

# MINUTES: PLANNING COUNCIL

November 16<sup>th</sup>, 2021 / 5:30 – 7:30 pm / Virtual



|                            |   |                  |  |
|----------------------------|---|------------------|--|
| <b>Facilitator (Chair)</b> | Sara Zisow-McClean  | <b>PCSO Lead</b> | Vanessa Graves                               |
| <b>Time started:</b>       | 5:30 p.m.   | <b>Quorum:</b>   | There was quorum at the start of the meeting |
| <b>Members present:</b>    | Sam Zisow-McClean, Michael Snowden, Wendy Merrick, Adam Huebner, Jenny Bradenbaugh, Kelsey Markie, Montrell Vass, Fernando Mena-Carrasco, Dennis Rivera, Charmaine Stern-Meggison, Charles Culver Gennifer Robinson, Bruno Benevidas, Jeanne Keruly, Jonathan Wright Brande Ward, Fernando Mena-Carrasco. |                  |  |
| <b>Members absent:</b>     | Brittany Kelly, Ken O'Bryant, Judith Shaw, Kemahn Jones, Kimberly Whitaker, Markton Cole, Shalyta Campbell, Dale Brewer.  |                  |  |
| <b>Visitors:</b>           | Erica Bullo, Genevieve Barrow, Hope Cassidy-Stewart, Jocelyn Stenhouse, Junpei Tarashi, P. J. Gouldman Nicole Richmond, Donald Young, Peter DeMartino   |                  |  |
| <b>Ryan White Part A:</b>  | Stephon.Effinger , Joan Carey ,Lauren Wagner, Michelle Muhammad, Ricky Moyd Jr Alberta Ferrari, Sonney Pelham   |                  |  |
| <b>Handouts:</b>           | October PC meeting minutes, PC November agenda, Maryland Report to PC, PC Chair report, Baltimore Combined Monthly Report November 2021.  |                  |  |

## AGENDA

**1:** Introductions/Moment of Silence

**Presenter:** S.Zisow-McClean

### Discussion:

- Introductions were made.
- A moment of silence was observed.

**2:** Approval of Meeting Minutes

**Presenter:** Committee

| <b>Motion:</b>  | <b>Who made the motion?<br/>Second?</b> | <b>Motion<br/>passed?</b> |
|---|---|---------------------------|
| Motion to accept the October 2021 PC meeting minutes. | Michael Snowden/Brandee Ward            | Passed                    |
|   | Opposed                                 | Abstain 1                 |

### 3: Chair Report

**Presenter:** S.Zisow-McClean

#### **HRSA Monthly Call:**

- We discussed retention and recruitment.
- We were really happy to report that we have seven people moving through the membership process.
- Recruitment and Retention is an issue that is not unique to us. other EMA'S are facing similar issues across the country.
  - We are anticipating that there will be some guidance from HRSA to assist us in understanding what's working well with different EMA's.

#### **Needs Assessment**

- This process concluded on September 30<sup>th</sup>.
  - Data collection has finished.

### 4: Ryan White Part A

**Presenter:** Alberta Ferrari, MD

#### **HRSA Updates:**

- The monthly HRSA monitoring call was conducted on October 12<sup>th</sup>.
  - The next HAB U Heard webinar series meeting is November 18, 2021.
  - FY22 RW conference will be held on December 14<sup>th</sup>.
  - This will be a hybrid model with limited in person capacity
- We are planning a Part A virtual sub recipient meeting for next month.
- We are releasing a noncompetitive continuation application guidance for our current sub recipients. We are not accepting any new sub recipients.
- The fiscal agent's contract has been approved and payments have been made full for Part A expenditures March through June. The July and August payments are pending.

#### **Compliance status and Updates**

- A forensic audit has been conducted with a sub recipient as they have not submitted the last two years of audit reports despite repeated

requests. The sub recipient is fully cooperative. We anticipate the completion of the audit report by mid-December.

- One of the sub recipients is also out of compliance with annual audits. The program has experienced staff turnover in the finance department and with contracted audit firms.
- The corrective action submitted by the provider indicates that they will comply by the end of the year. Sub-recipients must submit a financial statement on a 1-33 audit report nine months after they've completed the process.
- We have one recipient who has not done that and we are working with them to obtain the document.

### **Phase of the QI subcommittee**

- The Learning and improvement collaborative held its 13<sup>th</sup> meeting on 11/3/21.
- Phase 3 of the QI subcommittee the learning and improvement collaborative held its 13<sup>th</sup> meeting on Wednesday on November 3<sup>rd</sup> 2021. The collaborative will hold their final meeting on December 1<sup>st</sup> and participants will present final projects.
- The Baltimore EMA movers and improvers which is a project stemming from the CQI will be conducting a PDSA. They have obtained feedback and information from the youth advisory board at Johns Hopkins, the estimated started for the PDSA is November 30<sup>th</sup>.

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### **5: Ryan White Part B**

**Presenter:** Bruno Benevidas

- Highlighted the completion of the application of the HRSA next five-year cycle and the upcoming implementation of the plan and budget request for the fiscal year 2023 to 2023.
- This process will be in eight jurisdictions with the highest number of HIV infections. Four of the eight are a part of the Baltimore EMA, including Baltimore city, Baltimore county, Anne Arundel county and Howard County.
- Another important item is that at the end of the report there was an issue with HIV Test and controls that were not taking properly This has been an issue in several jurisdictions in Maryland and in other states.
- We reached out to the provider and they were reactive at the beginning but now they are listening now listing more because of stoppage of their procurement products.
- We expect this to be fixed soon but in meantime we are not procuring oral test.

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### **6: Needs Assessment**

**Presenter:** Nicole Richmond

- Nicole reoriented all to the Needs Assessment.
- Stated they had a vast number of themes. Altogether there were 13 and two were related to service eligibility.
  - These themes cover a broad range of important content related to risk and protective factors.

### **Final Distribution**

- The download date was October 1<sup>st</sup>.
- As numbers would come in for the surveys, data was downloaded and the sample size was calculated.
- Once a certain sample size was reached, it would get color coded.
  - We over saturated in Baltimore City.
  - This represented various voices from our community.
  - In Baltimore City we achieved about 90% of our goal.
  - In Baltimore County we achieved about 85% our goal.
- We noted that there were some common themes across the jurisdiction
  - We didn't have that much success in other jurisdictions despite tremendous effort.
  - We definitely need to have the voices from other sectors from our community.

### **Distribution by age**

- We got a broad range of ages and voices to help us inform program services.
- The Majority of represent voices of people were born in the united states.
- We see that majority of people who took part in survey identified Black African American or African.

### **Gender:**

- 58% identify as male, 35% identify as female and 6.5% as transfeminine.

### **Distribution by sexual orientation**

- 39.45% identify as heterosexual, 33.49% identify as gay and 12% identify as bisexual

### **Employment status**

- The highest number shows that 40% of people living with HIV are disabled.
- We have almost 20% percent who are full time employees.
- We have a very diverse population to provide services for and how that's related to resource allocation and other primary, tertiary or secondary public health interventions.

- We had some great responses to our survey's but for the question about employment status, almost 100% of the people surveyed reported their current up to date employment status.

### **Housing and life challenges**

- In the last 3 months 86.51% of people living with HIV lived in apartment/house/ condo which was the highest percentage from the survey.
- There is a great diversity in how people were able to find ways to have stable housing.
- There are lot of events happening and there's a lot of complexity in the population in our survey as well as the population that we served.
- There are a lot of challenges going on in the population.

### **Health insurance**

- Although a sizable majority are insured there are maybe some potential gaps in the ability to access and navigate services given someone's insurance status.
- One of the key priority groups we wanted to engage was the voices of the youth. Youth is defined as ages 13-24.
  - Transitioning from pediatric to adult care
    - Hard/Very Hard:20.69% of youth respondents.
    - Hard/Very Hard 25% of youth respondents meeting HIV + status.
  - Differentiated Care
    - Differentiate care was basically one of the elements that are important to use in accessing and engaging in services.
    - Important:89.29% of youth respondents.
    - Important:100% of youth respondents meeting HIV + status.

### **Access to Healthcare**

- Survey shows that healthcare service during covid 19 pandemic were the same and did not change.
- Within the last 12 months people were asked what place do they usually go when they are sick and 27.36% said their community health center.
- The challenges experienced when wanting to see a doctor.
  - 29.55% Don't have reliable transportation.
  - 25.00% Money Concerns.
  - 10.61% Services aren't available during hours. when I can go.
  - 9.09 % I don't have time.

- 4.55 % I don't have health insurance.
- Within the last 12 months people were asked what place do they usually go for a wellness visit.
  - 40.48% Community Health Center.
  - 36.67% Private doctor's office.
  - 6.67% health department clinic.
  - 6.67% some other place not listed.
- The question was asked do overall services at this place meet your health needs and 95.02% said yes.

### **Life Priorities**

- The first thing that people ranked was food, followed by medical service, safe place to live, reliable transportation and mental health care.

### **Health Priorities**

- The first thing that people ranked was HIV Care Provider followed by dental care, pain management mental health care, and eye care

Sam Zisow-McClean-

- Recommends we share out the data with everyone and that we get questions from the group to Vanessa so we can bring all questions together. The goal is to make sure we answer the ones that we can get the answers to and we bring that back to the group by the spring as we are going into our priority settings and resource allocation

## **7: Integrated Plan Presentation**

**Presenter:** Peter DeMartino, PhD

- The Maryland Five Year integrated plan includes
  - General Population
  - Vulnerable, Population
  - Full Diagnosis
  - Care engagement
  - Vital load suppression
- We are being challenged by HRSA and the CDC to develop a new plan for 2022 through 2026. It is due to HRSA and the CDC for the entire state in the December 2022, our process is we would like to have it done by September 2022. While it is a state plan we all know that Baltimore is at the heart of much of what we do and the EMA is definitely the beats of that heart and so much happening in Baltimore is best practice. We want all of our Ryan White parts and partners to be a part of the process.

- Our goal is to develop a five-year transition plan to end the HIV epidemic that is more responsive, sustainable, destigmatize, focused on equity, and really meeting people where they're at.
- When we look the Ryan White Program and that Specific role that they play in the healthcare needs of Marylanders its about a little more 4/10 almost 1/3 little more than 1/3 are engaged in the Ryan White program in all parts.
- Our more difficult work is focusing on those individuals whose needs are not being met either by the current system or the outstanding needs that they have so they too can be diagnosed and retained in care so that they can achieve viral load suppression.
- One out of ten Marylanders living with HIV are not diagnosed, three out of ten Marylanders living with HIV are not retained in care and four out of ten Marylanders living with HIV are not virally suppressed.
- Understand that there is much that we can quilt together as a state specifically looking at the status neutral needs assessment and map that data both what's happening in this EMA and what will be happing in suburban Maryland.

### **The Financial Inventory**

- We presented at the last statewide HPG
- Looked at the \$186 Million dollars for specific HIV funds.
- Looked at the \$2.3 billion dollars that are spent to support people living with HIV in the state of Maryland.
- **Focused Population Reports**
  - We had four meetings of the statewide HPG last year on focus populations
    - The EHE Jurisdictional plans and all the work that's been done there were discuss.
    - Significant new data products at the state level.
    - We've done a lot of work with the John Snow international around identifying some needs and focus areas.
    - Also working on a housing assessment.
- When we get to that actual plan, the statewide HPG will serve as our Advisory Board we will be collating the develop materials and we will have outside consultants that we've hired just for this purpose that are really consultants to HPG, so they are taking their direction from that planning body. Health HIV our technical assistance capacity building partner will be doing the last little bits of making it pretty for distribution.

- We are in the process of creating community engagement live listings, we have 12 critical focal concerns and communities. We are doing three sessions for each focus area. - 3 Sessions per concern
  - Session 1: General discussion of concern
  - Session 2: Gather and prioritize recommendations to address the problem
  - Session 3: Generate measurable outcome
- The strategy recommendations involve how we want to spend our time, treasure and talent over the next 5 years.
- We will wrap this up or bookend this with three HPG meetings from now and so on until the draft is due. Those meetings will review the work that's done in the cells plus have three special topics that are broad.
  - Broad themes:
    - Measuring for impact not grants
    - Dollars and Sense
    - Navigate and Fund
- If you do not have the schedule for the meetings, we can share that with you.

Sam Zisow-McClean-This is really exciting, I hope members of the planning council will be engaged in various parts of this and really excited to see all the exciting stuff that comes out of it.

## **8: Committee Reports Reports**

**Presenter:** Committees

### **COCC/CPC**

- The committee met on November 3<sup>rd</sup>, 2021.
- Due to lack of quorum, October meeting minutes were not approved.
- The BEMA needs assessment survey results were presented by Nicole Richmond of MDH.
- Committee members requested changes to the presentation of data, including if health care priority results can be split between two different age groups.
- Changes will be made to accommodate requests for the upcoming PC meeting.
- Committee members met with MDH representatives on November 3<sup>rd</sup>, 2021 to discuss Standards of Care.
  - MDH representatives stated they processed committee member feedback and have updated their standard operating procedures.
  - Upon receipt, the committee will review and provide feedback regarding the updated standard operating procedures.

Action Items

None

## Nominating

- The committee met on November 4<sup>th</sup>, 2021.
  - The committee reviewed and approved August meeting minutes.
  - The committee reviewed council and committee membership and vacancies.
  - The committee reviewed membership applications.
- Committee members discussed challenges with contacting applicants.
- The PCSO will check contact information and provide updated information if any.
- The committee discussed assignment of new applications for PC membership.
- The committee discussed that recruitment opportunities will continue to focus on non-aligned consumers.
- The committee is in receipt of 5 new applications for non-aligned consumers.

Action Items

None

## Fiscal

- The committee met on November 9<sup>th</sup>, 2021.
- The committee reviewed and approved April 2021 meeting minutes.
- The committee reviewed its 7-month reprogramming activity and recommendations for approval will be discussed in tonight's meeting.

Action Items

| Motion:  | Who made the motion? Second?         | Motion passed? |
|--|--------------------------------------|----------------|
| Motion to reduce to Medical case Management \$40,723 | Made by P.J. Gouldmann / Brande ward | Passed         |
|  | Opposed                              | Abstain (6)    |

| Motion:  | Who made the motion? Second?             | Motion passed? |
|--|--|----------------|
| Motion to Reduce Outpatient/Ambulatory by \$63,425 | Made by P.J. Gouldmann / Michael Snowden | Passed         |
|  | Opposed                                  | Abstain (6)    |

| <b>Motion:</b>  | <b>Who made the motion? Second?</b>      | <b>Motion passed?</b> |
|---|--|-----------------------|
| Motion to Reduce Substance abuse treatment outpatient by \$36,492 | Made by P.J. Gouldmann / Micheal Snowden | Passed                |
|   | Opposed                                  | Abstain (4)           |

| <b>Motion:</b>                                | <b>Who made the motion? Second?</b> | <b>Motion passed?</b> |
|---|-------------------------------------|-----------------------|
| Motion to reduce Health Insurance by \$15,000 | Made by P.J. Gouldmann / Brande W   | Passed                |
|   | Opposed                             | Abstain (6)           |

| <b>Motion:</b>   | <b>Who made the motion? Second?</b> | <b>Motion passed?</b> |
|--|-------------------------------------|-----------------------|
| Motion to reduce medical nutrition therapy services by \$14,983. | Made by P.J. Gouldmann / Micheal.S  | Passed                |
|  | Opposed                             | Abstain (5)           |

| <b>Motion:</b>   | <b>Who made the motion? Second?</b>     | <b>Motion passed?</b> |
|--|---|-----------------------|
| Motion to reduce non-medical case management by \$7,937. | Made by P.J. Gouldmann / Charles Culver | Passed                |
|  | Opposed                                 | Abstain (6)           |

| <b>Motion:</b>                                  | <b>Who made the motion? Second?</b>      | <b>Motion passed?</b> |
|---|--|-----------------------|
| Motion to reduce medical transportation \$3,320 | Made by P.J. Gouldmann / Jonathan Wright | Passed                |
|   | Opposed                                  | Abstain (8)           |

| <b>Motion:</b>                             | <b>Who made the motion? Second?</b>  | <b>Motion passed?</b> |
|--|--------------------------------------|-----------------------|
| Motion to Increase oral health by \$20,000 | Made by P.J. Gouldmann / Brande ward | Passed                |
|  | Opposed                              | Abstain (3)           |

| <b>Motion:</b>                                  | <b>Who made the motion? Second?</b>     | <b>Motion passed?</b> |
|---|---|-----------------------|
| Motion to Increase Housing Services by \$75,000 | Made by P.J. Gouldmann /Michael Snowden | Passed                |
|   | Opposed                                 | Abstain (2)           |

| <b>Motion:</b>   | <b>Who made the motion? Second?</b> | <b>Motion passed?</b> |
|--|-------------------------------------|-----------------------|
| Motion to increase Emergency financial assistance by \$4,662 | Made by P.J. Gouldmann /Brande.W    | Passed                |
|  | Opposed                             | Abstain (6)           |

| <b>Motion:</b>                           | <b>Who made the motion? Second?</b> | <b>Motion passed?</b> |
|--|-------------------------------------|-----------------------|
| Motion to increase Food Bank by \$54,025 | Made by P.J. Gouldmann /Charles.C   | Passed                |
|  | Opposed                             | Abstain (4)           |

| <b>Motion:</b>  | <b>Who made the motion? Second?</b> | <b>Motion passed?</b> |
|---|-------------------------------------|-----------------------|
| Motion to increase Psychosocial Support Services \$40,338 | Made by P.J. Gouldmann /Brande.w    | Passed                |
|   | Opposed                             | Abstain (6)           |

| <b>Motion:</b>  | <b>Who made the motion? Second?</b> | <b>Motion passed?</b> |
|---|-------------------------------------|-----------------------|
| ✓ Motion to extend the Planning Council meeting by 10 minutes | Made by P.J. Gouldmann /Brande Ward | Yes                   |
| ✓   | Opposed                             | Abstain (1)           |

| <b>Motion:</b>                                    | <b>Who made the motion? Second?</b> | <b>Motion passed?</b> |
|---|-------------------------------------|-----------------------|
| Motion to reduce MAI Outreach Services by \$8,541 | Made by P.J. Gouldmann / Brande W   | Passed                |
|   | Opposed                             | Abstain (5)           |

| <b>Motion:</b>  | <b>Who made the motion? Second?</b> | <b>Motion passed?</b> |
|---|-------------------------------------|-----------------------|
| Motion to reduce MAI carry over Emergency Financial Assistance \$76,919 | Made by P.J. Gouldmann / Micheal.S  | Passed                |
|   | Opposed                             | Abstain (7)           |

| <b>Motion:</b>  | <b>Who made the motion? Second?</b> | <b>Motion passed?</b> |
|---|-------------------------------------|-----------------------|
| Motion to MAI increase medical case management \$56,312 | Made by P.J. Gouldmann / Jonathan.W | Passed                |
|   | Opposed                             | Abstain (7)           |

| <b>Motion:</b>   | <b>Who made the motion? Second?</b>     | <b>Motion passed?</b> |
|--|---|-----------------------|
| Motion to increase MAI Mental health Services \$15,002 | Made by P.J. Gouldmann / Charles Culver | Passed                |
|  | Opposed                                 | Abstain (2)           |

| <b>Motion:</b>  | <b>Who made the motion? Second?</b> | <b>Motion passed?</b> |
|---|-------------------------------------|-----------------------|
| Motion to increase Health education/risk reduction \$14,146 | Made by P.J. Gouldmann / Brande.W   | Passed                |
|   | Opposed                             | Abstain (2)           |

Sam Zisow-McClean-

Acknowledged that we did have another presentation during new business from Maryland legal aid. Is Hopeful that we can get this arranged for our next PC meeting.

## **12: Adjournment**

**Presenter:** Committee

**Meeting Adjourned**