

Greater Baltimore HIV Health Services Planning Council

Minutes of the Meeting of April 18, 2006

Vol. III, No. 2

Final • May 16, 2006

Meeting Attendance

Present¹	L. Green K. Allston D. Baker N. Drew A. Foyles M. Graves R. Haden R. Hamlett J. Keruly C. Massey W. Miller M. Reese R. Shattuck B. Tucker	D. Brewer S. Ashley H. Carter B. Flint B. Grant T. Gray P. Hall J. Keller G. Manigo W. Merrick M. Obiefune W. Samuel K. J. Taylor
Absent	W. Belle M. Cole I. Davis D. Henson B. Cheek-Jones D. McKelvin S. Woods	L. Chapman L. Credit N. Guest R. Johnson S. Jones A. Santiago
Proxy	S. Smith R. Bradley	S. Kopins
ABC	C. Edmonds	G. Williams-Glasser
BCHD	R. Brisueno	L. Koontz
Visitors	G. Nelson Dr. N. Tomoyasu L. Smith C. Flynn J. Winslow	D. Cooper R. Green M. Jews J. Gresham

¹ Attendance is based on sign-in sheet

Staff	E. Bradley K. Hale M. Jahromi	R. Abernathy N. Curtis D. Gorham
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Handouts	April PC Packet Revised PC agenda Committee reports Agency reports Master List of Baltimore Title IV Research Study Sites Support Services and Nominating Committee Minutes for April Revised PC Monthly Meeting Calendar Flyer: Positive Self Mgmt. Training Flyer: Save the Date Support Services Committee Proposed Directive Biographical Sketch: Recommendation for the pool list
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Introductions

L. Green convened the meeting with introductions at 6:30 p.m.

Review of Minutes

The council reviewed its March minutes and there was one correction — to add a PC member to the “present” column under attendance. The council had no other edits/corrections. A motion was put forward:

Motion	To accept the March minutes with one edit.
Proposed by	H. Carter
Seconded by	S. Ashley
Action	Motion passed with no abstentions or objections.

Executive Committee Business

Due to not having quorum at the April executive committee meeting, executive committee business was forwarded to the planning council for full approval. The following were agenda items submitted for approval:

- March Executive Committee minutes.
- To approve sending back the Nominating Committee’s recommendation to incorporate a pool list removal process.
- Approve the support services directive.

A motion was put forward to approve the Executive Committee’s request.

Motion	The executive committee requests that the planning council accepts the agenda and all committee requests for the April 18, 2006 planning council meeting.
Proposed by	R. Shattuck
Seconded by	H. Carter
Action	Motion passed with no abstentions or objections.

Chair's Report

L. Green reported:

- Dr. Naomi Tomoyasu, Acting Director of the Maryland AIDS Administration has resigned. The PC will be presenting her with a plaque for her support and cooperation with the council. Health service professionals with the dedication and sense of collaboration with our community process are rare. Dr. Tomoyasu will be missed and very hard to replace.
- As yet, there is not real news about reauthorization. Congress is in recess for the next two weeks and the Maryland General Assembly has recessed until next year. There may be a special session but only to consider the BGE rate increase.
- I would like to welcome three new members to the planning council: Dr. Kima Taylor, Scott Woods and Jeanne Keruly. Just for the record, Jeanne has worked with the council for over ten years, serving many of these years as the chair or co-chair of Comprehensive Planning Committee, always as a non appointed volunteer. We are grateful for her past service and are very please to welcome her as an appointed member of the council after all these years.
- As we come into the busiest months in our planning year, I want to encourage all members of the council to plan for the July PC meeting where priority setting data will be presented, to plan to attend the STSC meeting on July 11, 2006 where training for priority setting will be carried out or plan to attend a training on July 25, 2006. Remember that the July council meeting, one of the training sessions or home training and both days of priority setting (July 28 and July 31, 2006) are required for planning council members. Please contact IGS office to get times and locations for these activities.

Awards of Appreciation

It was announced that Dr. Naomi Tomoyasu has resigned from DHMH State AIDS Administration and Evelyn Bradley has also resigned from InterGroup Services Inc. Both were presented with plaques for their outstanding work, leadership and support of the planning council. Both received standing ovations.

Presentation on Confidentiality / Names-Based Reporting

C. Flynn reported:

How Does Surveillance Work?

There are three major types of surveillance in Maryland: Laboratory Reporting, Provider Reporting and Supplemental Reporting:

- **Laboratory Reporting:** This uses unique identifier coder systems in place of names identifier systems. All labs that do diagnostic specimens on people, who live in Maryland, are sent out of state for testing. Results are sent back to the health department. The report indicates that a viral load test was done on an HIV positive person with a CD4 count of less than 200. The report is codified and is used by the AIDS Administration to match and see whether or not there exist current clients or newly diagnosed.
- **Provider Reporting:** In Maryland, provider reporting covers only those who have been diagnosed with AIDS. Physicians are required to report AIDS defined patients to the AIDS Administration.
- **Supplemental Reporting:** identifies places that traditionally care for people that are HIV positive. The AIDS Administration visits those places on a regular basis, establishes relationship and research cases that are reported. This type of reporting involves matching the AIDS Administration database with other databases, registries etc.

With Whom Does the AIDS Administration Share Information?

- **City / county health departments:** information shared consist of a list of people diagnosed with HIV /AIDS who reside in that area or community. The information is disseminated by names based AIDS reporting and by request of the health department, the information is given by code-based HIV reporting. If this EMA were to switch to a names based reporting system, the dissemination of information process would still be the same. This information is not shared with anyone outside of this EMA.
- If calls are received asking for information, the information is not automatically given out but researched first before honoring the request.
- Public health emergencies in connection with other disease issues.
- By court order

What Steps are taken to Protect Confidential Information?

- Confidential information is secured in a locked briefcase when staff is out in the field. The data is non-labeled and codified as much as possible.

- Do not mail confidential information except if a situation arises, then the name and data information are mailed separately. Do not fax or email. When receiving electronic files, the files are manually collected and encrypted for use.
- The surveillance team has its own department and is guarded by security. The outside world needs id to access this department.
- General data is locked away in custom-made file cabinets. Specific data is locked away in a separate custom-made file room.
- Computer system is offline and cannot be accessed by the outside world.

Why is Surveillance Done?

The AIDS Administration does surveillance to track the epidemic, people accessing services and people's activity during and after accessing services. Surveillance is used as an intervention tool to measure the epidemic, report on the epidemic and track progress of the agency.

Conclusion

In this EMA, names based and code-based reporting is already being used. This EMA has been using code-based reporting successfully for twelve years. Under current Maryland law, names-based AIDS reporting is by name and physician. HIV-based reporting is by laboratory and code.

It was announced that C. Flynn would be making a special presentation in May to the Life Linc Task Group.

Administrative Agency Report

G. Williams-Glasser reported:

- On March 31, revised budgets and work plans were submitted to the AA. The AA is in the process of reviewing budgets. The AA anticipates completing this process by the end of next week. Contracts are being mailed to providers as budgets and work plans are approved.
- All providers are now required to submit their Performance Measures Online using the new PMOST system ETO. Training was given to providers on how to use ETO. To date the new system is working successfully.
- The AA has scheduled one full site visit, one program monitoring visit and one fiscal monitoring visit for this month.

- Several service category TA conference calls & meetings were held to go over new reporting requirements.
- Our next service category meeting is scheduled for primary medical care. We plan to set a date in May for this meeting.
- The AA staff attended all planning council meetings.

Baltimore City Health Department

R. Brisueno reported:

Title I Administration

- The Baltimore City Health Department is processing FY 2006 administrative and program support service contracts.
- The reauthorization of the CARE Act continues to work its way through passage, and the Grantee strongly encourages council members to get involved with that process.
- The Title I Office is preparing for a HRSA site visit May 22nd – 24th.

Quality Improvement Program

The service category reports for primary care, case management, and food nutrition are being developed; with distribution expected on or about June 1st.

BCHD, Division of Health Promotion and Disease Prevention News

Baltimore City Health Department is participating in a strategic partnership with several HRSA funded organizations to address health disparities in West Baltimore.

Other Baltimore City Government HIV/AIDS Initiatives

- New HIV Prevention Project - The Baltimore City Health Department is planning to begin testing blood samples in high-risk individuals for the HIV-RNA, the actual genetic code, in order to detect the virus earlier. For the most part current testing methods rely on the patient's body making antibodies to the virus. There is a "window period" after infection before someone tests positive. This delay could last 3-6 months and miss the time period when the person is most infectious. On the other hand, with the new system, we would test the blood for the actual virus, thus catching people when they are first infected-this allows them to receive earlier treatment, but equally important allows us to target outreach prevention efforts. The project will use CBO partners and current BCHD outreach workers that will provide testing, counseling and prevention education.

- The Baltimore City HIV/AIDS Commission Interim Report 2005 released January 2006 recommended the creation of a permanent line in the City General Operating Budget for HIV/AIDS in the amount of at least \$1,000,000 commencing in FY 07 to sustain and expand vital HIV programs supported through a one-time \$700,000 allocation in FY 06, with a view to increasing the line item amount to meet unfilled needs.

Capacity Building and/or Technical Assistance Initiative

- The Grantee coordinated the provision of 40-hrs of technical assistance in April to the Administrative Agent; to address improving the “Monitoring of Provider Billing”.
- The Grantee and Administrative Agent are meeting on April 19th to discuss the technical assistance and capacity building needs of MAI Outreach programs.
- The Gay Family Foundation is coordinating the conduct of the first “Positive Self Management” course to occur the week of May 1st through 5th.

Maryland AIDS Administration

Title II Report

N. Drew reported:

- The semi-annual statewide provider meeting was held on April 14, 2006 at the Life Resources Center from 9 a.m. to 12 p.m.
- The Central Region Consortium meeting will be held on April 20, 2006 at the Life Resources Center at Harbor Hospital from 11:30 a.m. to 2:00 p.m. Lunch will be provided. The focus of the meeting will be on resource allocation and the results from SCSN-Statewide Coordinated Statement of Need. For additional information, please contact Nathalia H. Drew at 410-767-5063 or email at ndrew@dhmh.state.md.us.

Title IV Report

B. Grant reported:

- The Title IV Youth Services Initiative non-competing grant application was submitted to HRSA.
- The Title IV Youth CAB meeting is scheduled for Wednesday, April 26th from 5 p.m. to 7 p.m. at UMB. For more information contact Bryna Grant at 410-767-5992.
- The Title IV non-competing grant application was forwarded to HRSA last week.

- One of the expectations HRSA has mandated for all Title IV projects is to educate clients about research opportunities. Attached is a master list of current research studies available for women, infants, children and youth. Anyone who is interested and fits the criteria may call the contact person on the list for more information.

Committee Reports

Comprehensive Planning Committee

R. Haden reported:

- The Comprehensive Planning Committee did not meet in March.
- The committee has scheduled a teleconference call on April 24, 2006, to discuss year-end Community Education and Capacity Building reports and review reporting guidelines for the new self-management initiative.
- There are no action items.

Evaluation Committee

D. Brewer reported:

- The Evaluation Committee did not meet in April. There are no action items.

Health Services Committee

G. Manigo reported:

- The committee met on Wednesday, April 5, 2006.
- The committee has selected two members and an alternate to represent the committee at the joint meetings.
- IGS staff has revised the standards template to be more effective and user friendly. The template was presented to the committee for its review. In conjunction with the revising of the standard, a new procedure has also been developed to process all standards for public use.
- The home health services standard review was completed and approved to be forwarded for editing by IGS staff. Once the editing process is complete and approved by the committee co-chairs, the standard will be forwarded to the planning council for approval.
- The hospice services standard was reviewed with the inclusion of all recommended edits and changes. The committee was successful in completing its review and approved all recommendations. The standard was forwarded to IGS for editing. Once

the editing process is complete, the standard will be forwarded to the co-chairs and planning council for approval.

- A standards task group has been created for the purpose of both the health services and support services committees to discuss uniforming all standards with common language for certain sections. Both committees will meet on May 18, 2006 at 5:30 p.m. at the Baltimore City Health Department.
- The committee reviewed the hospice services and home health service categories in Table 10 and had minor changes.
- There are no action items.

Needs Assessment Committee

W. Samuel reported:

- The committee did not meet in March or in April. The committee is scheduled to meet in May. There are no action items.

Nominating Committee

R. Shattuck reported:

- The committee met on Monday, April 10, 2006.
- The committee heard presentations from members who interviewed new applicants for PC membership. Per discussion, the committee recommends the following name for the pool list.

Motion	To place Joy Winslow to the pool list.
Proposed by	R. Shattuck
Seconded by	H. Carter
Action	Motion passed with no abstentions or objections.

- The committee has been in the process of reviewing the pool list. The committee agreed that their needed to be a process in place to “clean out” the pool annually. The committee sent letters to those members that were on the pool for more than six months to see if they were still interested in PC membership. The committee received no response back from those members. The committee has decided to remove the persons in question from the pool next month.
- For historical purposes, the nominating committee and PC has never established a removal process for the pool list. The nominating committee feels that since the PC votes people onto the pool, that the PC is responsible for voting people off the pool.

Each time a removal action is discussed, the council would go into executive session, to protect the applicant's confidentiality. This process can be very disruptive.

- The committee brought forth procedural recommendations to executive committee. Executive Committee requested clarification from the committee, so these motions will be brought forward next month.
- The committee has begun contacting the planning council members whose terms will be ending August 31, 2006. Reappointment letters will be hand delivered or mailed out to those members. Members are asked to read the memo and respond by the deadline date. Reappointment names will be forwarded to the council in June.
- As an update, please congratulate Jeanne Keruly, Dr. Kima Taylor and Scott Woods on their appointment to the planning council.
- The PC chair emphasized the importance that the nominating committee must come up with a clearer process for pool list removals, so that people are not identified publicly. The PC chair requested that the committee develop a maintenance process in which names will be verified to ensure they are valid on the pool list. Then once developing the maintenance process, forward it to the planning council for approval. The committee assured the council that the process would be fine-tuned at the next meeting.

PLWH/A Committee

A. Foyles reported:

- The committee met on March 22, 2006.
- The committee heard a presentation by D. Taylor of the Gay Life Family Foundation and R. Brisueno of BCHD. The main objective of the meeting was to introduce the foundation to the committee and to address the committee's concerns about Project LEAP transition to a new provider.
- C. Thomas, Jr. gave the committee an update on LifeLinc activities. Presently, the task group collected 800 signatures from state senators, businesses, provider agencies and the community. Members of the task group traveled to Washington, D.C. to personally deliver the signed letters of endorsement to Capital Hill members of government.
- LifeLinc has a new website on Yahoo groups network and the email address is lifelinc@yahoo.com.

- The committee has begun working on three position papers approved by the planning council to address reauthorization and the names-based reporting implementation in each state. The position papers are 1) reassuring PLWHA of the steps taken to keep their identities confidential under names-based reporting, 2) identification of essential support services that are essential to keeping people in care and 3) the importance of conserving Ryan White funds by empowering people to move to other sources of care. Ryan White agency case loads. There are no action items.

Services to Surrounding Counties Committee

M. Reese reported:

- As reported last meeting, the services to surrounding counties committee drafted a letter from the planning council to health officers in our EMA about establishing a consistent protocol for post-exposure treatment and follow-up. The letter was sent on March 23, 2006 and we requested that they keep us informed of any new developments regarding our request.
- The committee did not meet this month. There are no action items.

Support Services Committee

M. Reese reported:

- The committee met on April 11, 2006.
- The committee finished the EFA standard and moved it forward to IGS for editing.
- We completed review of the transportation standard and move it forward to IGS for editing.
- We discussed the new standards format. The new format streamlines the organization and language of standards, making them easier to read, use and review.

IGS Report

K. Hale reported

- The formal IGS report is in the planning council packet.
- R. Abernathy of IGS was introduced as the replacement for E. Bradley.
- The rest of the report was deferred to allow the council more time to continue with its business.

New Business

- At last year's priority setting, the planning council discussed the issue of getting more PLWH/As into primary medical care who are currently not in care. After priority setting, M. Obiefune and the Support Services Committee developed a directive to address this issue. The directive states that, "The AA is to include language in the provider contract that clients accessing support services are expected to be enrolled in primary medical care within six-months. Support services providers are expected to make every effort to engage or connect clients to primary medical care within six-months of service delivery and to clearly and consistently document such efforts and results. Documentation must provide evidence of continuous efforts that are individualized to address the client's unique needs, especially for those who do not enter care in the designated time frame." The goal of this directive is to ensure clients are accessing and receiving primary medical care.
- The council in its review of the directive, recommended that an amendment be added to the directive and the provider contracts. A motion was put forward to this effect:

Motion	Change the language of the directive to reflect that the council allows providers an opportunity to document their activity of working toward the objective as it is originally written and provide the service documented.
Proposed by	C. Massey
Seconded by	M. Reese
Action	Motion passed with no abstentions or objections.

- M. Reese announced the upcoming Positive Self-Management Training session being conducted by the Gay Family Life Foundation. This is a master's training for trainers but is open to PLWH/A and provider staff. The slots are first come first reserved. An informational flyer was distributed.
- D. Baker announced that the A.E.T.C. will be sponsoring two conferences: HIV/Long Term Care and Faith Based Training. Brochures on both conferences were distributed.
- N. Drew announced that the TAMARA Community Group, which is a newly funded program under Title II, will be sponsoring training for women who have experienced trauma and periods of incarceration. The training is April 21, 2006 from 9 a.m. to 11 a.m. at the State AIDS Administration. Another training is scheduled for May 5, 2006 from 9 a.m. to 11 a.m. Trainings are free and for more information contact N. Drew.

Meeting ended at 8:26 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.

Lenwood Green

May 16, 2006

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