

MINUTES: PLANNING COUNCIL



May 21, 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:	5:34 p.m.	Quorum:	There was quorum at the start of the meeting
Members present:	Shalyta Campbell, Markton Cole, Reginald Douglas, Cierra Foxx, Carlisle Harvey Sr, Kemahn Jones, Jeanne Keruly, Martin McEnrue, Fernando Mena-Carrasco, Wendy Merrick, Evelyn Nicholson, Akil Patterson, Shakima Richardson*, Dennis Rivera, Michael Scriber, Sean Thames, Monique Thomas*, Brande Ward, Jonathon Wright- Kimble, Sara Zisow-McClean.		
Members absent:	Peter DeMartino, Carlton Gross, Kimberly Whitaker		
Visitors:	Dale Brewer, Adam Huebner, Vanessa Lathan, Kelsey Markie, D'Paul Nibber, Abby Plusen, Vijay Ramasay, Gennifer Robinson, Carlton Smith, Christopher Stuckey, Viola Woolums		
Ryan White Part A:	Sonney Pelham, Lauren Wagner, Alberta Ferrari		
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: Update on City system

Presenter: Cyd Lacanienta, PCSO

Cyd Lacanienta made the following statements on the status city Malware attack:

- The Baltimore City Health Department has been effected by Malware.
- Due to this, most of the servers in the Baltimore city agencies and networks, the email system has been shut down.
- For some of the agencies the phones are running and working. For a while, phones have not been working.
- Please be on the lookout for any postings on different city websites, some have posted instructions on how to access information and services at this time. Since the support office does not have access to email or printers, information would be shared via google drive temporarily.
- Currently the office is using personal laptops and are accessible via cell phones and Gmail.
- Transportation is still available but the coordination is tied to the Baltimore City email address and only Cyd could access the Lyft account.
- The planning council website will still be posting the presentations.
- HRSA will be coming in for technical assistance and the support office will keep the council posted on the final day.

Dr. Alberta Lin Ferrari made the following statements on the status city Malware attack:

- The city experienced a ransomware attack and as a result, the city is unable to access city desktops and email and the staff has been using their personal laptops at their own risk.
- A request was submitted to HRSA for an extension of the deadline to close out FY2018 accounts and submit FY2019 deliverables. Vendors and sub-recipients are being informed of the situation and new processes are being developed to insure continuity of services.
- The final FY18 payment to sub-recipients is outstanding but that is the only payment that has been processed.
- 97% of sub-recipient contracts have been executed.
- A priority right now is the development of the PSRA booklet.

3: Data Presentations**Presenter:** Jeanne Keruly, Chair**Discussion:****Dr. Linda Knapp and Audrey Denakpo**

- Dr. Linda Knapp and Audrey Denakpo presented to the council the survey on how agencies in the Baltimore EMA conduct mental health and substance use trainings. The following were the highlights:
 - They are looking at the screening tools across the EMA.
 - A survey monkey questionnaire was sent to 30 different agencies with the Baltimore EMA and 25 agencies responded.
 - When asked who administered the behavioral health assessment tools the answers were clinicians, physicians, allied health professionals, peer counselors.
 - When asked who gets screened some places reported that all Ryan White clients, some only screened medical case management or non-medical case management.
 - There were 33 response of people who reported that they screen for mental health.
 - There were 13 sites that did not use any standardized tools.
 - Bilingual staff are not necessarily trained to be familiar with medical vernacular.
 - Some clients were asked if they feel safe at home.
 - Not all agencies asked that questions. Some asked if there was a history of interpersonal violence and then the question would be asked.
- Discussion:
 - Dale stated that a lot of the stuff comes with initial intake and what happens when clients go to someone with an issue
 - Audrey stated that some agencies may do a rescreen if there was a change in the behavior of the client.
 - Kemahn Jones stated asked how the screening tools are impacting outcomes with patients.
 - Audrey stated that outcomes were not part of the scope of work that they were reviewing.

Natalie Flath

- Natalie Flath presented to the council on the need assessment and barriers to care and retention. The following were the highlights:
 - There was a sample size of 75 as determined by HRSA's sample size.
 - The survey was developed from the DC needs assessment and a CDC barriers to care tool.
 - There were seven Ryan White provider teams who completed surveys. Clients completed the survey on their own or with help from their case manager.
 - Those who were able to participate were: lived in the Baltimore EMA, not newly diagnosed, and not retained in the Baltimore EMA.
 - The definition of retained was defined by the provider.
 - There were 102 participants. 17% reported history of injection drug use, 15% reported MSM, and 16% had perinatally contracted HIV. 42% had a feminine identity and 58% identified as male. 80% were black, 9% were white, and 7% were Pacific Islander/ Native Americans/ other, and 7 participants were Hispanic. The average age was 39 and 29 participants were ages 17-24.
 - The youth were more likely to identify from LGBTQ+ communities.
 - The following objectives for the presentation were identified: identifying barriers to retention and service needs across youth (17-24) and adults 25+ Ryan White clients not retained in care, and to contrast differences between Ryan White youth and adults.
 - Youth are experiencing the greatest disparities in retention to care.
 - Out of the vulnerable populations of minority women, Black MSM, transgender persons, and youth; youth are more likely to be retained in care.
 - Youth were less likely to have a detectable viral load at 31%, adults at 58%.
 - Youth were less likely to incorrectly be perceived as being undetectable.
 - Youth were more likely to report a helpful case manager at 93% and 70% for adults.
 - 15% of adults reported not having a case manager and all youth had one.
 - About 70% for both youth and adults reported being able to find HIV services and use them.
 - About 80% ARV adherence for youth and about 86% for adults.
 - The top barriers to care reported were:

- Forgetting to attend appointments (70%), youth were more likely to forget. They also reported feeling depressed anxious or tired as a barrier.
- Youth were 50% less likely than adults to miss appointments due to feeling anxious or tired.
- Lack of transportation was a top barrier for both youth and adults.
- Not being able to get off work was a top barrier.
- Going to the clinic as a reminder of having HIV was a barrier.
- Youth identified sleeping in as a top barrier. Housing barrier was unique to adults for not attending appointments.
- Top service need by both youth and adults was dental care.
- The second top service need was housing.
- The third service need was transportation.
- Youth reported counseling as a top service need. Adults reported eye/vision services as a top service need.
- Limitations: 12,000 Ryan White clients that are in and out of care, barriers are being looked at as single barriers but in general it is usual multiple barriers. Transgender/non-binary clients were not represented in the assessment.
- Ryan White services and quality improvement projects that might be helpful to alleviate some of the challenges could include housing support, transportation, psychosocial support, food and groceries.
- Discussion:
 - Markton Cole asked was the type of counseling services specific.
 - Natalie stated that the data was kept really general.
 - Carlton Smith asked if older seniors requested food and groceries.
 - Natalie stated that a dental need was high for everyone and there are no specifics for the kind of dental care.
 - Dr. Meeks asked if the survey recipients could be asked how to solve their problems.
 - Natalie stated that the recipient met with providers to discuss their individual data to figure out what they could do to make an impact.

Dr. Patrick Chaulk

- Patrick Chaulk presented to the council on dental health care in Baltimore City and HIV. The following were the highlights:
 - The collection was done by a PhD student who worked with CAREWare data.
 - The sample size was 12,500 clients.
 - The age was 55% 46 and older and about 62% were male.
 - 77% were African American. Public payers are the biggest payers.
 - Income status is over 80% with gross incomes of less than \$40,000.
 - 83% did not have even one visit in the last year with a dentist.
 - Youth are more likely to not have had an oral visit.
 - Insurance and income were top factors for not receiving dental care.
 - There may be a capacity issue with dentists in Baltimore.
 - Oral health utilization is really low due to low income and no insurance.
- Discussion:
 - Jeanne stated that Ryan White has 3 or 4 funded providers for dental care and thousands of patients.
 - Dr. Meeks stated that she has a hard time getting her patients to come in after an appointment is made.
 - Stephon Effinger stated that the analysis was run across all payers and not just Part A.
 - Stephon stated that about 15% of the population has been seen by an oral health provider.
 - Pam Kurowski stated that there are some clients who do not know that dental services are available.

Sonney Pelham

- Sonney Pelham presented to the council on the Final expenditures for FY18. The following were the highlights:
 - There was a 97.48% expenditure rates with an unobligated balance of 367,000.

- The largest expenditure was in outpatient ambulatory health services followed by Medical case management, and then oral health.
- The unobligated funding for Part A looks like it is all supplemental funding. The unobligated funding for MAI will be formula funding.
- Medical Case Management, OAHs, Medical Nutrition Therapy had the highest amount of unobligated funds.
- Medical Case Management has a high unobligated balance but a high expenditure report.
- For EFA, they had the highest unobligated balance for MAI.
- Discussion:
 - Markton stated that providers do not ask about oral health in doctors' visits.
 - Dale Brewer stated that oral health usually comes up if a client is in pain.

Stephon Effinger

- Stephon presented to the council on Client Level Data for FY18 in the Baltimore EMA. The following were the highlights:
 - There is an initiative called ending the epidemic with four goals to end the HIV epidemic.
 - 12,735 clients in FY18 is an additional 2% from the year before.
 - 79.2% receive support from Part A funds.
 - 12 clients received hospice care and 118 for other professional services.
 - 94% of clients have received at least core medical services, 56% for support services and around 50% have used both.
 - HRSA/HAB has enhanced its efforts to expand HIV care to special populations. Black or Hispanic women are 35% of the population, Black or Hispanic men who have sex with men are 19.7% of pop. Youth are 13.5%, transpersons are 1.5% of the population.
 - 77.89% are Black, 3.07% are Hispanic, Native Americans are .16%, 2.8% report to be more than one race.
 - The mean age is 49. 55.1% are between the ages of 55 and 64.
 - 38.9% report heterosexual transmission, IDU are 13.2%, .9% report both.
 - 68% of clients received a housing assessment their housing status is the following : 6% report to be unstable/ temporary housed, 9% of transpersons are unstably housed, youth 8%, 6% for women of color, and 6% for MSM of color.
 - The highest utilized service is Outpatient Ambulatory Health Services among the special populations followed by Medical Case Management, then Oral Health.
 - The highest utilizer for health insurance premiums are women of color.
 - Outreach Services is most utilized by transpersons.
 - Emergency Financial Assistance is most utilized by women of color, than transpersons.
 - Food Bank is most utilized by transpersons.
- Discussion:
 - Markton asked if there is data on men who have sex with men regardless of race.
 - Stephon stated that the information is available and could be provided.

4: Part B report **Presenter:** Vanessa Lathan, MDH

Discussion:

Vanessa Lathan read the Part B report and the following were the highlights.

- Queen Anne’s County would no longer be receiving services from Part B. Client data will still be reviewed to address the needs of the committee.
- The Maryland Department of Health is hiring for the position formerly filled by Jeffrey Hitt.

5: Chair’s Report **Presenter:** Jeanne Keruly

Discussion:

Jeanne Keruly read the chair report and the following were the highlights:

- Baltimore City is a jurisdiction that will be focused on through the president’s initiative to end HIV
- The leadership, Baltimore city health department, and the planning council support office has been working to prepare for the HRSA site visit.
- The planning council’s budget has been submitted to the recipient.
- The continuum of care committee will use some of the meeting time to conduct small group exercises.
- Save the date for PSRA on June 27th and 28th

Next steps or recommendations:

6: Ryan White Part A **Presenter:** Sonney Pelham/ Lauren Wagner, Ryan White Part A

Discussion:

- The Part A report was provided in the packet. Any questions were asked to be sent to the recipient.

7: Planning Council Updates **Presenter:** Committee

Discussion:

There were no action items and reports were not read.

8: Adjournment **Presenter:** Co-chair

Motion:	Who made the motion? Second?	Motion passed?
✓ To adjourn at 7:42 pm.	Made by Carlisle Harvey Sr., Seconded by Cierra Foxx	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.