

Planning Council

Date of meeting:	May 15, 2018	Present:	K. Arbaugh	T. Luft
Time started:	5:45 p.m.		D. Brewer	F. Mena-Carrasco
BCHD Staff:	C. Carey		P. Chaulk	W. Merrick
	J. Carey		M. Cole	E. Nicholson
	S. Effinger		P. DeMartino	C. Smith
	A. Ferrari		J. Fleming	M. Thomas
	N. Flath		C. Foxx	B. Ward
	R. Moyd, Jr.		G. Jones-Childs	J. Wright-Kimble
	M. Muhammad		J. Keruly	
	S. Pelham		H. Lambert	
	L. Wagner		D. Lohan	
PCSO Staff:	C. Lacanienta		<i>* Participated via teleconference</i>	
	V. Graves	Absent:	L. Bank	O. Njuhigu
	J. Stenhouse		J. Furtado	A. Patterson
			C. Harvey	M. Scriber
			V. Millhouse	
		Visitors:	E. Donovan	B. Redmond-Palmer
			R. Douglas	Palmer
			A. Greenbaum	J. Winslow
			D. Miller	L. Vaughn
			D. Nibber	S. Zisow-McClean

- Handouts:**
- Planning Council Packet (OPCE, May 2018).
 - FY17 February YTD Expenditure Summary (BCHD, 2018)
 - 75-25 Waiver Request (BCHD, 2018)
 - Data Presentations

Introductions

Committee

- C. Smith stated that the council would like to honor two advocates who would be leaving the HIV field in Baltimore.
- C. Smith presented the certificate to Erin Donovan. He stated that she would be leaving Hope Springs at the end of the month.
- P. Chaulk stated that E. Donovan that he has known E. Donovan for six years and she has done a great job at Great Springs. He stated that she has done many things such as Open Table for people living with HIV that would have not been done without her.
- C. Smith presented a certificate to Billy Redmond-Palmer.
- C. Smith stated that he is a photographer at Baltimore OUTloud magazine and a former planning council member.

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- P. Chaulk thanked B. Redmond-Palmer on behalf of the Baltimore City Health Department for all of his work in the city.
- M. Cole did roll call.

Data Presentation

Adena Greenbaum, BCHD

- C. Lacanienta facilitated the data presentations.
- C. Lacanienta introduced Dr. Adena Greenbaum to present on Baltimore City's prevention activities.
- A. Greenbaum stated that she works very closely with P. Chaulk.
- A. Greenbaum stated that the health department sees about 300 patients in the HIV continuity clinic.
- A. Greenbaum stated that the medical director is Dr. Rosecrans.
- A. Greenbaum stated that prevention programs in the city report to the City HIV Planning Group.
- A. Greenbaum stated that the HIV testing program provides HIV test kits to organizations throughout the city. She stated that there were 50,000 tests distributed throughout the city in 2015-2016.
- A. Greenbaum stated that of the 55,000 tests given out in 2015, 551 were positive.
- A. Greenbaum stated that the non-clinical settings tend to results in more positives.
- A. Greenbaum stated that 145 of 55,000 tests were new diagnoses.
- A. Greenbaum stated that there were 279 new HIV cases in Baltimore city in 2016.
- A. Greenbaum stated that in 2017 there were about 214 cases.
- A. Greenbaum stated that partner services or DIS interviews people with new diagnoses to identify the partners of someone who is newly diagnosed.
- A. Greenbaum stated that DIS makes sure that people are linked to care.
- 206 cases were assigned to DIS partner services in 2017 but 78% were interviewed.
- A. Greenbaum stated that in 2017, there were 570 names provided to the linkage care team.
- A. Greenbaum stated that about 20% were linked to care.
- A. Greenbaum stated that the health department was unable to locate 40% of the 570 names.
- A. Greenbaum stated that they are at the end of a five year grant for PrEP.
- A. Greenbaum stated that the PrEP program partners with sites across the city to provide PrEP services.
- A. Greenbaum stated that she does not have data on PrEP citywide.
- A. Greenbaum stated that 360 patients are receiving PrEP from one program.
- A. Greenbaum stated that the next Baltimore in Conversation event will be held on June 7th.
- A. Greenbaum stated that efficiency with outreach and testing needs to be more focused because they are not testing in the right groups.
- A. Greenbaum would like to increase the number of people linked to care.
- A. Greenbaum stated that they would like to address distrust and stigma in the community.

Data Presentation

Lakeysha Vaughn, HOPWA

- C. Lacanienta introduced Lakeysha Vaughn from the Mayor's Office of Human Services, HOPWA.
- L. Vaughn stated that she is the HOPWA administrator for the Baltimore EMSA.
- L. Vaughn stated that HOPWA has two funding categories: Category 1- formula funding and Category 2- competitive funding.
- L. Vaughn stated that category 1 funding is an entitlement program under the housing of urban development.
- L. Vaughn stated that the HOPWA program is anticipated to lose around \$3 million dollars over the next three years due to cuts in HUD funding.
- L. Vaughn stated that the Baltimore EMSA covers the following jurisdictions- Baltimore City,

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Baltimore County, Anne Arundel County, Carroll County, Harford County, Howard County, and Queens Anne's.

- L. Vaughn stated that the formula award runs from July 7, 2017 through June 30, 2018.
- L. Vaughn the FY18 award was \$8,441,433.
- The competitive award for three years from April 1, 2016 through March 31, 2019 was for the amount of \$ 1.405,950.
- L. Vaughn stated that the competitive out the door grant \$144,500.
- L. Vaughn stated that tenant based rental assistance, short-term rent, mortgage, supportive services for the EMSA.
- L. Vaughn stated that Carroll County is only funded for supportive services.
- L. Vaughn stated that about \$5.8 million is going into the city.
- L. Vaughn stated that 699 households were served with housing assistance and 344 of the homes were for males.
- L. Vaughn stated that 645 of the households were black, 52 were white, and 1 household was Native American.
- L. Vaughn stated that a majority of the households served are at a lower income level.
- L. Vaughn stated that in FY18 the city's HOPWA program has partnered with the state.
- L. Vaughn stated that the city is going through the waiting list to provide housing.
- L. Vaughn stated that the city of Baltimore would be drastically losing funding over the next five years.
- L. Vaughn stated that the partnership with the state would keep people from becoming homeless.
- L. Vaughn asked the council to have anyone who believes they are on the HOPWA waitlist to contact her office.
- D. Brewer asked what kind of changes currently housed clients would need to be prepared for.
- L. Vaughn stated that one change would be incorporating employment development for those who are able to work.

Policy Panel

E. Hopkins, SFAF/ D. Nibber, BCHD

- C. Lacanienta facilitated the data presentations.
- E. Hopkins stated that the reauthorization of the HOPWA program changed the way that the funds were distributed.
- E. Hopkins stated that San Francisco AIDS Foundation was able to convince the federal government to give \$17 million to HOPWA.
- E. Hopkins stated that the National AIDS Housing coalition is proposing an additional \$45 million dollars.
- E. Hopkins stated that the HOPWA appropriations process is something that should be tracked on the federal level.
- E. Hopkins stated that the administration has called for significant cuts to the HIV/AIDS programs.
- E. Hopkins stated that \$26 million of cuts to the HOPWA program were proposed.
- E. Hopkins stated that SPNS and AETC programs were supposed to be eliminated.
- E. Hopkins stated that almost \$54 million dollars was supposed to be eliminated from MAI programs.
- E. Hopkins stated that about \$160 million from SAMHSA programs were supposed to be eliminated.
- E. Hopkins stated that none of the cuts passed through Congress.
- E. Hopkins stated that cuts were proposed in the new budget released in February.
- E. Hopkins stated that cuts were not proposed to CDC programs this year.
- E. Hopkins stated that some of the existing CDC funding is proposed to support the opioid epidemic.
- E. Hopkins stated that on Thursday, May 17th he would be headed to Atlanta to meet with the new

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CDC director.

- E. Hopkins stated that he would report to C. Smith to report back to the council on the message from the CDC.
- E. Hopkins stated that the 340b discount drug program provides discounted drugs to entities to pass savings onto clients. The funding the entity then receives has been used as program income and the federal government would like to end the program.
- E. Hopkins stated that Ryan White Part A through D are safe.
- D. Nibber stated that he is the Director of Legislative Affairs for the Baltimore City Health Department.
- D. Nibber stated that on the federal level, the comprehensive resource administration emergency act, is based on the Ryan White act.
- D. Nibber stated that Congressmen Cummings and Senator Warren introduced the bill and the city will push for it because it focuses money on the hardest effected areas with opioid use.
- D. Nibber stated that the city is working on how to stabilize the ACA.
- D. Nibber stated that the Maryland Healthcare Access of 2018 collects health insurance provider fees and puts it back into the exchange.
- D. Nibber stated that the removal of the pharmacist “gag” rule which kept pharmacists from telling patients that there was a cheaper brand medication available for them.
- D. Nibber stated that the certification for community health workers would allow community health workers to be certified.
- D. Nibber stated that the Drug cost commission bill died.
- D. Nibber stated that the commission would have reported price gauging.
- D. Nibber stated that the universal health care bill that would have created a single payer system received a hearing but had not passed.
- D. Nibber stated that the medication-assisted treatment in prisons would help persons who are incarcerated who go through withdrawal without assistance.
- D. Nibber stated that there were three different Ryan White appropriations bill that will go to building costs.

Data Presentation

S. Effinger, BCHD

- C. Lacanienta introduced S. Effinger to present on the EMA’s client level data.
- S. Effinger stated the database is a partnership with Maryland Department of Health.
- S. Effinger acknowledged the Ryan White Part A office and thanked them for their work.
- S. Effinger presented on the FY17 data.
- S. Effinger stated that the total consumers served were for fy17 was 12,486.
- S. Effinger stated consumers with an FPL greater than 500 as well as those with indeterminate HIV status are excluded from the data.
- S. Effinger stated that 61% of those documented clients 61% were male and 2% were transgender persons.
- S. Effinger stated that 77% are Black/ African Americans, 72% are stably housed.
- S. Effinger stated that 56% are between the ages of 45-64.
- S. Effinger stated that 56% of the clients indentify as being under 100% of the FPL, 20% are unknown, 10% are at 138% FPL.
- S. Effinger stated that risk is defined as the clients self report of the mode of transmission.
- S. Effinger stated that 39% reported the disease through heterosexual contact, 23% report from MSM, 14% IDU, 20% unspecified.
- S. Effinger stated that over 90% of the population is insured.
- S. Effinger stated that the most accessed core medical services are OAHS, medical case

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management, oral health, mental health, early intervention services, health insurance premiums, medical nutrition therapy, substance abuse outpatient, home and community based, and last hospice.

- S. Effinger stated that 83% of clients whose FPL's are below 100% access outpatient ambulatory care.
- S. Effinger stated that the higher the income, the more likely clients are to access services that are driving costs.
- S. Effinger stated that those within the 45-64 age group are the highest utilizers of core medical and support services.
- S. Effinger stated that 1,628 clients were served under MAI.
- S. Effinger stated that 10,514 have a documented ambulatory care visit.
- S. Effinger stated that both males and females tend to be retained at an equal rate.
- S. Effinger stated that it does not appear that the spectrum of poverty impacts outcomes.
- S. Effinger stated that there are some trends around the youth having difficulties being engaged in care.
- S. Effinger stated that viral load suppression by FPL does not seem to impact viral load suppression.
- S. Effinger stated that the 10,514 clients are in care "having at least one ambulatory visit."
- S. Effinger stated that 65% of those in care have a prescription of ART on record.
- S. Effinger stated that 63% of those in care have achieved viral load suppression.
- C. Smith stated that he would like to see information on other ethnic populations.
- E. Effinger stated that he ethnic data had been pretty stagnant over the last few years and he chose to leave it out.

Data Presentation

S. Pelham, BCHD

- C. Lacanienta introduced S. Pelham.
- S. Pelham stated that overall around 98.47% of funds were expended.
- S. Pelham stated that about \$15 million dollars of the total award were used for direct services.
- S. Pelham stated that \$13.5 million were allocated to part a sub-recipients and 99.7% were expended.
- S. Pelham stated that \$1.5 million was expended to MAI sub-recipients.
- S. Pelham stated that 48% of MAI clients, only utilize MAI services.
- S. Pelham stated that two hospice services expended 67.3%.
- S. Pelham stated that 45% of hospices budget was reallocated in the beginning of the fiscal year due to their trouble expending.
- S. Pelham stated that medical case management expended at 85%.
- S. Pelham stated that the category receive technical assistance from ABC.
- S. Pelham stated that overall a better job was done communicating with providers.
- S. Pelham stated that providers were more forthcoming with funding that they would not be able to absorb.
- S. Pelham stated that 74.8% of core medical services were expended.
- S. Pelham stated that they were short of the 75% requirement.
- S. Pelham stated that salary driven categories are most difficult to put money into at the end of the nd and that creates an issue with expending.
- S. Pelham stated that due to not meeting the requirement, the grantee recommends putting in a core medical waiver.
- S. Pelham stated that the grantee is currently working on PSRA recommendations.

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- S. Pelham stated that the grantee is attempting to reach to new sub-recipients.
- S. Pelham stated that the grantee is looking to see if any new providers are potentially a good fit.
- S. Pelham stated that they would be meeting with the housing providers to address any issues that have come up.

Data Presentation

N. Flath, BCHD

- C. Lacanienta introduced N. Flath.
- N. Flath stated that she is using the CAREWare data with the same eligibility as S. Effinger.
- N. Flath stated that she would be focusing on the NHAS 2020 strategy to increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to 90%
- N. Flath stated that for the Baltimore EMA 78% of clients are retained in care.
- N. Flath stated that there are over 2,000 consumers who are not in care.
- N. Flath stated that 315 are not retained or virally suppressed.
- N. Flath stated that 11% are unstably housed.
- N. Flath stated that only 9% are uninsured.
- N. Flath stated that females that fit into this group tend to be at 45-60 years old and males tend to be between 25-44 years old.
- N. Flath stated that MCM, outreach and transportation are the most utilized by this group.
- N. Flath stated that less people are using MCM compared to those that are retained.
- N. Flath stated that those that are not virally suppressed or retained in care are twice as likely to utilize outreach.
- N. Flath stated that those who are not virally suppressed or retained are using medical transportation at the same rate.
- N. Flath stated that HRSA and the national quality center looked into the following four populations that are experiencing disparities in HIV treatment and care: Black and Latino women, Black MSM, youth 13-24, and transpersons.
- N. Flath stated that she did a breakdown of those four populations for the 315 not retained, not virally suppressed.
- N. Flath stated that half of the minority women reported transmission through heterosexual contact, 22% identified IDU, and 11% perinatal transmission.
- N. Flath stated that non-minority women identified 71% IDU transmission.
- N. Flath stated that Black MSM are retained at 78%, minority women are retained at 80%, youth ages 13-24 are retained at 66%, and transpersons are retained at 67%.
- N. Flath stated that youth and transpersons are retained less than Black MSM and minority women.
- N. Flath stated that all four key population groups are below the 90% goal.
- N. Flath stated that the Ryan White office is piloting a survey to reveal barriers to care and unmet services needs among Ryan White consumers who are not regularly attending appointments.
- N. Flath stated that 10 completed surveys have been received.

Data Presentation

S. Pelham, BCHD

- C. Lacanienta introduced L. Wagner.
- L. Wagner stated that she wanted to do an overview of the behavioral health assessments completed by medical and non-medical case management sub-recipients.
- L. Wagner stated that she contacted all of the sub-recipients and asked for a copy of their most recent behavioral health tool.
- L. Wagner stated that all of the sub-recipients are looking at behavioral health for clients.

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- L. Wagner stated that the assessment tools tend to ask about leisure activities, substance use, housing status, there are questions around prevention from STI's.
- L. Wagner stated that one sub-recipient asks about the client's childhood experiences inventory.
- L. Wagner stated that one sub-recipient asked about challenges related to gender identification.
- L. Wagner stated that another assessment asked how the client prefers to learn.
- L. Wagner stated that the case manager developing a care plan to address their needs refers clients to mental health treatment.
- L. Wagner stated that if the client needs behavioral health or substance use treatment they would be referred within the organization.
- L. Wagner stated that clients are reassessed within six months.
- J. Keruly stated that both the part a and b administrative leadership has given a lot of resources to sub-recipients to get the data into the health departments.
- F. Mena-Carrasco stated that the comprehensive planning committee would like to review the tools that are being used.
- The council discussed moving the discussion to the comprehensive planning committee.

Approval of Minutes

Committee

- C. Smith asked the planning council to review the minutes of the April council meeting.

Motion: To adjust the agenda to skip over the reports and only do the action items.

Made by: E. Nicholson

Second: H. Lambert

Action: Passed

Opposed:

Abstain:

Motion: To approve the April planning council minutes.

Made by: D. Brewer

Second: E. Nicholson

Action: Passed

Opposed:

Abstain:

Chair's Report

C. Smith, Chair

- In the interest of time, the council members were asked to read the report on their own.

Ryan White Part A Update

S. Pelham / L. Wagner, BCHD

- In the interest of time, the council members were asked to read the report on their own.

Part B Update

P. DeMartino, MDH

- In the interest of time, the council members were asked to read the report on their own.

Planning Council Updates

Executive Committee:

- M. Cole presented the Executive Committee report.
 - The committee met on May 9th, 2018.
 - The committee reviewed the minutes of the April meeting.

Motion: To decrease the service category of medical case management from 27.76% to 22.95%.

Made by: D. Brewer

Second: H. Lambert

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Action: Passed	Opposed: 0	Abstain: 8
Motion: To decrease service category of Hospice from 0.36% to 0.19%	Made by: M. Cole	Second: J. Keruly
Action: Passed	Opposed: 0	Abstain: 0
Motion: To increase service category of Housing from 4.79% to 6.96%	Made by: M. Cole	Second: J. Wright
Action: Passed	Opposed: 0	Abstain: 0
Motion: To increase service category of Non-Medical Case Management from 1.47% to 4.29%	Made by: M. Cole	Second: C. Foxx
Action: Passed	Opposed: 0	Abstain: 3

Planning Council Updates

Nominating Committee:

- M. Cole presented the Nominating Committee report.
- The committee met on May 1st, 2018.
- The committee reviewed the minutes of the April 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.

Motion: To request an extension of C. Smith's second term until the end of November from the mayor's office.	Made by: M. Cole	Second: D. Brewer
Action: Passed	Opposed: 0	Abstain: 0
Motion: To request an extension of G. Jones-Childs' second term until the end of November from the mayor's office.	Made by: M. Cole	Second: J. Wright
Action: Passed	Oppose	Abstain: 0
Motion: To send K. Arbaugh's application to the mayor's office for approval of her second term.	Made by: M. Cole	Second: C. Foxx
Action: Passed	Opposed: 0	Abstain: 0
Motion: To send P. Chaulk's application to the mayor's office for approval of his second term.	Made by: M. Cole	Second: C. Foxx
Action: Passed	Oppose	Abstain: 0
Motion: To send J. Fleming's application to the mayor's office for approval of his second term.	Made by: M. Cole	Second: J. Wright
Action: Passed	Oppose	Abstain: 0
Motion: To send C. Harvey's application to the mayor's office for approval of his first term.	Made by: M. Cole	Second: E. Nicholson
Action: Passed	Oppose	Abstain: 0

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Motion: To send J. Keruly’s application to the mayor’s office for approval of her second term.	Made by: M. Cole	Second: D. Lohan
Action: Passed	Oppose	Abstain: 0
Motion: To send E. Nicholson’s application to the mayor’s office for approval of her second term.	Made by: M. Cole	Second: D. Brewer
Action: Passed	Oppose	Abstain: 0
Motion: To send S. Thames application to the mayor’s office for appointment to the council.	Made by: M. Cole	Second: D. Lohan
Action: Passed	Oppose	Abstain: 0
Motion: To recommend that one (1) member receive a one-month warning letter from the continuum of care committee based on attendance.	Made by: M. Cole	Second: J. Wright
Action: Passed	Oppose	Abstain: 0
Motion: To recommend that one (1) member receive a one-month warning letter from the planning council based on attendance.	Made by: M. Cole	Second: D. Brewer
Action: Passed	Oppose	Abstain: 0

PCSO Report

J. Stenhouse, PCSO

- J. Stenhouse stated that PSRA would be held Thursday and Friday, June 28th and 29th.
- J. Stenhouse congratulated the council on two successful town halls.
- J. Stenhouse stated that everyone is required to attend PSRA training and data presentation to attend the conference.

New Business

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- C. Smith stated that the PLWHA town hall would be held May 23rd at War Memorial.
- P. DeMartino asked how many people have RSVP’d.
- V. Graves stated that about 50 people had registered.
- C. Smith stated that Long-term HIV Survivors Awareness day would be held at War Memorial in June.

Motion: To adjourn the meeting	Made by: D. Brewer	Second: P. DeMartino
Action: Passed	Opposed: 0	Abstained: 0
Time adjourned: 8:28 p.m.	Date of approval:	
Signature:	Electronic signature of chair (PC Minutes only):	