# CHAPTER 8: PARTNERSHIPS AND INTEGRATION.

## 8.1. Introduction.

Chapters 1 through 3 painted the picture of the demographics, epidemiology and needs related to the HIV/AIDS epidemic in the EMA. Chapters 4 though 6 presented the current continuum, barriers to care and the ideal continuum. Chapter 7 presented the strategic plan to achieve the ideal continuum. This chapter will describe partnering coordinating efforts and activities to implement the plan laid out in chapter seven.

Partners include not only Ryan White-funded services (parts A-F), but private providers, prevention programs, substance-abuse treatment programs, STD programs, Medicare, Medicaid, the Children's Health Insurance Program, and community health centers.

Based on HRSA guidance of required partners, the council's Comprehensive Planning Committee identified a list of individuals, agencies and organizations to include as partners in funding and service delivery and development in the strategic plan. The PCSO reached out to these identified stakeholders and held meetings and interviews in January, February and March, 2012.

The Baltimore EMA is fortunate to have excellent HIV care providers, dedicated planning council volunteers, and visionary leadership to mobilize Baltimore City and the surrounding counties in the fight against HIV/AIDS.

## 8.2. Partners in Funding.

The Baltimore EMA receives funding from several streams in order to finance the continuum of care in the EMA. These financial partners are critical in planning and providing for PLWH/As. Funding provides the power to make decisions on how to operationalize the strategies and sub-strategies. Table 8.1 shows the federal funding that Maryland received in FY 2010.

Table 8.1.

**Maryland FY 2010 HIV/AIDS Federal Funding**

| Program | Federal Department | Agency | Amount |
|---|---|---|---|
| HIV Prevention | Health & Human Services | CDC | $17,286,856 |
| Ryan White — Part A | Health & Human Services | HRSA | $21,794,719 |
| Ryan White — Part B | Health & Human Services | HRSA | $38,758,909 |
| *Of which, ADAP* | …… | …….. | *$29,262,549* |
| *" ", Base Award* | …… | …….. | *$9,044,536* |
| Ryan White — Part C | Health & Human Services | HRSA | $2,616,964 |
| Ryan White — Part D | Health & Human Services | HRSA | $1,399,197 |
| Ryan White — Dental | Health & Human Services | HRSA | $7,426 |
| Ryan White — Part F | Health & Human Services | HRSA | $499,464 |
| HOPWA | Housing & Urban Dev. | Office of HIV/AIDS Housing | $14,026,900 |

**Source:** AIDS United 2011.

### 8.2.1. Ryan White-funded Services.

Ryan White funds administered by HRSA support primary medical care and essential support services for PLWH/As, along with providing technical assistance. The legislation has created a number of programs to meet the needs of different communities. The various programs, referred to as parts A through F, are designed to care for a different population with HIV/AIDS.

#### 8.2.1.1. Part A Funding.

Part A funding provides emergency assistance to eligible metropolitan areas and transitional grant areas[16] that are most severely affected by the HIV/AIDS epidemic (HRSA 2012). The Baltimore/Towson EMA is one of these areas. The planning council is tasked with prioritizing and allocating services throughout the EMA.

Formula grants are awarded based on reported living HIV/AIDS cases as of December 31 in the most recent calendar year for which data are available. Supplemental grants are awarded competitively on the basis of demonstrated need and other criteria. Minority AIDS Initiative (MAI) funding is awarded using a formula that is based on the distribution of living HIV/AIDS cases among racial and ethnic minorities (HRSA 2012).

*Each of the programs, parts A through F, is designed to care for a different population with HIV/AIDS.*

#### 8.2.1.2. Part B Funding.

Part B funding provides grants to states and U.S. territories to improve the quality, availability, and organization of HIV/AIDS health care and support services. Part B grants include a base grant, supplemental grants, an AIDS Drug Assistance Program award and supplemental drug treatment program funds (HRSA 2012).

The Maryland AIDS Drug Assistance Program (MADAP) ensures that PLWH/As in Maryland receive assistance purchasing the medications they need. MADAP pays for medications for eligible clients with no insurance and helps clients with insurance by paying for allowable co-pay and deductible costs. The list of medicines covered by the MADAP formulary includes a wide range of medications used to treat HIV infection, opportunistic infections and complications of HIV infection or related conditions (DHMH 2012a).

#### 8.2.1.3. Part C Funding.

Part C funding is granted directly to service providers that provide ambulatory medical care and early intervention services (HRSA 2012). Part C also funds planning and capacity development grants to help eligible entities plan for the delivery of comprehensive HIV primary care in rural, underserved urban areas, and communities of color.

#### 8.2.1.4. Part D Funding.

Part D funds services that provide family-centered primary medical and support services to women, infants, children, youth and their families (HRSA 2012). The Baltimore EMA has a strong Part D network that encourages collaboration between grantees that include hospitals, faith and community based organizations, and health departments.

#### 8.2.1.5. Part F Funding.

Part F[17] funds Special Projects of National Significance (SPNS). These projects enhance knowledge and skills in the delivery of health and support services to underserved populations diagnosed with HIV infection. The program funds innovative models of care and supports the development of effective delivery systems for HIV care (HRSA 2012).

### 8.2.2. CDC Grants.

Through prevention programs, research and evaluation efforts, surveillance activities and policy development, the U.S. Centers for Disease Control and Prevention is working to ensure resources are used effectively in the fight against the epidemic.

[16] Ryan White transitional grant areas (TGAs) are areas with at least 1,000, but fewer than 2,000, new AIDS cases in the most recent five years. In contrast, the larger EMAs must have had more than 2,000 AIDS cases in the most recent five years and populations of at least 50,000 people. Back in 1991, there were 16 EMAs (and no TGAs). Now there are 22 EMAs and 34 TGAs.

[17] Ryan White Part E nominally exists, authorizing grants for emergency response employees and establishing procedures for notifications of infectious diseases exposure, but it has never been funded.

Table 8.2.

**Baltimore EMA FY 2011 CDC HIV/AIDS Funding**

| Funding Opportunity Announcement Program Title | Grantee | Amount |
|---|---|---|
| HIV/AIDS Surveillance | Maryland DHMH | $124,985 |
| HIV Prevention Projects | Maryland DHMH | $9,919,207 |
| HIV Prevention Projects for Community-based Organizations | Friends Research Institute, Inc. | $335,748 |
| Expanded HIV Testing for Dispproport. Affected Pops. | Maryland DHMH | $629,472 |
| Act Against AIDS Leadership Initiative (AAALI) | NAACP | $120,000 |
| National HIV Behavioral Surveillance System | Maryland DHMH | $510,866 |
| STD/HIV Prevention Training Centers | Johns Hopkins University | $171,660 |
| HIV prevention for young MSM/transgender persons of color | Women Accepting Responsibility (WAR) | $250,010 |
| ECHPP Phase II | Maryland DHMH | $1,245,387 |
| *Maryland Total* | | *$16,174,476* |

**Source:** CDC 2012.

CDC awarded $17,286,856 in FY 2010 and $16,174,476 in FY 2011 to Maryland for prevention programs. Table 8.2 shows the specific projects and grants the CDC funded in the Baltimore EMA in FY 2011 (CDC 2012.)

### 8.2.3. Insurance Programs.

Insurance programs are critical partners in funding throughout the EMA. Insurance helps consumers control costs and increase access to health care. In Maryland, Medicare, Medicaid, the Children's Health Insurance Plan, and private insurance through the health exchange help to provide health care access.

#### 8.2.3.1. Medicare.

Medicare is a federal health insurance program that covers seniors and younger adults with permanent disabilities. Medicare Part D, an opt-in benefit, offers subsidized prescription drug coverage that includes antiretrovirals. The role of Medicare, specifically Part D prescription coverage is discussed in section 5.3.2.

#### 8.2.3.2. Medicaid.

The role of Medicaid has been described in depth in section 5.3.1. Appendix B shows medical assistance program coverage. Although Maryland is moving forward with implementation of ACA, the exact structure is unknown at present.

#### 8.2.3.3. Children's Health Insurance.

The Maryland Children's Health Program (MCHP) uses federal and state funds to provide health coverage to low-income children up to age 19 and pregnant women of any age who meet income guidelines. Benefits include doctor visits, hospital care, lab work and tests, dental care, vision care, immunizations, prescription medicines, transportation to medical appointments, mental health services, and substance-abuse treatment (DHMH 2012c). MCHP is an important funding partner to help provide health insurance coverage for PLWH/As under 19 and pregnant women.

#### 8.2.3.4. Health Exchange.

The ACA requires that states establish health insurance exchanges by January 1, 2014. The exchanges will calculate and provide tax credits to eligible small employers and tax credits for individuals below 400 percent of the federal poverty level. Private insurers will able to compete in this open marketplace. The new structure of the health exchanges will provide transparent and accurate information so that Marylanders can make important decisions about their health care options (DHMH 2012b). More about health exchange implementation can be found in section 6.5.

#### 8.2.4. IDEHA.

The mission of Maryland Infectious Disease and Environmental Health Administration is "to improve the health of Marylanders by reducing the transmission of infectious diseases, helping impacted persons live longer, healthier lives, and protecting individuals and communities from environmental health hazards" (DHMH 2010).

*The planning council coordinates with many partners in service to ensure a complete and complimentary continuum of care is funded throughout the EMA.*

IDEHA receives CDC and HRSA funding for prevention, care, and treatment services. In terms of partnerships, IDEHA works with "local health departments, providers, community based organizations, and public and private sector agencies to provide public health leadership in the prevention, control, monitoring, and treatment of infectious diseases and environmental health hazards" (DHMH 2010).

#### 8.2.5. BCHD.

Ryan White Part A grants are awarded to the chief elected official of the city or county that provides health-care services to the greatest number of people living with AIDS in an EMA (HRSA 2012). As such, Baltimore City Mayor Stephanie-Rawlings Blake acts as the grantee, delegating the functions to the Baltimore City Health Department.

## 8.3. Partners in Service.

Within the EMA, there are many roles that need to be filled in order to provide comprehensive and integrated care. The planning council coordinates with many partners in service to ensure a complete and complimentary continuum of care is funded throughout the EMA.

#### 8.3.1. EMA Health Departments.

The public health departments are the first line of response for all public health issues within the EMA. As such, each department plays a vital role in providing services within its jurisdiction based on the epidemic and needs of the community.

##### 8.3.1.1. City Health Department.

The Baltimore City Health Department and its Ryan White Office are dedicated to ensuring that the highest quality of services are provided to PLWH/As. Chapter 4 presents the current continuum of care and the 17 Ryan White Part A funded service categories that compose the Baltimore EMA's current continuum of care as of FY 2011.

##### 8.3.1.2. County Health Departments.

Baltimore's surrounding counties have robust health departments that are committed to the strategies set forth in chapter 7. The Anne Arundel County Department of Health, Baltimore County Department of Health, Carroll County Health Department, Harford County Health Department, Howard County Health Department, and Queen Anne County Department of Health provide a continuum of care to PLWH/As that reside in the counties.

Dr. Angela M. Wakhweya, health officer of the Anne Arundel County Department of Health is committed to the comprehensive plan. She says, "We envision a county where there are reduced new HIV infections, where persons living with HIV have increased access to care and HIV-related disparities are reduced (Wakhweya 2012).

#### 8.3.2. Prevention Programs.

Prevention is not only the first goal in the continuum of care; it truly cross cuts every goal and service provided within the EMA. By identifying those with HIV and giving PLWH/As the knowledge and tools to reduce transmission will help the EMA in achieving the NHAS goal of reducing new infections.

##### 8.3.2.1. Partner Services.

Disease intervention specialists (DISs) who work with partner services programs in the Baltimore EMA provide critical services in the intervention, prevention and treatment of HIV and other STIs. Through the partner services program, DISs receive special training on how to locate, counsel, interview and follow up with patients who have been identified as having HIV and other STIs. Services provided by DISs include post-test counseling (if not previously provided), interviewing clients (including the provision of

education and risk-reduction counseling, and conducting partner elicitation), partner notification (including a client interview and notification of exposure plus counseling, testing and referrals for all named sex and needle-sharing partners), and linking patients to care (DHMH 2011).

#### 8.3.2.2. Prevention with Positives.

IDEHA's prevention-with-positives program focuses on providing risk screening, clinical and behavioral interventions, and counseling for PLWH/As (DHMH 2011). The goal is to reduce transmission of HIV among clients living with HIV and provide health-care providers the tools to conduct such programs. In FY 2010, prevention-with-positives programs provided a total of 589 intervention hours to a total of 163 unique clients during. Of these, 69 clients participated in group-level interventions and 135 clients participated in individual-level interventions in both Baltimore City and the surrounding counties (DHMH 2011).

### 8.3.3. Baltimore Homeless Services.

As discussed in chapter 5, homelessness in the Baltimore EMA contributes to risk factors that increase the transmission of HIV and create barriers to care. Chapter 1 discussed the homelessness rate in the EMA. Baltimore City is particularly hard hit with a rate of 551 homeless individuals per 100,000 of the population.

The mission of the city's Homeless Services Program, a division of the Office of the Mayor, is "to make homelessness a rare and brief experience in Baltimore City by serving as a catalyst for the creation of affordable housing, the delivery of high-quality, evidence-based services and community-wide advocacy" (Briddell 2012). Baltimore Homeless Services delivers housing and supportive services to over 25,000 individuals and families each year through a network of partner providers.

Approximately $40 million for homeless services is administered each year (Briddell 2012), including for programs such as street outreach, emergency shelter, transitional housing, shelter plus care housing, permanent supportive housing, HOPWA, meal programs, and eviction prevention. Through these programs, specific actions are underway to provide and maintain sufficient housing to homeless individuals.

### 8.3.4. BSAS.

As section 4.5.5 mentioned, Baltimore Substance Abuse Systems, Inc. administers publicly funded substance-abuse treatment programs in Baltimore City (BSAS 2012). A continuum of both inpatient and outpatient treatment services is offered to help PLWH/As with co-morbid substance abuse adhere to treatment medication and stay sober. Inpatient treatment services offered by BSAS include detoxification, intermediate residential care, long-term care, halfway/transitional living and jail-based treatment. Outpatient services include detoxification, medication assisted detoxification and maintenance, and intensive and standard outpatient counseling for adults and youth (BSAS 2012).

*Services provided by DISs include post-test counseling, interviewing clients, partner notification, and linking patients to care.*

The needle-exchange program provides needles to intravenous drug users to slow the spread of diseases among IDUs and their sexual/needle-sharing partners. In addition to the substance abuse treatment services previously listed, BSAS also administers HIV-specific programs such as the substance abuse sexual offender AIDS education program and substance abuse treatment services for approximately 200 HIV-infected substance abusers funded by the Ryan White and a Homeless HIV grant from the Department of Housing and Community Development (BSAS 2012).

### 8.3.5. STD Programs.

The Baltimore City STD Prevention Program "strives to be as exhaustive, flexible, and comprehensive as possible in its efforts to intervene in the spread of sexually transmitted infection" (BCHD 2012a). The program operates two STD clinics located in Baltimore City. These clinics provide HIV testing as well as STD testing, diagnosis and treatment for most commonly occurring STDs. The program operates a variety of programs such as family planning services in addition to dispensing birth control and pregnancy tests. The clinics provide Ryan White primary care

services for PLWH/As. Also provided are hepatitis B immunizations and pap smears for cervical cancer screening at low to no cost to consumers (BCHD 2012a).

The STD prevention program operates an outreach testing that offers testing for syphilis and HIV in areas of high morbidity throughout Baltimore City. Glen Olthoff, director of STD Prevention at BCHD, reports that the clinics have had success using incentives, such as gift cards and T-shirts to encourage people to get tested (BCHD 2012b). Venue-based outreach and culturally appropriate staff are critical for reaching elusive populations such as young MSMs. Outreach staff work out of mobile vans in areas where disease transmission is known to be prevalent. Events such as Gay Pride and Black Gay Pride held throughout the city are other good avenues for engaging the community with STD prevention messages and testing (BCHD 2012b).

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#### 8.3.6. Private Providers.

Private, non-Ryan White-funded service providers are critical in creating a sustainable continuum within the Baltimore EMA. Public assistance can only go so far in supporting the medical and support service needs of PLWH/As that live in the EMA. Private providers are vital partners in providing primary care to consumers. The planning council is committed to reaching out to private providers to connect them to the HIV/AIDS community. In order to diversify and increase access to care, it is critical for the EMA to tap into as many health-care providers as possible.

#### 8.3.7 Community Health Centers.

Community health centers (CHCs) are important service partners in the EMA. Organizations like Chase Brexton, Total Health Care and the People's Community Health Center provide care to thousands of patients throughout the EMA. CHCs provide access and entry points for PLWH/As at every stage in the continuum of care. Successful service models utilized by CHCs are described in section 6.10, such as patient-centered medical homes, hub/spoke model, community engagement model, and wellness-centered model. CHCs are located in many neighborhoods throughout the EMA, many acting as "spokes" to complement the major university hospitals and medical centers. The community connection fostered by CHCs is important to increase retention and sustainability in care. PLWH/As may have better success rates when their health care is being provided in a comfortable location near where they live and they have input into their care plan.

#### 8.3.8. CBOs.

Community-based organizations are key to providing many of the support and social services that PLWH/As utilize to fully engage in the continuum of care. Services such as legal guidance, child care and outreach are Ryan White funded and provided by community-based organizations. Support groups, advocacy work and other social opportunities organized by community-based organizations are important to helping PLWH/As and their families lead fulfilling lives.

## 8.4. Conclusion.

Partnerships, coordination and integration of providers and services are critical to sustaining the ideal continuum of care in the EMA. In a national health-care landscape that is fragmented and complex, the Baltimore EMA has been successful in having health outcomes improve for PLWH/As. This would not be possible without a comprehensive plan for service delivery that includes both partners in funding and partners in service.

This chapter has identified partners and outlined their roles. The next and final chapter describes the monitoring mechanisms that the EMA utilizes to evaluate the objectives and strategies laid out in the comprehensive plan.

### References and Reading.

AIDS United 2011: AIDS United. 2011. "HIV/AIDS in Maryland, 2009-2010." *Policy and Advocacy State Facts* series. Internet

Site (http://www. aidsunited.org/uploads/docs/Maryland_2009-2010_FINAL.pdf), downloaded March 6, 2012.

BCHD 2012a: Baltimore City Health Department. 2012. "Sexually Transmitted Disease Prevention, Screening & Treatment." Internet Site (http://www.baltimorehealth. org/std.html), downloaded March 7, 2012.

BCHD 2012b: Ryan White Program Representatives. Baltimore City Health Department. 2012. "BCHD Feedback on the Ryan White Part A Comprehensive Plan." Planning meeting with IGS staff members February 23, 2012.

Briddell 2012: Kate Briddell, Director, Homeless Services Program. Personal conversation with IGS staff members Diana Behrendt and Meaghan George, February 2, 2012.

BSAS 2012: Baltimore Substance Abuse Systems. 2012. "Services." Internet site (http://www.bsasinc.org/ services), downloaded March 7, 2012.

CDC 2012: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2012. "Divisions of HIV/AIDS Prevention Funding Awards by State and Dependent Area Fiscal Year 2011." February. Internet site (http://www.cdc. gov/hiv/topics/funding/state-awards/pdf/FOA_ AwardsbyState-FY2011.pdf), downloaded March 6, 2012.

DHMH 2010: State of Maryland, Department of Health and Mental Hygiene (DHMH). 2010. "About IDEHA." Internet site (http://ideha.dhmh.maryland.gov/ SitePages/About-IDEHA.aspx), downloaded April 29, 2012.

DHMH 2011: State of Maryland, Department of Health and Mental Hygiene (DHMH), Infectious Disease and Environmental Health Administration (IDEHA). 2011. "Enhanced Comprehensive HIV Prevention Planning for the Baltimore-Towson Metropolitan Statistical Area - Workbook #1: Situational Analysis and Goal Setting." April 15, 2011. Internet site (http://www.cdc.gov/hiv/ strategy/ echpp/pdf/baltimoreEchpp_plan_1.pdf), downloaded April 9, 2012

DHMH 2012a: _____. 2012. "MADAP." Internet site http://ideha.dhmh.maryland.gov/IDPCS/CHCS/ SitePages/madap.aspx), downloaded March 6, 2012.

DHMH 2012b: _____. 2012. "Maryland Health Benefit Exchange Home". DHMH. Internet site (http:// dhmh.maryland.gov/healthreform/exchange/SitePages/Home.aspx) , downloaded March 6, 2012.

DHMH 2012c: _____. 2012. "Maryland Children's Health Program (MCHP)". DHMH. Internet site (http://mmcp. dhmh.maryland.gov/chp/SitePages/Home.aspx), downloaded March 6, 2012.

HRSA 2012: U.S. Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB). 2012. "About the Ryan White HIV/AIDS Program". Internet Site (http://hab.hrsa.gov/abouthab/ aboutprogram.html), downloaded March 2, 2012.

Wakhweya 2012: Angela M. Wakhweya, Health Officer, Anne Arundel County Department of Health. E-mail correspondence with IGS staff member Katelynn McGinley, February 15, 2012.