

MINUTES: PLANNING COUNCIL



April 16, 2019 / 5:30 – 7:30 pm / War Memorial, 101 N. Gay Street, Baltimore, MD 21202

Facilitator (Chair)	Jeanne Keruly	PCSO Lead	Jocelyn Stenhouse
Time started:	5:34 p.m.	Quorum:	There was quorum at the start of the meeting
Members present:	Shalyta Campbell, Markton Cole, Peter DeMartino, Cierra Foxx, Carlton Gross, Carlisle Harvey Sr, Jeanne Keruly, Martin McEnrue, Fernando Mena-Carrasco, Akil Patterson, Shakima Richardson, Dennis Rivera*, Michael Scriber, Brande Ward, Kimberly Whitaker, Jonathon Wright, Sara Zisow-McClean.		
Members absent:	Reginald Douglas, Kemahn Jones, Wendy Merrick, Evelyn Nicholson, Sean Thames, Monique Thomas.		
Visitors:	Carla Alexander, Genevieve Barrow, Dale Brewer, Lawrence Bell, Hilbert Byers, Charles Culver, Adena Greenbaum, PJ Gouldmann, Adam Huebner, Pamela Kurowski, Howard Lambert, Vanessa Lathan, Valli Meeks, Abby Plusen, Ebony Roberts, Carlton Smith, Christopher Stuckey,		
Ryan White Part A:	Sonney Pelham, Lauren Wagner, Alberta Ferrari, Stephon Effinger, Rickey Moyd, Jr.		
Handouts:	PC Packet, Expenditure report. Data Presentations		

AGENDA

1: Introductions

Presenter: M. Cole, Vice-Chair

Discussion:

- Markton Cole did a roll call of planning council members. Guests introduced themselves.

2: Data Presentations

Presenter:

Colin Flynn

- Colin Flynn presented to the council the Baltimore EMA's epidemiological profile on HIV. The following were the highlights:
 - New diagnoses has gone down from 38% to 32% over the last few years in Maryland.
 - There has been a significant decrease in the new diagnoses in the Baltimore EMA.
 - The Washington Metropolitan area now makes up more of the new diagnoses than the Baltimore EMA.
 - In Maryland, there is an estimate of 11.6% of people living with HIV are undiagnosed.
 - Over half the people living with HIV in the metropolitan area are known to be virally suppressed.
 - 437 new diagnoses in the Baltimore EMA in 2017, of those 86% were linked to care within 1 month and 92% linked within 3 months.
 - 64% of those living in the EMA are males, 1% are trans female.
 - The state has been working hard to make sure they have better data on the trans population.
 - 1,800 non-Hispanic black per 100,000 and 1/3 of that rate for Hispanics.
 - 160 per 100,000 for white people living with HIV in the EMA.
 - Largest group of new diagnoses are people in their 20's.
- Discussion:
 - A guest asked what Colin believes is the reason for Baltimore City's rates of new diagnoses going down compared to the DC EMA.
 - Colin stated that there is a huge decrease in injection drug use in the city due to needle exchange programs.
 - Dale Brewer asked if better sex education would help reduce new infections for youth ages 13-24.

- Colin stated that new diagnoses in youth are more likely due to them being unstably housed and sex education in schools would not likely impact some of these people.
- Jeanne Keruly asked about perinatal transmission for Maryland.
- Colin stated that over the last two years there are 4 children who have been born with HIV but the transmission did not take place in Maryland.

Martin McEnrue

- Martin McEnrue presented to the council on Maryland Medicaid. The following were the highlights:
 - In Maryland Medicaid is known as medical assistance.
 - Maryland Medicaid serves on average 1.3 million people.
 - In general, a person would have to be at 138% FPL but there are populations that are not based on salary.
 - There is a five year bar for immigrants. They must in the country for five years before they can receive service. This does not include pregnant women or refugees.
 - Undocumented aliens are not eligible for services unless they are emergency services.
 - There has been a steady increase at about 3% each year.
 - The AIDS Health choice enrollment is slightly higher in Baltimore than the rest of Maryland.
 - The HIV enrollment is the highest among age 0-49.
 - The highest enrollment is among white people and males.
 - Around 1,500 people were given PrEP in 2017 in the 0-49 age range.
 - There are 9 MCO's in Maryland that deliver care for the population.
 - There was an anomaly in the data where people living with HIV were receiving PrEP. After further review, some of the potential reasons could be someone could have been prescriber PrEP earlier in the year and contracted HIV later in the year. Also, Truvada can also be used as a drug for AIDS in a small population.
- Discussion:
 - Jeanne Keruly asked if case management is mostly telephonic.
 - Jeanne asked if Medicaid will pay for a retreatment of Hepatitis if a patient becomes re-infected.
 - Jeanne asked of the older persons, how many are using resources to stay at home.
 - Martin stated that he did not have an answer but would provide it to the council.
 - Carlton asked if Martin has any updates on people living with HIV and aging.
 - Carlton asked if a persons could join Medicaid when you reach the appropriate age after open enrollment.
 - Martin stated that for Medicaid you can join any time of the year but the qualified health plans have enrollment periods but they also offer special enrollment periods for changes.
 - Akil stated that less than 1% of the Medicaid population have utilized PrEP. The governor will probably sign to expand access to PrEP for minors without their parents' consent. Akil asked for the budget for marketing towards those populations to make sure they are exposed receiving the education so they are able to get those medications.
 - Martin stated that he does not know the budget.
 - Markton asked if Martin knows what office that would be administered out of.
 - Sara asked why the viral load and CD4 is so low in the 65+ population.
 - Martin stated that at that age many people are eligible for Medicare and a lot of people may receive that through their Medicare provider. The data for that age group may be limited because of the switch.

Dr. Adena Greenbaum

- Adena Greenbaum presented to the council on HIV Prevention in Baltimore. The following were the highlights:
 - Of the roughly 12,000 people living with HIV in Baltimore, 88% are believed to be diagnosed. 70% are retained in care and 53% with a suppressed viral load. Overall not as high as what is seen with Ryan White providers.
 - The city offers many clinics for direct services- a walk-in clinic for diagnoses and treatment of STD's, an HIV clinic, Hepatitis C clinic, PrEP clinic, and an HIV DOT program. The HIV DOT program will visit anyone who is having trouble taking their medications to eliminate the barriers.
 - Services are offered on a mobile van and a second one will be delivered this summer.
 - Other clinics include- the dental clinic for emergency care and preventive care for some, tuberculosis clinic, and a lab for testing.

- HIV/STD prevention program is broken down into four groups- the surveillance team, the field operations team, the outreach team, and the linkage to care team.
- The social innovative team is increasing the health department's presence on social media and
- It takes over 400 tests to find one new HIV diagnoses. That means that testing has to be done smarter to reach people in vulnerable populations who are not being tested.
- Last year, the health department supported over 45,000 HIV tests.
- 153 people were nearly diagnosed last year in Baltimore and 70% were linked to care.
- There are two clinics that do HIV testing a treatment. The saw over 8,000 patients in 2018.
- U=U is a community run campaign in which the health department is a member. There is a website available with campaigns to raise awareness to the message.
- There is a big gap between those who are eligible for PrEP and those that are referred.
- There is a PrEP cascade available to review PrEP and identify the gaps.
- Syringe exchange started in 1994. The areas are chosen where there is no drug traffic. It is an evidenced based intervention.
- Discussion:
 - Akil asked if the data was composited with Baltimore City Health Department and the sub-grantee sites.
 - Dr. Greenbaum answered yes.
 - Akil stated that the pride center cannot see patients.
 - Dr. Greenbaum stated that there are two sites that are non-clinical but they may screen clients and then refer them to the appropriate site.
 - Akil asked if the Jacques initiative and STAR adolescent health programs are operated by UMMS.
 - Dr. Greenbaum agreed.

3: Approval of minutes from last meeting **Presenter:** Jocelyn Stenhouse

Discussion:

Motion:	Who made the motion? Second?	Motion passed?
✓ To approve the March 2019 meeting minutes.	Made by J. Wright, seconded by A. Patterson	Yes

4: Chair's Report**Presenter:** Jeanne Keruly**Discussion:**

Jeanne Keruly read the chair report and the following were the highlights:

- Members of the Nominating Committee would be attending the Why Women Cry Conference to recruit new members.
- The PLWHA Committee held a community discussion this month on engaging clients to care.
- PC members who spread the work of the HRSA Consumer Luncheon were thanked for their hard work.
- HRSA's site visit findings would be released in the next month. The following were topics that were discussed as needing to be addressed by the council:
 - Resource allocation would need to be modify to no longer allow recommendations from the recipient
 - The planning council website is out of date
 - The memorandum of understanding is old and out of date.
 - The PC bylaws were in revision and would need to be finalized.
 - A full needs assessment would need to be done to properly allocate resources.
- The Executive committee would be meeting to discuss these issues.
- There will be five presentation at the next planning council meeting.

Next steps or recommendations:**5: Ryan White Part A****Presenter:** Sonney Pelham/ Lauren Wagner, Ryan White Part A**Discussion:**

- Planning Council members were asked to read the report and review the budget on their own.

6: Ryan White Part B/ Special Report**Presenter:** Peter DeMartino, Ryan White Part B**Discussion:**

Peter DeMartino asked that council members review their packet and any questions be sent to him.

7: Planning Council Updates**Presenter:** Committee**Discussion:**

The Comprehensive Planning Committee report was red by Fernando Mena-Carrasco and announced the following:

- The committee met on Thursday April 4th without quorum.
- The committee had presentations from Martin and was provided data to review by their May meeting.
- The committee discussed changing the location of the PSRA conference and possibly having PSRA without using a facilitator.
- Akil stated that the meeting also not penalizing members for not being able to attend community forums.

The Executive Committee announced the following:

- The committee discussed site visit findings.
- The PCSO discussed with Baltimore City personnel to discuss the best ways to move forward with the changes to the website.
- The following motions were made:

Motion:	Who made the motion? Second?	Motion passed?
✓ To recommend that the fiscal, comprehensive planning, and continuum of care committee's meet to review and make recommendations for this year's resource allocations.	Made by Markton Cole, Seconded by Carlisle Harvey Sr.	Yes

Motion:	Who made the motion? Second?	Motion passed?
✓ To extend the May Planning Council meeting by an hour.	Made by Peter DeMartino, Seconded by Jonathon Wright	Yes

The Nominating Committee was read by Carlisle Harvey and announced the following:

- The committee held a meeting on April 2nd.
- The committee sent (2) - two month warning letters and (1) - one month warning letter.

The Nominating Committee made the following motions:

Motion:	Who made the motion? Second?	Motion passed?
✓ To send Charles Culver Sr.'s application the mayor's office for final approval.	Made by Jonathon Wright, Seconded by Michael Scriber	Yes, 5 abs

Motion:	Who made the motion? Second?	Motion passed?
✓ To send Pam Kurowski's application the mayor's office for final approval.	Made by Jonathon Wright, Seconded by Jonathon Wright	Yes, 2 abs

Motion:	Who made the motion? Second?	Motion passed?
✓ To send Christopher Stuckey's application the mayor's office for final approval.	Made by Jonathon Wright, Seconded by Brande Ward	Yes, 5 abs

The support office report was not read:

8: Adjournment **Presenter:** Co-chair

Motion:	Who made the motion? Second?	Motion passed?
✓ To adjourn at 7:30 pm.	Made by Carlisle Harvey Sr., Seconded by Cierra Foxx	Yes

About the Planning Council

The Greater Baltimore HIV Health Services Planning Council (BmorePC) is a 40-member volunteer body responsible for the following duties: Conducting consumer needs assessments and identifying service needs of PLWHA in the Baltimore EMA, setting priorities for the allocation of federal HIV/AIDS service dollars under the Part A Program, Evaluating the efficiency of the administrative mechanism designated by the mayor to distribute Ryan White Program funds and follow planning council priorities, developing a comprehensive plan for delivering HIV services to PLWH/As, working with other Ryan White Program representatives to develop the Statewide

Coordinated Statement of Need (SCSN), assuring community participation, and developing methods to address conflicts of interest and grievances.

Resources:

For more information, visit us online at: www.baltimorepc.org or contact the Planning Council Support Office at 410-396-1646.

Special notes:

Developed for BmorePC by PCSO at the Office of Community Engagement, BCHD.