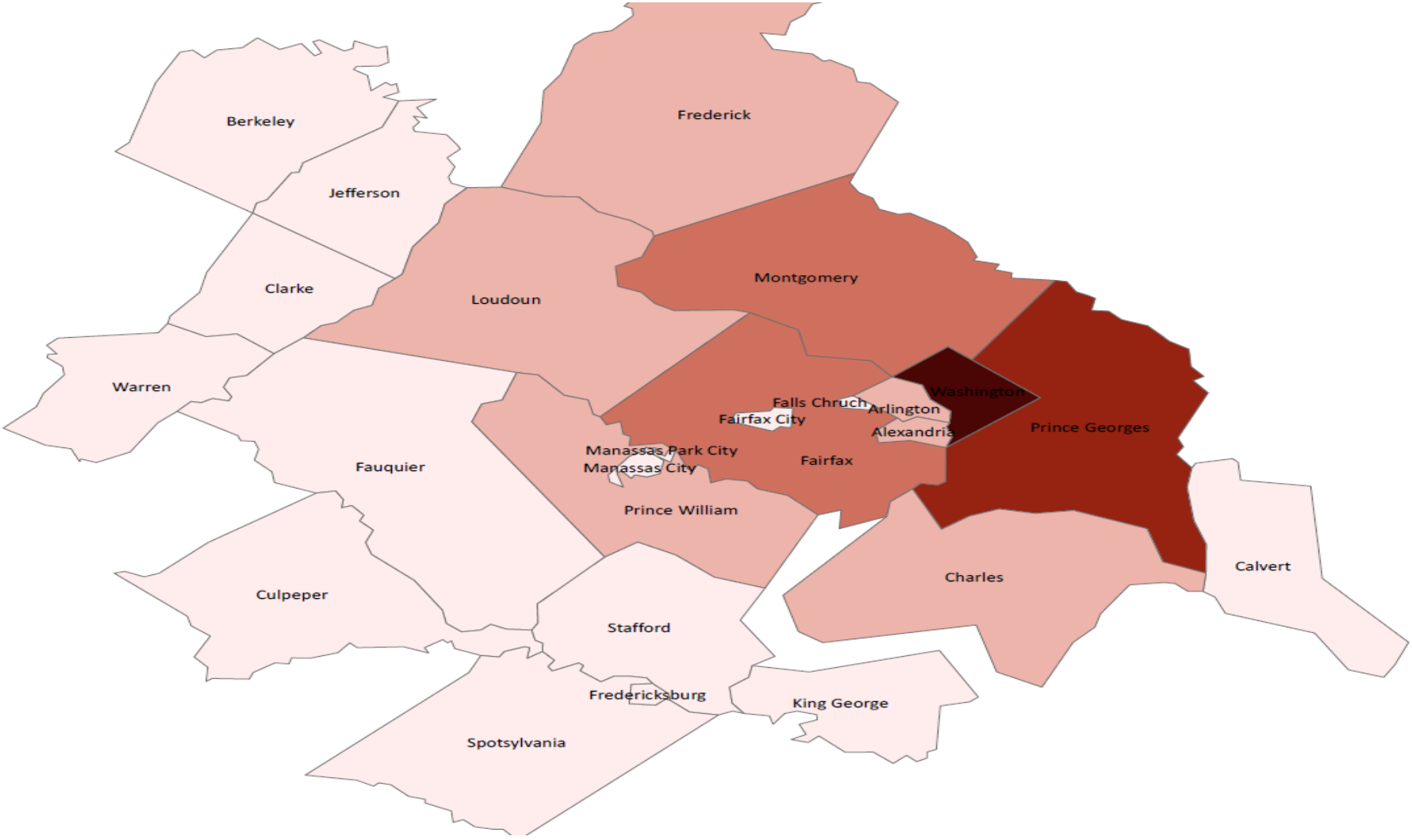
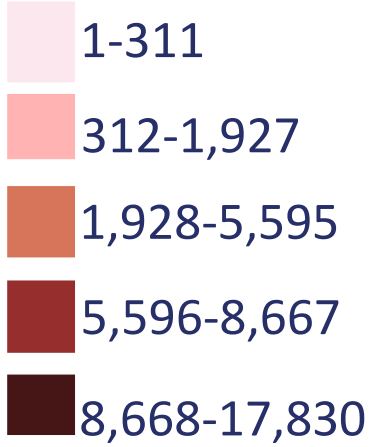
**The Washington, D.C. EMA consists of:**

- The District of Columbia
- Northern and Northwestern Virginia (17 counties/cities)
- Suburban Maryland (five counties)
- West Virginia (two counties)

# Geographic Distribution: HIV Clients Living in the DC EMA, by County, 2018, N=38,414



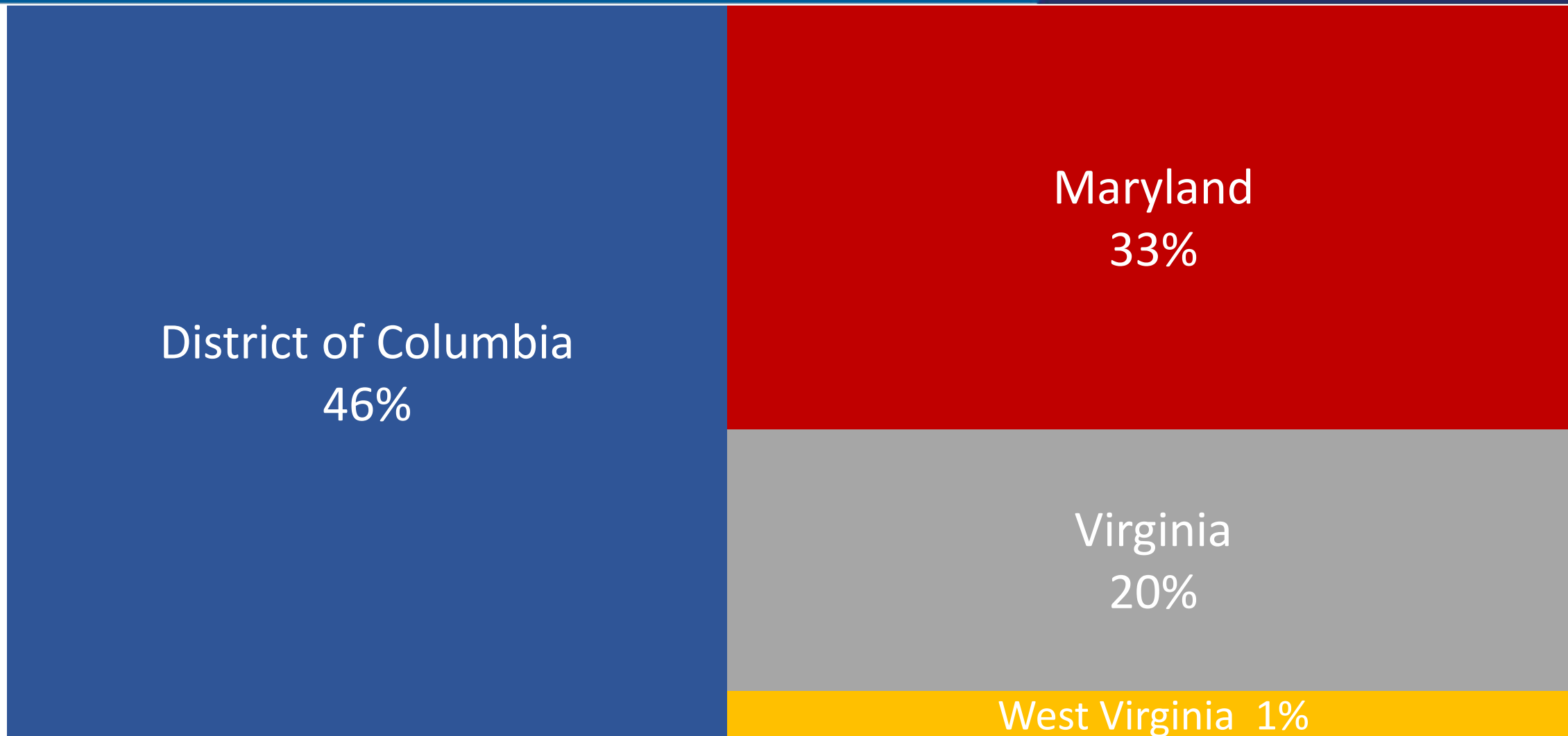
Number of HIV Cases



# Distribution of Cases Living with HIV in the DC EMA, 2018, by Jurisdiction N= 38,414



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# Inspiration for Change



## Build efficiencies in three main areas

- Fiscal
  - Maximize coverage and benefit from Ryan White funds across the region
  - Decrease duplication in allocations with Part A and B dollars
- Data
  - Decrease reporting burden
- Program
  - Uniformity of service offerings
  - Move to a regional health delivery system
  - Expand provider network
  - Better access and choice for customers

# Regional Planning – *Then*



- Siloed
  - Each state planning independently
  - Collaboration around annual PSRA (State Epi)
- Interaction at National Conferences
  - NASTAD
  - RW Conference
  - USCA
- All other interactions based on need

# Regional Planning - *Pre-2016*



- Data sharing for HIV surveillance (circa 2012)
- Contact by necessity
- Strained interactions during the Planning Council structure/meetings pre-D.C. Commission on Health and HIV (DC COHAH)



# The DMV Meetings



- DMV = Washington DC, Maryland, and Virginia
- Meet quarterly, rotate hosting responsibilities - BIG TENT
- Approximately 6-8 meetings to date
- Day-long meeting agendas set ahead of time by Program Directors
- Information sharing/micro-level Technical Assistance
  - Services/Interventions
  - Needs Assessment Processes
  - Grant Administration

# Outcomes of DMV Meetings



- Enhanced Data Sharing including Black Box Project
- Robust Planning Body Participation
- Joint Service Planning, Aligned Allocations
- Data Uniformity
- Ad-Hoc Collaboration/Macro Technical Assistance
  - Quality Management
  - Policies & Procedures (Rapid Start, Service Standards, ADAP)
  - Integration and Collaboration (STI, hepatitis, harm reduction)
- **Camaraderie and Trust**

# Regional Planning – *Present Day*



- Multi-level DMV Health Department relationships
- Merger of the DC/DMV prevention and care planning bodies
- VDH and MDH are voting members of the WDC EMA Ryan White and Prevention Planning Body
- Consistent data collection activities and templates across the health departments
- Working to ensure the quality and parity of services are similar across the region

# Regional Planning – *Present Day*



- Collaboration across Part A and B programs
- Not just for RW funding but all parts of the Health Department are collaborating across the region
- Leveraging of funding mechanisms and resources across the region.

# Collaboration Journey

2016

Regional DMV Meeting

Fiscal

Data

Programs

2019/2020

Administrative Agent change

Regional Early Intervention Services Delivery Model RFP

Regional Consumer Satisfaction Survey

Regional Needs Assessment Survey

Regional Early Intervention Services Model

Joint Home Test Kits

2020/Beyond

COVID Part B funds / R3

Client level data system

Regional Special Population and Community Engagement

# Program Shifts



- Administrative/Fiduciary Agent changes
- COHAH - Integration of the Ryan White and Prevention Planning bodies
- Regional Early Intervention Services

## Successes

- Maximize use and impact of funding
- Minimize duplication of grant awards to providers
- Increase diversity in the services offered to customers
- Creation of a Regional Steering Committee to bounce ideas off of

## Challenges

- Finding the balance between innovation and legislative requirements
  - Making the new model fit with the RWHAP requirements and HRSA's guidelines
- Assuaging concerns of historical stakeholders and opposition
- Measuring change management can be elusive and complicated



## Takeaways

- Commitment to find common areas of interest and opportunities for alignment within each health department
- Leveraging of funding mechanisms
- Cross pollination of information shared with sub-recipients across the region
- Quarterly in-person meetings between all health department directors
- Monthly calls amongst the surveillance teams for each health department
- Embedding epidemiology and partner services staff in partner health departments

# Questions



# Contact Information



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