

Greater Baltimore HIV Health Services Planning Council

Minutes of the Meeting of June 21, 2005

Vol. II, No. 4

Final • August 16, 2005

Meeting Attendance

Present¹	D. Rock K. Allston W. Belle H. Carter M. Cole I. Davis A. Foyles T. Gray D. Henson W. Jones G. Manigo W. Miller W. Samuel C. Thomas, Jr.	R. Shattuck S. Ashley D. Brewer L. Chapman L. Creditt B. Flint B. Grant P. Hall S. Jones J. Keller W. Merrick A. Price A. Santiago B. Tucker
Absent	T. Chunn M. Graves L. House D. Maynor M. Reese P. Vigilance	S. Dashiell N. Guest D. Lane M. Obiefune J. Rice D. Waller
Proxy	P.J. Gouldmann S. Kopins R. Matens	R. Hamlett L. Green
ABC	B. McKeithen G. Williams-Glasser	C. Edmonds A. Poole-Davis
BCHD	R. Brisueno	
Visitors	J. Gresham M. Flint J. Green G. McCrary L. Hogue B. Bryant B. Jones	K. Swinde K. Jackson M. Hodges B. Fitzsimmons R. Johnson N. Drew A. Griffin

¹ Attendance is based on sign-in sheet

	N. Tomoyasu	S. Matsko
	K. Matthews	R. Jones
	B. Thomas-EL	G. Nelson
	P. Ravin	
Staff	C. Lacanienta	K. Hale
	E. Bradley	L. Koontz
	N. Curtis	D. Gorham

Handouts	June PC packet Powerpoint presentation packet: AIDS Administration Nomination ballots for voting purposes HIV brochure Healthcare for the uninsured brochure Membership flyer: Baltimore County CAB Priority Setting 2-day conference flyer Priority Setting Training flyer Nominating and Support Services Committee minutes Powerpoint presentation: Medicare Modernization Act Overview July PC monthly meeting schedule Newsletter: Moore New Quarterly: Spring 2005 edition HRSA CARE ACTION newsletter: May 2005 edition Flyer: National HIV Testing Day: Reception Flyer: 2005 Annual HIV CARE Fair Flyer: 2005 National Conference on Latinos and AIDS
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Introductions

D. Rock convened the meeting with introductions at 6:25 p.m.

Review of Minutes

The council reviewed their May minutes and there were no corrections. A motion was put forward:

Motion	To accept the May minutes as written
Proposed by	D. Brewer
Seconded by	H. Carter
Action	Motion passed with no abstentions or objections

It was announced that the council would be hearing a special presentation from two representatives from the Maryland AIDS Administration. The two representatives were Dr. Naomi Tomoyasu, PhD, Acting Director and Angelique Griffin, Deputy Chief, Center for Surveillance. A request was asked of the council in the form of a motion to place the two above representatives on the agenda.

Motion	To place Dr. Naomi Tomoyasu and Angelique Griffin onto the planning council agenda.
Proposed by	R. Shattuck
Seconded by	H. Carter
Action	Motion passed with no abstentions or objections

Joint Titles Collaboration Presentation

Dr. Naomi Tomoyasu presented:

Organizational Changes at the AIDS Administration

- Dr. Naomi Tomoyasu has been the Acting Director of the AIDS Administration since October 2004. The Acting Deputy Director is Madeleine Shea, Ph.D. and the Assistant Deputy Director is Barbara Simpson-Epps.
- Two centers within the AIDS Administration have combined to increase efficiency and reduce duplication. The two centers are the Center for Surveillance and Epidemiology, Colin Flynn is the Chief and Angelique Griffin is the Deputy Chief of Surveillance and Hania Habeeb is the Deputy Chief of Epidemiology; the other center is the Center for Prevention, Claudia Gray, Chief, Jenny Bolster, Deputy Chief for CTR/Training and Kip Castner, Deputy Chief for HERR.
- It was announced that A. Price of the AIDS Administration would be stepping down from the planning council effective September 1st. The new representative to the Title I Planning Council from the AIDS Administration is William “Bill” Bryant.

Need for Continued Joint Titles Collaboration

- The purpose of the need for continued joint titles collaboration is to discuss HRSA mandates and to come with strategic planning for service gaps and maximizing use of funds in the EMA.
- Other reasons are developing complimentary standards of care, cost efficiency in dealing with reduced grant awards, reduce burden on jointly-funded providers and staff efficiency at grantee agencies.
- Examples of ongoing collaboration are the Client Satisfaction Survey and the Joint Monitoring Site Visits.
- Collaboration helps to deal with the challenge in data collection summary data versus encounter data. Through cross-titles collaboration, focus can be on the use of the data, if we are not able to collect the same variables on the same time line

(monthly vs. quarterly). An example would be looking at unmet need for HIV primary care services.

- Another aspect of the joint titles collaboration is the various training events such as CAREWARE, Consumer Advocacy and Utilizing the AIDS Education Training Centers (AETC) for on-going provider training etc.
- Future plans for joint collaborations: maintain routine communication between grantees, develop more joint provider trainings, continue to look at the standards of care to determine when feasible to adopt the same standards, continue joint site visit process and more strategic planning around service category funding.

Prevention for Positives

- Prevention services in treatment settings are going into a new direction for HIV Prevention. The effort is to decrease new infections, increase knowledge of Serostatus, increase linkage to prevention care and treatment and design, implement and evaluate programs that promote behavior change.
- Data from the Prevention for Positive Projects shows that approximately \$1.3 million is spent on prevention with positives (PWP) and thirteen projects focus on Prevention for Positives.
- Funds (\$230,000) were made available to integrate behavioral risk reduction HIV prevention in primary care settings at community-based organizations, local health departments and university clinics.

Rapid Testing

- As of June 2005, thirty-three agencies and forty-one sites offer Rapid Testing: A mixture of six county health departments, twenty-seven Baltimore City and suburban community based organizations, four mobile vans and one emergency department, one pediatric program and four detention centers.
- Twelve thousand OraQuick tests were administered from October 2003-June 2005. No adverse/annual events reported to date. Testing patterns average about 800 OraQuick tests a month, greater percentage of OraQuick positives identified vs. using standard testing, increased referrals to care, clients are seeking the test and programs are increasing outreach efforts.

Future Outlook: What's Ahead for Maryland

- Continue to analyze test results, identify trends and monitor referrals to care. Coordinate SAMHSA Rapid HIV Testing Initiative program (will get 25,000 kits in July).
- Expand testing in Detention Centers and anticipate fifty plus sites to be using OraQuick ADVANCE by July 2005, upwards of 75 by December 2005.

Angelique Griffin presented:

Viral Load Reporting

- Current laboratory reporting consists of CD4 < 200 and confirmed HIV antibody results totaling on average 10,000 reports per year. Limitations could be a reportable CD4 < 200 results may occur years after initial diagnosis and entrance into care. HIV antibody results may only provide data on the first confidential positive test result, often performed by providers who do not provide HIV care.
- The purpose for viral load testing is to have the ability to track when and if new positives enter into care, ability to measure the effectiveness of referral services in linking positives to care, ability to identify individuals not receiving any type of care after initial HIV diagnosis (Unmet Need) and the ability to identify positives in care who have never been reported to surveillance.
- Current Status of Viral Load Reporting is that laboratories were surveyed to identify who was performing viral load testing in Maryland. Seven labs were identified as performing the majority of viral testing in the state. These labs include Quest-MD, UMMS, JHMI, DHMH, Labcorp-VA, Specialty-CA and MAYO-MN. Other labs in the state send specimens to the above labs for testing.
- Legal definition of HIV in Maryland was redefined according to CDC criteria, which includes viral load, previous FDA criteria did not include viral load. The HIV Consent Form was changed to inform testers about reportable results. Electronic reporting protocols were developed to handle the anticipated 60,000 annual viral load reports. All laboratories and providers will be notified over the next couple of months about the new consent form and reporting requirements. The seven major laboratories will be contacted individually to begin electronic reporting of viral results.

Morbidity Monitoring Project

- Based on the graph presented: there are twenty-six monitoring sites; thirteen more sites than in 2005. Interviews and medical record abstractions are done in order to recognize local and national representative samples of HIV infected adults in care.
- Saying that participation of providers and patients is essential for obtaining information that is truly representative of patients in care for HIV locally and nationally summed this presentation.
- It was announced to the council that representatives from the Phoenix planning council would be attending the Baltimore EMA priority setting in July.

Chair's Report

D. Rock reported:

- We are getting closer to priority setting and there are several housekeeping details I need to remind all council members.
- Every council member needs to have a signed conflict of interest form on file with the support office. For those of you who have completed such a form, Lauren Koontz is asking you to review the list of service categories that we believe you are conflicted with and sign-off on the list. If you have not done this, please see Lauren before you leave tonight to verify your conflicts.
- Although every council member is expected to attend priority setting on July 29th and August 1st, we realize that some members may not be able to attend. It is your responsibility to locate a proxy or alternate to attend on your behalf. The support office is not responsible for locating proxies or alternates.
- Remember to be eligible to vote at priority setting, you must have a signed and/or updated conflict of interest form, attend the data presentations on July 19, 2005 and attend one of the two training sessions: July 7, 2005 at the Howard County Health Department from 11:30 a.m. to 2:30 p.m. and July 14, 2005 at Baltimore City Health Department from 5:30 p.m. to 8:30 p.m. To reserve your space, please call the IGS office at 410-662-7253 or email Daurice Gorham at gorham@intergroupservices.com. Space is limited.

If neither of those sessions meets your schedule, please call Daurice to arrange for a self-training packet. I would suggest that even though you are very experienced with priority setting, you attend one of the training sessions. We are using a new tool this year. The scorecard summarizes much of the statistical information you

will use to make your allocation decisions and training emphasize using that tool. And finally, you must attend both days of priority setting.

- Over the past several months, a number of council members have undermined the committee structure and have begun to use the full council to re-discuss issues that were decided by the majority vote at a committee. Since the council does not have the time at its single meeting to discuss at length the many issues that are presented for decision, the planning council worked very hard to develop a strong committee structure. We require council members to serve on committees just so that recommendations coming from committees have input in all discussions by appointed council members. We expect that council members sitting on committees will serve conscientiously and make sure that recommendations coming to the council have the majority of the committee supporting the recommendation.

Once the committee takes a vote, the by-laws section 2.6.3 states “members of the group will support the decision, regardless of his/her personal position.” While there may be instances in which it would be important for a committee member to bring his/her dissenting opinion to the full council’s attention, for example, if the member believed that the committee did not follow proper process to arrive at its recommendation, being in disagreement with the decision of the majority of the committee is not such an instance.

I expect that any member who believes that he/she needs to present his/her minority opinion on the floor of the council would discuss this with the committee chair(s) before taking such a step. It would show respect for the committee process and the responsibility of the committee chair(s) to present the decisions of the committee to the council.

I also want to remind council members of two other sections of the code conduct. Section 2.6.4 concerns keeping confidential information confidential. It has come to my attention that information has seemingly leaked from some closed meetings of committees or the council. Sharing information from a closed committee or meeting with anyone outside of the committee or those attending the closed meeting is a violation of the council by-laws. Discussing council problems outside the council conflicts with Section 2.6.6 of the by-laws. The by-laws sections about conflict of interest and code of conduct are not intended to limit participation but try to ensure that the council has and follows processes that meet CARE Act requirements.

By accepting appointment to the council, we agreed to learn the governing rules and follow them so that we can get our work done in the fairest and most effective manner.

- I would like to ask the permission of the council to hold the election for vice-chair before we begin our meeting so that IGS can count the ballots. A motion was put forward:

Motion	To conduct elections for the vice-chair position before the PC meeting.
Proposed by	D. Henson
Seconded by	H. Carter
Action	Motion passed with no abstentions or objections

With the permission of the council, I will ask the two candidates to speak briefly. M. Reese has had to withdraw due to pressing personal business.

Vice-Chair Elections

M. Cole and R. Shattuck both spoke to the council about why they should be considered for the position of vice chair. Each candidate talked about their experiences working in the HIV/AIDS community, working with various planning bodies and community groups and working with the council. Before the council voted a question was posed, "Can the council have a pro/con session on each candidate before voting?" A motion was put forward:

Motion	For the council to have a pro/con session on each candidate before voting
Proposed by	W. Samuel
Seconded by	M. Cole
Action	Motion failed

The electoral votes were by ballot and R. Shattuck was elected vice-chair.

Administrative Agency Report

G. Williams-Glasser reported:

- The Performance Measure Online Submission Tool (P-MOST) is being used so far by almost one half of the providers. The first year is being used as a testing period to ensure that providers know how to use the tool appropriately, that the tool functions properly and to allow time for any changes to address any problems that may arise from actual use.

- A provider has rejected their award citing the reporting requirements were too extensive. The feasibility of reprogramming these funds inside of the category is being explored.
- Recommendations for carry-over funds have been submitted to BCHD to address EMA needs.
- The final FY04 Expenditure Service Delivery Report was delivered to BCHD on May 31st.
- A provider's meeting was held on June 10th at the Rowing Club. Providers received a detailed presentation on how to submit the Form 8 online using P-MOST.

Baltimore City Health Department

R. Matens reported:

Title I Administration

- The grantee is current on the submission of all Conditions of Award to HRSA. An extension until July 1st was granted by HRSA for the submission of the Final Financial Status Report.
- The initial 2005 Carryover proposal was submitted to the council on June 14th with recommendations for nine initiatives totaling \$471, 921.

Quality Improvement Program

- The individual vendor reports from FY 03 will be released by the end of June 2005.
- The FY04 service category reports will be completed by July 2005.

BCHD: Division of Health Promotion and Disease Prevention News

- Completed CDC Prevention Service interviews in Atlanta on June 11th. Expect to hear final decision by July 1, 2005.

Other Baltimore City Government HIV/AIDS Initiatives

- HIV Commission's next meeting is scheduled for June 23rd, 5:30 p.m. at the Institute for Human Virology.
- Work soon to begin utilizing city funds earmarked for HIV activities.

Capacity Building and/or Technical Assistance Initiative

- The grantee continues to provide technical assistance to the Administrative Agent in relation to administrative functions and deliverables due to the planning council and HRSA.

Maryland AIDS Administration

Title II Report

Price reported:

- Maryland AIDS Drug Assistance Program (MADAP) was awarded \$45, 000 from the Washington, D.C. Title I EMA for Emergency Drug Assistance for Suburban Maryland (Prince George's and Montgomery counties).
- Award letters have been sent to those vendors who will receive Ryan White Title II funding in the upcoming year, starting July 1, 2005.
- The Client Satisfaction Survey, a joint effort for Title I, II, IV and State funded agencies, is in the process of being tabulated and analyzed. Results will be presented to the planning council prior to priority setting.

Title IV Report

B. Grant reported:

- Both Title IV and the Title IV Youth Initiative have not heard from HRSA regarding the grant applications. Information from the project officer indicates the award letters will be sent prior to August 1, 2005.
- Ann and Bryna attended the VOICES Conference May 13-16 in Arlington, Virginia. Two youth consumers from the Johns Hopkins Youth Clinic presented at the conference and one youth from the UMB STARTRACK program was honored for completion of the Leadership Corps Training through AIDS Alliance for Children, Families and Youth.
- One youth participated in an interactive international exchange workshop to share information with other HIV/AIDS professionals regarding involving affected communities (particularly youth) in health services planning.
- It was announced to the council that A. Price of the State AIDS Administration will be stepping down from the council effective September 1st. She will still be a

member of the support services committee. W. Bryant of State AIDS Administration will be her replacement.

Committee Reports

Comprehensive Planning Committee

W. Jones reported:

- The committee was presented with a revised work plan that focuses on its core functions. We have accepted this work plan.
- The committee completed its initial review of the goals, objectives and strategies for the next comprehensive plan. We will continue reviewing drafts of the plan and anticipate presenting it to the council in August.
- The first meeting of the carryover task group was convened on June 15, 2005. Wendy Merrick is serving as chair for her third year. There will be a second meeting on June 22.
- At the next comprehensive planning meeting, we will receive updates and reports on the FY 2005 directives in preparation for priority setting
- There were no action items.

Evaluation Committee

R. Johnson reported:

- The committee heard an interim report from the consultant hired for the annual assessment of the administrative mechanism. We have scheduled an additional two meetings in June to hear the finalized report, receive the documentation and fill in our assessment tool.
- The committee held its first joint meeting with the counties committee on June 7, 2005. The purpose was to identify issues for priority setting and to familiarize planners with using the scorecards.
- There were no action items.

Health Services Committee

M. Cole reported:

- The outcomes task group was instrumental in developing an outcome measurement chart for service performance. The health services committee reviewed a version of the chart and made recommendations. At the June meeting, the final version of this chart, which included the committee's recommendations was approved to be sent forth to BCHD / ABC for informational purposes.
- The committee reviewed the final version of the Treatment Adherence Standard. The standard is in the PC packet for the council to review.
- Before a motion was made to move the final edited Treatment Adherence Standard forward, a question was posed, "Has the committee looked at incorporating training for individual clients about Treatment Adherence?" The answer was "no". After some discussion, a motion was made to first move the standard forward and then to recommend to the Health Services Committee to look into individual consumer training on Treatment Adherence. A motion was put forward:

Motion	To move the final version of the Treatment Adherence Standard forward to the council
Proposed by	M. Cole
Seconded by	S. Jones
Action	Motion passed with no abstention or objection

Motion	Recommend to the Health Services Committee to explore the feasibility of incorporating a consumer training that is comparable to the Treatment Adherence Standard.
Proposed by	P.J. Gouldmann
Seconded by	C. Thomas, Jr.
Action	Motion passed with no abstention or objection

- Two representatives from health services committee attended the joint evaluation / counties meeting on June 7, 2005. Health Services and Support Services committees were asked to attend to provide input on their prospective service categories.
- The committee has developed directives and will be sending them forward to the comprehensive planning committee.
- The committee will not be having a meeting in July 2005.
- There were no other action items.

Needs Assessment Committee

I. Davis reported:

- The committee heard a presentation o the new scorecard tool and how it would be used for priority setting and for yearly decision-making.
- The committee developed two proposed carryover projects for FY 2006 and will forward them to the carryover work group for consideration. The two proposed projects are:
 - Oral Health Voucher Demonstration Project: This project would demonstrate the effectiveness of vouchers for meeting oral health needs in the counties.
 - Impact of Medicare / Medicaid changes starting in 2006: This project to attempt to identify changes and its impact on Ryan White services.
- The consumer trend analysis project, which is one of three carryover projects for FY 2005, is complete and ready for public viewing. The report will be included in the packet.
- There were no action items.

Nominating Committee

C. Thomas, Jr. reported:

- The committee reviewed screened applications for membership to the council. The committee agreed that based on July’s activities with respect to preparing for priority setting, the following names must be approved this month to be moved forward to the mayor’s office for September appointment.

Motion	To move Lena Franklin forward to the mayor’s office for September appointment to the council.
Proposed by	C. Thomas, Jr.
Seconded by	R. Shattuck
Action	Motion passed with no abstention or objection
Motion	To move as a slate of nominees for reappointment to the mayor’s office for September appointment to the council. The nominees are Dr. Pierre Vigilance, Dr. Michael Obiefune, Willislee Jones, Tyrone Gray, Dale Brewer, Bernice Tucker, Betty Flint and Albert Foyles.

Proposed by	C. Thomas, Jr.
Seconded by	H. Carter
Action	Motion passed with one abstention and no objections
Motion	To move Robin Hamlett to the pool list
Proposed by	C. Thomas, Jr.
Seconded by	D. Henson
Action	Motion passed with no abstention or objection

- As an update: The committee based on its review of the pool and the upcoming vacancies, three members of the pool Dorcas Baker, Lennwood Green and Daniel McKelvin will be moved forward to the mayor's office for September appointment.
- There were no other action items.
- W. Samuel made a motion to identify candidates for the nominating committee chair position. This motion was made due to R. Shattuck being elected to vice-chair of the council. Mr. Samuel request was to fill the position before priority setting activities began. C. Lacanienta pointed out that the council typically has a month to identify candidates for a vacant office. K. Hale stated that the nominations would not occur until August and then elections would occur again in October. W. Samuel withdrew his motion.

PLWH/A Committee

D. Brewer reported:

- The committee held a special meeting in May inviting the CAB leaders in the EMA in an effort to establish a collaborative relationship and develop better lines of communication. This meeting was also an attempt to increase membership for the committee and council.
- Several issues were discussed on Ryan White services in the EMA. CAB leaders and committee members were asked to speak on their experiences with these services and look at solutions to these issues. The Ryan White CARE Act and the planning council and committee's roles / responsibilities were discussed in full detail.
- CAB leaders were encouraged to become active members of the committee and council. Recruitment materials such as trifolds, postcards and descriptions of the committee's roles / responsibilities were given out.

- There were no action items.
- The council acknowledged all students of LEAP 9.
- A motion was made to extend the meeting time.

Motion	To extend the PC meeting fifteen minutes
Proposed by	R. Matens
Seconded by	H. Carter
Action	Motion passed with no abstention or objection

Counties Committee

S. Kopins reported:

- In place of our regular meeting, the committee participated in the first joint evaluation and counties meeting. The purpose was to identify issues for priority setting. The meeting also provided an opportunity to learn how to use the scorecards.
- In accordance with our new work plan, we will not be meeting in July. Counties committee members are expected to attend training and data presentations next month in preparation for priority setting in August.
- It was announced that the counties priority setting training will be July 7th at the Howard County Health Department from 11:30 a.m. to 2:30 p.m. and the EMA priority setting training will be on July 14th at the Baltimore City Health Department from 5:30 p.m. to 7:30 p.m.

Support Services Committee

S. Jones reported:

- The revised housing standards are ready to be considered for approval by the council. The final draft is in your packet.

Motion	To approve the revised housing standards.
Proposed by	S. Jones
Seconded by	W. Miller
Action	Motion passed with one abstention and no objections

- The committee approved its revised work plan that focuses on the core functions. Based on the new plan, we will not have a meeting in July.

- The committee completed its review of Table 10 goals and objectives and discussed trends and directives as input for priority setting. Issues discussed were:
 - How the reduction of bus routes and the elimination of bus tokens may affect consumers.
 - The lack of long term housing in the EMA and the need for formal relationships between entities.
 - The impact of changes in the epidemic on the appropriateness of case management.
 - The impact and effectiveness of new initiatives such as self-management and chronic illness models, in the EMA.

For informational purposes, we also received a copy of the letter sent to HRSA regarding housing assistance and utilities.

IGS Report

IGS did not report. The council was asked if they had any questions about the Mosaica Report. Due to time limitations it was recommended that the report be deferred to August's meeting. A motion was put forward:

Motion	To defer the Mosaica Report to the next PC meeting.
Proposed by	P.J. Gouldmann
Seconded by	I. Davis
Action	Motion passed with one abstention and no objections

New Business

- National HIV Testing Day (June 27)
 - Baltimore County Health Department is sponsoring a program
 - Women Accepting Responsibility (WAR) working with Unity Church in doing testing / counseling in designated senior centers.
- Associated Black Charities 6th Annual CARE Fair is on Saturday, June 25, 2005
- Associated Black Charities will have a table at the African-American Festival.

- HERO will again this year have its AIDS Walk at Mondawmin Mall on June 26, 2005.

Meeting ended at 8:50 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

August 16, 2005

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