

# Greater Baltimore HIV Health Services Planning Council

## Minutes of the Meeting of May 18, 2010

Vol. VII, No. 3

Final • May 19, 2010

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### Meeting Attendance

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Present <sup>1</sup>	S. Alston	T. Hawkins
	M. Becketts	M. Hitch
	K. Bellesky	R. Johnson
	R. Bradley	D. Kelson
	D. Brewer (proxy for W. Miller)	J. Keruly
	C. Brown	R. Matens
	V. Burrell-Gibson	A. Middleton*
	D. Clark	M. Moaney
	R. Disharoon	M. Reese
	J. Fleming	R. Rubino
	C. Gibson	W. Samuel
	L. Green (proxy for D. Henson)	L. Servance
	R. Green	D. Shamer
	R. Gore-Simmons	C. Smith (proxy for A. Leverette)
	M. Graves	B. Thomas-El
P. Hall	J. Winslow	
C. Harvey Sr.		
Absent	V. Clark	C. Massey
	C. Edmonds	D. Smith
	R. Haden	L. Sowah
	T. James	
BCHD	R. Brisueno	J. Ungard
Staff	D. Gorham	J. Reed
	C. Lacanienta	N. Slaughter
	D. Munro	E. Saber
Visitors	S. Boehringer	S. Jenkins
	A. Fowlkes	M. Owens-Goode
	V. Geffrard	E. Walsh
	V. Graves	
Handouts	Meeting agenda (May 18, 2010).	
	Planning council packet (May 2010).	
	Final action items (May 18, 2010)	
	Grantee report (May 2010).	
	Chair report (May 2010).	
	Planning council minutes (April 20, 2010).	
	Biographical sketch of five applicants.	
	Draft provider questionnaire #2.	
Bylaws revision – Draft.		
Executive Committee Bylaws discussion – Draft changes.		

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### Executive summary

<sup>1</sup> Attendance is based on sign-in sheet.

\* Present but did not sign in.

The planning council meeting convened without quorum at 6:40 p.m.<sup>2</sup>  
 The chair requested that the planning council hear grantee and Part B and D reports and then move to informational presentations. The chair also announced that bylaws revisions would be discussed after pertinent committee business was completed.

The grantee announced that the final award notifications were released to providers on May 4, 2010 and noted that the HIV/AIDS Volunteer Enrichment Network (HAVEN) has closed and will no longer be providing Ryan White services. The grantee also reported on the clinical quality management program and other related Baltimore City Health Department activities.

The Part B and Part D representative made announcements regarding provider meetings and the regional advisory committee.

The planning council welcomed Franny Lerner from Chase Brexton Health Services to report on Part C programs and funding and Jeanne Keruly from the planning council and Johns Hopkins University to report on the continuum of care.

Committee co-chairs reported only on motions and action items.

- The Comprehensive Planning Committee (CPC) did not report.
- The Continuum of Care Committee (COCC) did not report.
- The Counties Committee announced that the co-chair of the committee has resigned and elections will be held at the next Counties Committee meeting.
- The Evaluation Committee made reprogramming recommendations for the FY 2009 Minority AIDS Initiative (MAI) grant award.
- The Nominating Committee made recommendations for adding five members to the pool list.
- The People Living with HIV/AIDS (PLWH/A) Committee did not report.

The planning council support office did not report.

The committee made bylaws changes by a super-majority vote on eligibility to run for planning council chair and vice chair and the election of committee co-chairs.

The meeting adjourned at 8:55 p.m.

## **Proceedings**

### ***Introductions/Review of Minutes***

W. Samuel convened the planning council meeting with introductions and roll call. The chair asked that the PC re-order its agenda ensure enough time was available to information presentations and bylaws revisions. The minutes were not reviewed.

Motion	To re-order the agenda to allow for information presentations to be completed and bylaws revisions to be discussed.
Proposed by	J. Keruly
Seconded by	M. Reese
Action	Passed, 0 abstentions, 0 objections

<sup>2</sup> Quorum is defined as attendance of at least 51 percent of membership.

### ***Chair Report***

The chair requested that the planning council hear grantee and Part B and D reports and then move to informational presentations. The chair also announced that bylaws revisions would be discussed after pertinent committee business was completed.

### ***Information Presentations***

The planning council received informational presentations from the Ryan White Part C program and the planning council's Ryan White continuum of care. The following bullet points are a summary from the presentations.

Ryan White Part C – Franny Lerner, Chase Brexton Health Services.

- Part C programs are funded directly from the federal government and cover early intervention services such as primary care, medical case management, patient education, transportation and diagnostic services.
- Chase Brexton is one of four Part C providers in the state of Maryland. Chase Brexton receives \$1,169,000 in Part C funding and a portion is sub-contracted to Johns Hopkins University.
- Part C targets the following sub-populations: Intravenous drug users, African Americans, men who have sex with men, lesbian/gay/bisexual/transsexual.
- Part C refers clients to Part A for housing and to part B for the Maryland AIDS Drug Assistance Program.
- Effective strategies for engaging people living with HIV in care:
  - Increased HIV-testing to all medical patients.
  - Walk-in sexually transmitted disease clinic.
  - Triage case managers for newly diagnosed patients.
  - Medication support teams
  - Multi-tiered case management teams.

Ryan White HIV Continuum of Care – Jeanne Keruly, planning council member and Assistant Professor of Medicine at Johns Hopkins University.

- The goal of the Ryan White Part A program is to promote a responsive system of comprehensive care and prevention services.
- Planning follows an engagement continuum that ranges from people living with HIV not in care to fully engaged.
- Challenges include adherence to a shift in funding to 75 percent core medical services and its effect on client care and retention.
- Effective strategies to engage HIV-infected patients in care:
  - Interagency collaboration/partnering.
  - Transparency in process.
  - Integration of services (e.g., primary care and case management).

### ***Part A***

The grantee submitted a written report and reviewed it with the planning council.

- Part A Administration
  - The Fiscal Agent released final award notifications to providers on May 4th that incorporated the category reallocations approved by the Planning Council on April 29th. Grantee is working with providers to finalize work

plans and budgets in preparation for contract execution through the Fiscal Agent over the next month.

- HIV/AIDS Volunteer Enrichment Network (HAVEN), a longtime provider of Ryan White services, through their Board of Directors notified the Grantee that all services would cease effective April 19th. Four clients were transitioned to other housing. The Grantee has begun a search for potential housing providers in the Anne Arundel area.
- Clinical Quality Management Program (CQM)
  - New staff: Iris Allen has joined the Clinical Quality Management team as a Research Analyst.
  - Categories to be reviewed in 2010 include Primary Medical Care, Mental Health, Substance Abuse Outpatient, Substance Abuse Residential, and Outreach Services. As tools and processes are developed by the Grantee, the planning council will have an opportunity to review and comment on their content.
  - A series of technical assistance sessions involving Primary Medical Care and Medical Case Management services will be ongoing throughout FY 2010. These forums enable providers to share successes and challenges associated with quality improvement activities. All primary care and case management programs are assigned a Quality Coach (*BCHD Staff*) to assist them in participating in the CQM Learning Collaborative.
  - Cervical Cancer Screening Survey - Preliminary findings of Cervical Cancer Screening Survey: Summary of presentation to the CQM Learning Collaborative Session on April 22, 2010. Of those women enrolled in study, 31% reported not receiving a Pap smear in the last year. Review of medical records showed 24% had not received a Pap smear in the last year. Twenty-four percent (24%) of the women interviewed reported not having an annual Pap over the past 3 years, while the chart abstraction showed no annual Pap smears over the past 3 years for 71% of the women. This discrepancy between the client reported information and data from the medical chart indicates that there is a documentation issue among providers. The most likely explanation is that there is a failure of agencies to document the results of Pap smears done outside of their agency. Regarding knowledge and understanding of Pap smears, 16% had high level knowledge, 65% had mid-level knowledge and 18% had low-level knowledge. Preliminary analysis suggests that knowledge, perceived susceptibility and barriers may be factors contributing to Pap smear utilization among Ryan White consumers. Common barriers identified through the survey included worry and fear about test results, pain associated with a Pap smear and cost of co-payments.
  - Substance Abuse Survey – After one year, 32 consumers were enrolled in this survey. At the six-month follow-up phase; 13 consumers were reassessed of which 11 report drug abstinence (85%) and two continue using drugs after release from treatment. Efforts are underway to contact the remaining 19 consumers; of which 9 are now confirmed lost to the project because: 1 deceased, 1 incarcerated, 5 have no valid contact

- information, 1 refused to continue, and 1 is still in treatment.
  - Health Literacy Project – The Grantee’s Office has held one consumer focus group and scheduled a second. Also, during the April CQM consortium, staff presented an overview of health literacy issues to providers in attendance. CQM staff attended the major national health literacy conference in May. We are developing a plan for addressing health literacy issues from both consumer and provider perspectives, and will continue to present on this topic and to dialogue with providers during the June CQM meeting. Staff is developing questions for the CQM consumer questionnaire to serve as a health literacy baseline.
- Baltimore City Health Department
  - No update related to the appointment of a permanent Health Commissioner. As the process develops, BCHD will advise the Planning Council.
- Program Support Services
  - See attached report that outlines current and future program activities conducted by The Taylor Wilks Group. For additional information contact them directly at (410) 209-2412 or visit their website at [www.taylorwilksgroup.com](http://www.taylorwilksgroup.com).
- Grantee/HRSA-sponsored Technical Assistance and Capacity Building
  - No formal site visits were conducted since the last report. Grantee staff, as a part of normal functions, provides technical assistance to providers to ensure compliance to required reporting.
  - To better coordinate the resources available under the Minority AIDS Initiative Program, the Grantee initiated service category meetings this month. This venue provides a great opportunity for sharing of best-practices, identifying and resolving common barriers and enhancing service collaboration among programs.
  - The Ryan White All-Grantee Meeting is scheduled for August. The Grantee is preparing to submit abstracts on the following topics:
    - The Client-level Data System implemented last year
    - The need for improved Health Literacy among core medical programs
    - Barriers to Cervical Cancer Screening.
  - Other topics are also being considered, along with some collaboration with the Planning Council Support Office.

***Part B Report***

The Part B representative provided the following information:

- The Center for HIV Care Services facilitated its Statewide Provider Business meeting on April 28. 140 Ryan White providers were in attendance.
- A review of allocation formula and allocations for FY 2011 will be presented at the Regional Advisory Committee (RAC) meetings during the month of May.

***Part D Report***

The Part D representative provided the following report:

- The next quarterly meeting of the Part D Providers Network is scheduled for Friday, June 4, 2010 from 1:00 - 4:00 p.m. at 500 N. Calvert St.

### ***Committee Reports***

The planning council chair asked that only committee motions be heard and discussed in order to ensure enough time for data presentations. Data presentations are given to prepare planning council members for its April 2010 MAI priority setting and resource allocation exercise.

Motion	To only receive action items from committee reports to ensure enough time to review bylaws.
Proposed by	J. Keruly
Seconded by	D. Shamer
Action	Passed, 1 abstentions, 3 objections

### ***Evaluation Committee***

The committee announced that it has released the second provider questionnaire for review by the planning council. The co-chair also announced that the first provider questionnaire will be released shortly.

The committee met with the Counties Committee on May 2, 2010 to reprogram the FY 2009 MAI award and made the following recommendations.

#### Counties Medical Transportation

- The Counties Committee made reprogramming recommendation via consensus and was accepted by the Evaluation Committee. The co-chair noted that, according to BCHD, this provider cannot expend funding by the end of the fiscal year. The co-chair also noted that the committee considered Part A medical transportation problems that existed in FY 2009 but do not pertain to the MAI provider.
- The planning council is concerned that while a provider may not be able to expend the money, it does not mean that transportation dollars are not needed in the county for other clients in different areas.
- The grantee noted that other funding streams exist for this service, specifically Medicaid. The grantee has not received any formal complaints that services are not being provided and has not received any request for additional funding from providers. The grantee also noted that the Part A and MAI providers are not the same and cover different areas.

Motion	To decrease the counties Medical Transportation service category by \$6,000.
Proposed by	D. Shamer
Seconded by	R. Disharoon
Action	Passed, 2 abstentions, 7 objections

#### Substance Abuse Treatment - Outpatient

- To decrease the Substance Abuse Treatment - Outpatient service category by \$19,332 because both providers are new to receiving MAI funding and there have been significant problems implementing this service. The grantee recommended a decrease in funding that affects one provider.
- The planning council expressed concern that the provider may not be satisfying the need and that clients are not receiving services.

- The grantee noted that this service provider has not been able to provide the service and will be discontinued in the next fiscal year. The grantee noted that there is no waiting list for this service.

Motion	To decrease the Substance Abuse Treatment - Outpatient service category by \$19,332.
Proposed by	D. Shamer
Seconded by	J. Keruly
Action	Passed, 2 abstentions, 4 objections

#### Medical Nutritional Therapy

- To increase the Medical Nutritional Therapy service category by \$6,000 because the grantee recommended an increase of \$6,000 to this service category in order to purchase nutritional supplements.

Motion	To increase the Medical Nutritional Therapy service category by \$6,000.
Proposed by	D. Shamer
Seconded by	M. Reese
Action	Passed, 0 abstentions, 0 objections

#### Outreach Services

- To increase the Outreach Services service category by \$13,332 because the addition of funding will increase the full-time equivalent (FTE) and overall capacity.

Motion	To increase the Outreach Services service category by \$13,332.
Proposed by	D. Shamer
Seconded by	R. Rubino
Action	Passed, 6 abstention, 0 objections

#### Food Bank/Home-delivered Meals

- To increase the Food Bank/Home-delivered Meals service category by \$6,000 because the grantee recommended an increase to this service category to provide more services.

Motion	To increase the Food Bank/Home-delivered Meals service category by \$6,000.
Proposed by	D. Shamer
Seconded by	D. Kelson
Action	Passed, 1 abstention, 0 objections

#### *Nominating Committee*

The chair announced they have been reviewing attendance records and have been sending letters to ensure planning council members abide by the planning council bylaws. The chair also noted that all planning council members must select a primary committee and attend monthly meetings in addition to the planning council meeting.

Motion	To move S. Jenkins to the planning council pool list.
Proposed by	M. Reese
Seconded by	K. Bellesky
Action	Passed, 0 abstention, 0 objections

Motion	To move M. Ward to the planning council pool list.
Proposed by	M. Reese
Seconded by	K. Bellesky
Action	Passed, 1 abstention, 0 objections

Motion	To move V. Graves to the planning council pool list.
Proposed by	M. Reese
Seconded by	K. Bellesky
Action	Passed, 2 abstention, 0 objections

Motion	To move E. Anderson to the planning council pool list.
Proposed by	M. Reese
Seconded by	K. Bellesky
Action	Passed, 0 abstention, 0 objections

Motion	To move A. Fowlkes to the planning council pool list.
Proposed by	M. Reese
Seconded by	K. Bellesky
Action	Passed, 1 abstention, 0 objections

A planning council member asked if the Nominating Committee has developed skill sets that will be included in future planning council appointments. The Nominating Committee chair announced that this has been a part of the agenda but has not been completed yet.

#### *Planning Council Bylaws Review*

The vice-chair, J. Keruly, assumed the facilitation of this portion of the meeting to allow the chair to participate in the discussions. The committee received a list of all procedural changes within the bylaws that are being recommended and need to be voted on. All accepted motions were made by a super-majority vote of all members present at the planning council meeting. The facilitator noted that the bylaws review portion of the meeting will be conducted using a similar methodology that takes place at the priority setting and resource allocation event. The planning council heard all comments in favor and against each motion. A list of speakers was created and heard in order.

#### Eligibility for offices

A. Middleton announced that there were two proposals to change the current planning council bylaws. The current problem with this section of the bylaws is that only a planning council member who has completed one term (three-year appointment by the mayor) is eligible to run for chair or vice chair. The Executive Committee recommended that the planning council adopt a policy in which a planning council member must serve

three total years on the planning council within a six-year period prior to the date of election.

In favor –

M. Reese, J. Winslow and M. Moaney noted that having three years experience within a six-year period would ensure a person is qualified and dedicated. It also ensures that if a person steps down for one-year, they are able to return to the planning council and be an active leader.

R. Matens noted that the current term requirement must be changed. R. Matens, D. Brewer and C. Smith noted that this expands the number of people eligible to run for office and ensures further community participation for all members over time.

L. Green stated that restricting those eligible is not in the best interest of the planning council to find a good community leader with experience.

D. Shamer noted that the number of candidates is restricted under a consecutive term option.

Against –

C. Harvey said that consecutive years shows true dedication and certain members may abuse the privilege of leaving the council and coming back to run for office. He also noted that certain members are elected based solely on his or her name.

W. Samuel said that he has been in attendance for almost all meetings for the previous seven years and has only missed due to illness. He believes that three consecutive years ensures a person is dedicated to the planning council. He warned that this change to the bylaws is being made to benefit only one person and that each person has personal feelings towards this motion for one reason or another.

R. Rubino stated that three consecutive years is not as restrictive as others claim it is and that policy may change too much over a six-year period and the chair and vice-chair should be adequately knowledgeable. R. Rubino also noted that the original problem was with the definition of a term and that option one will satisfy this issue. R. Bradley agreed with R. Rubino's recommendation.

Motion	To change the current bylaws to state that a planning council member must serve at least three total years as a planning council member within a six-year period prior to the election to be eligible to run for planning council chair or vice-chair.
Proposed by	J. Winslow
Seconded by	R. Disharoon
Action	Passed, 3 abstention, 6 objections, 18 in favor

The following will be inserted into the bylaws under 4.2.3:

A planning council member is eligible to seek the office of planning council chair or vice chair, if, on the date of election, he or she has completed at least three total years of appointed council membership. To ensure experience relevant to current planning council issues and Ryan White legislation, aggregate years must have been completed within six (6) years of the election.

The planning council extended its meeting to complete further business.

Motion	To extend the meeting to 9:00.
Proposed by	R. Disharoon
Seconded by	J. Winslow
Action	Passed, 0 abstention, 3 objections

#### Election of co-chairs

A query was posed by a member as to whether a committee could elect to choose one chair rather than having co-chairs. Clarification was made that the co-chair structure was historical and that bylaws allow for chair or co-chair leadership structures.

A. Middleton noted that this codifies a current practice of secret ballot voting and establishes the following process for determining a winner when multiple ties exist.

First, a secret ballot will be held. If a tie exists, a second vote will take place excluding all those not receiving enough votes. If a second tie exists, a third vote of all current committee members will be taken. If a third tie exists, the planning council chair will appoint one of the candidates as chairperson. Planning council members noted that this problem nearly arose twice this past year and a process is necessary.

Motion	To change the current bylaws to state that a co-chair shall be elected by a secret ballot of committee members.
Proposed by	R. Rubino
Seconded by	D. Kelson
Action	Passed, 0 abstentions, 0 objections, All in favor

Motion	To change the current bylaws to allow for a process to select a chair in case of a tie.
Proposed by	R. Rubino
Seconded by	D. Kelson
Action	Passed, 0 abstentions, 0 objections, All in favor

The following will be inserted into the bylaws under 5.4 Election of Committee Chairs:

5.4.1. Each standing committee, with the exception of the Nominating Committee and the Executive Committee, shall elect a chair or (co-)chairs from its eligible membership by secret ball of the majority vote of its members present generally at the first meeting of the committee following the election of the incoming leadership of the overall council.

5.4.2. In the case of a tie, a second vote by secret ballot shall occur. In the case of tie during the second vote, a telephone or e-mail roll call vote of all active committee members will be collected by the planning council support office and reported to the committee before the next scheduled committee meeting. If a tie still remains, the planning council chair will appoint one of the candidates as chair or co-chair of the committee.

#### Conflict of Interest

The Executive Committee recommended to the planning council to change the bylaws to allow for the conflict of interest policy threshold to be changed from \$4,000 being in conflict, to fifty percent of the federal poverty level.

The support office noted the policy from other Ryan White planning councils are as follows:

- Nashville has a \$0 threshold but does not count stipends or honoraria.
- Las Vegas and Phoenix has a \$0 threshold for any salary, stipend or honoraria.
- Sacramento has an ethics board that reviews cases in order to allow voting. If the Baltimore planning council would like to pursue this, new restrictions would apply under Maryland state ethics laws.

The planning council support office noted that there are multiple federal poverty levels and the planning council must specify how to implement this process. The two options discussed were:

- Census Bureau policy threshold.
  - For single person only.
  - For each level of qualification under the federal poverty level.
- HRSA poverty guideline.
  - For single person only.
  - For each level of qualification under the federal poverty level.

The planning council requested that the Executive Committee review this process and bring it back to the council when it is clarified. A friendly amendment was accepted to request advice from the city solicitor regarding conflict.

Motion	To send the conflict of interest section back to the Executive Committee for further review and request advice from the Baltimore City solicitor.
Proposed by	R. Disharoon
Seconded by	M. Reese
Friendly Amendment	To add “and request advice from the Baltimore City solicitor” recommended by L. Green and accepted by R. Disharoon and M. Reese.
Action	Passed, 0 abstentions, 0 objections

***New Business***

*Counties Committee*

The committee co-chair, D. Kelson, announced that N. Robinson has resigned as co-chair of the committee. Elections will be held at its next meeting.

*Planning Council Support Office*

InterGroup Services, Inc. (IGS) did not report in the interest of time. IGS’s report is included in the packet.

Motion	To adjourn.
Proposed by	R. Disharoon
Seconded by	K. Bellesky
Action	Passed, 0 abstentions, 0 objections

Meeting adjourned at 8:55 p.m.