

MINUTES: PLANNING COUNCIL



June 18, 2019 / 5:30 – 7:30 pm / War Memorial, 101 N. Gay Street, Baltimore, MD 21202

Facilitator (Chair)	Jeanne Keruly	PCSO Lead	Jocelyn Stenhouse
Time started:	5:40 p.m.	Quorum:	There was quorum at the start of the meeting
Members present:	Shalyta Campbell, Markton Cole, Peter DeMartino, Reginald Douglas, Cierra Foxx, Carlisle Harvey Sr, Kemahn Jones, Jeanne Keruly, Martin McEnrue, Fernando Mena-Carrasco, Wendy Merrick, Evelyn Nicholson, Shakima Richardson, Dennis Rivera, Michael Scriber, Sean Thames, Brande Ward, Jonathon Wright- Kimble, Sara Zisow-McClean.		
Members absent:	Carlton Gross, Akil Patterson, Monique Thomas, Kimberly Whitaker		
Visitors:	PJ Gouldmann, Justin Johnson, Howard Lambert, Dale Brewer, Kelsey Markie, Valli Meeks, Kyle King-Reynolds*.		
Ryan White Part A:	Sonney Pelham, Lauren Wagner, Alberta Ferrari, Stephon Effinger, Catherine Carey, Joan Carey, Rickey Moyd, Jr		
Handouts:	PC Packet, Expenditure report, Initial Award Recommendation		

AGENDA

1: Introductions

Presenter: M. Cole, Vice-Chair

Discussion:

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

2: Data Presentations

Presenter: Jeanne Keruly, Chair

Discussion:

Dr. Peter DeMartino. MDH

- Dr. Peter DeMartino presented to the council on the Part B FY20 funding allocations. The following were the highlights:
 - Two years ago the state engaged in a planning process to develop the integrated plan. The plan will be released with updates.
 - It takes more work to find people living with HIV now. Stigma has to be reduced by creating more welcoming environments.
 - There is an estimate of about 34,000 HIV+ persons in Maryland.
 - Status neutral engagement is understanding that you are the same person before and after they are HIV+.
 - HIV testing may be the first engagement that some people have with the health care system.
 - It is important that those testing individuals are creating an environment that will keep them engaged.
 - The state has approximately \$124 million annually for HIV. 44% of that money is federal grant money, 1% is from the state legislature, 55% generated out of Ryan White out of ADAP rebate/ state special funds.
 - About 50% of those funds are being spent on prevention activities.
 - The five year spending trends: 5% surveillance, STI prevention 3%, Substance Use/ Behavioral health for HIV is 3%, Opioid Response dollars from CDC 4%, HOPWA 7%, CDC testing/ cure for hepatitis is%, CDC Hepatitis is 1%, CDC Cooperative agreement which covers all prevention

activities not covered by Ryan White is 18%, Ryan White Part B is 57% of the 475. About 87 cents of every dollar spent in the state.

- The state used to only be able to spend rebates on drugs, insurance, and limited treatment.
- In 2016, legislation was passed to allow the rebate dollars to be spent on activities outside of the ADAP program such as the expanded EIS program, housing, transportation, behavioral health and substance use services
- About 58 million overall statewide.
- \$26,314,818 Ryan White supported funding in the Baltimore EMA.
- The EMA overall has 2.3 million in harm reduction.
- About \$1 million goes to activities directly going to Baltimore City.
- There was a \$3 million reduction in EIS from 2019 to 2020.
- There is about \$8 million overall to support services but the majority will go to housing.
- Discussion:
 - Dale asked when the state would speak to the PLWHA community.
 - Peter asked if the request had been made to Colin and that he would make sure it happens.

Lakeysha Vaughn, HOPWA

- Lakeysha Vaughn presented to the council on HOPWA funding in the Baltimore EMA. The following were the highlights:
 - HOPWA has competitive awards and formula funds.
 - They fund some support services for housing.
 - They are the grantee for the out the door program- a re-entry program through AIRS.
 - They are a recipient of MDH State funding.
 - \$8.4 million was received for FY19 under the formula award.
 - \$2.2 million received in state special funds.
 - For FY20, there was \$5.6 million for Baltimore City for tenant based rental assistance, Short term rental assistance, mortgage assistance, utility, permanent housing placement, supportive services.
 - \$525,000 to Anne Arundel County for tenant based rental assistance. \$1.5 million to Baltimore County.
 - Baltimore City Health department will be working with contractors directly on behalf of HOPWA.
 - Employment services will be emphasized in FY20. Childcare, education, and transportation will be provided to eliminate barriers to getting back in the workforce.
 - \$8.3 million will be received for FY20.
 - The city of Baltimore provided 388 tenant based rental units, 112 households were assisted.
 - Anne Arundel County served 27 households with tenant based rental assistance. Baltimore County served 82 households and 1 with mortgage assistance, Carroll County provided short term rental assistance and support services, Harford County provided assistance for 14 households, Howard county 19 households and 2 households for Queen Anne's County.
 - 640 households were assisted with housing in FY19. The households were almost evenly split for male and female. 935 of the households are African American, 7% white, and two American Indian households. 552 of the households have the lowest level of income.
 - A full time employment and educational coordinator was hired at the Mayor's office.
 - There were 39 applications from three providers for housing. 23 of the applications were completed and of those 13 have been housed and 10 have been processed and are looking for housing. 7 have not turned in applications but have been indicated to be "housing ready."
- Discussion:
 - Markton asked if there are projections of new households can be serviced in 2019 or 2020.
 - Lakeysha stated that Baltimore County has exhausted there waiting list and have housed an additional 20. Anne Arundel is anticipating 10 households, and Baltimore City is continuing to house. Carroll County has indicated that they would like to have a tenant based rental assistance program. Queen Anne's County have increased from 2 to 4.
 - Jeanne asked why Carroll County is opting out of receiving money.
 - Lakeysha stated that the HOPW grants are for three years. Carroll County already had money on the books and did not want to ask for money that they may not be able to utilize.
 - Carlisle asked if there are people waiting to be serviced in Baltimore City.
 - Lakeysha stated that they have exhausted the internal waiting list and are working on referrals received from the health department.

Ricky Moyd, Jr., BCHD

- Rickey Moyd, Jr. presented to the council on Project SOAR. The following were the highlights:
 - The program was formerly the RWG program.
 - The program is a collaboration between Baltimore City Health Department and Department of Public Safety and Correction Services (DPSCS). Funded under Part A MAI.
 - Funding for this covers four grantees: Johns Hopkins women's health, university of md Jacques, Park West Health Care Systems, and Total Health care.
 - Rickey receives the referral for someone who will be released in at least six months and will assign them to a grantee.
 - The recipients provide medical and support services to clients.
 - Once released they are tracked to receive two primary care visits after they are released.
 - The appointments are scheduled at least 60 days apart.
 - Clients will be signed out once they successfully complete the two appointments after they are released.
 - The clients are tracked an additional six months to see if they are retained in care.
 - There are two scenarios for referring clients to BCHD: the sub-recipient cannot locate a client during the first 20 days of being assigned to them, if the client is lost to care for greater than six months.
 - Even though they are referred based on those two categories the program services all of the state of Maryland. The BCHD surveillance team is limited to Baltimore City and clients outside of the city will have to be handed off to the health department in their jurisdiction.
 - The Johns Hopkins Women's Health program will at time refer clients who are pregnant.
 - Clients cannot be made to stay in the program.
 - In FY18, there were a total of 681 clients. 541 had a status of open at the end of the fiscal year. 374 were the number of clients that were referred in that fiscal period.
 - 221 clients were assigned and released in FY18.
 - DPSCS is focused on HIV and HCV.
 - There is a high recidivism rate for the population.
- Discussion:
 - Jeanne asked how many staff is included for the four sub-recipients.
 - Ricky stated that all of the sub-recipients have about the same number of staff and two of the sub-recipients have at least 4 staff members.
 - Jeanne stated that there are facilities in Hagerstown and the eastern shore and asked how they operate.
 - Rickey stated that the referrals are given an assignment in no more than 24 hours. In a lot of the cases they are already behind in the timeline.
 - A release date has been given from DPSCS over the last year. Those who have a release date that has not passed, the sub-recipients will normally work out their own schedule around how far they have to travel.
 - Markton asked what is being done with department of corrections to get the referrals on a timely basis.
 - Rickey stated that he has co-presented with DPSCS and continues to work with them to address the barriers.
 - Wendy asked if they just go to prisons.
 - Rickey stated that they go to all correction facilities.
 - Charles asked what incentives are being given for clients to participate in the program.
 - Rickey stated that he has not addressed any incentives from the four recipients of the program.

Kelsey Markie and Sara Zisow-McClean, COCC Co-Chairs

- Kelsey and Sara presented to the council explanations of the Ryan White Service categories. (The handout can be provided upon request to the support office.)

Fernando Mena-Carrasco, CPC Co-Chair

- Fernando presented to the council on the community discussions hosted by the CPC over the last year.
 - The committee started with identifying unmet need.
 - The first community discussion invited Terry Hawkins and a colleague from St. Louis. Following there were three special populations discussion on engaging the Latinx population, youth, and transgender persons. The committee also invited the community to share engagement techniques.
 - Youth ages 20-39 more than half of the new infections for 2018.

- The Hispanic population was about 10% of new infections in 2017 and an additional 20% of those who are positive and undiagnosed.
- There has been an influx of immigrants in Baltimore.
- For younger people, interventions should be peer designed and peer led.
- Youth have to be empowered by having them a part of the delivery.
- For Latinos the major take away that there should be expansion of language capabilities at different points of care including the pharmacy.
- For person who identify as Trans, there is an assumption that any engagement in care would be a traumatizing experience.
- Equal prioritization of gender affirming care as well as HIV health services is needed. Trans individuals shared that when given a choice of gender affirming services or HIV care, gender affirming services will be chosen.
- There is a different safety threshold for persons who are Trans.
- Incorporate patient navigators.
- Hiring and promoting trans-individuals.
- Taking a deeper dive on emerging populations.
- Capacity building- to improve data and our understanding around transwomen.

Cyd Lacanienta, PCSO

- Cyd presented the PSRA training presentation. The following were the highlights.
 - Proxys are not allowed to vote on your behalf at PSRA, only planning council members,
 - Members must update their conflict/ disclosure form,
 - PSRA is a two-step process and the first step would take place at this meeting where they vote on their priorities.
 - Each planning council member gets five votes for core medical and five for support.
 - The planning council plans for a 2% decrease at the PSRA conference.
 - There are two funding scenarios, one with a waiver and one without. The council typically applies for a waiver but plans for the possibility of HRSA not allowing one to be used.
 - This year, the conference will be held in a room with classroom style seating.

3: Adjournment **Presenter:** Co-chair

Motion:	Who made the motion? Second?	Motion passed?
✓ To adjourn at 7:29 pm.	Made by Consensus	Yes

About the Planning Council

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

Resources:

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

Special notes:

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