

# Planning Council Meeting

## Meeting Minutes of April 20, 2004

Vol. I, No. 2

Final • May 19, 2004

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### Meeting Attendance

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<b>Present</b> <sup>1</sup>	D. Rock	L. Franklin
	S. Ashley	W. Belle
	D. Brewer	L. Chapman
	T. Chunn	L. Credit
	G. Daniels	I. Davis
	B. Flint	B. Grant
	T. Gray	B. Greene
	N. Guest	L. House
	S. Jones	J. Keller
	W. Merrick	J. Morris
	M. Obiefune	J. Powell
	A. Price	M. Reese
	W. Samuel	S. Smith
	C. Thomas	B. Tucker
<b>Absent</b>	S. Dashiell	L. Green
	M. Holloway	W. Jones
	D. Lane	D. Maynor
	B. Ross	R. Shattuck
	K. Smolen	G. Upton
	P. Vigilance	D. Waller
<b>Proxies</b>	M. Faik	M. Graves
	M. Cole	
<b>ABC</b>	C. Edmonds	D. Taylor
	M. Patterson	W. Pigatt-Canty
	A. Poole-Davis	J. Truesdale
<b>BCHD</b>	R. Matens	R. Brisueno
	S. Kazi	
<b>Visitors</b>	D. Smith	M. Coliz
	P. J. Gouldmann	C. Hackerian
	J. Pollak Kahn	K. Bellesky
	D. Dwarka	S. Kopins

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<sup>1</sup> Attendance is based on sign-in sheet

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	J. Greshan L. Clark S. Gauhar	B. McKeithen J. Keruly
<b>Staff</b>	K. Hale N. Curtis L. Koontz	C. Rhodes D. Gorham
<b>Handouts</b>	Service Category Presentation by ABC Pool List Mechanism Presentation Table 2: Roster of the FY 2004 Title I Planning Council Members Table 3: Matrix for Planning Council Membership Categories Table 4: Reflectiveness of Non-Aligned Consumers and Planning Council Members by Demographic Group Background Information to Assist With Pool Mechanism Administrative Assessment Tool FY 2004 IGS Memorandum	

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## Introduction

D. Rock convened the meeting 6:25 p.m. with roll call and introductions. At the time of meeting quorum was met. D. Rock asked for all PC members and guests to sign-in upon arrival.

## Review of March Minutes

The council reviewed the minutes. Corrections were made as follows:

Add S. Smith to attendance list for March 16, 2004

IVH stands for Institute for Human Viology (page 3, paragraph 4)

<b>Motion</b>	To accept the March minutes with corrections
<b>Proposed by</b>	D. Brewer
<b>Seconded by</b>	S. Smith
<b>Action</b>	Motion passed with no abstentions or objections

## Chair's Report

D. Rock began her report by extending thank you's to J. Pollak Kahn and A. Price for their work in the All Titles Conference.

- The chair, vice chair, members of IGS staff and several planning council members attended the All Titles Conference for MD sponsored by the State AIDS Administration.

- The conference had two objectives: to discuss the HRSA mandate to identify for reporting purposes, the number of individuals who are HIV positive and not receiving primary medical care and to identify and discuss service gaps, barriers, issues across all Ryan White Titles and throughout the state.
- The State AIDS Administration invited representatives from the Washington, D.C. EMA and from the Delaware Consortium as several counties of MD are parts of these jurisdictions' Ryan White bodies.
- There is a hierarchy of planning that impact the council at the local level. Congress creates the Ryan White CARE Act and decides the overall conditions and funding levels that the council operates under. Health Resources and Services Administration (HRSA) offers further guidance and interpretation on how the CARE Act should be carried out locally.
- In Baltimore's EMA, the Baltimore City Health Department receives the grant and the HRSA guidance and Conditions of Award that must be met for us to remain eligible for the grant. Either BCHD or Associated Black Charities negotiates contracts with providers, including planning council support on the services that are to be offered and how those services will be delivered.
- InterGroup Services is hired to help the council meet all of the requirements for the Ryan White Title I grant. They can offer guidance, help develop strategies to meet requirements, help remind the council of the rules created in the by-laws and many other important matters, but do not and cannot make council decisions.

### **Administrative Agency Report**

D. Taylor reported for the AA of Associated Black Charities.

- The Administrative Agent (AA) has finalized all decisions relative to FY 2004 Ryan White Title I providers.
- The AA was successful in submitting the CADR to HRSA prior to the deadline date.
- The AA hosted its 1st quarter providers meeting on March 19, 2004.
- All provider service contracts (209) have been sent out to providers for execution.
- The AA submitted a request to the Evaluation Committee on April 5, 2004 for the re-allocation of \$37, 526 from the service category of hospice to the service category of primary medical care in the Baltimore EMA. This request will yield an additional 30 clients and 60 additional service units in primary care.

M. Cole asked if provider service will be delayed for those contracts not yet sent, D. Taylor answered no, service will not be delayed.

B. Flint asked for clarification for CADR. It is the acronym for Care Act Data Report. HRSA sends this document to Congress. It runs on a calendar year (January to December).

**D. Taylor presented a Service Category Presentation to the council.**

- AA Processes were discussed in four categories: service system (continuum of care); support to planning council (PC) committees; request for information for PC committees; and directives to the AA.
- The service system is the Baltimore EMA, which is a non-integrated delivery model comprised of 209 individual service contracts for HIV/AIDS services. There are approximately 26 service categories addressing HIV/AIDS. The AA monitors the system to ensure that services are being delivered according to plan. This includes full site visits, monitoring visits, technical assistance visits, expenditure/performance measurement data collection, a client data report and an outcomes report. The performance results are reported on the Expenditure Service Delivery (ESD) Report. The ESD Narrative Report accompanies the ESD Report to explain variances of 10% and the impact that a special event has on a service category.
- Support to PC committees is provided by the AA through primary and secondary program officers assigned to various committees. The AA provides information to committees and on occasion recommends a movement by a committee.
- The AA asks that any specific request for information from a committee be provided in writing.
- Directives are the directions given to the AA by the planning council. The AA has worked with the PC Executive Committee to approve a process for receiving directives, evaluating the directives and executing the directives. The two service categories discussed were legal and hospice.
- Funds are awarded to provide legal services and entitlement services. Legal services are the representation in cases of do-not-resuscitate orders (DNR), wills, trusts, bankruptcy proceedings and other necessary services. Entitlement services assist clients in applying for any Social Security entitlement, including Supplement Security Income (SSI) and Social Security Disability Insurance (SSDI). There were three providers in Baltimore City, with funding of approximately \$216,434 in FY 2003. In FY 2004, three providers exist with funding of \$201,275. The estimated client goals for FY 2003 were 505 unduplicated persons providing 1,142 units of service. As of November 30, 2003, in Baltimore City 349 clients were served with 965 units used. The total funds spent were \$118,154. The indicators used to measure performance are number of unduplicated clients served and the number of service units of: number of sessions-entitlement, advance directives, consumer affairs, discrimination claims and miscellaneous. J. Powell asked if whether or not the definition of a session included a telephone conversation. D. Taylor replied that it includes both a telephone conversation and a face-to-face contact.

- There was one provider in the surrounding counties (STSC), with funding of approximately \$79,656 in FY 2003. In FY 2004, there is one provider with funding of \$69,595. The estimated client goals for FY 2003 were 110 unduplicated persons, providing 542 units of service. As of November 30, 2003 85 clients were served with 334 units used. The total funds spent were \$56,368.
- Hospice service is also known as end of life care or palliative care. There are two providers in the EMA; both are in Baltimore City, with approximate funding of \$192,971 in FY 2003. In FY 2004, the funding for these providers was \$181,682. The estimated client goal for FY 2003 is 105 and 3,394 units were provided. As of November 30, 2003, 64 clients were served and 1,856 units were provided. The funds spent were \$128,083. Unduplicated clients measure the performance, bed nights and the number of home health aid visits.
- There are two Capacity Building & Community Education Events coming up. One is the HIV and Mental Health Co-Occurring Disorders at Sheppard Pratt. The conference will take place May 6, 2004. It is offered to clinicians and other providers in the fields of HIV, Mental Health and/or Substance Abuse. CEUs are available. The 2004 Annual HIV CARE Fair is being planned for June 4, 2004. Additional information will be available soon.

### **Baltimore City Health Department**

- **Title I Administration:** The Baltimore EMA received an 8.15% reduction in funding from FY 2003. In response, Dr. Beilenson sent letters to Congressman Cummings, Senator Mikulski and Senator Sarbanes to express his concerns about the reduction in Title I funding to the Baltimore EMA.
- Contracts are still pending for two contractors to conduct programmatic reviews of the Planning Council Support Office and the Administrative Agency in FY 2004 in April.
- The joint Title I and Title II Consumer Satisfaction Survey has been completed. The AIDS Administration is now gleaning the data from the responses received.
- Quality Improvement Program:
  - 1) To date, QIP has
    - a. Completed seven EMA-wide reports and three Comparative Analysis of Standards reports (CM, PC, and Mental Health),
    - b. Completed site reviews in twelve service categories for 100% of those providers funded in those categories,

- c. Provided individual provider reports in four categories (it will be six by the middle of May),
- d. Produced consumer reports for the EMA as well,
- e. Completed a series of four TA sessions to the EMA (including an EMA wide conference call).
- Over the course of this month, QIP will begin to review the rough drafts of the EMA reports for the five service categories reviewed for FY 2003. Those reports should be out to the EMA prior to the FY 2005 priority setting.
- QIP is also finishing the *Individual Vendor Reports* for the Mental Health and Substance Abuse categories.
- The Positive Self Management Training is re-scheduled for the week of April 19th.
- QIP will begin to do follow-up site visits (4/19/04) to sites that were found to be in need of possible help for Client Advocacy.
- QIP staff is participating in the Client Advocacy Task Group, Co-Morbidity Task Group and Outcomes Task Group.
- **BCHD, Division of Health Promotion and Disease Prevention News**
- US Conference of Mayor's HIV Prevention application is being prepared and will be due May 2004.
- During calendar year 2003, there was a 23.8% increase over calendar year 2002 in primary and secondary syphilis in Baltimore City. The individuals with greatest increase in incidence during the year were MSM (30%) and females 10-24 years of age (75%).
- **Other Baltimore City Government HIV/AIDS Initiatives**
  - 1) The Baltimore City Commission on HIV/AIDS met on March 25, 2004 at IHV.

D. Rock asked if BCHD will be giving consideration to the AA and PC support office's workload when setting a date for site visits. R. Matens stated that consideration would be given.

## **Title II Report**

### **A. Price reported for the Title II State AIDS Administration**

- The Title II award has been received. Figures cited have been rounded off. MADAP has an increase of \$1.3 million (5.7%). Base award for Title II was decreased by \$112,000 (1.3%).
- The AIDS Administration will be requiring electronic submission of quarterly reports from Title II, Title IV and state-funded providers starting with the period January 1, 2004 to March 31, 2004.
- The MADAP report for the fiscal year 4/1/03 to 3/31/04 is attached.

### **Title III Report**

No report due.

### **Title IV Report**

#### **B. Grant reported for the Title IV State AIDS Administration**

- The HIV Family/Youth Consortium meeting (formerly the Pediatric AIDS Care Consortium) was held on April 19 at Sinai Hospital from 9:00 a.m. to 10:30 a.m. If you would like further information, please call Julie Bender at 410-601-5372.
- The Title IV Youth Initiative Grant Application was sent to HRSA last month. Grantees will be notified in September.
- The Title IV Youth CAB meeting is scheduled for Wednesday, April 28, 2004 from 5:30 p.m. to 7:00 p.m. at Johns Hopkins University. For more information, contact Bryna Grant at 410-767-5992.
- The Title IV Youth Programs and two youth consumers participated in HRSA's joint meeting of the Title IV Youth Initiative and the Adolescent Trials Network in Washington, D.C. on April 13 and 14, 2004.
- The AIDS Administration with collaboration from Title I in both Baltimore and D.C., Title III providers and as the grantee of Title II and IV, hosted the first Maryland Ryan White All Titles meeting on April 12-13, 2004.

### **Committee Reports**

#### **Needs Assessment Committee:** I. Davis reported for the committee.

- The consumer survey will be administered for four more weeks. She thanked all consumers and providers for being supportive during the survey and asked for continued support.
- The survey was pre-tested within a sample group from the EMA and it was discovered that the survey took less time than anticipated.

J. Powell stated that he knows of people in the city whom would like to take the survey and asked for a contact. Rebecca Abernathy at IGS is the contact. R. Matens asked how many surveys have been completed. No number was available.

D. Rock mentioned that she had picked up a dental provider that would be willing to open his doors on the weekends.

**Comprehensive Planning Committee:** J. Keruly reported for the committee. A motion was put forth to the council.

<b>Motion</b>	To amend the Table 10 service priority 6A on page 8 to include the comprehensive plan of Goal 2.
<b>Proposed by</b>	J. Keruly
<b>Seconded by</b>	D. Brewer
<b>Action</b>	Motion passed with no abstentions or objections

**Priority Setting Work Group:** M. Obiefune reported for the work group.

- The support staff has identified the facility for the priority setting session.
- The support staff has announced the date, time and location for priority setting to PC members and interested persons.
- Due to absence of quorum, the work group has several motions regarding the upcoming priority session.

<b>Motion</b>	To approve the use of the voting process and cards that was used during last year's priority setting session.
<b>Proposed by</b>	M. Obiefune
<b>Seconded by</b>	C. Thomas
<b>Action</b>	Motion passed with no abstentions or objections

<b>Motion</b>	To approve setting aside part of June and July's PC meetings for presentation of data related to priority setting.
<b>Proposed by</b>	M. Obiefune
<b>Seconded by</b>	D. Brewer
<b>Action</b>	Motion passed with no abstentions or objections

<b>Motion</b>	To allow self-training on the ranking and allocating processes for those PC members that cannot attend the scheduled priority setting training.
<b>Proposed by</b>	M. Obiefune
<b>Seconded by</b>	T. Gray
<b>Action</b>	Motion passed with no abstentions or objections

<b>Motion</b>	To allow the planning council support staff to begin the process of photocopying documents that are repeatedly used for priority setting, as well as to begin the process of compiling the priority setting notebooks for planning council members.
<b>Proposed by</b>	M. Obiefune
<b>Seconded by</b>	M. Reese
<b>Action</b>	Motion passed with no abstentions or objections

**Evaluation Committee:** M. Obiefune reported for the committee. The following motions were put forth to the council.

<b>Motion</b>	To approve the BCHD administrative assessment tool with its edits and corrections.
<b>Proposed by</b>	M. Obiefune
<b>Seconded by</b>	J. Keruly
<b>Action</b>	Motion passed with no abstentions or objections

<b>Motion</b>	To allow the support staff to locate an independent consultant to conduct the assessment.
<b>Proposed by</b>	M. Obiefune
<b>Seconded by</b>	B. Greene
<b>Action</b>	Motion passed with no abstentions or objections

<b>Motion</b>	To approve the allocated funds plan to move \$37,526 from hospice to primary medical care.
<b>Proposed by</b>	M. Obiefune
<b>Seconded by</b>	L. Creditt
<b>Action</b>	Motion passed with seven abstentions and no objections

<b>Motion</b>	To move forward the projected Carry-Over Report and the procurement and allocations report to the STSC, HSC, SSC and MAI/Carry-Over TG for use in their planning.
<b>Proposed by</b>	M. Obiefune
<b>Seconded by</b>	J. Keller
<b>Action</b>	Motion passed with no abstentions or objections

**Health Services Committee:** L. Franklin reported for the committee.

- Due to absence of quorum, the following motions were made to the council.

<b>Motion</b>	To forward a letter to the Grantee through QIP requesting that a second look be taken for data that addresses the youth.
<b>Proposed by</b>	L. Franklin
<b>Seconded by</b>	W. Belle
<b>Action</b>	Motion passed with no abstentions or objections
<b>Motion</b>	To forward a letter to the AA requesting a review of the youth piece of the WICY program and unduplicated client numbers for youth.
<b>Proposed by</b>	L. Franklin
<b>Seconded by</b>	I. Davis
<b>Action</b>	Motion passed with no abstentions or objections
<b>Motion</b>	To send a letter to the State AIDS Administration, Title IV Youth Coordinator inviting her to come and speak on the youth initiatives as well as Title IV activities directly related to women and youth.
<b>Proposed by</b>	L. Franklin
<b>Seconded by</b>	G. Daniels
<b>Action</b>	Motion passed with no abstentions or objections

**Co-Morbidity Task Group:** M. Obiefune reported for the task group.

- The task group and QIP team reviewed the co-morbidity standards along with the QIP report on co-morbidity.
- Several findings were discovered in the QIP report and the standards. The task group made recommendations based on these findings.

**Nominating:** L. Franklin assisted in reporting for this committee.

- It is required that all Planning Councils in the country have 33% of all its members be non-affiliated PLWH/As. In addition, the PC membership must be reflective to the HIV/AIDS epidemic by race/ethnicity, gender, homelessness, IDU, etc.
- The new Condition of Award requires deadlines for notification of a change in PC membership.
- Failure to meet reflectiveness, deadlines, or having a vacancy can result in a loss of points. Loss of points may translate into a reduced grant award.
- The Nominating Committee will interview and screen applicants for the council generally and determine eligibility for slots on the council in particular.

C. Thomas, Jr. presented the Pool List Mechanism (PLM) to the council.

- The PLM is a strategy to ensure that the PC can fill membership vacancies in a timely manner and continue to meet reflectiveness and the 33% non-affiliated PLWH/A levels.
- The application of a new member will be reviewed at the committee level and if approved by the council will be placed on a “pool list”.
- The applicant will remain on the pool list until there is a vacancy on the council.

<b>Motion</b>	To accept the pool list mechanism
<b>Proposed by</b>	C. Thomas, Jr.
<b>Seconded by</b>	W. Samuels
<b>Action</b>	Motion passed with no abstentions or objections

**PLWHA Committee:** C. Thomas, Jr. reported for the committee.

- There are no action items.
- The committee had a presentation from Community Education/Capacity Building on strategies for creating prevention messages and disbursing these messages into the community.
- The committee has begun to work on their position paper and the topic chosen is transportation.

**Services to Surrounding Counties (STSC):** S. Kopin reported for the committee. The committee heard a presentation from the AA on the FY 2004 grant award and counties portion. The Anne Arundel County Health Dept. was used as one of the sites to administer the consumer survey, and it was successful.

**Substance Abuse Task Group:** S. Kopins reported for the task group. There were no action items. The task group had a presentation from M. Douglas of BSAS on accessing services in the counties. They had another presentation from S. Cohen of Priority Partners on their intake process for substance abuse patients.

**Support Services:** A. Price reported for this committee. The committee tabled items from their April agenda to the next meeting due to the absence of the Administrative Agent. The committee also heard updates from the task groups.

**Client Advocacy Work Group:** A. Price reported for this work group. The work group has met twice: it is in the process of reviewing the standards for client advocacy and making recommendations for changes.

**Outcomes Task Group:** J. Powell reported for this task group. The task group met on March 24, 2004 and chose transportation as an outcome to review. The next meeting will be April 23, 2004.

A. Price withdrew a motion that was made at the executive committee meeting with reference to a letter that was sent to the AA about having an ABC representative to attend the support services committee meetings.

### **Planning Council Support Office**

- K. Hale reported that IGS has provided the PC with support for 22 meeting of committees, task groups and committee chair meetings.
- IGS has hired Lauren Koontz as the second Project Specialist.
- The location for this year's Priority Setting has changed from previous years.
- The MAI/Carryover Task Group will be convening soon and members were invited to attend.
- The consumer survey is underway and Rebecca Abernathy has interviewed and hired twelve interviewers, who are in the field conducting the interviews with HIV-positive individuals.

### **New Business**

B. Flint reported that Maryland Physicians Care and Priority Partners have stopped giving adult dental care.

S. Smith reported that the Community Planning Group (CPG) has implemented updates concerning the PC during their meetings. CPG works on prevention issues and currently has three or four of their members sitting on the PC.

A. Davis informed the PC that brochures were available for the upcoming conference at Sheppard Pratt.

**The meeting was adjourned at 7:55 p.m.**

I certify these minutes to be accurate and inclusive record of the planning council meeting as amended and approved by the Greater Baltimore HIV Health Services Planning Council.

*Debbie Rock*

Debbie Rock

*May 19, 2004*

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