

# Planning Council Meeting

## Meeting Minutes of June 15, 2004

Vol. I, No. 4

Final • August 18, 2004

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### Meeting Attendance

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<b>Present</b> <sup>1</sup>	D. Rock S. Ashley L. Chapman G. Daniels I. Davis T. Gray W. Jones J. Morris J. Powell M. Reese R. Shattuck K. Smolen D. Waller	L. Franklin D. Brewer L. Creditt S. Dashiell B. Grant N. Guest D. Maynor M. Obiefune A. Price W. Samuels S. Smith C. Thomas, Jr. W. Merrick
<b>Absent</b>	W. Belle B. Flint L. Green L. House D. Lane G. Upton B. Tucker	T. Chunn B. Greene M. Holloway S. Jones B. Ross P. Vigilance
<b>Proxies</b>	B. Jones	R. Matens
<b>ABC</b>	C. Edmonds W. Pigatt-Canty P. Ross C. Hackerman	M. Patterson A. Poole-Davis S. B. Wee D. Taylor
<b>BCHD</b>	R. Brisueno	S. Kazia
<b>Visitors</b>	W. Miller L. Clark P. Hall S. Kopins P.J. Gouldmann	D. Henson K. Bellesky B. Fitzsimmons R. Alva

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

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<b>Staff</b>	K. Hale C. Rhodes L. Koontz C. Jones	C. Lacanienta N. Curtis D. Gorham
<b>Handouts</b>	June PC packet Nominating Committee: June minutes Outcomes Task Group: May minutes Biographical Sketch: PC appointment CAEAR Coalition postcard 2004 HIV Career Fair Flyer LEAP VIII Orientation Flyer MHIP handout: State AIDS Administration Flyer: date changed for Comprehensive Planning Flyer: Meeting the Needs of Youth Conference Flyer: Priority Setting Training FY 2005 Flyer: Priority Setting FY 2005	

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### Introductions

D. Rock convened the meeting at 6:30 p.m. with introductions and roll call.

### Review of Minutes

The council reviewed May's minutes and there were no corrections. A motion was put forward:

<b>Motion</b>	To accept the May minutes as written
<b>Proposed by</b>	R. Shattuck
<b>Seconded by</b>	D. Brewer
<b>Action</b>	Motion passed with no abstentions or objections

D. Rock extend a thank you to L. Franklin, vice chair for successfully carrying out the May PC meeting and also thanked the council for their support towards the vice chair.

### Chair's Report

- The HRSA conference call for June concerned development of the memorandum of understanding or agreement between the planning council and the grantee. Information from this call will help the PC finalize its review of the MOU with Associated Black Charities as the administrative agency.
- QIP report for FY 2003 will be distributed in June for the following categories: Oral Health, Psychosocial Counseling, Housing Assistance and Outreach.

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- Categories to be reviewed by the QIP team for FY 2004 will be Direct Emergency Financial Assistance and Transportation.
- Service categories that will be bid this October for FY 2005 are:
  - Food and Nutrition-this is home delivered meals, groceries to and nutritional supplements.
  - MAI Enriched Life Skills
  - MAI PMC Co-Morbidity
  
  - MAI Non-traditional Outreach
  - MAI Capacity Building
  - Capacity Building/Community Education
- I am asking Richard Matens to help with this next portion of the chair's report. So that as we develop directives we are clear on all the components that need to be present for the AA to consider the directive.
- A couple of years ago, HRSA sent out information about capacity building and it clarified that there are two types of capacity building or development. I am again asking Richard to address the first type, which is capacity building systemically or activities that develop the service system across categories. The second type of capacity building is attached to a particular service category.

R. Matens reported that there were two types of capacity building: systemically through the PC and EMA wide initiatives and service specific.

Systemically: system-wide service category; cultural competency, increasing awareness and PC activities that are not service oriented or administrative in nature but contribute to or help to improve service delivery.

Service specific: is identified to through the needs assessment process, prioritized and funded by the PC including activities that are provided to increase access to or availability of services and must be reported as a sub-category of the service category identified by the PC.

R. Matens explained that service specific capacity building is for specific service categories and it needs to come under that service category.

D. Brewer asked if the planning council can be reminded before priority setting about looking at the two types of capacity building for funding categories.

This information will be available before priority setting and for training.

D. Rock continued with the chair's report: As we approach July and priority setting, I want to make sure that we are clear about the steps PC members must complete to be eligible to vote.

- First, we must complete a new conflict of interest form. IGS staff will hand them to you and ask you to complete them before you leave tonight. In this way, we can be up to date for monitoring this matter during the priority setting events.
- Second, we need to let IGS know that we will be attending priority setting or those we have identified as a proxy/alternate for ourselves.
- Third, we must be present at the July 20, 2004 planning council meeting where data presentations for priority setting are being given.
- Fourth, we must either attend the priority setting training on July 27, 2004 or take a copy of the training manual with you and complete the exercises and RETURN, I repeat, return the signed letter that states that you have completed the self-training. Unless you return the signed letter, you will not be able to vote. This same requirement applies to your proxy/alternate.
- Fifth, you must attend both days of priority setting, which is July 30, 2004 and August 2, 2004 to vote for funding allocations.

Remember, if you cannot attend both days, you can have your proxy attend and you can help your proxy on the day you can attend.

- If you have questions or need clarification, please see Lena or me after the meeting or contact IGS for assistance.
- This brings me to my last point. When you applied for planning council membership, you agreed to attend both council meetings and to serve on one primary committee. Several PC members have not been carrying these responsibilities. We have had problems with committees of the council meeting quorum to conduct business.
- It is essential that you meet your committee and PC attendance requirements to remain a member in good standing. I am asking the nominating committee to send me a report on attendance of both the PC members and non-PC members at the committee level. Once Lena and I review this report, we will speak with the chairs of the committee that are experiencing attendance problems and together we will discuss the by-laws requirements and the next appropriate steps.

- D. Rock addressed the issue of being approached or harassed at priority setting last year. For this year's priority setting, any person who harasses or approaches a PC member while at the table will be quietly escorted out of the room.

**Administrative Agency Report**

D. Taylor reported for the administrative agent:

- The Administrative Agent (AA) has finalized all decisions relative to FY 2004 Ryan White Title I providers.
- All provider service contracts (209) have been sent out to providers. Only two contracts have not been executed. We are negotiating language with these providers.
- The AA will conduct the 2nd Quarter Provider's meeting on June 18, 2004.
- The AA has conducted one joint site visit with Title II this month, one joint site visit with Title IV and performed two additional site visits with providers.

**Additions to the report:**

D. Taylor explained there are three types of documents that the committees are reviewing throughout the year in preparation for priority setting.

-Comprehensive Plan: is a document that looks at the overall picture of the epidemic, the needs of the epidemic over the next three years and the goals and strategies of the plan.

-Table 10: is an implementation plan that goes to HRSA showing the EMA plan, goals and strategies to deal with the epidemic in the future.

-Expenditure Service Delivery Report (ESD): The administrative agency generates this report to go along with Table 10. The ESD report allows the PC to look at the progress of each service category on a quarterly basis.

B. Armstrong of ABC announced the resignation of D. Taylor to the planning council. Salutations were extended to D. Taylor from the council and other agency representatives. The interim officer will be P. Bass who has had prior experience working with the planning council, until someone is hired.

**Baltimore City Health Department**

R. Matens reported:

▪ **Title I Administration**

-The joint Title I / Title II *Consumer Satisfaction Survey* report has been submitted to IGS for distribution to the planning council.

-Seven Conditions of Award that were due to HRSA to start in FY 2004 have been submitted on time.

-The contract for the programmatic assessment of the Administrative Agency is being forwarded for approval this week. The contract for the programmatic assessment of the planning council support office is still in negotiation.

▪ **Quality Improvement Program**

-Christopher Williams, QIP coordinator, will be leaving his position effective June 18, 2004. We wish him the best as he moves forward from BCHD. The search for qualified candidate is underway.

-The final drafts of the service category reports have been reviewed. The findings were four out of five reports would be distributed to the planning council prior to the FY 2005 priority setting process.

Due to difficulties with the survey instrument in its capacity to gather accurate data, **no** Transportation report will be published this year. QIP will revise the instrument and re-visit the transportation providers during the current fiscal year in order to ensure the accurate collection of data for a report in FY 2005.

-Along with Transportation, QIP will also review the category of Direct Emergency Financial Vouchers in the fall.

▪ **BCHD: Division of Health Promotion and Disease Prevention News**

-RARE Project: Mid-project report given to HHS representatives on June 3rd. Focus groups in process, final report due in July.

-BCRRPOP Van wrap is close to completion. Staffing & logistics is in process.

-Ujima Project is winding down towards project closure at the end of June. Awaiting responses to local and federal funding requests.

-Lifestyles Series: Know Your Health (Diabetes, Session II)-“Get your mind right” Saturday, June 19 at the Baltimore Urban League, 512 Orchard Street, Baltimore,

MD. The session will address mental health issues associated with weight management and the challenges of weight maintenance. Call 410-523-8150 ext. 243 to register.

- **Other Baltimore City Government HIV/AIDS Initiatives**  
-Commission on HIV continues to meet

S. Dashiell asked if there is not going to be a transportation report available for planners to review before priority setting. What report will the council use for the two days of priority setting to make decisions? R. Matens stated that the needs assessment data on transportation and various reports from the two conveyance providers will be available for planners to review for priority setting, report from ABC capacity building, a report from the outcomes task group and other advocacy task groups on transportation issues.

### **Title II Report**

A. Price reported for Title II:

- The AIDS Administration is sending award letters for FY 2005 Title II funding.
- A summary of the All Titles meeting is being sent to all participants

### **General**

There are recent changes to the MD Health Insurance Plan (MHIP) that will benefit people living with HIV/AIDS. As of June 1, 2004, PLWHA can qualify for the insurance if they meet certain criteria, namely that they are medically uninsurable and are not eligible for any other health insurance. As of July 1, 2004, there will be four plan options instead of two. The AIDS Administration plans to hire a person to assist PLWHA in applying for the MHIP program through outreach to service providers. Eligible PLWHA could apply to MADAP Plus or MAIAP to cover the MHIP premiums. Please read the handout provided in your packet, which provides the eligibility, criteria and a brief summary of the four plan options.

A. Price stated that the attached report on MHIP program did not include the phone number and location of applying for this insurance program. The phone number is 1-866-780-7105 and the location is the Social Security Administration.

A. Price commented that D. Taylor was instrumental in the site visits between Title I, II and IV. Salutations were extended to Mr. Taylor.

## **Title IV Report**

### **B. Grant reported for Title IV:**

- The Title IV Network meeting took place on Friday, June 11, 2004 from 12 to 2 p.m. at the AIDS Administration.
- The Title IV Youth Initiative, in collaboration with BCHD, the Mary Wolford Foundation and 92Q Radio One, is sponsoring a youth media campaign on HIV. A series of block parties, radio spots and promotional materials will be provided to renew interest and awareness of HIV and encourage HIV testing/treatment among youth. The first event will take place on Friday, June 25th from 7p.m. to 10p.m. in the Harlem Park area (Harlem Avenue and North Carey Streets). Various youth vendors are encouraged to participate. For more information contact Bryna Grant at 410-767-5992.
- As a reminder, the Title IV Youth Initiative conference on "Meeting the Needs for Youth" will take place on Friday, June 25, 2004 at the Sheppard Pratt Conference Center. Registration is free, however seating is limited and pre-registration is required. Nursing and Social Work CEU will be available. For more information, contact Danielle Confer at the Institute of Human Virology at 410-328-9101 or email [dconfer@medicine.umaryland.edu](mailto:dconfer@medicine.umaryland.edu).

## **Committee Reports**

### **By-Laws Committee**

#### **J. Keller reported for the committee:**

**Clarification of Membership:** The committee met with members of the Nominating committee to clarify membership and attendance guidelines. The key points are as follows:

- If a full-fledged committee member has filled out a conflict of interest form, a primary committee application and has attended four meetings of that committee.
- After a PC or committee member has missed three consecutive meetings, they will receive a warning letter.
- The committee chair has the option at the fourth absence to decide if the member will remain on the committee.
- If the member has six absences in a twelve-month period, they will be recommended to the council for removal.

- **Review and Revisions of By-Laws:** The committee reviewed the by-laws for necessary clarifications and/or corrections.

<b>Motion</b>	To circulate the revised by-laws to the council
<b>Proposed by</b>	J. Keller
<b>Seconded by</b>	M. Obiefune
<b>Action</b>	Motion passed with no abstentions or objections

### Comprehensive Planning Committee

J. Keller reported for the committee:

- **Presentation on HIV Prevention for Positives:** The committee heard a presentation from Kip Castner on prevention for HIV positive individuals. This is the newest component being funded by the State AIDS Administration.

<b>Motion</b>	To send three letters regarding prevention for positives. The first letter will serve as an introduction for providers on prevention for positives, the second will request information on current training sessions and the third will address helping providers identify an individual from the agency to participate in the training sessions.
<b>Proposed by</b>	J. Keller
<b>Seconded by</b>	I. Davis
<b>Action</b>	Motion passed with no abstentions or objections

- **Table 10.1.1:** The committee reviewed Table 10 in terms of the goals and objectives. Questions were raised on the definitions of service units and on how these numbers were derived. It was recommended that the definitions and language from the CADR report be used in Table 10 to standardize the services.

### Evaluation Committee

M. Obiefune reported for the committee:

- **Assessment Tool:** The committee formed a task group to discuss the development of a qualitative component for the assessment tool. The recommendation from the task group is as follows:
  - Add a narrative that explains the ratings especially for areas marked as a “3” or “1”. A scale rating system is currently used. The rating are a “5” for complete compliance, a “3” for partial compliance and a “1” for non-compliance.
  - Use the assessment tool to determine which categories need to be reviewed in depth. The PC will direct the consultant on which categories to review. The documents

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gathered will be used to determine whether they meet the PC standards for a “5”, a “3” or a “1”. The consultant will provide the PC with an analysis of the chosen category with an explanation for findings of “3” or “1”. The categories will rotate every year until all ten are completed.

<b>Motion</b>	To accept the recommendations brought forth by the task group
<b>Proposed by</b>	M. Obiefune
<b>Seconded by</b>	J. Powell
<b>Action</b>	Motion passed with no abstentions or objections

- **MAI Reports:** The committee reviewed the final report for FY 2003 and the MAI plan for FY 2004. Any questions or issues will be sent to the MAI work group by June 16, 2004.

### MAI/Carryover Work Group

W. Merrick reported for the work group:

- The work group has met twice and the next meeting will be June 18, 2004 from 2:00 p.m. to 4:00 p.m. at IGS offices. The work group is currently focusing on clarifying the intentions of MAI and ensuring that providers are following this intention.

The work group moved the following motions forward:

<b>Motion</b>	The standards of care for enriched life skills; non-traditional outreach, capacity building and co-morbidity need to have a clear description of MAI intentions. This can be in the form of separate MAI standards or a specific description of MAI within the existing standards.
<b>Proposed by</b>	W. Merrick
<b>Seconded by</b>	S. Smith
<b>Action</b>	Motion passed with 2 abstentions and no objections

<b>Motion</b>	To craft standards to have a clear outcome requirement that demonstrates adherence to the MAI intentions to decrease disparities and improve access for people of color.
<b>Proposed by</b>	W. Merrick
<b>Seconded by</b>	J. Powell
<b>Action</b>	Motion passed with 1 abstentions and no objections

- Committee members with questions or issues concerning MAI are asked to make comments to the work group by June 16, 2004.

### **Health Services Committee**

L. Franklin reported for the committee:

- The committee completed the final review of the comprehensive plan for 2003-2005 and would like to move forward several recommendations for priority setting.
- The motions indicated in the Action Items and Update will be seen again and discussed at priority setting. This information is here for your review.
- The committee moved forward one motion:

<b>Motion</b>	To move the mental health services: children and adolescents, primary medical care co-morbidity and pediatrics forward for general circulation.
<b>Proposed by</b>	L. Franklin
<b>Seconded by</b>	C. Thomas, Jr.
<b>Action</b>	Motion passed with no abstentions and no objections

### **Needs Assessment Committee**

I. Davis reported for the committee:

- The decided at their May meeting that they would not meet on their scheduled date of June 10, 2004. The committee wanted additional time to prepare for July's planning council and priority setting. The committee is scheduled to meet on July 8, 2004 from 2:00 p.m. to 5:00 p.m.
- Updated information on the consumer survey: The final total of completed surveys was 604. Data entry of the completed surveys began the last week of May and will end the mid-part of June. Based on the number of completed surveys, the Baltimore EMA is the largest interviewer of surveys in the country.
- There were no actions items to bring forward.

### **Nominating Committee**

R. Shattuck reported that the Nominating Committee was putting forward an applicant to be placed directly on to the council. A biographical sketch was distributed to the council on Phyllis Hall; the council reviewed the biography, voted and approved Ms. Hall for membership to the council. Ms. Hall will be the representative of the Baltimore County Executive office and the Baltimore County health department.

A motion was put forward:

<b>Motion</b>	To move Phyllis Hall forward to be a member of the planning council
<b>Proposed by</b>	R. Shattuck
<b>Seconded by</b>	J. Powell
<b>Action</b>	Motion passed with no abstentions or objections

Ms. Hall was received by the council by an around of applause.

**PLWHA Committee**

C. Thomas, Jr. reported for the committee:

- The committee heard a presentation from the QIP team of BCHD. The representatives were Evonne Nwankwo and Kelley Stewart. The presentation was based on the QIP roles and responsibilities and the purpose for its existence.
- The committee continued finalizing their position paper on transportation by coming up with more issues to be addressed and solutions to those issues. The committee will finalize their draft position paper at the June meeting.
- Based on discussion with respect to transportation, the committee requested assistance from BCHD to begin dialog with Ryan White Title I providers.

<b>Motion</b>	To send a letter from the PLWHA committee to BCHD to meet with the Ryan White Title I providers to begin solving the transportation issues.
<b>Proposed by</b>	C. Thomas, Jr.
<b>Seconded by</b>	Motion approved by the committee
<b>Action</b>	Motion passed with no abstentions or objections

Per K. Hale, the letter was already sent out to BCHD and the committee is waiting for a response from the transportation providers. This motion was rescinded.

- The committee had a priority setting training with the IGS staff on various documents that are used throughout the year in preparation for priority setting.

**Services to surrounding counties**

S. Ashley reported for the committee:

- The committee completed its review of the comprehensive plan and recommendations will be sent to capacity building.

- The rest of the agenda was deferred in order to extend salutations to Mary Jeanne Farley on her retirement from Baltimore County Health Department. The committee celebrated her retirement with refreshments.

**Substance Abuse Task Group**

S. Ashley reported for the task group:

- Due to the representative from BSAS not being present at the meeting, the task group reviewed the Level of Care Utilization report received from BSAS. The task group developed questions from this report to be sent to BSAS.

**Support Services Committee**

A. Price reported that the committee met on Tuesday, June 8, 2004 and the following items were discussed and recommendations were made.

**Table 10 FY 2004 Implementation Plan**

Service Priority Number: 3

Service Priority Name: Case Management

Objective Number 2: Clients enrolled in a case management program will adhere to 80% of scheduled appointments.

Recommendation is to request the AA clarify “scheduled appointments” (i.e. medical appointments, support services appointments etc.)

Service Priority Number 5A

Service Priority Name: MAI Enriched Life Skills

Objective Number 3: All clients (N=492) will have a medical care provider and will receive appropriate CD4 testing. Fifty percent (N=246) of the clients will have a CD4 count >200 after one year.

Recommendation is to request the AA to provide clarity as to what is “appropriate” CD4 testing.

Service Priority Number 13

Service Priority Name: Client Advocacy

Objective Number 1: Provide service necessary to complete action plans for 3,291 clients includes telephone calls, home visits and face-to-face encounters.

Recommendation is to request that the AA change “action plans” to “client advocacy plans” based upon the new client advocacy standards.

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Service Priority Number 15

Service Priority Name: Transportation

Objective Number 1: Provide transportation for clients to access needed medical and support services to ensure compliance and adherence to treatment programs these include van, taxi and bus services.

Recommendations is to request that the AA create two objectives from the one listed above to read as follows:

Objective Number 1: Provide transportation for clients to access needed medical services to ensure compliance and adherence to treatment programs.

Objective number 2: Provide transportation for clients to access other health and supportive services to ensure compliance and adherence to treatment programs.

**Title I Directives for FY2000 to FY 2004**

The committee reviewed the directives for FY 2000 to FY 2004 and recommendations were made to the council.

<b>Motion</b>	It is recommended by the Support Services committee that the planning council suspend directive nos. 1(2004) under the service category entitled "General".
<b>Proposed by</b>	A. Price
<b>Seconded by</b>	C. Thomas, Jr.
<b>Action</b>	Motion passed with no abstentions or objections

<b>Motion</b>	It is recommended by the Support Services committee that the planning council suspend directive nos. 2(2004) under the service category entitled "General".
<b>Proposed by</b>	A. Price
<b>Seconded by</b>	D. Brewer
<b>Action</b>	Motion passed with no abstentions or objections

<b>Motion</b>	It is recommended by the Support Services committee that the planning council suspend directive nos. 3(2004) under the service category entitled "General".
<b>Proposed by</b>	A. Price
<b>Seconded by</b>	D. Brewer
<b>Action</b>	Motion passed with no abstentions or objections

**Discussion on QIP findings**

A. Price explained that this motion pertains to applying QIP recommendations to all health related and support service categories.

<b>Motion</b>	It is recommended by the Support Services committee that the planning council suspend directive nos. 4(2004) under the service category entitled "General".
<b>Proposed by</b>	A. Price
<b>Seconded by</b>	K. Smolen
<b>Action</b>	Motion passed with no abstentions or objections

R. Matens stated that the AA took the extra step this year and in the contract itself to mandate the AA to be involved in any and all QIP activities.

C. Lacanienta asked for a point of clarification, does that mean that it is a part of protocol, that the findings of QIP and the ESD report are reportable. Is it reportable under your quarterly reporting? D. Taylor explained what the PC would normally get is part of monitoring and based on site visit reviews by the QIP team, if something substantial was found it would be indicated in the QIP report and the AA would then follow-up. Normally the AA looks at quality improvement and make sure that providers are adhering to what QIP has set forth.

C. Lacanienta asked depending on any recommendations that QIP comes up with; within the next fiscal year, the recommendations should trigger into a contractual agreement.

A. Price stated the next motion to be moved forward:

<b>Motion</b>	It is recommended by the Support Services committee that the planning council suspend all directives for FY2000, 2001 and 2002 that fall within the service category of support services.
<b>Proposed by</b>	A. Price
<b>Seconded by</b>	K. Smolen
<b>Action</b>	Motion passed with 3 abstentions and 2 objections

**Discussion on the removal of past directives:**

C. Thomas, Jr. asked is their transportation directive and are they included to be removed from the list. D. Taylor stated that the current list does not include current transportation provider directives. R. Matens asked even though the current AA was not in position at the time these directives were made, are the directives still relevant today.

D. Rock stated as a point of clarity, if the PC put a directive to a category or systemically as a council, I do believe that whoever is the AA, the directive still stays in effect. Also the PC

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can remove directives but the council has to ask the AA. So the council needs to establish a process. D. Taylor explained that there is a process for directives and the removal of directives and there is a format that the committee can fill out and direct it to the AA to see if it is feasible.

I. Davis commented that the PC really couldn't remove a directive; we can say the directive is finished or the directive is not applicable but the language needs to be reworded. M. Obiefune made a friendly amendment after some discussion by the council that the language be modified in the motion to remove all directives for FY2000, 2001 and 2002. The language should include other languages such as inapplicable, suspended etc. until further information has been submitted. A. Price accepted the friendly amendment and all motions that have "removed" be changed to "suspended" pending data assurance. The motion was restated with the change.

<b>Motion</b>	It is recommended by the Support Services committee that the planning council suspend all directives for FY2000, 2001 and 2002 that fall within the service category of support services.
<b>Proposed by</b>	A. Price
<b>Seconded by</b>	K. Smolen
<b>Action</b>	Motion passed with 3 abstentions and 2 opposed
<b>Amendment</b>	The language should include other languages such as inapplicable, suspended etc. until further information has been submitted
<b>Proposed by</b>	M. Obiefune
<b>Status</b>	Accepted by A. Price
<b>Action</b>	Motion passed

<b>Motion</b>	It is recommended by the Support Services committee that the planning council suspend the directive (2003) in the service category entitled "Buddy/Companion".
<b>Proposed by</b>	A. Price
<b>Seconded by</b>	K. Smolen
<b>Action</b>	Motion passed with no abstentions or objections

<b>Motion</b>	It is recommended by the Support Services committee that the planning council suspend directive no. 1 (2003) in the service category entitled "Case Management".
<b>Proposed by</b>	A. Price
<b>Seconded by</b>	S. Ashley
<b>Action</b>	Motion passed with no abstentions or objections

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<b>Motion</b>	It is recommended by the Support Services committee that the planning council suspend directive #2 (2003) to the AA under "Case Management"
<b>Proposed by</b>	A. Price
<b>Seconded by</b>	G. Daniels
<b>Action</b>	Motion passed with no abstentions or objections

<b>Motion</b>	It is recommended by the Support Services committee that the planning council suspend directive no.2 (2003) in the service category entitled "Client Advocacy".
<b>Proposed by</b>	A. Price
<b>Seconded by</b>	C. Thomas, Jr.
<b>Action</b>	Motion passed with no abstentions or objections

<b>Motion</b>	It is recommended by the Support Services committee that the planning council suspend directive no. 3 (2003) in the service category entitled "Client Advocacy".
<b>Proposed by</b>	A. Price
<b>Seconded by</b>	K. Smolen
<b>Action</b>	Motion passed with no abstentions or objections

The committee decided to table the rest of the directives until next month since the committee has additional work to complete on the agenda. The committee requested to have an update from the AA every six months.

### Client Advocacy Standards

The committee reviewed the Client Advocacy standards that were drafted by the client advocacy task group and in addition the committee reviewed the recommendations made by the providers.

<b>Motion</b>	To accept the Client Advocacy Standards as reviewed by the support services committee with the minimal recommendations from the providers of client advocacy services as approved by the support services committee with minor editing
<b>Proposed by</b>	A. Price
<b>Seconded by</b>	K. Smolen
<b>Action</b>	Motion passed with no abstentions or objections

**Support Services Committee Orientation Material**

Draft documents were developed in accordance with the By-Laws to acquaint new members of the committee with the task and responsibilities of the Support Services committee.

**Outcomes Task Group**

J. Powell reported wanted to clarify what the outcomes task group was doing. The task group is going through the different service categories and trying to come up with performance measures based on the reported dollars spent. The service category that the task group is working on is transportation, a letter was sent to the AA to assist the group in coming up with measures for transportation outcomes. The outcome measures are:

- 1) The number of trips completed for medical care
- 2) Other health related and support services

Coming with ways to measure direct services was not a problem. The task group is waiting on clarification on indirect services that include bus tokens; bus passes etc. besides the van services.

D. Rock asked the council for a motion to extend the meeting:

<b>Motion</b>	To extend the meeting for ten minutes
<b>Proposed by</b>	R. Shattuck
<b>Seconded by</b>	C. Thomas, Jr.
<b>Action</b>	Motion passed with no abstentions or objections

J. Powell continued his report by saying that it is not acceptable not to have any outcome measures for planning decisions. It was asked that the council not move the motion forward pending clarification from the AA but to accept as an FYI. The motion was for FY 2005, the AA obtains medical data for the direct medical transportation provider, which shows the number of trips completed for medical care as well as for health and support services. The reason being that the task group wants more clarification and to have the same information for indirect services.

**IGS Support Office**

K. Hale reported:

- IGS wishes to thank all planning council members who completed the May 24, 2004 survey.
- Since the survey was looking at the past year, some of the comments expressed have already been addressed. However, it is worth mentioning the general results.

## **Minutes of the June 15, 2004 Meeting of the Planning Council**

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- The meeting space at the Village Learning Place and the parking were rated average to above average. However, the specific response to “well lit parking lot” received the lowest marking of 2.95 or below average (average being 3). Comments regarding VLP centered on the limited space and the cramped space.
- Members indicated that the catering services were 3.70 or average with 4 being above average. Catering comments referred to the limited selections, too much chicken, food was gone when some individuals arrived.
- Meeting notices and monthly mailing packets rated above average. Comments on mailing concerned getting packets late, packets not containing important documents such as standards. Appreciation for getting advance information so that questions could be ready in advance.
- Rating for the IGS staff were above average. Comments ranged from staff being unfriendly to wonderful to communicate with; staff never available to staff is great.
- Suggestions included attaching background documents to the minutes such as Table 10 or portions of the comprehensive plan. Allow visitors to participate in discussions; mail things out and stop the bulletins; better food better parking; try to locate a place with ample free parking; hot food at counties meetings. Other comments: professionalism of leadership; keep up the good work; work that PC members do together; interaction with other service providers and administration staff of IGS, BCHD and ABC.

### **New Business**

S. Smith asked the PC members and members of CPG to come to the subcommittees and make reports on the activities of the council and CPG. C. Edmonds reported on the next LEAP VIII orientation program, which is June 29, 2004. R. Shattuck made a motion to adjourn the meeting. Meeting ended at 8:33 p.m.

I certify these minutes to be accurate and inclusive record of the planning council meeting as amended and approved by the Greater Baltimore HIV Health Services Planning Council.

Debbie Rock

Debbie Rock

August 18, 2004

August 18, 2004