



Metropolitan Washington Regional Ryan White Planning Council			Meeting Minutes
Standing Committee	Planning Council		
Meeting Title - Type	Monthly Meeting		
Date / Time	May 24, 2012	5:00 pm-8:00 pm	
Location/Room	441 4 <sup>th</sup> Street, Rm. 1107 Washington DC		

ATTENDEES/ROLL CALL					
Planning Council Members	Present	Absent	Planning Council Members	Present	Absent
Bailey, Steve	x		Hixon, O. Xavier	x	
Bailous, Stephen	x		Hoover, David	x	
Bishop, Henry	x		Jackson, Herbert	x	
Black, Ralph	x		Kelly, Renee	x	
Blackmon, Alexis		x	Marachelian, Alis	x	
Brown, James	x		Moore, Tarsha	x	
Callahan, Keith	x		Pilskaya, Anna	x	
Cameron, Martha	x		Purdy, David	x	
Cauthen, Melvin	x		Roberts-Njoku, Cornett	x	
Chinn, Barbara		x	Santirosa, Yolanda	x	
Davis, Reginald	x		Scheraga, Ronald	x	
Deely, Maureen	x		Scruggs, Linda	x	
Dunnington, Geno	x		Solan-Pegler, Nicolette	x	
Fischer, Mark	x		Smith, E. Robert	x	
Fon, Shella	x		Smith, Tyranny	x	
Franks-Dunbar, Sharon	x		Spears-Johnson, Dedra	x	
Frazier, Debra	x		Swanda, Ron		x
Hawkins, Patricia					
Administrative Agent Representatives	Present	Absent	Administrative Agent Representatives	Present	Absent
Agar, Tim	x		Ramey, Devi	x	
Khalil, Amelia	x		Simmons, Michelle		x
Puranik, Rashmi		x			
Logistical/Technical Support			Logistical/Technical Support		
Harris, Sharron - TCBA	x		Weatherspoon, Octavia - TCBA	x	
Whitaker, Ashley - TCBA	x		Newman, Sherryl - TCBA	x	
Gantz-Mckay, Emily - Mosaica	x		Berl, Hila	x	
HAHSTA Staff	Present	Absent	PC Staff	Present	Absent
Freehill, Gunther	x		Babb, Donald	x	



Lago, Lena	x			
Opoku, Jenevieve	x			
<b>Guests</b>				
Bobbie Smith	Paulette Johnson	Toby Austin	Laurence Smith	
Wallace Corbett	Jan Hendrik Van Leeuwen	Ben Maramara	Wade Menear	
Gustava Feaganes	Brandon Nichols	Nashid Rasool	Ronald King	
Marshall Rountree	Chris Vinson	Lonnie Stevenson	Phillip Bailey	
Carla Sanchez	Joseph Henson	Lora Morrow	Billie Tyler	
Sabrina Heard				

<b>HIGHLIGHTS</b>
<ul style="list-style-type: none"> <li>○ Recognition of former Planning Council members</li> <li>○ Update of 2012-2014 Comprehensive Plan</li> <li>○ 2012 EMA-Wide Data Presentation</li> </ul>

<b>AGENDA</b>	
<b>Item</b>	<b>Discussion</b>
<b>Call to Order</b>	Mark Fischer, Chair of Bylaws, Policies and Procedures Committee, called the meeting to order at 5:10pm.
<b>Review and Approval of the Agenda</b>	Keith Callahan motioned to approve the Agenda and Robert Smith seconded.  The Agenda was approved by consensus. Ralph Black abstained.
<b>Review and Approval of the Minutes</b>	Nicolette Solan-Pegler motioned to approve the April 2012 Minutes and Keith Callahan seconded.  The April 2012 Minutes were approved by consensus. The following Planning Council members abstained: <ul style="list-style-type: none"> <li>▪ Steve Bailey</li> <li>▪ Ralph Black</li> <li>▪ Reginald Davis</li> </ul>
<b>Executive Report</b>	Stephen Bailous, Chair, stated that the new Chair of the Membership Committee will be Barbara Chinn and the new Chair of the Financial Oversight and Allocations Committee will be Xavier Hixon.  Mr. Bailous thanked Chair Emeritus, Laurence Smith, for his service on the Planning Council and presented Mr. Smith with an award of appreciation. Mr. Bailous also presented awards to former Planning Council members: Lorraine Davis, Shirley Graham, Wade Menear, Katrina Jones, and Benjamin Maramara.
<b>2012-2014 Comprehensive Plan</b>	Emily Gantz McKay provided a brief update of the 2012-2014 Comprehensive Plan. Ms. McKay noted that the Comprehensive Plan was submitted on May 21, 2012 and the Executive Summary of the plan was provided in the Planning Council documents.

<p><b>Introduction – Place and Purpose of Data in PSRA Process</b></p>	<p>Emily Gantz McKay provided an introduction to the data presentation portion of the PSRA Process. Topics covered included:</p> <ul style="list-style-type: none"> <li>▪ Importance of Data-based Decision Making</li> <li>▪ Role of Data Presentation</li> <li>▪ Review of Priority Setting &amp; Resource Allocation Tasks</li> <li>▪ Ryan White Service Categories and Current EMA Priorities</li> <li>▪ Presentations</li> <li>▪ EMA-wide Priorities Review</li> </ul> <p><b>Data-based Decision Making</b></p> <ul style="list-style-type: none"> <li>▪ Requires: <ul style="list-style-type: none"> <li>○ Access to sound data</li> <li>○ Prioritizing of data and studies to give greatest weight to the "best" data</li> <li>○ Commitment to decisions based on data rather than personal experiences or "impassioned pleas"</li> </ul> </li> </ul> <p><b>Major PSRA Tasks</b></p> <ul style="list-style-type: none"> <li>▪ Gathering of data through: <ul style="list-style-type: none"> <li>• Needs assessment (2012: Provider Survey)</li> <li>• Community input for Comp Plan and PSRA</li> <li>• Service utilization reports</li> </ul> </li> <li>▪ Data analysis and updating of Data Matrix</li> <li>▪ Data presentation</li> <li>▪ Priority setting <ul style="list-style-type: none"> <li>• EMA-wide priorities</li> <li>• Jurisdiction-specific priorities</li> </ul> </li> <li>▪ Development and approval of directives</li> <li>▪ Off-the-top (EMA-wide) allocations</li> <li>▪ Jurisdictional allocations</li> <li>▪ Planning Council approval of allocations</li> </ul> <p><b>Priority Setting</b></p> <ul style="list-style-type: none"> <li>▪ Priority setting means determining what <i>service categories</i> are most important for PLWH in this EMA</li> <li>▪ This Planning Council prioritizes all 29 service categories</li> <li>▪ Do <i>not</i> consider availability of funding – think about what services are needed by diverse area PLWH</li> <li>▪ Base priorities on needs of PLWH <i>in and out of care</i></li> </ul> <p><b>Directives</b></p> <ul style="list-style-type: none"> <li>▪ Guidance to the grantee on how best to meet the priorities and other factors to consider in procurement – a legislative role of the PC</li> <li>▪ May call for a particular service <i>model</i>, address <i>geographic or other access to services, or focus on specific populations</i></li> </ul>
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	<ul style="list-style-type: none"> <li>▪ Most suggested directives come from consumer input</li> <li>▪ Ad Hoc Directives Working Group is currently in the process of developing specific directives – last year, PC approved/refined 18 directives</li> <li>▪ Often have cost implications – Grantee explores costs/feasibility</li> </ul> <p><b>Resource Allocations</b></p> <ul style="list-style-type: none"> <li>▪ Process of deciding how much funding to allocate to each priority service category</li> <li>▪ Consider other funding streams, since Ryan White is the payer of last resort</li> <li>▪ Consider costs per client per year – allocate in dollars, not percentages</li> <li>▪ Some priority service categories do not receive allocations</li> <li>▪ Must address unmet need – consider costs of bringing people into care</li> <li>▪ Must address HIV+/unaware – consider costs of bringing newly diagnosed into care</li> </ul> <p><b>Presentations</b></p> <ul style="list-style-type: none"> <li>▪ Epidemiological Profile for the Eligible Metropolitan Area (EMA)</li> <li>▪ Utilization Data and Grantee Advice</li> <li>▪ Needs Assessment and Community Input Data</li> </ul> <p><b>Next Steps</b></p> <ul style="list-style-type: none"> <li>▪ June: <ul style="list-style-type: none"> <li>• Jurisdictional data presentations and priorities review/refinement</li> <li>• Off-the-top Allocations at PC meeting</li> </ul> </li> <li>▪ July: <ul style="list-style-type: none"> <li>• Jurisdictional allocations sessions</li> <li>• Approval of directives at PC meeting</li> </ul> </li> <li>▪ August: <ul style="list-style-type: none"> <li>• Planning Council review and approval of allocations</li> </ul> </li> </ul> <p>After the presentation, Steve Bailey asked how does the Planning Council determine what data is estimated and what data is a true representation of the jurisdictions? Ms. McKay stated that all of the data used this year is mature data and not estimation. Ralph Black stated that some providers do not want to participate in the PSRA process because they cannot vote. Mark Fischer and Ms. McKay stated that the guidance from HRSA states that voting for the priorities and resource allocation process must be done by Planning Council members who have been fully vetted. Finally, Alis Marachelian asked is new service categories can be added? Ms. McKay stated that HRSA sets the service categories and Ryan White is not allowed to fund services categories outside of those defined by HRSA.</p> <p><b>Action Item #1:</b> Logistics will provide the PSRA guidance and schedule/timeline to the Planning Council.</p>
<b>Epidemiological Data Presentation</b>	Jenevieve Opoku, HAHSTA, presented the EMA-Wide Epidemiological Data Presentation to the Planning Council.

	<p>Geno Dunnington asked if there is any data collected regarding co-morbidity factors, such as diabetes? Ms. Opoku stated that co-morbidity data is not collected by the surveillance department and would have to be collected by a separate medical record pull.</p> <p>Henry Bishop stated that even though overall MSM's represent 37% of HIV/AIDS cases in the EMA, MD bucks the trend in that 30% of HIV/AIDS cases are heterosexual (with 25% MSM). Additionally, MD has a high rate of risk not identified (RNI). He stated that this shows that there is a need for more programs targeting heterosexuals.</p> <p>Dr. Pat Hawkins stated that there is a significant decrease among injection drug users (IDU) and an increase in RNI. This is a major issue that needs to be identified to get this data. Ms. Opoku stated that the Maven database should be able to help address this issue.</p> <p>Ronald Scheraga stated that he does not see any data related to Country of origin. Ms. Opoku responded that HAHSTA does run an analysis, but there is a lot of missing data, with approximately 60% unknown. Additionally, she stated that Country of origin data is not routinely collected by providers and therefore difficult to report accurately.</p> <p>Anna Pilskaya asked if there is information available about insurance status and coverage. Ms. Opoku stated that insurance data is also not routinely collected by providers and there will be a lot of unidentified shown.</p> <p>Alis Marachelian stated that it would be good to see the number of new cases of HIV in the EMA. Ms. Opoku stated that at the time of the presentation, not every jurisdiction had provided that data and the Planning Council can submit a data request for the missing data.</p>
<b>Data Presentation – Service Utilization Data</b>	<p>Lena Lago and Gunther Freehill, HAHSTA, provided the EMA-Wide service utilization presentation.</p> <p>Dr. Hawkins again noted the abundance of risk not identified (RNI) data and stated that it is important to identify these risk factors because treatment plans cannot be developed without this information.</p> <p>Yolanda Santirosa stated that the race/ethnicity information is very limited because it does not account for people of mixed races. Ms. Lago stated that HRSA provides the guidance for the race/ethnicity codes.</p>
<b>Needs Assessment &amp; Community Input Data</b>	<p>Emily Gantz McKay provided the Needs Assessment and Community Input Data.</p> <p><b>Data Components</b></p> <ul style="list-style-type: none"> <li>▪ 2010 Epidemiological Data</li> <li>▪ 2010 Utilization Data</li> </ul>

	<ul style="list-style-type: none"> <li>▪ 2009 PLWH Survey</li> <li>▪ Three 2011 Special Studies: Older PLWH (50+), African Immigrants, &amp; Latinas</li> <li>▪ 2012 PLWH and Other Community Input</li> <li>▪ 2012 Provider Capability and Capacity Survey</li> </ul> <p><b>What Is Working Well in the EMA?</b></p> <ul style="list-style-type: none"> <li>▪ No waiting lists for Ryan White-funded services except for ADAP in VA</li> <li>▪ Ambulatory/outpatient medical care within one hour of travel even in rural areas</li> <li>▪ “Off-the-top” funding for EMA-wide services</li> <li>▪ Expansion of Early Intervention Services (EIS), including new Peer Community Health Worker (CHW) pilot program</li> <li>▪ “One-stop shops” providing coordinated services</li> <li>▪ Establishment of EMA-wide Standards of Care</li> <li>▪ Cross-Part Collaborative – Quality Management</li> </ul> <p><b>EMA-Wide Service Gaps</b></p> <ul style="list-style-type: none"> <li>▪ Information – about available, low-cost services, centralized and updated</li> <li>▪ Support as PLWH enter and become linked to care – preferably peer-based</li> <li>▪ Hepatitis C testing and care</li> <li>▪ Age-appropriate services – for young adults and older PLWH</li> <li>▪ “Bridge” services for PLWH in transition like young adults transitioning from adolescent care</li> <li>▪ Housing – safe, affordable, long-term and transitional</li> <li>▪ Medical transportation</li> <li>▪ Support Groups – broadly targeted &amp; group-specific</li> </ul> <p><b>Service Gaps in Multiple Jurisdictions</b></p> <ul style="list-style-type: none"> <li>▪ Non-HIV-related medical specialty care</li> <li>▪ Mental health services, especially services provided by psychiatrists</li> <li>▪ Long-term substance abuse treatment to meet the needs of long-time addicts</li> <li>▪ Services in rural areas, especially support services</li> <li>▪ Syringe exchange programs – available only in DC</li> </ul> <p><b>EMA-Wide Barriers to Testing</b></p> <ul style="list-style-type: none"> <li>▪ Insufficient routine testing</li> <li>▪ Issues around who pays for testing (hospitals, clinical providers)</li> <li>▪ Insufficient marketing and outreach</li> <li>▪ Insufficient community &amp; non-traditional testing</li> <li>▪ Language &amp; cultural issues</li> <li>▪ Access to testing (locations, timing, type of entity)</li> <li>▪ Stigma and confidentiality</li> </ul> <p><b>EMA-Wide Barriers to Care</b></p>
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	<ul style="list-style-type: none"> <li>▪ Lack of PLWH knowledge about services and how to access them</li> <li>▪ Weak linkage to care after testing, especially in hospitals &amp; physicians' offices</li> <li>▪ Stigma</li> <li>▪ Intake barriers – documentation challenges and multiple intakes</li> <li>▪ Delays in getting first appointment – even at some DC Red Carpet providers</li> <li>▪ Language and cultural barriers</li> <li>▪ Limited engagement of providers with population-specific expertise – usually community-based organizations (CBOs)</li> <li>▪ Housing instability</li> <li>▪ Bad initial provider experience – sometimes related to front desk staff</li> <li>▪ Programs navigating the system of care</li> <li>▪ Lack of experience with public or private insurance</li> <li>▪ Insufficient follow up after initial link to care</li> <li>▪ Difficulties related to appointments and lack of walk-in opportunities</li> <li>▪ Lack of coordinated appointments</li> <li>▪ Facility access issues</li> <li>▪ Distance and transportation</li> <li>▪ Limited referrals from medical case managers</li> </ul> <p><b>Populations of Special Concern in the EMA</b></p> <ul style="list-style-type: none"> <li>▪ Adolescents and young adults – including young African American MSM and individuals transitioning to adult care</li> <li>▪ Homeless</li> <li>▪ Immigrants (especially African and Latino)</li> <li>▪ Injection drug users (IDU)</li> <li>▪ Multiply Diagnosed</li> <li>▪ Older PLWH (50+) – both recently diagnosed and long-time survivors</li> <li>▪ Disabled (physically, mentally, or emotionally)</li> <li>▪ Formerly incarcerated returning to the community</li> <li>▪ Rural residents</li> <li>▪ Transgenders</li> </ul> <p><b>Strategies for Improving the System of Care in the EMA</b></p> <ul style="list-style-type: none"> <li>▪ Increase routine &amp; community/non-traditional testing</li> <li>▪ Integrate prevention, testing, &amp; care</li> <li>▪ Hire/use peer community health workers (CHWs) extensively – to help PLWH enter care, remain in care, &amp; make transitions under health care reform</li> <li>▪ Explore a medical home or related coordinated, integrated, culturally competent continuum of prevention, testing, and care that provides coordinated services for individual PLWH/A and results in viral suppression</li> <li>▪ Increase access to “care on demand” after linkage – ask medical providers to maintain some “open slots” for walk-ins/emergencies</li> <li>▪ Increase medical follow up on patients after initial connection to care and</li> </ul>
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	<p>periodically over time</p> <ul style="list-style-type: none"> <li>▪ Use data sharing to improve care – fully implement MAVEN and help providers &amp; public agencies fully use electronic medical records (EMRs) so client data can be quickly shared with hospitals &amp; across providers</li> <li>▪ Use technology – including telemedicine and Skype-type access to geriatric specialists or other needed consultants</li> <li>▪ Maximize consumer involvement and input.</li> </ul>
<b>Priority Setting</b>	<p>The Planning Council reviewed the GY 23 Consolidated Priorities worksheet and began to discuss the priorities for GY 23.</p> <p>Dr. Hawkins suggested moving Early Intervention Services (EIS) up to priority # 13 citing the Barriers to Care from the Community Input presentation.</p> <p>David Purdy suggested moving Treatment Adherence up in the priorities worksheet. Gunther Freehill clarified the definition of Treatment Adherence and noted that Medical Case Management includes treatment adherence.</p> <p><b>Motion #1:</b> Ralph Black so moved and Maureen Deely seconded to move Early Intervention Services (EIS) up to #13 with other service categories remaining in the same order.</p> <p>Geno Dunnington called the question.</p> <p><b>VOTE:</b> Approve – 10; Oppose -5; Abstain – 1 <b>THE MOTION IS PASSED.</b></p>
<b>ANNOUNCEMENTS</b>	
<ul style="list-style-type: none"> <li>▪ The Care Strategy, Coordination &amp; Standards meeting has been rescheduled to June 19, 2012 from 1pm-3pm.</li> <li>▪ The Consumer Access Committee will be meeting on June 14, 2012 from 4:30-6:30pm</li> <li>▪ The Ad Hoc Directives Meeting #2 has been moved to June 13, 2012 from 10am -1pm</li> <li>▪ The Membership Committee is soliciting additional applications to fill 4 vacancies on the Planning Council.</li> </ul>	
<b>HANDOUTS</b>	
<p>Agenda dated 5/24/2012 Minutes dated 4/26/2012 EMA-Wide and Jurisdictional FOAC Reports through March 2012 Grantee/DC Fiscal Report Suburban Maryland Regular and MAI FOAC Report through March 31, 2012 NOVA FOAC MAI Report through March 31, 2012 NOVA FOAC Part A Report through March 31, 2012 Work Plan for Implementation of MOU between Planning Council and Grantee Mayor's Order Ryan White Planning Council Appointments 2012 Member Orientation Training Outline draft MWRRWPC Introductory Overview</p>	





Membership Committee Assignment Preference Survey  
 Standing Committee Chart  
 Meeting Material Timeline  
 Copy of Allocation for GY 22  
 Health Care System Eligibility, 2012

**ACTION ITEMS – Open**

#	Item	Assigned To	Date Assigned	Due Date	Status
1	Provide the PSRA guidance and schedule/timeline to the Planning Council	Logistical/Technical Support	5/24/2012	ASAP	Open

**MOTIONS**

#	Motion	Motioned By	2 <sup>nd</sup> By	Approved By
1	So moved to move Early Intervention Services (EIS) up to #13 with other service categories remaining in the same order.	Ralph Black	Maureen Deely	<b>VOTE:</b> Approve – 10; Oppose -5; Abstain – 1 <b>THE MOTION IS PASSED.</b>

<b>MEETING ADJOURNED</b>	9:20 pm
<b>NEXT MEETING</b>	July 26, 2011 at 5:30 pm <b>Location:</b> 441 4 <sup>th</sup> Street, N.W., Room 1107 Washington, DC.