

Planning Council

Date of meeting: June 20, 2017
Time started: 5:35 p.m.
BCHD Staff: C. Carey
 J. Carey
 A. Ferrari
 N. Flath
 V. Graves
 M. Muhammad
 S. Pelham
 R. Sumpter
 L. Wagner

TWG Staff: C. Lacanienta
 J. Stenhouse

Present: K. Arbaugh D. Kelly
 L. Bank J. Keruly
 D. Brewer V. Lathan
 R. Buchanan- H. Lambert
 Gunthrop J. Loken
 P. Chaulk T. Luft
 M. Cole E. Nicholson
 J. Fleming D. Rivera
 C. Foxx M. Scriber
 J. Furtado C. Smith
 J.P. Gomez B. Ward
 C. Harvey
 G. Jones-Childs
 * *Participated via teleconference*

Absent: O. Njuhigu M. Poku

Visitors: M. Baker D. Lohan
 M. Berg M. McVicker-
 P. DeMartino Weaver
 N. Etheridge- F. Mena-Carrasco
 Guest A. Patterson
 A. Jackson M. Thomas
 S. Johnson V. Woolums
 K. King- J. Wright
 Reynolds

- Handouts:**
- Planning Council Packet (OPCE, June 2017).
 - Planning Council Packet (June 2017)
 - FY16 February YTD Expenditure Summary (BCHD, 2017)
 - FY17 March YTD Expenditure Summary (BCHD, 2017)
 - Special Report (OPCE and BCHD)
 - Behavioral Health Systems Baltimore Data presentation (Steve Johnson, 2017)
 - Disparities Data presentation (N. Flath)
 - RW Part A Client Level Data Presentation (S. Effinger, 2017)
 - Impact of Support Services on Viral Load (A. Jackson, 2017)

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Introductions

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- The meeting convened with quorum at 5:35 p.m. and introductions were made.
- D. Brewer asked for a moment of reflection.

Approval of Minutes

Committee

- D. Brewer asked the planning council to review the minutes of the May council meeting.

Motion: To accept the May meeting minutes as written.

Made by: M. Cole

Second: H. Lambert

Action: Passed

Opposed: 0

Abstained: 0

Chair's Report

D. Brewer, Chair

- D. Brewer presented the chair report to the planning council.
- D. Brewer thanked everyone for attending.
- D. Brewer stated that the council would be hosting an extended planning council meeting to allow for data presentations for the Priority Setting and Resource Allocation Conference this month. Since most of this meeting will be spent on data presentations she asked that any committees without urgent action items being put forward to please hold their discussion points and reports.
- D. Brewer stated that the two-day Priority Setting Resource Allocation conference would be held on Thursday and Friday, July 13-14, 2017 at the University of Maryland Dental School. Please update your conflict of interest and disclosure forms with the support office and be sure to RSVP for the conference.
- D. Brewer stated that the prioritization of services categories would take place at this month's planning council meeting. D. Brewer stated that council members would be provided with a unique identification number and instructions on the process.
- D. Brewer reminded the committee that only the ranked categories could be considered for funding.
- D. Brewer stated that those without internet service should see the support office for a printed copy of the survey.
- D. Brewer reminded the committee that in order to participate in PSRA, members must 1) attend a PSRA training or review the manual and submit the form stating that they have completed review; 2) attend the data presentations or review the data presentations online and submit the form acknowledging the review of data.
- D. Brewer stated that the grantee and the support office would be presenting a presentation on fiscal allocations.
- D. Brewer encouraged the council to carefully consider the presentation in preparation for priority setting and ranking the service categories.

Behavioral Health Systems Baltimore Data Presentation

S. Johnson, BHSB

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- D. Brewer introduced Steve Johnson on behalf of the Behavioral Health Systems Baltimore.
- S. Johnson stated that the company is responsible for the system of Behavioral Health in Baltimore City.
- S. Johnson stated that most of the people that access their system use Medicaid or Medicare or are without insurance.
- S. Johnson stated that those without insurance receive assistance in getting insurance to receive care.
- S. Johnson stated that the company looks for gaps in the system of providing care.
- S. Johnson stated that the company collaborates with the health department, the police department, and other community based organizations.
- S. Johnson stated that they identify and remove barriers to accessing care.
- S. Johnson stated that the company receives complaints and investigates providers.
- S. Johnson stated that the council is familiar with the types of services available in this system.
- S. Johnson stated that has a crisis information and referral line for people to call to ask questions about available services or other information around care.
- S. Johnson stated that if someone would like to get other services such as medical case management, the person on the line will help the person make an appointment and navigate through care.
- S. Johnson stated that anyone in a crisis situation is welcome to call the line.
- S. Johnson stated that there is assistance being taken to appointments and receiving housing.
- S. Johnson stated that the system serves people of any age and of any background.
- S. Johnson stated that there are family based services.
- S. Johnson stated that the system is constantly involving.
- S. Johnson stated that over the last 15 years there has been an increase in services that have been covered.

Discussion:

- D. Brewer asked S. Johnson if he could provide the council with data.
- S. Johnson stated that there is data he could provide for the council.
- C. Smith asked how the company provides services through Ryan White such as beds and outpatient's services.
- S. Johnson stated that they have residential substance use services that are accessible that ranges from detox to recovery support services.
- S. Johnson stated that there is staff that assist people with their daily living needs.
- S. Johnson stated that they are working with the health department to see how to make their services more accessible.
- C. Harvey asked how the mobile providers work with clients.
- S. Johnson stated that an individual would have to call the hotline and a mobile provider would work with them.
- S. Johnson stated that the provider would reach out to them and meet them to form a relationship that they can help them.
- S. Johnson stated that if a person is in crisis, someone could meet up with them within an hour depending on the workload of the provider.
- S. Johnson stated that the mobile crisis team is available from 9am to midnight.
- S. Johnson stated that a struggle the company has had is communicating with people who English is not their primary language.
- S. Johnson stated that a small group of providers speak other languages but not enough to meet the need.

RW Part A Client Level Data Presentation

S. Effinger, BCHD

- D. Brewer introduced S. Effinger, CAREWare Database Administrator at the Baltimore City Health Department.
- S. Effinger stated that there is 99% participation in the database.
- S. Effinger stated that there is about 15 months of active data.
- S. Effinger stated that he is presenting the first data set to come out of CAREWare.
- S. Effinger stated that CAREWare was developed by HRSA’s HIV/AIDS bureau.
- S. Effinger stated that characteristics of the FY17 population: 8% were newly diagnosed with HIV, 83% are residents of Baltimore City, 14% are new to Ryan White service providers, 15% have unstable or temporary housing.
- S. Effinger stated that 63% are male, 36% are female, and transpersons are 1% of the population.
- S. Effinger stated that 50% are between the ages of 45 and 64; 32% are between the ages of 25 and 44; 7% are 65 and older.
- S. Effinger stated that the youth ages 13-24 make up 14% of the population.
- S. Effinger stated that 80% are Black/ African American and 3% are Hispanic.
- S. Effinger stated that HIV risk factor is usually captured during the intake process.
- S. Effinger stated that MSM as 27%, IDU as 15%, heterosexual as 34%, and MSM/IDU make up about 1% of the population.
- S. Effinger stated that the data points are based off of the patient self-report.
- P. DeMartino stated that he is nor sure how HRSA would like to look at risk versus data.
- S. Effinger stated that the Affordable Care around is around 4 years old.
- S. Effinger stated that 34% have Medicaid as a payer, 15% have Medicare, private and uninsured are around 11%.
- S. Effinger stated that poverty level is how clients are considered eligible for services.
- S. Effinger stated that over half of the population is at 100% or below poverty level.
- S. Effinger stated that 6% are at 138% of poverty level.
- A. Patterson stated that the data says that 31% of poverty level is unknown and was asked how he knew.
- S. Effinger stated that the clients are entering in different points and depending on how they entered the services.
- S. Effinger stated that if a client is only navigating through support services, the system might not have insurance information on them.
- S. Effinger stated that the first marker Medical visit retention is a clinical marker in which clients had 2 or more appointments with 2 or 3 months between them.
- S. Effinger stated that the retention rate for clients is 71%.
- S. Effinger stated that another clinical marker is viral load suppression, having at least one ambulatory care visit with less than 200 copies. The rate is 78%.
- S. Effinger stated that males have the highest rate of viral load suppression at 80%, females at 75%, and transpersons at 48%.
- S. Effinger stated that the older age brackets have high viral load suppression rates.
- S. Effinger stated that if viral load is looked at as it’s own independent marker outside of the continuum of care spectrum it would be at 89%.
- S. Effinger stated that viral load suppression for the uninsured population is at 72%.
- S. Effinger stated that there is high utilization for medical transportation and housing.

Discussion:

- C. Smith asked if MAI were not funded, how would that affect the EMA.
- S. Effinger stated that if MAI dollars are impacted some of the categories that would be highly

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impacted are substance abuse, mental health, outreach and medical transportation.

- S. Effinger stated that those person targeted through MAI may be affected regarding substance abuse and mental health.

Disparities Data Presentation

N. Flath, BCHD

- D. Brewer introduced N. Flath, Epidemiologist for BCHD.
- N. Flath stated that populations to focus on are the ones receiving disparities in care within Ryan White nationally.
- N. Flath stated that the populations or MSM of color, minority women, Black or Latino women, transgender person, and youth ages 13-24.
- N. Flath stated that MSM of color are the fastest growing group of new HIV cases in Baltimore.
- N. Flath stated that HIV affects minority women disproportionately than non-minority women.
- N. Flath stated that transpersons HIV burden is higher.
- N. Flath stated that youth ages 13-24 have low viral suppression rates.
- N. Flath stated that ages 18-29 HIV diagnoses have been on the rise.
- N. Flath stated that the top five services utilized among MSM of color in care are medical case management, emergency financial assistance, medical transportation, oral health, and mental health.
- N. Flath stated that 80% of the top utilizers in care are virally suppressed.
- N. Flath stated that the top five utilized services among transgender persons are: medical case management, medical transportation, psychosocial support, emergency financial assistance, and outreach.
- N. Flath stated that transpersons are in need of reengagement support to stay in care.
- N. Flath stated that the top services utilized for youth are mental health, oral health, medical nutritional therapy, and substance abuse.
- N. Flath stated that overall all retention to care is 70% for the four key populations.
- N. Flath stated that viral suppression is 77% for the key populations.
- N. Flath stated that only 101 transpersons have received Ryan White care in 2016.
- N. Flath stated that consumers could receive care outside of Ryan White and that it is hard to capture.
- N. Flath stated that top services utilized for those who aren't in care in medical case management for transpersons.
- N. Flath stated that transpersons are more likely not in care.
- N. Flath stated that all four populations are uniquely affected.

Discussion:

- C. Smith stated that HIV affects 1 in 3 MSM.
- C. Smith asked how are the groups being virally suppressed when they are not retained in care and how could the planning council help retain people in care.
- C. Smith stated that he would like to know the rates for viral load suppression in youth compared to older individuals.
- S. Effinger stated that there are opportunities in the 30% that are not in care to see which categories are not being accessed at higher rates.
- S. Effinger suggested looking into how money could be funneled into those services that they are not accessing at high rates.
- S. Effinger suggested reviewing the threshold for retention rates, possibly raising it.
- Patterson asked about the utilization of mental health services for transpersons.
- N. Flath stated that transpersons utilized mental health care but not in their top 5 services.
- N. Flath stated that she could show A. Patterson data on those virally and not virally suppressed by service category.
- Smith asked for barriers behind transpersons not having housing. Suggested trans focus group.

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- K. Arbaugh stated that she was concerned with the amount of unknown health insurance rates and stated that clients are in and out of insurance coverage plans regularly. She asked how often providers have to update CAREWare.
- S. Effinger stated that it has to be assessed every twelve months, during on boarding every six months and depends on the provider and if it is a required data point.
- D. Brewer asked if CAREWare data could be shared between states.
- S. Effinger stated that the next phase of CAREWare would be looking at data sharing across EMA's to see if clients are in care with someone else.
- S. Effinger stated that he could see every provider that has provided service for a consumer to see how they are accessing the network of providers.

Impact of Support Services on Viral Load Data Presentation

A. Jackson

- D. Brewer introduced A. Jackson to present on her dissertation on Viral Load Suppression.
- A. Jackson stated that in 2014, Maryland had the fourth highest HIV diagnoses in the US.
- A. Jackson stated that the purpose of the study was to examine the factors associated with viral load suppression.
- A. Jackson stated that there are gaps in researching such as limited studies on Ryan White viral load suppression.
- A. Jackson stated that only individuals receiving Ryan White medical care were included in her research.
- A. Jackson stated that 1,227 people were unsuppressed at their baseline visit.
- A. Jackson stated that only 34% became suppressed at follow up.
- A. Jackson stated that some patient characteristics that were not virally suppressed at baseline were 87% were black, 9% white, and 3% were Hispanic.
- A. Jackson stated that 80% of the patients were stably housed.
- A. Jackson 77% had some form of health insurance.
- A. Jackson stated that 52% were male, 37% were female.
- A. Jackson stated that the main risk factor for HIV is heterosexual contact and injection drug use.
- A. Jackson stated that utilized Medical Case Management the most followed by Outpatient Ambulatory Care.
- A. Jackson stated that most patients that are suppressed at baseline were prescribed ART and 80% were retained in care.
- A. Jackson stated that a larger proportion of whites become unsuppressed verse the number that remain unsuppressed.
- A. Jackson stated that a larger proportion of females remained unsuppressed at follow up verses men who were more likely to be suppressed.
- A. Jackson stated that 83% of people who were stably housed verses the 79% who were not became virally suppressed.
- A. Jackson stated that those who were insured were more likely to be suppressed.
- A. Jackson stated that suppressed clients utilized more services.
- A. Jackson stated that those retained in care were three times more likely to be suppressed than those not retained in care.
- A. Jackson stated some of the limitations were only being to account for people living with HIV in Maryland.
- A. Jackson recommends addressing social determinates of health and addressing the individual needs of population.

Discussion:

- S. Effinger asked for clarity on the baseline.
- A. Jackson stated that the baseline was the first service date.

Special Report

C. Lacanienta, OPCE

- C. Lacanienta presented the special report.
- C. Lacanienta stated that the state HPG meeting is on the 13th as well as the priority setting conference.
- C. Lacanienta stated that the grantee solicited input from the fiscal committee and the executive committee.
- C. Lacanienta stated that the council should consider a much more drastic reduction than 10% due to the current political climate.
- C. Lacanienta stated that MAI funding might also be off the table.
- C. Lacanienta stated that the council plans based off of Ryan White funding.
- C. Lacanienta stated that the Ryan White part a has been receiving partial funding over the last several years.
- C. Lacanienta stated that typically the full funding is received by July.
- C. Lacanienta stated that the recommendations could be revisited once the final award comes in around July.
- C. Lacanienta asked the grantees office for a brief synopsis of what they consider.
- P. Chaulk stated that the grantee considers the history of spending relative to the allocation of funds.
- C. Smith asked for the process of integrated care between the city and state.
- P. Chaulk stated that he did not have a full answer but that the city and state are currently working together to make a plan.
- P. Chaulk stated that the grantee also considers health disparities in the decision.

Ryan White Part A Update

L. Wagner, BCHD

- L. Wagner presented the Part A report.

HRSA Updates:

- L. Wagner stated that the next monthly HRSA call is scheduled for June 19th.
- L. Wagner stated that there still are no updates on the final award for FY17.
- L. Wagner stated that the FY16 Part A & MAI Final expenditure report was submitted to HRSA on May 30th.
- L. Wagner stated that it would need to be revised once the city completes its closeout for the last fiscal year
- L. Wagner stated that the Final FY16 Part A Annual Progress report was submitted on May 30th.

Program Updates:

- L. Wagner stated that final expenditure rates for direct services (including carryover) are 99.18% for Part A (\$112,443 unobligated balance) and 98.77% for MAI (\$17,873 unobligated balance).
- L. Wagner stated that 50% of the FY17 Ryan White Contracts are completed and signed.
- L. Wagner stated that FY17 site visits began on May 30th and would be scheduled through February 26th.
- The RW team is preparing for PSRA recommendations scheduled for July 13th and 14th.
 - Data presentations for June's planning council meeting will include:
 - Mental Health & Substance Abuse,
 - Client Level Data,

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- Disparities in Viral Load Suppression and Retention among sub-populations
- Support Services impact on Viral Load Suppression.

CQM Updates:

Service Standards/Standards of Care

- L. Wagner stated that the Standards of Care Workgroup has completed developing and reviewing the Standards of Care.
- L. Wagner stated that the categories of Early Intervention Services, Health Education/Risk Reduction, Home Health Care, Oral Health Care, and Health Insurance Premium and Cost-Sharing Assistance, Hospice, Home and Community Health, Outpatient/Ambulatory Health Services, Mental Health Services, Outreach, Psychosocial Support, Other Professional Services, Child Care, and Respite Care have been approved by the planning council.
- L. Wagner stated that the categories of Medical Case Management, Non-Medical Case Management, Substance Abuse Treatment (Residential), Substance Abuse Outpatient, Emergency Financial Assistance, Housing, Medical Nutrition Therapy, Food Bank Home Delivered Meals, Medical Transportation, and AIDS Drug Assistance Program (ADAP) are currently moving forward in the approval process.

Maryland Regional Group

- L. Wagner stated that the current cooperative agreement between HRSA and the National Quality Center (NQC) is currently scheduled to end June 30, 2017. NQC is the sponsor for the Maryland Regional Group and other regional groups across the Ryan White network; the organization also provides quality management technical assistance to Ryan White grantees. In the event that the cooperative agreement is not renewed, members of the Maryland Regional Group are dedicated to continuing the work set forth by the NQC.
- L. Wagner stated that the Maryland Regional Group would have a meeting on June 19th to discuss the future direction of the group if NQC's contract is not renewed.

Program Officer QI Committee

- L. Wagner stated that the quality improvement (QI) initiative has begun among the staff at BCHD. An internal QI sub-committee has been formed to implement a culture of quality improvement. The objectives of the QI sub-committee are to:
 - Provide a monthly forum for program officers to convene and discuss sub-recipient QI activities
 - Build QI capacity and to build teamwork among program officers
 - Develop guidance for providing feedback to sub-recipients
 - Report back to the quality management committee (QMC) on a quarterly basis
- L. Wagner stated that the committee would have its third meeting on June 28th.

Quality Management Committee:

- L. Wagner stated that the next Quality Management Committee meeting would be held on Wednesday, June 21st.
- L. Wagner stated that a provider would be giving a presentation on a quality improvement project and FY16 youth data would be presented to the committee.

CAREWare Updates:

- L. Wagner stated that now 15 months of service utilization and clinical data now resides in the database including FY16.
- L. Wagner stated that JHU providers are scheduled to go online by June 30th.
- L. Wagner stated that Jacques, Baltimore Crisis Response, & Beyond Housing Solutions are new providers for FY17.
- L. Wagner stated that program staffs continue to receive bi-weekly training on CAREWare reports.
- L. Wagner stated that CAREWare continues to time-out when attempting to run large report queries across multiple providers.
- L. Wagner stated that to resolve the issue, the data is being divided into several parts and running smaller reports to get a large dataset.
 - L. Wagner stated that bi-monthly calls are occurring with AJ Boggs to address the issue.

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Part B Update

P. DeMartino, MDH

- P. DeMartino presented the Part B report.
- P. DeMartino stated that as of July 1st, the Department of Health and Mental Hygiene would change its name to the Department of Health.
- P. DeMartino stated thanked those who attended the statewide meeting.
- P. DeMartino stated that the MADAP Adherence Survey would be mailed to MADAP clients in the coming weeks.
- P. DeMartino stated that the surveillance team would be freezing data on June 30th to begin preliminary analysis. This represents a process improvement as Center for HIV Surveillance, Epidemiology and Evaluation works to improve data lags.
- P. DeMartino stated that the Center for STI Prevention held its annual STI update statewide meeting on June 1st.
- P. DeMartino stated that DHMH would be conducting a survey of PLWH/A who are out of care in order to help drive programmatic responses to increase capacity for linkage, retention, and viral load suppression.
- P. DeMartino stated that new PrEP initiatives had been funded in Harford and Baltimore Counties. Syringe Services Programs are being developed in Anne Arundel and Baltimore Counties.
- P. DeMartino stated that the HPG meeting was held in Thursday, July 13th.
- P. DeMartino stated that the Maryland Regional Quality Committee meeting was held on June 19th at DHMH.
- P. DeMartino stated that the Baltimore City Health Department and DHMH staff is participating in a data collaborative to achieve a more coordinated response.
- P. DeMartino stated that DHMH would be closed on Tuesday, July 14th.

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Executive Committee:

- C. Smith presented the executive committee report.
- The committee met on June 14th, 2017.
- The committee reviewed the February FY16 and March FY17 Expenditure reports.
- The committee decided that the Executive Committee, Comprehensive Planning Committee, and Planning Council would continue to meet at their regular times.

Motion: To approve the revised executive committee minutes.

Made by: C. Smith Second: M. Cole

Action: Passed

Opposed: 0

Abstain: 0

Motion: To recommend that all currently funded categories in FY17 remain prioritized and part of the services for consideration for resource allocation for FY18 regardless of whether or not the category received a vote.

Made by: C. Smith

Second: M. Cole

Action: Passed

Opposed: 0

Abstain: 0

Motion: To recommend that the grantee make recommendations based on considerations of minimizing impact on categories that are driven by personnel as opposed to unit cost.

Made by: C. Smith

Second: M. Cole

Action: Passed

Opposed: 0

Abstain: 0

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Fiscal Committee

- K. Arbaugh presented the Fiscal Committee report.
- The committee met on June 13th with quorum.
- The committee approved the November meeting minutes.
- The committee discussed changing the meeting time to 4:30 pm – 6:30 pm.
- The committee conducted reviewed the FY16 12-month and FY17 March expenditure reports.
- The committee reviewed recommendations on funding scenarios and carryover.
- The committee re-elected L. Bank and P.J. Gouldmann as their committee co-chairs.

Motion: To approve the revised 2017 Fiscal Workplan. Made by: K. Arbaugh Second: C. Harvey
 Action: Passed Opposed: 0 Abstain: 0

Motion: To recommend a rolling variance threshold that is lowered from 5% to 3% beginning in September and back to 5% in March. Made by: K. Arbaugh Second: C. Smith
 Action: Passed Opposed: 0 Abstain: 0

Nominating Committee:

- D. Kelly presented the Nominating Committee report.
- The committee met on June 6, 2017.
- The committee reviewed the minutes of the May meeting.
- The committee reviewed the existing vacancies on the planning council and reviewed the membership tables.
- The committee reviewed the pool list and updated the buddy system.
- The committee also reviewed two (2) screened applicants and distributed three (3) applications for screening.
- The committee reviewed two applicants from the pool list.
- The committee updated the planning council application.

Motion: To recommend that M. Thomas be sent to the Mayor’s office for appointment. Made by: D. Kelly Second: C. Smith
 Action: Passed Opposed: 0 Abstain: 0

Motion: To recommend that P. DeMartino be sent to the mayor’s office for appointment. Made by: D. Kelly Second: C. Smith
 Action: Passed Opposed: 0 Abstain: 0

Motion: To recommend that one planning council member receive a one-month warning letter based on attendance. Made by: D. Kelly Second: C. Smith
 Action: Passed Opposed: 0 Abstain: 0

PCSO Report

J. Stenhouse, PCSO

- C. Lacanienta presented the support office report.
- C. Lacanienta stated that the Office of Policy and Community Engagement is committed to engaging residents and stakeholders in public health planning and dissemination of information.
- C. Lacanienta stated that the following individuals make up the planning council support office: Cyd Lacanienta, Director; Jocelyn Stenhouse, Policy Analyst.
- C. Lacanienta stated that the team is expected to have the third member by the priority setting conference.

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- C. Lacanienta introduced C. Stewart as the Director of the Office of Policy and Community Engagement.
- C. Lacanienta stated that the move from the TWG office is complete.
- C. Lacanienta stated that OPCE offices are up and running; electronic files have been successfully transferred.
- C. Lacanienta stated that the support office is beta testing new options fir the planning council regarding catering and reimbursement and asked for feedback on the process.
- C. Lacanienta asked that consumers contact her regarding reimbursement for transportation expenses.
- C. Lacanienta stated that the health department would be closing at 7 pm beginning on July 1st. The support office would be touching base with the committee chairs to discuss the most effective time frame for committee meetings.
- C. Lacanienta stated that the support office is working with the grantee’s office and committees to ensure that the PC’s community planning events move forward successfully.
- C. Lacanienta stated that trainings for PSRA were held and the training manual would be uploaded to the council website in the next week.
- C. Lacanienta stated that the Office of Policy and Community Engagement and the Ryan White office are under two different divisions of the health department.

New Business

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- No new business

Motion: To adjourn the meeting	Made by: J. Keruly	Second: C. Harvey
Action: Passed	Opposed: 0	Abstained: 0
Time adjourned: 8:30 p.m.	Date of approval:	
Signature:	Electronic signature of chair (PC Minutes only):	