

The logo features a large, stylized red graphic element on the left, resembling a thick vertical bar with a horizontal bar extending from its top and bottom, forming a partial frame. The text is positioned to the right of this graphic. The year '2018' is written vertically in light blue. The word 'NATIONAL' is in light blue, positioned above the main title. The main title 'RYAN WHITE' is in large, bold, white capital letters. Below it, the subtitle 'CONFERENCE ON HIV CARE & TREATMENT' is in smaller, light blue capital letters.

2018 NATIONAL
RYAN WHITE
CONFERENCE ON HIV CARE & TREATMENT

Stellar Movement:
Innovative Approaches to Synchronizing the
Orbits around HIV Prevention and Care
Activities

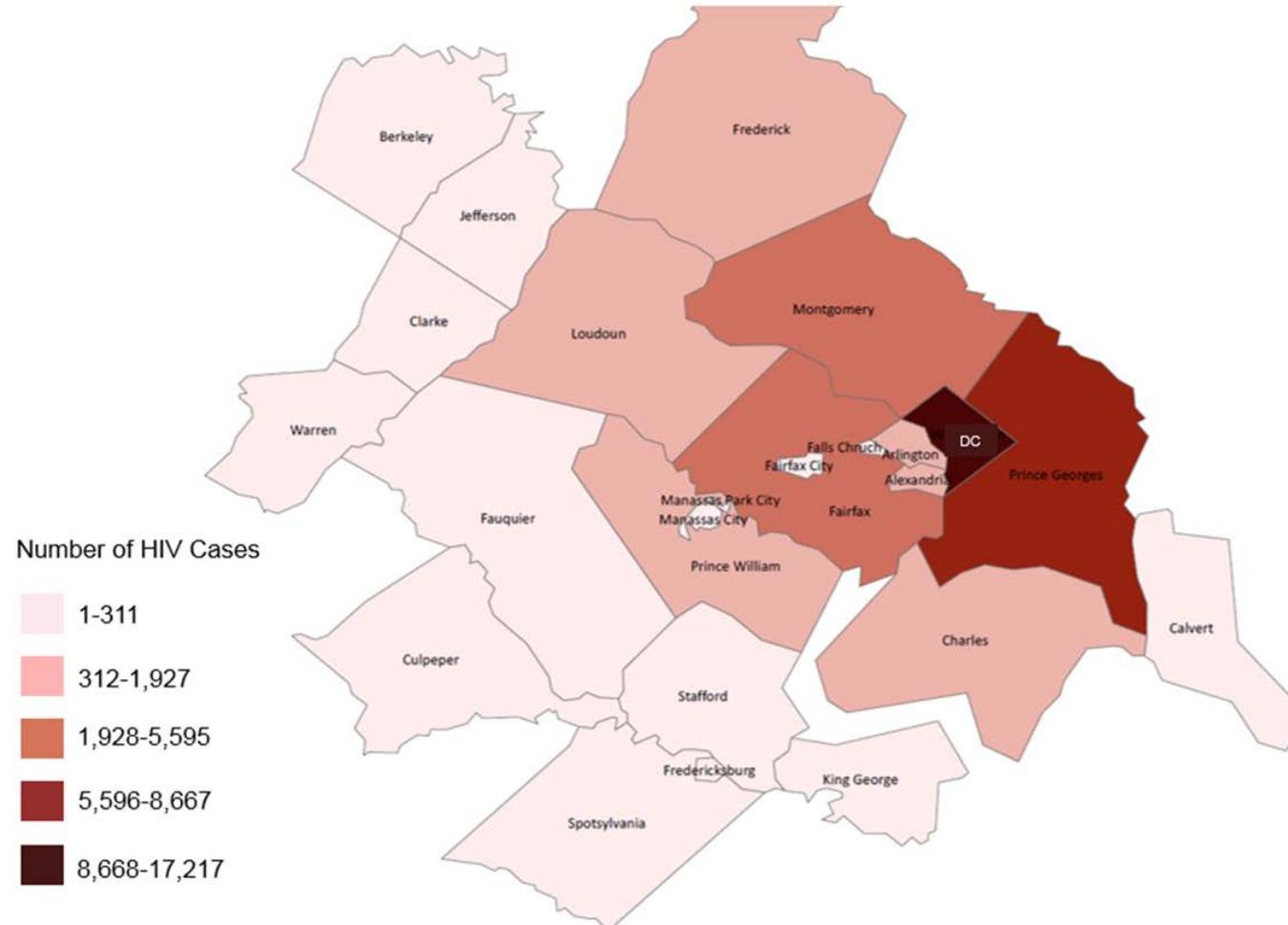
Leah Varga and Ka'leef Morse
HIV/AIDS, Hepatitis, STD, and Tuberculosis Administration (HAHSTA)

OVERVIEW

- Washington, DC Metropolitan Area
- DC Integrated Plan
- Mayor's 90/90/90/50 Plan
- Development, Implementation, Monitoring
- Coordinated Response: Integration of Planning Bodies
- Ongoing Engagement

DC ELIGIBLE METROPOLITAN AREA

Geographic Distribution of the Number of People Diagnosed and Living in the Washington DC EMA, by County: 2017, N=37,294



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



Integrated and End the Epidemic Planning

DC STRATEGIC PLANS TO END THE EPIDEMIC

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



WE ARE WASHINGTON DC

Mayor Muriel Bowser

90/90/90/50 Plan

Ending the HIV Epidemic in the District of Columbia by 2020

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

90% of HIV positive DC residents know their status	90/90/90/50 Task	Integrated Plan
Use geospatial and demographic data to increase targeted testing	Goal 1; Task 1.1	Goal 1: Objective 1.2: Activity 1
Require providers receiving testing grants to utilize evidence-based programs that target social networks where new infections are most likely	Goal 1: Task 1.1	Goal 1: Objective 1.2: Activity 3
Continue media campaigns and medical provider education to ensure new and ongoing HIV testing approaches	Goal 1: Task 1.2	Goal 1; Objective 1.2: Activity 4
Establish an indicator for provision to identify and engage high risk negatives and engage counseling for prevention strategies—including counseling for PrEP	Goal 1: Task 1.3	Goal 1: Objective 1.2: Activity 5
Adopt and implement HIV-testing performance measures and thresholds for Managed Care Organizations (MCOs).	Goal 1: Task 1.4	Goal 1: Objective 1.2: Activity 2
90% of DC residents diagnosed with HIV are in treatment	90/90/90/50 Task	Integrated Plan
Relaunch of the Red Carpet Entry Program	Goal 2: Task 2.1	Goal 2: Objective 2.1: Activity 1
Expand the use of community health workers and peer navigators	Goal 2: Tasks 2.5, 2.6	Goal 2: Objective 2.1: Activities 3 and 4
Enhance culturally competent HIV treatment	Goal 2: Task 2.8	Goal 2: Objective 2.1: Strategy 2.1.4
90% of DC residents living with HIV who are in treatment reach viral load suppression	90/90/90/50 Task	Integrated Plan
Assure more accessible healthcare services by hours, locations and providers.	Goal 3: Task 3.1	Goal 2: Objective 2.1: Activity 5
Implement a data-to-care program to increase levels of engagement in care	Goal 3: Task 3.4	Goal 2: Objective 2.1: Strategy 2.1.2
Work with pharmacies and Pharmacy Benefits Managers to improve access to prescriptions and track medication treatment adherence	Goal 3: Task 3.5	Goal 3: Objective 3.1: Strategy 3.1.1
Promote telemedicine approaches for adherence support	Goal 3: Task 3.7	Goal 2: Objective 2.2: Activity 1
Promote use of HOPWA funding for capital development to create new units of affordable housing	Goal 3: Task 3.10, 3.11, 3.12	Goal 3: Objective 3.2: Activity 4 and 5
50% reduction in new infections	90/90/90/50 Task	Integrated Plan
PrEP and PEP delivery, education, expansion, program development, access, availability, insurance/copayment coverage	Goal 4: Task 4.1	Goal 1: Objective 1.1: Activity 2
Youth Sexual Health Plan: Promote health decision making and increase the availability of sexual health information for young people	Goal 4: Task 4.13	Goal 1: Objective 1.1.1 Strategy 1.1.2

PLAN WORKGROUPS

- Integration task force
 - Plan Development
 - Feedback
- Monitoring and Improvement
 - 4 workgroups/ one per ETE goal
 - Full participation
- Specialty Topic Groups
 - Subject Matter Experts
 - Recommend to modify/revise
- Planning Body Committees
 - Community engagement
 - Feedback

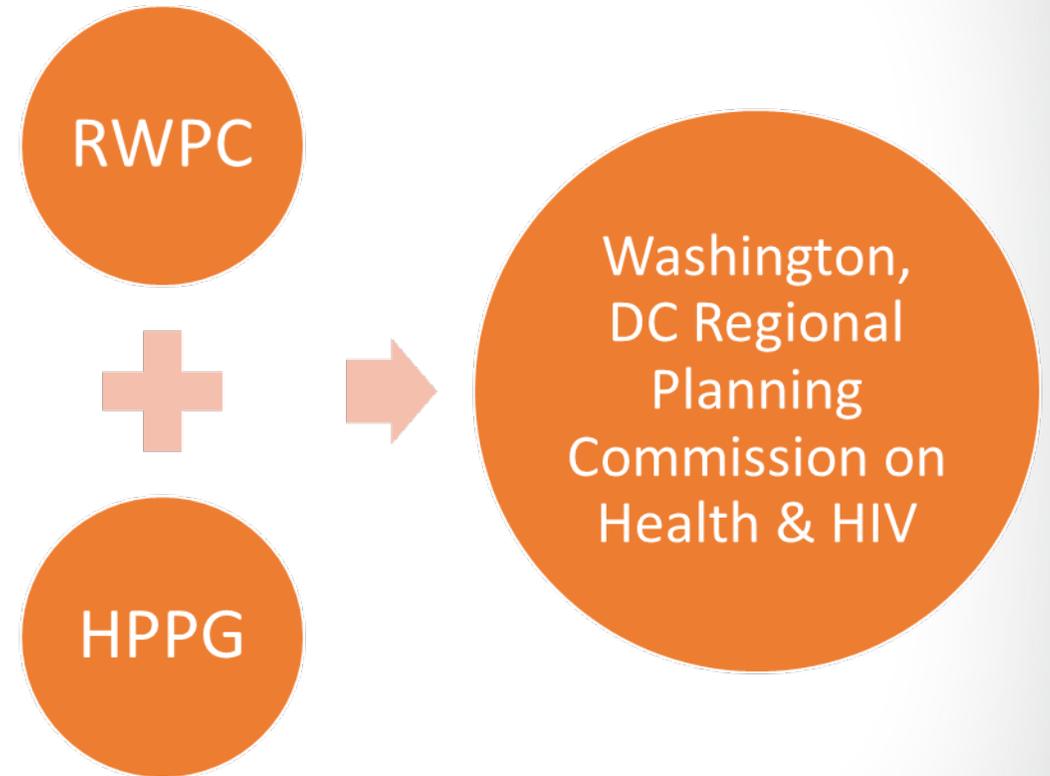
Working Towards Integration

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**





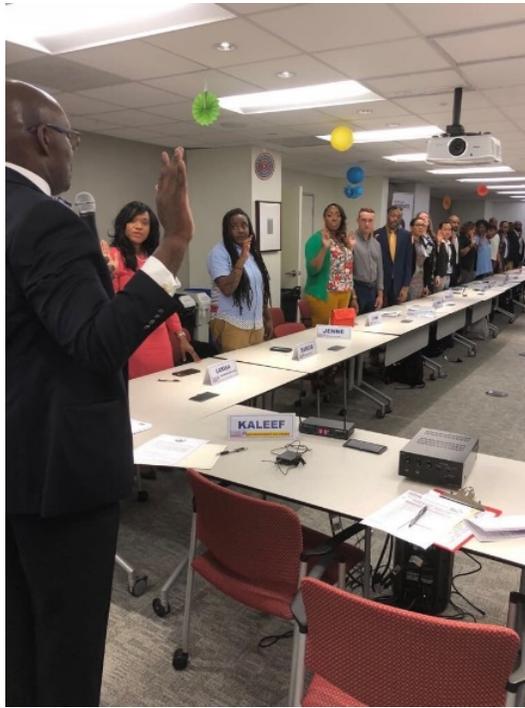
MOTA DC @DC_MOTA · 5d

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

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

Community Engagement

DEVELOPMENT OF THE DC PLANS: COMMUNITY ENGAGEMENT

Principles for Community and Stakeholder Engagement

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

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

DEVELOPMENT OF THE DC EMA INTEGRATED PLAN

Challenges and Lessons Learned

- Aligning local and regional plans
- Standardization across jurisdictions
- Keeping up with what is going on in the community (and listening)
- Engaging emerging and under-represented populations
- Community involvement commitment
- Common language between care and prevention
- Change in representation

DISCUSSION AND QUESTIONS

THANK YOU!



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