

PLANNING COMMISSION (COHAH) GENERAL BODY MEETING MINUTES

THURSDAY, SEPTEMBER 30, 2021 - 6:00PM

ZOOM CONFERENCE AND VIDEO CALL

ELECTRONIC – ONLINE MEETING

ATTENDEES/ROLL CALL					
COMMISSIONERS	PRESENT	ABSENT	COMMISSIONERS	PRESENT	ABSENT
Adkins, Sarcia (Comm. Co-Chair)	X		Hickson, DeMarc		X
Blocker, Lakisa		X	Hutton, Kenya	X	
Brown, Charles	X		Keita, Ramatoulaye	X	
Bryant, Larry		X	Massie, Jenné	X	
Camara, Farima		ML	McClain, Lenora	X	
Carney, Misty	X		Mekonnen, Betelhem (Comm. Vice-Chair)	X	
Cauthen, Melvin	X		Murdaugh, Henry	X	
Coker, Sharon	X		Palmer, Kentrell	X	
Copley, Mackenzie	X		Padmore, Gerald	X	
Corbett, Wallace		X	Pettigrew, Kenneth	X	
Cox, Derrick		X	Rakhmanina, Natella		X
Dean, Traci	X		Rhodes, Stefanie		X
DeMartino, Peter	X		Sain, Philip	X	
Fogal, Doug	X		Shaw-Richardson, Re'ginald	X	
Ford, Jasmine	X		Torre, Andrew	X	
Forman, Lynn	X		Wallis, Jane	X	
Gomez, Ana		X	Washington, Antonio	X	
Gutierrez, Anthony		X	Yocum, Ashley	X	
RECIPIENT STAFF	PRESENT	ABSENT		PRESENT	ABSENT
Barnes, Clover	X				
HAHSTA STAFF	PRESENT	ABSENT	COMMISSION STAFF	PRESENT	ABSENT
Cooper, Stacey	X		Bailey, Patrice	x	
Johnson, Alan	X		Clark, Lamont	X	

HIGHLIGHTS

This is a draft version of the September 30, 2021 COHAH General Body Meeting Minutes which is subject to change. The final version will be approved on October 28, 2021.

AGENDA

Item	Discussion
Call to Order	The meeting was called to order by Sarcia A. at 6:07 pm, followed by a moment of silence.
Welcome and Introductions/Roll Call	Attendance of Commissioners was taken by Roll Call. With 26 commissioners present for roll call, quorum was established.
Review and Adoption of the Agenda	Doug F. motioned to adopt the agenda for September 29, 2021. Henry M. seconded the motion. The agenda was adopted unanimously.
Review and Approval of the Minutes	Gerald P. motioned to adopt the July 29, 2021 meeting minutes. Melvin C. seconded the motion. The minutes were approved unanimously.
Ryan white HIV/AIDS Program (RWHAP) Recipient Report/Updates	<p>Clover Barnes reported for the Recipient</p> <p>The Part A and Part A MAI Funding Monthly Fiscal and Recipient report is for July 1 – 30, 2021.</p> <p>FISCAL STATUS For Part A and Part A MAI in July 2021, (30) of (41) invoices have been received. Providers seem to be having a hard time with the invoices. We are investigating why.</p> <p>PART A FISCAL SUMMARY Part A expenditures are at 26% and should be at 42%.</p> <p>Service areas affected by unprocessed invoices are Early Intervention Services (EIS), Regional Early Intervention Services (EIS), Health Insurance Premium and Cost-Sharing Assistance (HIPCSA), Linguistic Services (LS), Medical Transportation (MT), Medical Case Management (MCM), Outreach Services (OS), and Psychosocial Support Services (PSS).</p> <p>PART A MAI FISCAL SUMMARY Part A MAI expenditures are at 33% and should be at 42%.</p> <p>The service area affected by an unprocessed invoice is Medical Case Management (MCM).</p> <p>Services spending at 30% below expected are Early Intervention Services (EIS), Substance Abuse Services – Outpatient (SASO), and Psychosocial Support Services (PSS) because they are services that traditionally require in-person contact.</p>

	<p>FISCAL SUMMARY UBC UBC expenditures are at 34% and should be at 42%.</p> <p>There are no service areas affected by unprocessed invoices.</p> <p>Services spending 30% below expected are Outpatient/Ambulatory Health Services (OAHS), Oral Health Care (OH), and Substance Abuse Services –Outpatient (SASO). The service spending 30% above expected is Mental Health Services (MH).</p> <p>RECIPIENT REPORT</p> <p>GY 30 Closeout. Closeout was approved on Monday. HRSA changed the process this year. Typically spreadsheets or pdfs would be uploaded into a system called the Electronic Handbook. This year the information was entered into the Payment Management System which is the system the funds are drawdown from. The reconciliation process was precise. It took a lot of back and forth to reconcile every penny. The final report will be given to CPC at the November meeting.</p> <p>GY32 Application. The Recipient and her team are creating the application package for the GY32 Non-Competing Continuation Application for RW Part A Services. The application is due 10/6/21. The RW Part A RFA will be released on October 1, 2021. There will be a separate RFA for DC RW Part B funds, which will have a status neutral approach</p>
<p>Virginia Rapid Start Program</p>	<p>Kimberly S. presented an overview of the Rapid Start program in Virginia. (Presentation is available upon request). She noted that it is a cross part collaborative, with participants from Parts A, B, and D in the collaborative. Camellia Espinal, Quality Management Specialist and Ashley Yocum, HIV Services Planner also participated as they are the Program Monitors.</p> <p>In year 1 (July 2020 – June 2021) they had six agencies, and in year two (July 2021 – June 2022) they are expanding to 10 agencies. The Primary Goal:</p> <ul style="list-style-type: none"> • Improve access to and retention in high quality, competent HIV care and services • Initiate HIV treatment (ART) within 1-14 days of diagnosis <p>Benefits:</p> <ol style="list-style-type: none"> 1) Decreasing the time to achieve viral suppression, which can have long term health benefits for the patient; 2) Reducing the potential of HIV transmission to others (people who are virally suppressed cannot sexually transmit HIV); and Improving rates of early engagement and potential long-term retention in care.

	<p>Their Intervention Aims are as follows:</p> <ul style="list-style-type: none"> • Change processes at time of HIV diagnosis to actively link patients to care within 1-14 days • Same day/Rapid Access to HIV provider, needed labs, and ART, if possible • Develop processes to refer newly-diagnosed patients to HIV care or to linkage personnel • Accelerated insurance and Ryan White eligibility determinations and approval process <p>The performance measures are:</p> <ul style="list-style-type: none"> • Percentage of new HIV diagnoses at the site • Percentage persons with HIV newly diagnosed, new to care, and/or out of care who are prescribed HIV antiretroviral therapy within seven days • The median number of days from [time zero] to initiation of ART for newly diagnosed, new to care, and/or out of care patients • Percentage of persons with HIV newly diagnosed, new to care, and/or out of care with a HIV viral load less than 200 copies/ml at last viral load test by 30 and 60 days after initiation of ART <p>They are monitoring the health impact on:</p> <p>HIV Care Continuum</p> <ul style="list-style-type: none"> • Linking people with HIV to care • Beginning ART • Retention in care • Viral load suppression <p>Address barriers:</p> <ul style="list-style-type: none"> • Transportation • Housing • Substance Use • Mental Health • Medication Access
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<p>EHE and Data to Care Science Grant</p>	<p>Danielle German gave a presentation on <i>“Improving HIV outcomes among people experiencing housing instability and other social determinants of health”</i> which is a collaborative project between John Hopkins, Us Helping Us, and the Maryland Department of Health. It was born out of the understanding that Unstable housing is a key risk factor for poor HIV outcomes and achieving EHE goals keeping in mind that it:</p> <ul style="list-style-type: none"> - Frequently co-occurs and interacts with multiple other social vulnerabilities - Creates barriers to sustained HIV care - It is difficult to understand extent and implications of housing instability for HIV outcomes using current data systems. - It is possible that harnessing data about housing and other social needs could help inform data to care, housing interventions, and other tailored HIV responses and supports. It is possible that the various pieces of information that are already collected could be more useful than they currently are. <p>Using existing data systems (HIV care, support services, social needs, SDOH) the aim is to:</p> <ul style="list-style-type: none"> - Catalogue available information about housing and other SDOH, and - Describe characteristics of PLWHA experiencing SDOH <p>The goal is to identify intersections between HIV, housing, and other social needs, with a long-term goal of enabling Maryland to better address impacts of housing and other SDOH on HIV care outcomes by harnessing SDOH data sources to inform targeted and tailored responses.</p> <p>Over the course of a year, they will utilize focus groups within organizations across Maryland EHE areas and discussions with community groups and planning bodies they hope to understand how frontline providers use and record data and what might be important to keep in mind for SDOH information to help improve HIV response.</p>
<p>Standing Committee Updates</p>	<p><u>Research and Evaluation Committee (REC) reported by Lamont C.</u> The REC met in September and continued to work on the Needs Assessment tool. Greg D. of George Washington U. has crossed walked several Needs Assessment tools from various sources including LinkU, Maryland State, San Francisco, and Virginia. They are a few months away from</p> <p><u>Community Education and Engagement Committee (CEEC) reported by Jenne M.</u> Discussed how they will work with the DMV History Project. They will be trained on how to collect stories that will add to that project within the coming months. They also discussed a photo-voice project that they may have an opportunity to work on along with community members. Finally, they worked on the CEEC Work plan for 2022.</p> <p><u>Comprehensive Planning Committee (CPC) reported by Gerald P.</u></p>

	<p>The CPC report mirrored the Recipient’s report. They also discussed how to improve/change/add to the PSRA process by changing up the Data Request questions they present to the Recipient.</p> <p><u>Integrated Strategies Committee (ISC) reported by Jane W.</u> The ISC continued to work with George Washington University on the Health Equity position paper. They know that this will be more than one white paper and they are working towards how to create multiple papers from the broader topic. They also discussed the Child Care service standards. Clover B (Recipient) attended the meeting and discussed having the ISC serving as the EHE Advisory Committee for the CDC EHE grant. In the coming months they will learn more about the roles and responsibilities that CDC has. Jane invited anyone in the Prevention realm or anyone interested participating on the EHE Advisory Committee to the ISC meetings.</p>		
Commission Administrative Business – Things to Do	Lamont encouraged people to visit/join sub-committees that they may be interested in.		
Old Business	N/A		
New Business	N/A		
ANNOUNCEMENTS/OTHER DISCUSSION			
<p>Doug F noted that FAHASS has changed their name (and logo) to Fredericksburg Area Health and Support Services (they removed the HIV/AIDS from their name).</p> <p>Misty C. noted that MADAP has repealed the Urgent PADAP program and they will have a Listening Session on Monday from 11 am to 1 pm. The registration link was sent out by Lamont. The session will help providers understand what access now looks like.</p> <p>Ashley Y. noted that Virginia has been working on a new data system and they launched Phase 1 on August 30th. In addition, VDH is moving towards unified eligibility.</p> <p>Rama K. noted that the Whitman Walker 35th Annual Walk to End HIV is coming up. She encouraged people to participate by oining or forming a group.</p>			
HANDOUTS			
<ul style="list-style-type: none">• Planning Commission (COHAH) Meeting Agenda, September 30, 2021• Planning Commission (COHAH) Meeting Minutes, July 29, 2021• Monthly Fiscal and Recipient Report (Part A and Part A MAI Funding) Year 30 – Reporting Period: March 2021 – July 2021			
MEETING ADJOURNED	7:08 PM	NEXT MEETING	THURSDAY, OCTOBER 28, 2021 6:00pm to 8:00pm ZOOM CONFERENCE AND VIDEO CALL