

Planning Council

Date of meeting: January 16, 2018
Time started: 5:45 p.m.
BCHD Staff: A. Ferrari*
 N. Flath
 S. Pelham
 L. Wagner

PCSO Staff: C. Lacanienta
 V. Graves
 J. Stenhouse

Present: K. Arbaugh* D. Lohan
 L. Bank* F. Mena-Carrasco
 D. Brewer E. Nicholson
 P. Chaulk* O. Njuhigu
 M. Cole M. Poku*
 P. DeMartino M. Scriber*
 J. Fleming* C. Smith
 C. Foxx M. Thomas*
 J. Furtado B. Ward*
 C. Harvey J. Wright-Kimble
 G. Jones-Childs
 J. Keruly*
 H. Lambert
** Participated via teleconference*

Absent: R. Buchanan-Gunthrop W. Merrick
 J. Loken V. Millhouse
 T. Luft A. Patterson

Visitors: C. Alexander V. Lathan
 L. Bell M. McVicker-Weaver
 M. Berg F. Oldham, Jr.
 D. Brooks E. Robinson
 D. Graves S. Thames
 C. Gross N. Thomas

- Handouts:**
- Planning Council Packet (OPCE, January 2018).
 - FY17 October YTD Expenditure Summary (BCHD, 2018)
 - Consumer’s Rights (PLWH/A, 2018)
 - HIV Care Continuum Dashboard (OPCE, 2017)
 - CPC Presentation (BCHD, 2018)
 - Work plans (Nominating, CPC, COCC)
 - Project Planners (Nominating, CPC, COCC)
 - UOB (BCHD, 2018)

Introductions

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- The meeting convened with quorum at 5:45 p.m. and introductions were made.
- C. Smith asked for a moment of reflection.
- C. Smith stated that he would like to take a moment to recognize Dr. Krimm, the founder of amfAR.

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- C. Smith stated that Dr. Krimm passed away the day prior to the meeting.
- C. Smith asked that the council have a moment of silence.

Approval of Minutes

Committee

- C. Smith asked the planning council to review the minutes of the November council meeting.

Motion: To accept the November meeting minutes as written.

Made by: J. Furtado

Second: J. Wright-Kimble

Action: Passed

Opposed: 0

Abstained: 0

Chair's Report

C. Smith, Chair

- C. Smith welcomed everyone to the first planning council meeting of 2018.
- C. Smith congratulated V. Lathan for being reappointed as a co-chair of the comprehensive planning committee.
- C. Smith thanked Dr. Chaulk, A. Ferrari, S. Pelham, and the Ryan White team for monitoring contracts and preparing suggestions to present to the council.
- C. Smith stated that leadership is working closely with the grantee to minimize unspent funds for FY17.
- C. Smith stated that all committee workplans have been established for the year.
- C. Smith thanked the co-chairs of the committee's for providing feedback to the staff about activities.
- C. Smith stated that all council members are mandated by legislation to fulfill certain tasks as part of Baltimore EMA's funding of Ryan White dollars each year.
- C. Smith stated that per the discussion during the December Executive committee meeting, the grantee asked the council to consider requesting a waiver for FY18.
- C. Smith stated that the grantee is also requesting that a waiver be considered for FY19.
- C. Smith thanked the comprehensive planning committee for moving forward with the waiver planning.
- C. Smith provided the following link to access HRSA's policy on requesting a waiver from the 75% core medical requirement: <https://hab.hrsa.gov/sites/default/files/hab/Global/13-07waiver.pdf>.
- C. Smith stated that the council is working with the Maryland Department of Health to monitor the EMA's progress on the integrated plan.
- C. Smith stated that the council is working with different providers to collaborate on housing related services in order to maximize the resources and meet the needs of people living with HIV.
- C. Smith reminded the council that all members are required by the planning council to serve on a primary committee.

Special Report

C. Lacanienta, OPCE-BCHD;
 J. Stenhouse, OPCE-BCHD;
 V. Lathan, MDH;
 N. Flath, BCHD;

- C. Lacanienta asked the council to look at the HIV Dashboard and the Integrated Planning presentation.
- C. Lacanienta stated that the objectives are to review the HIV dashboard as a planning tool, to encourage the planning council to begin prioritizing activities and resources that will improve indicators identified by the National HIV/AIDS Strategy (NHAS), and solicit input from the council on data needs.
- C. Lacanienta stated that the Comprehensive planning committee had developed the tool in

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collaboration with the state's planners and data, as well as the other stakeholders.

- C. Lacanienta thanked Maryland Department of Health's Epidemiology department, Baltimore City Health Department's epidemiology department, Johns Hopkins Center for AIDS research, University of Maryland, and all of the council volunteers who have contributed to the discussion.
- C. Lacanienta introduced J. Stenhouse to present the dashboard.
- J. Stenhouse stated that the dashboard would be continuously updated as more data is made available.
- J. Stenhouse stated that the dashboard was influenced by the integrated plan and developed by the Comprehensive Planning Committee.
- J. Stenhouse stated that the areas in the dashboard without data are black because the state has not figured out how to collect the data as of yet.
- J. Stenhouse stated that the Baltimore EMA care continuum on the dashboard was provided by the grantee.
- J. Stenhouse stated that the plan is to have the dashboard moved onto the planning council website.
- M. McVicker-Weaver asked how retained in care is defined on the dashboard.
- J. Stenhouse stated that "retained in care" is defined as at least one reported CD4 or viral load performed within the specified year.
- J. Stenhouse introduced V. Lathan to discuss how the dashboard would be used for planning.
- V. Lathan stated that the progress of the indicator is indicated by either red, yellow, or green.
- V. Lathan stated that the committee would be working with the council's partners' in planning to discuss how to approach the indicators that are "in the red".
- V. Lathan stated that "green" means that the EMA is on target to meet the goal.
- V. Lathan stated that "yellow" means that the EMA is not on target to meet the goal but are moving in a positive direction.
- V. Lathan stated that "red" means that the EMA has not met the goal and has not seen any progress in the last year and/ or have no reached the yearly goal.
- V. Lathan introduced Natalie Flath to do a deeper dive into the data.
- N. Flath stated that available data is being used to inform the next needs assessment.
- N. Flath stated that she broke the data down into four categories:
 - What does the epidemic look like?
 - Who are the people who are infected?
 - What are the social determinants that influence access to health care?
 - What are the geographic characteristics?
- N. Flath stated that consumers that are eligible for Ryan White services are people who are living below 500% of the federal poverty level.
- N. Flath stated that 63% of Ryan White consumers in the EMA are living below 100% of the poverty level.
- N. Lathan stated that the most new infections in Ryan White consumer is among young people among 20-25 years old.
- N. Flath stated that 15% of Ryan White consumers are unstably housed.
- M. Cole asked how unstably housed.
- N. Flath stated that stably housed is defined by the provider and that case managers usually identify unstably housed through a psychosocial assessment.
- N. Flath stated displayed the service map and the background was broken down by zip code.
- N. Flath stated that zip codes 21217, 21223, 21202, 21205 have the highest number of people living with HIV.
- N. Flath stated that services are covering the areas.
- N. Flath stated that the zip codes with the second highest number of people living with HIV do not

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have Part A health services in their areas.

- N. Flath stated that in all of the Ryan White data for all parts and using some Medicaid data, of the 5,575 Ryan white consumers who had one documented HIV medical care visit, 70% were retained.
- N. Flath stated that “retained in care” is defined as having two visits within that year that are 3 months apart.
- N. Flath stated that of those who were retained, 86% were virally suppressed.
- N. Flath stated that only 60% of those “in care” are virally suppressed.
- N. Flath stated that around 1,600 clients were not retained in care.
- N. Flath stated that there are 271 clients who are not retained in care and not virally suppressed.
- N. Flath stated that the 271 tend to be younger, unstably housed, unlikely to have unknown insurance status, and more likely to identify MSM contact as the mode of transmission compared to other Ryan White clients.
- N. Flath listed various studies on key populations.
- M. McVicker-Weaver asked how Ryan White services can be increased for MSM.
- N. Flath stated that she could partner with the Besure study to isolate the needs of MSM.
- C. Smith stated that the Cherry Hill area does not have a lot of HIV services.
- C. Smith suggested that the health department place a mobile van in that area.
- C. Harvey stated that he is not aware of HIV services in North Baltimore.
- D. Lohan asked why there are indicators that appear to be moving in the positive direction that are red.
- J. Stenhouse stated that indicators could appear to be moving in the positive direction but could have moved in a negative direction in the previous year.

Ryan White Part A Update

S. Pelham / L.
Wagner, BCHD

- S. Pelham presented the Part A report.

HRSA Updates:

- S. Pelham stated that the monthly HRSA call was held on Tuesday, January 9th.
- S. Pelham stated that LT. Commander Worrell, BCHD staff, PCSO staff, PC leadership, and ABC staff discussed the following:
 - The EMA will receive a partial award for FY18 by mid-February.
 - The EMA’s FY17 and FY18 budgets have been reviewed with suggested changes to the CQM staffing FTE’s and Job Descriptions, the amount allocated to indirect costs and meal costs for PC meetings.
 - a) A conference call will be set up on Tuesday, January 16th to receive guidance from both HRSA’s CQM Consultant and Fiscal Consultant.
 - The Baltimore EMA has up to 8 slots for participating in the upcoming 2018 Ryan White Conference in DC.
- S. Pelham stated that the HRSA calls will be held on the second Tuesday of the month, each month.

Program Updates:

- S. Pelham stated that FY18 continuation applications are due from providers by Tuesday, January 16th.
- S. Pelham stated that year end reprogramming would be postponed until after the January 16th conference call with HRSA.
- S. Pelham stated that the grantee is unsure of how much of the CQM budget must be reprogrammed into direct services.
- S. Pelham stated that the grantee is requesting approval from the planning council to be given the

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latitude to reprogram funds to needed services as necessary.

- S. Pelham stated that the first FY18 provider meeting would be scheduled for March or April 2018.
- S. Pelham stated that 68% of site visits have been completed thus far.
- S. Pelham stated that 6 site visits are scheduled for January.
- S. Pelham stated that year to date, 26 site visits have been completed.
- S. Pelham stated that all site visits are expected to be completed by the end of the fiscal year.

CQM Updates:

- L. Wagner stated that the National Quality Center, the organization that has a cooperative agreement with HRSA to provide technical assistance to Ryan White grantees, had changed their name to the Ryan White HIV/AIDS Program Center for Quality Improvement and Innovation.
- L. Wagner stated that the Universal standards workgroup met on Wednesday, January 3rd to review and discuss provider feedback to be incorporated in the draft.
- L. Wagner stated that a follow up call was held to review provider that was sent after the meeting.
- L. Wagner stated that a revised draft would be sent to the COCC for review and approval.

CAREWare Database Updates:

- L. Wagner stated that the 2017 Ryan White Service report electronic handbook is open for sub-recipients.
- L. Wagner stated that the CW Database Administrator is disseminating preliminary RSR reports to sub-recipients through the CAREWare database.
- L. Wagner stated that sub-recipients were notified of the March 1st due date for their working client level file prepared for RSR submission prior to March 27th.
- L. Wagner stated that three outpatient ambulatory sub-recipients had completed their data quality and evaluation roundtable during the prior months of November and December.
- L. Wagner stated that the 9 remaining outpatient ambulatory sub-recipients would have data roundtables after the RSR reporting season is closed.
- L. Wagner stated that the BCHD STD clinic hours had changed.
- C. Harvey asked about the effects of the president disbanding the HIV/AIDS Advisory Board.
- S. Pelham stated that it could be looked into.
- C. Lacanienta suggested that the updates be reported to the PLWH/A committee.
- C. Harvey agreed.
- C. Smith would like S. Pelham to update leadership at their upcoming meeting with the grantee on the budget and CQM.

Part B Update

P. DeMartino, MDH

- P. DeMartino stated that Maryland Department of Health was closed on January 15th.
- P. DeMartino stated that the Integrated HIV/AIDS Planning Technical Assistance Center (IHAP TAC) has been tasked to provide tailored, targeted technical assistance (TA) to a limited number of Health Resources and Services Administration HIV/AIDS Bureau (HRSA- HAB)- funded Part A and B recipients and their planning bodies, as well as CDC directly funded jurisdictions and their associated HIV prevention planning groups, as they work toward integration and implementation of their Integrated HIV Prevention and Care Plans.
- P. DeMartino stated that in consultation with HRSA HAB, the IHAP TAC invited select jurisdictions to indicate their interest in participating in targeted TA activities by completing a preliminary questionnaire to indicate levels of integration across various domains, as well as TA priority areas.
- P. DeMartino stated that he completed the questionnaire on behalf of the Maryland Department of Health, Infectious Disease Prevention and Health Services Bureau, naming marketing and dissemination of the plan as the top TA priority.

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- P. DeMartino stated that the preliminary goals are as follows:
 - To develop marketing framework and tools to highlight Maryland’s Integrated HIV Plan 2017-2021 details and progress
 - To provide guidance on developing a broad HIV media/communications plan
 - To explore existing resources and media campaigns
- P. DeMartino stated that MD DOH noted a number of areas where TA may help operationalize plan goals.
- P. DeMartino stated that they fall outside the scope of the IHAP TAC TA however, staff may be able to recommend additional resources to support the following
 - Routine HIV testing
 - Sex education
 - Reproductive health
 - Funding with non-traditional partners
- P. DeMartino stated that representatives of MDH, Ryan White Part A Grantee, and Baltimore HOPWA EMSA would meet on January 19, 2018 for a preliminary discussion of current housing activities in the EMA.
- P. DeMartino stated that the Regional Meeting of Ryan White grantees including Part A, B, and C directly-funded entities will take place on January 24, 2018.

Discussion:

- D. Brewer asked for the time of the housing meeting.
- P. DeMartino stated that the Mayor’s office of Homeless Services would host the event but that it was a closed meeting.
- C. Harvey asked when there would be an open town hall to discuss housing needs.
- P. DeMartino stated that the partners implementing the housing programs have to sit down first to figure out what resources are available.
- P. DeMartino stated that housing is on the top of the state’s list of concerns.

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Executive Committee:

- C. Smith presented the Executive Committee report.
- The committee met on January 10th, 2018.
- The committee reviewed the FY17 October Expenditure Summary.

Motion: To allow the grantee the latitude to reprogram funds to needed services to minimize unspent funds by the end of the fiscal year. Made by: D. Brewer Second: M. Cole

Action: Passed Opposed: 0 Abstain: 1

Motion: To require that the planning council get notification of the changes in the distribution of dollars to the categories. Made by: D. Brewer Second: E. Nicholson

Action: Passed Opposed: 0 Abstain: 1

Continuum of Care Committee:

- M. Cole presented the Continuum of Care Committee report.
- The committee met on January 3rd, 2018
- The committee reviewed and approved the August 2017 minutes.
- The committee received training on its duties, responsibilities, attendance requirements, and the code of conduct.
- The committee discussed the project planner and approved its 2018 work plan.
- The committee had a discussion on housing issues and housing next steps.
- The committee opened nominations for co-chairs.

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Motion: To approve the committee work plan.	Made by: M. Cole	Second: J. Wright
Action: Passed	Opposed: 0	Abstain: 0
Motion: To approve the Standards of Care process.	Made by: M. Cole	Second: J. Wright
Action: Passed	Opposed: 0	Abstain: 0

Comprehensive Planning Committee:

- V. Lathan presented the Comprehensive Planning Committee report.
- The committee met on January 4th, 2018
- The committee approved the minutes of the November meeting.
- The committee received training on their roles and responsibilities.
- The committee discussed how they could address the indicators “in the red” on the Continuum of Care Dashboard.
- The committee invited Natalie Flath to present on the available data sources to inform he needs assessment process.
- The committee discussed holding a community forum during the March planning council meeting to elicit feedback on the 75/25 waiver.
- The committee re-elected Vanessa Lathan and Juan Pablo Gomez as their co-chairs.

Motion: To approve the committee’s 2018 Work plan.	Made by: C. Harvey	Second: J. Wright
Action: Passed	Opposed: 0	Abstain: 0
Motion: To allow for community feedback on the 75/25 waiver at the March planning council meeting.	Made by: C. Harvey	Second: J. Wright
Action: Passed	Opposed: 0	Abstain: 0

Nominating Committee:

- M. Cole presented the Nominating Committee report.
- The committee met on January 2, 2018
- The committee received training on the roles and responsibilities, processes and procedures of the Nominating Committee.
- The committee reviewed the minutes of the November meeting.
- The committee reviewed the existing vacancies on the planning council and reviewed the membership tables.
- The committee reviewed the pool list and updated the buddy system.
- The committee discussed reviewing new membership training documents at the February meeting. Save the dates for New Membership trainings in February. The training sessions will held on Thursday, February 23rd from 5:30pm to 7:00pm and Friday, February 24th from 12:00pm to 1:30pm. All planning council members who became members in the last year are required to attend one of the training sessions.

Motion: To approve the 2018 Nominating Committee work plan.	Made by: M. Cole	Second: C. Foxx
Action: Passed	Opposed: 0	Abstain: 0

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Motion: To recommend that one (1) planning council member receive a two-month warning letter from based on attendance.

Made by: M. Cole

Second: J. Wright

Action: Passed

Opposed: 0

Abstain: 0

Motion: To recommend that one (1) Comprehensive Planning Committee member receive a one-month warning letter based on attendance.

Made by: M. Cole

Second: J. Wright

Action: Passed

Opposed: 0

Abstain: 0

Motion: To recommend that two (2) Continuum of Care Committee member receive a two-month warning letter based on attendance.

Made by: M. Cole

Second: C. Harvey

Action: Passed

Opposed: 0

Abstain: 0

Motion: To recommend that one (1) PLWH/A Committee member receive a one-month warning letter based on attendance.

Made by: M. Cole

Second: J. Wright

Action: Passed

Opposed: 0

Abstain: 0

Motion: To recommend that one (1) Comprehensive Planning Committee member receive a two-month warning letter based on attendance.

Made by: M. Cole

Second: C. Harvey

Action: Passed

Opposed: 0

Abstain: 0

PLWH/A Committee:

- C. Harvey presented the PLWH/A Committee report.
- The PLWH/A Committee is please to share with the PC our latest draft of our position paper and consumer education sheet: *Consumer Rights and Responsibilities*.
- We have been discussing consumer rights for a number of meetings.
- Included in this information document are: 1) what PLWH/A should know when accessing care; 2) a client’s role in his/her care; 3) what to bring to an appointment; 4) what to do if a client experiences problems with his/her care.
- This document has been modified by combining some of the items from the previous document and encapsulating the consumer responsibilities list, combining a few points so that it makes sense.
- The previous flow chart for grievance has been now translated to a process, hierarchical flow chart.
- We would like you to review this document for your comments and feedback.
- All comments should be emailed to Policy Analyst, Vanessa Graves @ Vanessa.graves@baltimorecity.gov on behalf of the PLWHA Committee for their review during their January meeting.

Motion: To extend the meeting by 5 minutes.

Made by: M. Cole

Second: C. Harvey

Action: Passed

Opposed: 0

Abstain: 0

PCSO Report

J. Stenhouse, PCSO

- J. Stenhouse stated that support office has facilitated 10 meetings over the past month.
- J. Stenhouse thanked everyone who made the annual meeting a success.
- J. Stenhouse thanked our partners in planning.
- J. Stenhouse stated that new membership training would be held on Thursday and Friday, February 22nd and 23rd.
- J. Stenhouse reminded everyone eligible for transportation services to provide advanced notice before meeting to request a ride.

New Business

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- M. Cole stated that there were questions sent to Medicaid.
- C. Lacanienta presented CMS’s response to changes in Medicaid.
- C. Lacanienta stated that the first question asked if a person who has mail returned from their last known address is subject to disenrollment.
- C. Lacanienta stated that the answer provided was the return mail procedure would allow staff to see people who should not be disenrolled for returned mail.
- C. Lacanienta stated that the person has 10 days to report a change of address to Medicaid after their letter is returned.
- C. Lacanienta stated that the second question asked how CMS initiating a work requirement for Medicaid eligibility would impact Maryland.
- C. Lacanienta stated that Maryland Medicaid eligibility continues to be income based and currently without work requirements.

Motion: To adjourn the meeting	Made by: P. Chaulk	Second: P. DeMartino
Action: Passed	Opposed: 0	Abstained: 0
Time adjourned: 7:35 p.m.	Date of approval:	
Signature:	Electronic signature of chair (PC Minutes only):	