

Greater Baltimore HIV Health Services Planning Council

Minutes of the Meeting of March 15, 2005

Vol. II, No. I

Final • April 20, 2005

Meeting Attendance

Present¹	D. Rock	J. Powell
	W. Belle	D. Brewer
	H. Carter	T. Chunn
	M. Cole	L. Credit
	S. Dashiell	B. Flint
	T. Gray	N. Guest
	P. Hall	D. Henson
	J. Keller	W. Merrick
	W. Miller	A. Price
	M. Reese	W. Samuel
	A. Santiago	R. Shattuck
	C. Thomas, Jr.	B. Tucker
	S. Ashley	
Absent	K. Allston	L. Chapman
	I. Davis	B. Grant
	M. Graves	L. House
	S. Jones	W. Jones
	D. Lane	D. Maynor
	M. Obiefune	J. Rice
	B. Ross	P. Vigilance
Proxy	M. Slicher	G. Daniels
	N. Drew	R. Matens
ABC	B. Epps	M. Patterson
	C. Hackerman	
BCHD	R. Brisueno	
Visitors	B. Jones	D. Friere
	S. Matsko	B. Fitzsimmons
	J. Gresham	R. Johnson
	M. Flint	D. Jones
	P.J. Gouldmann	A. Foyles
	J. Wagner	S. Myers
Staff	C. Lacanienta	K. Hale
	E. Bradley	N. Curtis
	D. Gorham	

¹ Attendance is based on sign-in sheet

Handouts	March packet Agency reports IGS PowerPoint presentation MD HIV/AIDS EPI Profile handout HRSA definition of planning council duties Recommendation for pool list Mental Health standards April PC meeting schedule Copy of Needs Assessment and Nominating committees' March minutes Copy of Outcomes Task Group / Support Services Committee outcome measurement project
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Introduction

D. Rock convened the meeting at 6:27 p.m. with introductions.

Review of minutes

The council reviewed their February minutes. There were no corrections. A motion was put forward:

Motion	To approve the February minutes as written
Proposed by	D. Brewer
Seconded by	W. Samuel
Action	Motion passed with no abstentions or objections

Chair's Report

D. Rock reported:

- As you remember, I asked the grantee to review the site visit report and separate out the comments, suggestions and recommendations that apply to the council from those that relate to planning council support. I want to thank Richard Matens for sending the reports. I just received the second report this week and neither Jeffrey nor I have had time to review them. We would like to have both reports presented at executive committee and then to the full council in April.
- We will initiate the speaker's list process with this March planning council meeting. I have asked IGS to make some simple ground rules available to anyone who wishes to speak during the last ten minutes of the regular council meeting.
- The idea behind this initiative is to provide a way for guests and visitors to bring ideas or information to the attention of the planning council. The planning council and/or

leadership reserves the right to decide how or whether to respond to any topic or issue raised.

- These ground rules include: first five individuals to sign-up become the list for that meeting; speakers are limited to two minutes or less; speaker's list is for the community and visitors only, announcements from BCHD or ABC. PC members are not included on this list because their comments will fall under new business. PC members will not ask questions, comment on what is presented or make any response. Questions or issues that are raised will be reviewed by PC leadership and directed to either specific committees of the PC or to the executive committee for discussion and appropriate response at the next PC meeting.
- Topics should be HIV related and may include announcements of activities, questions about services, questions about PC activities or processes or any matter that the speaker wishes to bring to the council's attention. Concerns that name specific individuals or programs should not be presented and individuals with those issues will be directed to the programs, the administrative agency or the grantee.
- The planning council has not received any word on the changes in the CARE Act due to reauthorization. The grantee has made an announcement of the reduced grant award. The specific details were included in the grantee report in your mailing packet and will be presented during the BCHD report.
- The planning challenges in a time of funding reduction are complex, so planning council leadership has asked IGS to begin preparing us for meeting our responsibilities for ensuring a service continuum that addresses the needs of consumers in the Baltimore EMA, provides the highest quality services, reduces health disparities and improves access for historically under served populations.

Planning Based on Level or Decreased Funding in the EMA

C. Lacanienta presented:

- It was explained to the council that the executive committee went through an exercise at their meeting. The activity was looking at focusing the planning council to begin thinking about planning for current and future level or decreased funding in this EMA.
- Question posed, How does the PC plan for services with shrinking funds
 - Create a set of questions to planners, providers and advocates in the region as part of the development of the comprehensive plan.
 - Receiving technical support from a collaborative effort of the grantee, AA, QIP and IGS staff. The support would consist of greater coordination of information to be gathered and presented to the council.

- The context of the decrease or level funding, this EMA has lost over 2 million dollars in two years. In FY 2004, there was an 8.7% and in FY 2005 there was a 2.7% decrease.
 - Ryan White CARE Act has been in fact level funded by Congress for the past 3-4 years. The CARE Act will probably get re-authorized but funding at level remains uncertain.
 - Current coverage under Medicaid / Medicare are undergoing discussions in Congress. It's uncertain what this will entail locally. Statewide, Medicaid will continue under managed care with the provision for children moving out of Rare Expensive Management (REM) to a managed care model.
- EPI Data: According to the MD HIV/AIDS EPI profile distributed to the committee, there are less people dying, less people are being diagnosed with AIDS but the flip side is that the number of new HIV cases continue to climb. One of the contributing factors for the decline in deaths and diagnosis is the current service delivery system and its comprehensiveness.
- The planning council was asked in order to plan for more people with the same amount of funding. Question posed, how does the PC do this? How do we plan for next years' dollars and future years' dollars based on funding decreases looming in the horizon? The council began its discussion by coming up with ideas such as:
 - Decrease revolving door; encourage self-management
 - Re-evaluate services related to need; limit categories of services
 - Cut services where there is no great need; don't duplicate services
 - Go back to original intent of CARE Act; look at the intent of the CARE Act with respect to PMC and Case Management.
 - Coordination of Title II and I
 - Look at priorities of need; combine programs
 - Would not cut categories; consider cutting administrative costs
 - Support clients to sustain them; make clients responsible for themselves
 - Help clients be self-sufficient to make room for new clients
 - PC needs to find where are the needs
 - Main line computer; limit what clients get based on this
 - Look at emerging trends; look at other funding streams; look at stability / lack of stability of these trends

- Coordination of sites, e.g. SAT and Housing
- Look at third party payment
- Leverage Ryan White dollars to move other funding streams
- Look at upcoming policies and politic issues
- Get other resources
- Question posed, how does the PC begin streamlining?
Within the next few months, the council and executive committee will be asking the service delivery system to provide more efficient services with fewer dollars. In order to this, the council will have to kick their planning to a higher level of functioning.
- The council went through a second exercise and that was to write down two tasks of their primary committee and compare it to HRSA definition of PC duties. The committees were asked to indicate what type of technical assistance they required to accomplish the two tasks.

PLWH/A Committee

- Engage and involve PLWH/A participation in the planning process--in identifying service gaps, needs, delivery, etc.--develop directives
- Provide the planning council with concerted PLWH/A participation at the council table
- Provide a forum where clients can voice their issues and concerns about services
- Provide a forum where clients can voice their barriers and blocks that stand in their way
- Information needed is EPI Data trends, the CARE Act and updates, presentations upon request, funding sources
- Information needed is client surveys, city and county, forms, reports, Title I and II reports on client status

Health Services Committee

- Develop and review standards of care to assure quality of care and services
- Assess the effectiveness of health service categories in their ability to meet goals and objectives and use of financial resources
- Information is reports from the AA re. category performance, consumer reports, input from outside providers in related fields
- Review and, as needed, update standards of care and Table 10

Services to Surrounding Counties Committee (STSC)

- Determine the emergent needs of the counties and the consumers served--find those not served and get them in care
- Insure continuum of care by getting service to consumers as quickly as possible--priority setting and funds allocation

- Information needed is focus group reports, surveys/needs assessments, EPI Data, cost analysis, Table 10, ESD reports, comprehensive plan.

Nominating Committee

- Monitor the attendance of the committees and council
- Staff the council with new members
- Establish operations to make planning tasks function smoothly

Needs Assessment Committee

- Find out where there is a need and what services are needed.
- Find out who is in care and who not. For those not in care, why not?
- Analyze what clients know--do they know how to get Ryan White services, and what services are available.
- Data includes survey results

Support Services Committee

- Develop performance standards for all support services
- Assist in developing a needs-assessment process and comprehensive plan
- Review QIP reports, develop directives, recommendations and standards

Comprehensive Planning Committee

- Evaluate and analyze the data for use in the comprehensive plan
- Oversee needs assessment, directives and priority setting activities
- Establish priorities for the allocation of funds

Evaluation Committee

- Develop and perform procedures to assess the administrative tool

Next Steps for Planning

- Carryover: Within the next two months, the council will be reviewing and making decisions on carryover projects with respect to funding.
- Priority Setting: The council in August will be making decisions on \$19million dollars and on another 5% decrease.

It was explained to the council that the chairs of each committee will be contacted to begin dialog about streamlining their committee work over the next few months.

Administrative Agency Report

B. Epps reported:

- The Ryan White Title I MAI Non-Traditional Outreach project for the counties and city was launched at the Belvedere on February 10th. There are over 160 billboards throughout the city and more than 60 throughout the counties.
- There was a joint site visit to JHU Bayview with Title I and II.
- The AA participated in the HRSA conference call with the Title I project officer.

- Fiscal and program staff have completed the continuation process for current providers who will be continuing services for FY'05.
- Three program staff participated in the four-day SPSS software training that was provided thru BCHD.
- The AA received the notice of grant award from BCHD on March 2nd and submitted the FY'05 allocations report to the evaluation committee on March 7th. A procurement report to the PC including all providers awarded by category and including total dollar amounts per category is forthcoming.
- The AA is in the process of revising the award amounts for all providers awarded in FY'05 and anticipates sending out contracts with the revised amounts on March 15th. (Revisions are necessary to reflect the decrease funding allocations set forth by the PC during priority setting.)
- Joseph Boyd has resigned from his position as senior accountant effective February 28th.

Baltimore City Health Department Report

R. Matens reported:

Title I Administration

- HRSA announced the FY 2005 Title I award on March 2nd. The total available funding for the Title I and MAI programs nationally was approximately \$8 million less than last year. The Baltimore EMA award totaled \$19, 179, 964 and is allocated as follows: \$17, 144, 692 for the Title I program and \$2, 035, 272 for MAI.
- HRSA is undergoing reorganization and as a result, the Baltimore EMA is moving under the administration of HAB southern branch. A new project officer is to be named within a month.
- The assessment report for the planning council support office has been split into two reports per the request of the planning council chair. One-report address specific recommendations for the PC support office and other addresses recommendations for the planning council consideration.

Quality Improvement Program

- The QIP team is currently entering an analyzing data from the FY 04 reviews of Direct Emergency Financial Vouchers and Transportation.
- The individual vendor reports from FY 03 will be released by the end of May 2005 (they were delayed due to loss of Title I shared drive).

BCHD: Division of Health Promotion and Disease Prevention News

- Continue to work with Commission on HIV/AIDS with respect to recommendations for interim report.
- Notified by CDC that Public Health Prevention Service officer application was selected to advance to next round of this selection process.
- Collaborating with BCHD and community-based partners on HIV related grant applications.

Other Baltimore City Government HIV/AIDS Initiatives

- HIV Commission's next meeting is scheduled for March 24th starting at 5:30 p.m. at the Institute for Human Virology.

Capacity Building and/or Technical Assistance Initiative

- A joint QIP & AA orientation workshop for Outreach and Non-traditional Outreach program director's is scheduled for March 14th. The intent is to train and inform senior and programmatic staff in the general principles of outreach, detail the requirements within the standards of care and share recommendations related to both the MAI and Traditional Outreach service categories as developed through the QIP category review.

State AIDS Administration Report

A. Price reported for both Title programs:

Title II Report

- The AIDS Administration does not expect notification of the Title II award from HRSA until April 1.
- RFP review panel was held on March 7. Award notifications will be made later in the month.
- CARE Act Data Report (CADR) will be sent to HRSA on March 15.
- The Client Satisfaction Survey for Titles II and I will be mailed out to providers the week of March 21.

Title IV Report

- The Title IV Network meeting will be held on Friday, March 11 from 12 to 2 p.m. at the AIDS Administration.
- The Title IV Competitive Grant Application will be sent to HRSA on March 11, 2005.
- The Title IV Youth Initiative Non-competitive Grant Application is in process. The application is due to HRSA on April 1, 2005.

Committee Reports

Comprehensive Planning Committee

J. Keruly reported:

- The committee meeting for February 28, 2005 was canceled due to the weather. A brief conference call was held on March 4, 2005 to discuss items from the February agenda.
- **Oral Health Directive**-The committee reviewed the responses received from the AA regarding oral health for the surrounding counties. More information was requested from the AA to assess the previously utilized voucher strategy. This item will be discussed at the March meeting.
- **Issue concerning Latino provider**- The committee has been notified that there is not a provider of Latino origin for FY 2005. We have been reassured that the Latino community is being appropriately served by other providers both culturally and linguistically. However, the AA and grantee have proposed developing a directive under capacity building designed to train Latino providers to compete and provide services under Title I. The committee acknowledged that capacity building funds have been allocated and we will need more information to reach a decision. The committee has agreed to discuss this issue at its March meeting.
- The next meeting is scheduled for March 28, 2005. In addition to the previous topics mentioned, we will be discussing the 2006-2008 comprehensive plan and MAI performance for recommendations to the task group.

Evaluation Committee

R. Johnson reported:

- The committee heard a report concerning the FY 2005 grant award and received the FY 2005 allocations report.
- The assessment tool for BCHD was revised at the March meeting. This tool will be used for the FY 2005 assessment. The committee will work on revising the tool for ABC at its next meeting.

Motion	To approve the revised BCHD assessment tool for 2005.
Proposed by	R. Johnson
Seconded by	W. Samuel
Action	Motion passed with no abstentions or objections.

- At this time, the committee does not have recommendations for FY'06 directives or recommendations to the MAI work group.

Health Services Committee

W. Merrick reported:

- The committee reviewed comments from professionals in the field on the Oral Health Standards. The comments were favorable in not changing the standard of care. The committee accepted the comments and at this time we would like to make a motion.

Motion	To move the Oral Health standards as written forward to the council for final approval.
Proposed by	W. Merrick
Seconded by	G. Daniels
Action	Motion passed with no abstentions or objections.

The committee also reviewed ABC response to the planning council directive on Oral Health in the counties. The committee had no recommendations.

- The committee reviewed comments from professionals in the field on the Adult Mental Health Standards. Based on discussion, the committee made changes to the “Baseline Evaluation” section of the standards. The motion is in the form of the edits made to this section.

Motion	The “Baseline Evaluation” of the Adult Mental Health Standards should read, “This evaluation must be conducted by a mental health professional. Mental Health professionals might work alone or be a part of an interdisciplinary team that would consist of licensed mental health professionals. The individual or team must have an appropriate referral network to ensure that patients have access to other Ryan White services including a psychiatrist, medical personnel and/or substance abuse professional.
Proposed by	W. Merrick
Seconded by	M. Cole
Action	Motion passed with no abstentions or objections.

- The committee has been monitoring the health service categories in Table 10 along with the standards of care. The committee received, reviewed and accepted the recommendation edits from the comprehensive planning committee on two health service categories: primary medical care and substance abuse treatment.
- Schedule of review of standards: Homework was assigned to the committee to begin looking at the four health related service categories and its standards of care for the next meeting. Those categories are primary medical care, substance abuse treatment /

residential, primary medical care / co-morbidity, MAI primary medical care / co-morbidity, mental health.

Needs Assessment Committee

W. Samuel reported:

- The committee had a teleconference call instead of a formal meeting on March 10, 2005 at 3 p.m.
- The committee heard updates on the following:
 - 2004 Consumer Survey
 - 2005 Consumer Knowledge Survey
 - Utilization Review
 - Consumer Trend Analysis Project
- The committee reviewed their draft committee visitor's guide and the committee approved their February minutes as well. For further information, please look at the February minutes.
- There were no action items.

Nominating Committee

C. Thomas, Jr. reported:

The Nominating Committee met on March 14, 2005 and this report is an update from our meeting.

- The Nominating Committee reviewed two screened applications for membership to the council and made the following recommendations.

Motion	To place Regina Johnson on the pool list.
Proposed by	C. Thomas, Jr.
Seconded by	H. Carter
Action	Motion passed with no abstentions or objections.

Motion	To place Albert Foyles on the pool list.
Proposed by	C. Thomas, Jr.
Seconded by	L. Creditt
Action	Motion passed with no abstentions or objections.

- Recruitment 2005: We are reviewing and hammering out suggested recruitment strategies that have been discussed in previous meetings and are working on implementing them for this year.

The Nominating Committee would like to put a Charge to the council that each member begins to recruit for their slot. This effort should not be left up to the nomination and PLWHA committee but the entire council should be recruiting.

We would like to make a special request: there are five of you that are coming off the council this year, you are asked to begin to recruit for your slot within your organizations, agencies and in your communities. If you need PC materials, please contact Nicole @ IGS 410-662-7253 ext. 120.

Please remember that recruitment is not just the Nominating Committee's responsibility; it's the planning council's responsibility as well.

- Discussion on the pool list procedure and motion: An issue of the pool list procedure was brought up to the floor of the council. An in depth discussion took place as a means of clarification with respect assuring fairness to new applicants. A motion was put forward to this effect:

Motion	To send a recommendation to the nomination committee to look at a way to assure that new applicants coming on to the council are treated fairly and appropriately and this assurance is put in writing.
Proposed by	W. Samuel
Seconded by	G. Daniels
Action	Motion passed with no abstentions or objections.

PLWH/A Committee

D. Brewer reported:

The committee met on February 16, 2005 and the following was discussed:

- Presentation on 2005 Consumer Knowledge Survey: The committee was given an update on the 2005 Consumer Knowledge Survey by IGS staff. The committee will continue to receive updates until this survey is complete.
- Draft work plan: The committee finalized its review and approved the draft work plan as a living document.
- New topic for position paper: The committee chose Mental Health / Co-morbidity as its new position paper topic. The committee will begin discussion at there March meeting. Special note: The committee has invited Kate Briddell to attend a PLWH/A committee meeting to address concerns that we had about Housing in the Baltimore EMA.

- Recruitment Campaign 2005: The committee was given an update on recruitment events where planning council materials were distributed.
- PLWH/A Retreat: A PLWH/A Retreat was held on February 25 and 26 at the Radisson Cross Keys. Planning Council and committee level PLWH/A were invited to come and receive training on leadership skills, gain more knowledge about the planning council and learn more on group dynamics and community planning. It was well attended on both days. The facilitator was Lennwood Green.
- The PLWH/A committee would to thank all PLWH/A who attended, Debbie Rock and the planning council, IGS staff and special thanks to Lennwood Green for doing a fantastic job.

Certificates of completion of training were given out to all who participated in the PLWH/A Retreat.

Services to Surrounding Counties Committee

M. Reese reported:

- The committee meeting for March 1, 2005 was canceled due to the weather. At our April meeting, we will determine if an additional meeting needs to be scheduled.
- Activities for April include:
 - Update on substance abuse treatment
 - Review of third quarter ESD report and Table 10
 - Input to next Comprehensive Plan
 - Develop directives for FY06
 - Review of FY05 STSC award

Support Services Committee

T. Gray reported:

- The committee continued its discussion with the Outcomes Task Group concerning a pilot program to measure outcomes in the Baltimore EMA. Since the categories chosen by the AA and grantee are one support service and one health service, we feel it has reached beyond the support services committee. The committee had consensus that it was time to move the pilot program to the planning council for their review and approval.

Motion	To approve the outcomes pilot program.
Proposed by	T. Gray
Seconded by	M. Reese
Action	Motion passed with no abstentions or objections.

- The committee has received limited feedback regarding the Housing Assistance standards. The standards were circulated to interested parties and housing providers during the month of February. At this point, the committee will be forming a task group to ensure the standards are in line with the HRSA definitions for Housing Assistance. A finalized date has not been set at this time.
- The committee did not have any recommendations to the MAI work group at this time.
- In other business, the committee has discussed input into the next comprehensive plan and is reviewing its Table 10 categories.

IGS Support Office Report

The council was asked to give feedback to the PC support office on the new meeting space.

New Business

- D. Rock brought back information from the P.A.C.H.A committee. The committee heard presentations from CDC HIV/AIDS prevention, Minority AIDS Initiative and the new Medicare/Medicaid initiatives.
- It was announced that there would be a report coming out soon on the rise of STD in the Baltimore communities. A request was asked of BCHD to provide technical assistance on this report.

The meeting ended at 8:00 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

April 20, 2005

April 20, 2005

