Greater Baltimore HIV Health Services Planning Council

Planning Council

Minutes

Final

Date of meeting:	June 19, 2018
Time started:	5:42 p.m.
BCHD Staff:	C. Carey J. Carey S. Effinger A. Ferrari N. Flath R. Moyd, Jr. M. Muhammad S. Pelham L. Wagner
PCSO Staff:	C. Lacanienta V. Graves J. Stenhouse

Present:	L. Bank D. Brewer P. Chaulk M. Cole P. DeMartino C. Foxx C. Harvey G. Jones-Childs J. Keruly ** Participated via teleconference*	H. Lambert T. Luft F. Mena-Carrasco W. Merrick E. Nicholson M. Scriber C. Smith B. Ward J. Wright-Kimble
Absent:	K. Arbaugh J. Fleming J. Furtado V. Millhouse	O. Njuhigu A. Patterson M. Thomas
Visitors:	Z. Asate K. Burnett K. Jones L. Knapp G. Knight	J. Lincoln M. Peterson S. Zisow-McClean V. Woolums

Handouts:

- Planning Council Packet (OPCE, May 2018).
- FY17 February YTD Expenditure Summary (BCHD, 2018)
- 75-25 Waiver Request (BCHD, 2018)
- Data Presentations

Introductions

Committee

- M. Cole did roll call.

Approval of Minutes

Committee

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

Motion: To approve the May planning council minutes.	Made by: D. Brewer	Second: E. Nicholson
Action: Passed	Opposed:	Abstain: 1

Chair’s Report

C. Smith, Chair

- C. Smith welcomed and thanked everyone for attending the June planning council meeting.
- C. Smith reminded the council that the meeting would be extended for data presentations.
- C. Smith asked that committees without any urgent actions items to please hold their committee reports and action items.
- C. Smith reminded the council that the June 2018 priority setting resource allocation conference would be held on June 28th and 29th.
- C. Smith stated that the conference would be held at the University of Maryland Dental School.
- C. Smith reminded all those attending the conference to RSVP for the conference and transportation.
- C. Smith stated that the prioritization of service categories would occur tonight at the planning council meeting.
- C. Smith stated that those without internet access could see the support office for a paper copy.
- C. Smith stated that the support office would tally the results of the prioritization.
- C. Smith stated that the support office was asked to open and close the prioritization survey earlier and close it later than previously scheduled.
- C. Smith stated that the survey was opened last Thursday and would close at tonight's planning council meeting.
- C. Smith reminded the council members to sign a waiver if they reviewed data presentations or the psra training online.

Planning Council Updates

Executive Committee:

- M. Cole presented the Executive Committee report.
- The committee met on June 13,2018.
- The committee reviewed the minutes of the May meeting.

Motion: To increase the service category of Medical Case management to $110,106.	Made by: D. Brewer	Second: C. Foxx
Action: Passed	Opposed: 0	Abstain: 7
Motion: To increase service category of Outpatient Ambulatory Health Services to $169,179.	Made by: C. Foxx	Second: D. Brewer
Action: Passed	Opposed: 0	Abstain: 7
Motion: To increase the category of Mental Health Services by $49,537.	Made by: M. Scriber	Second: D. Brewer
Action: Passed	Opposed: 0	Abstain: 6
Motion: To increase the category of Oral Health Services by $15,402.	Made by: M. Cole	Second: C. Foxx
Action: Passed	Opposed: 0	Abstain: 4
Motion: To increase the category of Early Intervention Services by $21,205. .	Made by: M. Cole	Second: C. Harvey
Action: Passed	Opposed: 0	Abstain: 4
Motion: To increase the category of Housing Services – Transitional by $25,000.	Made by: M. Cole	Second: C. Harvey

Action: Passed	Opposed: 0	Abstain: 1
Motion: To send the ranking survey out as soon as possible and to close it the night of the June planning council meeting. .	Made by: M. Cole	Second: C. Harvey
Action: Passed	Opposed: 0	Abstain: 0

Data Presentation

P. Chaulk, BCHD

- P. Chaulk stated that the syringe exchange program was changed to community risk reduction to remove the stigma associated with substance use.
- P. Chaulk stated that this program started in 1994 and is one of the original syringe exchange programs in the country.
- P. Chaulk stated that in 1994, 64% of new HIV infections were related to injection drug use.
- P. Chaulk stated that three years ago, the program was still considered a pilot program even though it had been fully established.
- P. Chaulk stated that the current budget is around $1.4 million.
- P. Chaulk stated that the program is funded from the state and general council money.
- P. Chaulk stated that there was only one site in the beginning and as it began to expand the infection rate dropped.
- P. Chaulk stated that the program uses a van to go out into the neighborhoods.
- P. Chaulk stated that the 2018 site expansion would bring around 4 or more sites.
- P. Chaulk stated that the only fixed site is Saint Jude's Church in Hampden.
- P. Chaulk stated that the church provides coffee and water and also has a food bank and shower.
- P. Chaulk stated that the clients are 2/3rd's male and 1/3rd female.
- P. Chaulk stated that the age is up to 69.
- P. Chaulk stated that most of the people enrolled in the syringe exchange programs are white, there are some Hispanic and Native Americans as well.
- P. Chaulk stated that the program does over a million needle exchanges a year.
- P. Chaulk stated that clients are given naloxone kits and are educated on overdose management.
- P. Chaulk stated that the clients are taught not to use alone, so that a friend can help them if they need it.
- P. Chaulk stated that they need a new van.
- P. Chaulk stated that it takes about 8 months to get a new van.
- P. Chaulk stated that they give out condoms and will start doing hepatitis testing again.
- P. Chaulk stated that they will begin having recovery specialists in their vans in about a week or two.
- P. Chaulk stated that they are a confidential program, so they are able to match clients with the Ryan White database to find people out of care.
- C. Smith asked if the program was working in conjunction with Hopkins.
- P. Chaulk stated that they are at a Hopkins site on Milton Ave. and Eager St.
- P. Chaulk stated that the staff has a strong relationship with the clients.

Data Presentation

Linda Knapp and J. Lincoln, MDH

- J. Stenhouse stated that L. Knapp and Jessica Lincoln would be presenting on the client satisfaction survey.
- L. Knapp stated that the client satisfaction survey is used to monitor the care given to HIV positive clients in Maryland.
- L. Knapp stated the survey is a big part of PHPA's quality management program.
- L. Knapp stated that this year they partnered with the DC EMA.
- L. Knapp stated that they let programs know which areas they are doing well in, which areas they need improvement and when necessary provide them with a corrective action plan.
- L. Knapp stated that data is collected related to performance measures.
- L. Knapp stated that participants of the survey are clients of the Ryan White program part A in Baltimore and the DC EMA, Part B.
- L. Knapp stated that the survey is generally open from October 1st to November 30th.
- L. Knapp stated that the first survey was done in 1999, in all funded sites in Maryland.
- L. Knapp stated that providers are asked what they like about the survey.
- L. Knapp stated that providers are asked what foreign languages their clients speak and how many of them speak those languages.
- L. Knapp stated that they try to have the survey available in those languages.
- L. Knapp stated that the survey is anonymous.
- L. Knapp stated that every agency is instructed to give the survey to every client they see along with an envelope.
- L. Knapp stated that the envelope should be sealed when they give it back to the staff person.
- L. Knapp stated that they hold conference calls and require agencies to participate to go over the survey protocol with them.
- L. Knapp stated that surveys collected in bulk should be sent every few weeks.
- L. Knapp stated that self-addressed surveys are provided for clients who are unable to complete the survey on site.
- L. Knapp stated that survey entry takes about three months.
- L. Knapp stated that they write statewide reports and agency reports from the surveys.
- L. Knapp stated that at the end of the report is the report card.
- L. Knapp stated that there are parent surveys that ask questions from a parent point of view.
- L. Knapp stated that each site has a survey monkey personalized survey.
- L. Knapp stated that surveys are provided for youth ages 7-11 and 12-17.
- J. Lincoln presented on the results of the 2017 survey.
- J. Lincoln stated that a big change for 2017 was in the incorporation of CAREWare data.
- J. Lincoln that the data was used to determine the number of clients being served and help with the distribution numbers.
- J. Lincoln stated that 7.6% of the clients were retired.
- J. Lincoln stated that there are typically more clients that are males and more are African American.
- J. Lincoln stated that people with HIV are living longer.
- J. Lincoln stated that a majority of the clients did not have to wait more than 15 minutes to meet with their case manager and reported seeing their medical provider in less than 30 minutes of arrival.
- J. Lincoln stated that the most reported cause for missing an appointment was that the client forgot followed by, transportation issues, then being too sick to travel.
- J. Lincoln stated that 6.1% of clients report providers refusing to see them due to tardiness.
- J. Lincoln stated that not all clients receive dental care and not all clients have providers making sure that they receive dental care.
- J. Lincoln stated that one issue seen statewide is clients not knowing how to resolve an issue that

they have with their care site.

- J. Lincoln stated that treatment is looked at as a method of prevention.
- J. Lincoln stated that the most common barriers to HIV care were transportation issues, clients identified themselves as a barrier to care.
- J. Lincoln stated that almost 50% of respondents identified no barriers to care.
- J. Lincoln stated that the most common barrier for taking medication was that they forgot or they identified themselves as a barrier.
- J. Lincoln stated that the most commonly reported unmet need was housing.
- J. Lincoln stated that the homeless definition was identified as at any time in the past year were you living on the street, in a shelter, in a single occupancy hotel, temporarily staying with friends or family, or living in a car.
- J. Lincoln stated that the other top unmet needs were dental care and transportation.
- J. Lincoln stated that 2.2% of respondents felt discriminated against at their care site.
- J. Lincoln stated that 7.6% reported feeling discriminated against outside of their care site outside due to the status.
- J. Lincoln stated that other situations of discrimination included other doctors' offices, hospitals, transitional homes, with partners/ family/ friends, and at church/ school/ work.
- J. Lincoln stated that the 2017 EMA results produced two areas in need of improvement- dental examinations and making clients aware of the agency specific grievance procedures.
- J. Lincoln stated that they recommend that providers incorporate inquiries about dental care into their exams and make referrals as needed.
- L. Knapp stated that clients are generally satisfied with the services that they receive in the EMA.
- C. Smith asked if there is a grading system for agencies that clients are able to see.
- L. Knapp stated that the results of the survey are sent to the agency and it is up to them if they would like to share that with clients.
- L. Knapp stated that there is a scale on the report card and if there is an improvement and if the agency has results under 80%, they are expected to provide a corrective action plan.
- C. Smith asked how long the provider is given for the corrective action plan and how are they followed up.
- L. Knapp stated that the plan has to be turned in within two weeks to Linda then it goes to their health service administrators.
- E. Nicholson asked why the results of the survey are not shared with the CAB's.
- L. Knapp stated that the results may be shared with whomever the provider wishes to share them with.
- P. Chaulk asked if the results were posted on the state website.
- L. Knapp stated that the surveys are not posted because they are not seen as public information.

Data Presentation

N. Flath, BCHD

- C. Lacanienta introduced G. Knighton as the Director of Special populations for Behavioral health Systems Baltimore.
- G. Knighton stated that their services are funded in two primary ways: fee for service programs (funded through Maryland state Medicaid) and grant funding.
- G. Knighton stated that grants can only pay for services that are not reimbursable by insurance or Medicaid.
- G. Knighton stated that they are typically used to fill gaps for the fee for service system.
- G. Knighton stated that the total grant funding is about $64 million.
- G. Knighton stated that for the services that Medicaid pays for people have to meet medical

necessity criteria to be eligible for the services that are monitored by Beacon Health.

- G. Knighton stated that for substance use services there are national levels of standards of care that Maryland has mostly adopted.
- G. Knighton stated that there are financial eligibility tests for whether people are receiving Medicaid or Medicare.
- G. Knighton stated that their crisis information referral line is available for people to find mental health services in Baltimore.
- G. Knighton stated that the number is for whether someone is in a crisis situation or if they just need information and the number is (410)-433-5175.
- G. Knighton stated that online there are two primary databases for care: findtreatment@samhsa.gov and 211 Maryland has an online database.
- G. Knighton stated that they have a street outreach team for overdoes prevention and a street outreach team for people experiencing homelessness.
- G. Knighton stated that there are two programs that work the Baltimore Police department to help people access care.
- G. Knighton stated that there is a social worker imbedded with police in a pilot program where they go out together to respond to behavioral health calls and also police can refer people to case management if they have committed low levels drug offenses.
- G. Knighton stated that police are given the option to refer people to services rather than make an arrest.
- G. Knighton stated that there are seven recovery centers throughout the city.
- G. Knighton stated that there is an adult clubhouse and a youth clubhouse for people with similar experiences to live together.
- G. Knighton stated that they have a partnership with Baltimore City schools to provide services in schools.
- G. Knighton stated that they offer various types of acute and ongoing care available.
- G. Knighton stated that that they offer residential rehab, recovery housing for single adults/ women/ children.
- G. Knighton stated that outpatient mental health systems and federally qualified health centers are funded through Behavioral Health Systems Baltimore.
- G. Knighton stated that youth respite care is offered to youth with intense behavioral health conditions.
- G. Knighton stated that they do prevention and anti-stigma work.
- G. Knighton stated that they do not receive specific HIV funding.
- G. Knighton stated that there are some surveys for behavioral health but they are limited to people who live in homes and does not cover a full range of behavioral health data.
- G. Knighton stated that there is some funder that licenses opioid treatment programs and they are working with state partners to get that data.
- G. Knighton stated that 56,630 use mental health services and 25,046 use substance use services, 13,208 using both in FY16.

Data Presentation

S. Pelham, BCHD

- C. Lacanienta introduced R. Moyd, Jr from Baltimore City Health Department's Ryan White Program.
- R. Moyd, Jr. stated that he is the program coordinator for the RWG program.
- R. Moyd stated that the program is in partnership with the Maryland State Divisions of Corrections, Department of Public Safety and Correctional Services.
- R. Moyd stated that the program is funded through the part a MAI grant that mostly focuses on outreach.

- R. Moyd stated that he receives a referral from DPSCS for those who scheduled release date is within six months.
- R. Moyd stated that he sends the referral to one of four sub-recipients.
- R. Moyd stated that the total number of clients in the RWG dataset is 508.
- R. Moyd stated that 351 or 69% were referred to services during the Ryan White Part A fiscal year.
- R. Moyd that 472 were between the ages of 29 and 64.
- R. Moyd stated that 147 clients on average were assigned to each sub-recipient.
- R. Moyd stated that Jessup, Hagerstown, Eastern region, and the Cumberland region have the largest number of clients assigned to the program.
- R. Moyd stated that there is a small group of clients that are unknown mostly because they were released before their referral date.
- R. Moyd stated that the goal of the program is make sure that that the sub-recipient has a minimum of two meetings with the client prior to their release.
- R. Moyd stated that the sub-recipient finds what services they need whether it is housing or behavioral health.
- R. Moyd stated that the clients receive two primary care visits after they are returned to the community.
- R. Moyd stated that after the second primary care visit, the clients would be tracked for an additional six months.
- R. Moyd stated that they continue to monitor social outcomes.
- R. Moyd stated that there are scenarios when a sub-recipient should refer a client to the BCHD outreach team.
- R. Moyd stated that if they cannot locate a client 20 days after they are released or if the client has already been contacted and the client is lost to care for more than six months, the sub-recipient should reach out to the outreach team.
- R. Moyd stated that 290 clients of 509 have been released in to the community.
- R. Moyd stated that 81 clients of the 290 have made and kept their first pmc visit,
- R. Moyd stated that 351 of the 509 were referred to R. Moyd.
- R. Moyd stated that 24 clients were lost to care in FY17.
- R. Moyd stated that the data collection and referrals are released back into the community are two barriers in the program.
- R. Moyd stated that a suggested new name for the RWG program was project SOAR (support outreach and re-entry).
- C. Smith how people are lost to care.
- R. Moyd stated that he can look into the key reasons that they are lost to care, they are not currently asked why.

Data Presentation

- C. Lacanienta introduced Peter DeMartino, Maryland Department of Health.
- P. DeMartino stated that he was doing an overview of state fiscal year 2019.
- P. DeMartino stated that the health department is only as good as the folks that they are working with.
- P. DeMartino stated that achieving a more coordinated response is the NHAS 2020 goal that is near and dear to his heart.
- P. DeMartino stated that last $3.8 million were invested in core services this year 20.9 million
- P. DeMartino stated that there was an increase in ambulatory health, increase in EIS, a small decrease in oral health, an increase in home and community based services, an increase in

substance use.

- P. DeMartino stated that housing funds came from $4.9 million last year to $3.1 million.
- P. DeMartino stated that the secretary minority AIDS initiative funds originally started as capacity building in communities of color.
- P. DeMartino stated that for Part B it may only be used for outreach and must result in a linkage to the AIDS Drug assistance program.
- P. DeMartino stated that they have been unable to fully expend the funds.
- P. DeMartino stated that last year they had four providers and this year they only had three.
- P. DeMartino stated that housing is the greatest unmet need across the state.
- P. DeMartino stated that Part B funding is hoping to move away from housing readiness.
- P. DeMartino stated that upstream is outreach, EIS, and HERR.
- P. DeMartino stated that the three funding streams would be accepted.
- P. DeMartino stated that there are now providers with traditional outreach, upstream outreach, and MAI outreach.
- P. DeMartino stated that Part B is trying to clean up this program.
- P. DeMartino stated that outreach is no longer funded as a separate category for undiagnosed individuals, and HERR is no longer funded for HUV undiagnosed individuals.
- P. DeMartino stated that everything is moving under EIS.
- P. DeMartino stated the five-point model is: find them, get them, test them, link them, keep them/
- P. DeMartino stated that disease intervention specialist are starting to be funded the way programs are funded.
- P. DeMartino stated that for the first time, the Maryland Department of Health submitted an RSR for their own program.
- P. DeMartino stated that the specialist will interrupt the cycle of infection.
- P. DeMartino stated that Maryland is participating in the U=U campaign against stigma.
- P. DeMartino stated that it is the undetectable equals untransmittable.
- P. DeMartino stated the headphone diagram is New York's new continuum of care.
- P. DeMartino stated that there should be an intervention neutral continuum.
- P. DeMartino stated that people have context before their diagnoses.
- P. DeMartino stated that the public health community needs to be more consistent.
- P. DeMartino stated that the NHAS 2020 population list identifies everyone in southern states as at risk for HIV.
- P. DeMartino stated that EIS is now the top funded category for the state with $13 million.
- P. DeMartino stated that 8 million in Outpatient Ambulatory Health Services.
- P. DeMartino stated that EIS has become a priority and a system that reaches people before infection.

Data Presentation

- C. Lacanienta introduced Jocelyn Stenhouse. Planning Council Support Office.
- J. Stenhouse stated that the mission of the planning council is to provide high quality services to PLWH/A in the Baltimore EMA regardless of the ability to pay.
- J. Stenhouse stated that the council takes into consideration not only their own funds but how we can work in collaboration with other stakeholders to provide comprehensive care.
- J. Stenhouse stated that the needs assessment is a duty of the comprehensive planning committee.
- J. Stenhouse thanked all committee members and staff involved in collecting the data for the presentation.

- J. Stenhouse stated that the housing discussion was held on April 4th by the COCC.
- J. Stenhouse stated that meeting was mostly provider driven.
- J. Stenhouse stated that clients reported long wait lists, not having good communication with housing providers.
- J. Stenhouse that it was reported that homelessness is seemed as a secondary issue to HIV.
- J. Stenhouse stated that providers identified needing to work together to provide a more coordinated response.
- J. Stenhouse stated that the next information is from the Planning Council town hall June 15th on unmet needs.
- J. Stenhouse stated that there was a mixed group of providers and consumers.
- J. Stenhouse stated that the consumer needs that came out of the discussion were: to reduce stigma, housing, transportation, rehab therapy, food assistance, health living and life skills discussion.
- J. Stenhouse stated that it was mentioned that facilities should be prepared to take care of consumers.
- J. Stenhouse stated that there was concern with the incarcerated population needing mental health services and not having documentation so they are sent to shelters when they are released.
- J. Stenhouse stated that the Spanish speaking population was identified as a key population in this discussion.
- J. Stenhouse stated that participants reported needing Spanish speaking mental health providers.
- C. Lacanienta stated that three committees pushed three community forums in general.
- C. Lacanienta stated that the final meeting was a PLWHA town hall.
- C. Lacanienta stated that the PLWH/A co-chairs and members at large did a lot of work to invite participants to this meeting.
- C. Lacanienta stated that the town hall was broken down into four groups.
- C. Lacanienta stated that safety issues were identified such as active drug use.
- C. Lacanienta stated that there was a concern for the lack of affordable housing and a fear of misuse of food stamps collected from clients.
- C. Lacanienta stated that a lack of culturally sensitive intake procedures.
- C. Lacanienta stated that housing was also identified as a need at this discussion.
- C. Lacanienta stated that the need for housing managers to be reimbursed was mentioned at the discussion.
- C. Lacanienta stated that there was a concern with food, discrimination against trans-persons.
- C. Lacanienta stated that the following has been identified as working in the three forums: community health worker models, building personal responsibilities, third party leasing, peer support.
- C. Lacanienta stated that overall there is a call for organizations to maximize their resources through collaboration.

Ryan White Part A Update

S. Pelham / L. Wagner, BCHD

- In the interest of time, the council members were asked to read the report on their own.

Part B Update

P. DeMartino, MDH

- No Part B report.

PCSO Report

J. Stenhouse, PCSO

- J. Stenhouse stated that PSRA would be held Thursday and Friday, June 28th and 29th.
- J. Stenhouse stated that the ranking survey would close the night of the committee.
- J. Stenhouse reminded planning council members to confirm their conflicts and to sign waivers if they missed PSRA training or any data presentations.

New Business

Planning Council

- C. Smith stated that there is a card going around for D. Lohan who is no longer on the planning council and would be leaving the Maryland Department of Health.

Motion: To adjourn the meeting	Made by: D. Brewer	Second: P. DeMartino
Action: Passed	Opposed: 0	Abstained: 0

Time adjourned: 8:17 p.m.	Date of approval:
Signature:	Electronic signature of chair (PC Minutes only):