CHAPTER 8
PARTNERING TO ACHIEVE THE IDEAL CONTINUUM.

8.1. Introduction.
Chapter 8 describes the roles of both Part A partners (e.g., the planning council and the grantee), and other stakeholders in the Baltimore EMA's HIV/AIDS epidemic who have critical roles in the execution of the strategies developed in this plan.

8.2. Implementing the Plan.
This strategic plan was developed in collaboration with Part A partners and stakeholders of the EMA's service delivery system. Because Ryan White Part A is funding of last resort, it is necessary to include numerous other stakeholders who also play vital roles in providing services to PLWH/As in order to develop a comprehensive approach to engaging, stabilizing and maintaining clients in HIV care.

Some stakeholders provide the safety net for the uninsured and underinsured (e.g. Maryland Medical Assistance Program). Other stakeholders are strategically positioned to provide education and advocacy to a broader audience. Still others have greater flexibility with respect to providing support services to PLWH/As. It is therefore within the context of all stakeholders' commitment to care that the roles of the Part A partners are defined and will continue to be refined within the next three years.

8.3. Commitment to Care.
The following are the commitments of stakeholders to promoting engagement, stabilization and maintenance of clients in HIV care.

8.3.1. Part A Partners.

8.3.1.1. Planning Council.
The development and implementation of the council's three-year strategic plan illustrates the planning council's continued commitment to planning for HIV-related services for people who cannot afford to pay for HIV care.

This includes its continued commitment to:

- Assessing the needs of PLWH/As in the Baltimore EMA.
- Setting priorities and allocating resources for HIV-related services.
- Identifying special and emerging populations and planning to meet the unique service needs of these groups.
- Partnering with public (state and local) and private partners to implement the EMA's strategic plan and developing strategies for achieving the goals and objectives.
- Collaborating with other Ryan White programs to ensure the coordination of Ryan White funds and services.
- Evaluating the delivery of services to identify gaps, barriers and best practices.
- Working with the grantee's technical team and CQM team to improve quality of services provided.

8.3.1.2. Baltimore City Health Department Ryan White Office (Part A Grantee).
The Baltimore City Health Department Ryan White Office continues its commitment to the ongoing development of a comprehensive continuum of care for the provision of services to people living with HIV/AIDS in the Baltimore EMA through its partnership with the planning council. The Ryan White Office's program administration and Continuous Quality Management teams are dedicated to ensuring that the highest quality of services is provided throughout the EMA.

The Ryan White Office has made the following assurances to promote the engagement, stabilization and maintenance

of clients in medical and supportive services:

- Collaborate with the planning council to identify and incorporate appropriate data variables that provide meaningful measures of performance and outcome objectives established by the council.
- Work with direct-services providers to promote and ensure the delivery of critical HIV-related services that support access to an ideal continuum of care for uninsured clients infected by HIV/AIDS.
- Partner with health departments and AIDS service organizations to assess the needs of the uninsured and underinsured in the EMA.
- Serve as advocates in national and local forums for the critical needs of persons with HIV/AIDS and the specific needs of special populations within the EMA.
- Establish a continuum of care that focuses on the reduction of health disparities among persons with HIV/AIDS and the promotion of cost-effectiveness services.
- Coordinate capacity-building initiatives not currently offered by Part A, through other programs and funding streams (Brisueno 2008).

In addition to its role as the Ryan White Part A grantee, BCHD has been the steward of the Office of Minority Health (OMH) grant for technical assistance and capacity development (TA/CD) since 2005. This program increases the awareness of community-based organizations on Ryan White funding opportunities, provides direct assistance to funded organization through technical assistance and group-level interventions and increases the effectiveness of community-based organizations in the provision of HIV-related services by providing targeted one-on-one technical assistance and short-term internships.

Through the efforts of the TA/CD program, an increased number of unfunded Part A organizations in the EMA now have the capacity to apply for Ryan White and other funding sources. Concurrently, existing Part A organizations in the Baltimore EMA that participated in the TA/CD were able to improve their overall service-delivery mechanisms. Staff at BCHD and its partners, Light, Health and Wellness Comprehensive Services, Inc. and Sisters Together and Reaching, Inc., have reached over 70 organizations through this initiative.

A definite need for continued and targeted technical assistance among community-based organizations in the Baltimore EMA has been identified through this program. Given the constraints on implementing system-wide capacity building initiatives using Ryan White Part A funds, the grantee recognizes the vital role of continued technical assistance in helping organizations during the critical stages of their development. As such, the grantee is committed to the continual search for funding streams that can subsidize these efforts, and further expand the service reach of the Part A network in the EMA.

8.3.2. Office of Mayor Sheila Dixon.

The Office of the Mayor is committed to advocating for comprehensive resources and services for the residents of Baltimore City. Since 2007, Mayor Dixon has voiced her commitment to continuing to build coalitions in the city to reach every citizen with HIV education and testing (Dixon 2007). The mayor is committed to raising the issue of HIV/AIDS nationally through the U.S. Conference of Mayors and regionally through the legislative caucuses.

Just as important, her office is committed to increasing awareness surrounding the impact of HIV/AIDS to all segments of the community (Watts 2008). Within the next year, the office of the mayor will embark upon the Business/Labor Responds to AIDS Project, in which city business and labor leaders will be asked to use their influence

to become project ambassadors who will spread HIV/AIDS awareness messages to their peers, organizations, employees and communities.

Mayor Dixon's commitments promote strategies: 1.1, 1.2, 1.4, 1.5, 2.2, 3.1, 4.4, 5.4 and 6.4.

8.3.3. Delegate Shirley Nathan-Pulliam.

Delegate Shirley Nathan-Pulliam has represented Baltimore County residents from District 10 in Maryland's House of Delegates since January 11, 1995 (Maryland General Assembly 2008). A long-time supporter of the planning council and the fight against health disparities and HIV/AIDS in this region, Delegate Nathan-Pulliam serves as a member of the Health and Government Operations Committee and chairs its Minority Health Disparities subcommittee. She is also a member of the Joint Committee on Health Care Delivery and Financing. The overarching goals that guide the planning council's three-year strategic plan (i.e., HRSA's 2010 goals) mirror the goals of the committees on which Delegate Nathan-Pulliam serves: access, cost containment, health insurance and emergency medical services.

Delegate Nathan-Pulliam is committed to:

- Introducing the EMA's goals and challenges outlined in the comprehensive plan to the Maryland House of Delegates' Minority Health Disparities subcommittee.
- Organizing a planning meeting(s) to identify models and best practices for addressing the challenges outlined in the plan.
- Reducing health disparities.
- Promoting greater linkages between counseling, testing and treatment.
- Supporting peer-based, best-practice models.
- Ensuring the availability of a comprehensive continuum of care (Nathan-Pulliam 2008).

Delegate Nathan-Pulliam's commitments promote strategies: 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 2.2, 2.3, 3.1, 3.2, 3.3, 4.1, 4.2, 4.4, 5.4, 6.2, 6.4, 7.2, 8.3 and 8.5.

8.3.4. Baltimore City Commission on HIV/AIDS Prevention and Treatment.

The Baltimore City Commission on HIV/AIDS Prevention and Treatment is committed to improving HIV/AIDS care and prevention efforts in the city. As a response to a declared state of emergency, the commission was developed in 2002 (BCCH/A 2008).

The commission is committed to:

- Continuing its advocacy for the needs of people infected and affected by HIV/AIDS in Baltimore City.
- Broadening the discussion of health disparities in Baltimore City, particularly related to HIV/AIDS.
- Educating local, state and national leaders on the importance of resources to meet the needs of Baltimore City residents impacted by the epidemic.
- Raising the city's awareness about a state of emergency related to HIV/AIDS.
- Advocating for greater stakeholder collaborations to address challenges around testing, access and care (Blattner 2008).

The commission's commitments promotes strategies: 1.1, 1.2, 1.3, 1.4, 1.5, 2.2, 2.3, 3.1, 3.2, 4.1, 4.2, 4.4, 5.4, 5.5, 6.4 and 9.3.

8.3.5. Maryland's AIDS Administration.

DHMH's AIDS Administration is committed to continuing efforts to engage, stabilize and maintain clients in HIV care through its mission "to reduce the transmission of HIV and help Marylanders with HIV/AIDS live longer and healthier lives" (DHMH 2008). The AIDS Administration accomplishes its mission through its core activities: measuring and describing the HIV and AIDS epidemic, conducting HIV-prevention activities, and

providing HIV health care and supportive services.

The AIDS Administration is committed to:

- *HIV/AIDS Surveillance:*
  - Providing updates on the epidemiological profile of the EMA for annual planning.
  - Updating planners on the implementation of the state's names-based HIV/AIDS surveillance system.
- *Prevention:*
  - Promoting proven interventions to change behaviors and reduce transmission.
  - Supporting routine testing and providing educational opportunities to support routine testing in different clinic sites.
  - Funding (directly or indirectly) HIV counseling, testing and referral (CTR) sites throughout the region. (The CTR program, which is funded with federal, state and local funds, will provide HIV health education and risk-reduction counseling at no charge, as well as voluntary HIV testing and post-test counseling.)
  - Promoting innovative programs (e.g., the partnership with Baltimore Substance Abuse Systems [BSAS] on HIV testing) that can continue to educate providers on proven behavioral interventions and best practices on treatment to service providers in the region.
  - Educating service providers on Maryland laws regarding counseling and testing requirements.
- *HIV Health Care and Supportive Services:*

  The Maryland AIDS Administration receives federal Ryan White program and state funding to ensure the delivery of quality health care and supportive services to people living with HIV/AIDS and their families. The Maryland AIDS Administration (Hauck 2008) will continue to provide a broad continuum of health services to the EMA including:
  - HIV medication assistance through the Maryland AIDS Drug Assistance Program (MADAP).
  - Health insurance payment assistance.
  - Housing assistance.
  - Medical care and support services.
  - Case management (Hauck 2008).

The Maryland AIDS Administration's commitments promote strategies: 1.1, 1.2, 1.4, 1.5, 1.7, 2.2, 2.3, 3.3, 4.2, 4.4, 6.4, 8.1, 8.2 and 8.3.

8.3.6. Maryland's Medical Assistance Program.

DHMH's Medical Assistance Program is committed to providing access to health care services for many of the state's low-income residents. Individuals may be eligible for services through Maryland's Medical Assistance Program, the Maryland Children's Health Program, the Maryland Primary Adult Care (PAC) program or a number of home and community-based waiver programs, depending upon income and other factors (DHMH 2008b). DHMH is committed to continuing to offer Maryland Children's Health Premium Program to uninsured children younger than 19 whose family income exceeds 200 percent but is no more than 300 percent of the federal poverty level.

DHMH is also committed to administering the PAC program for those persons who are not Medicare beneficiaries and are not eligible for full Medicaid benefits. PAC helps low-income individuals, age 19 and older, pay for primary medical care and the full range of pharmacy services covered under the Medical Assistance Program. See appendix C for a chart depicting the coverage of Maryland's programs by age and federal poverty level.

DHMH, through the Medical Assistance Program, is committed to:

- Providing coverage for low-income, aged, blind and/or disabled residents of Maryland.
- Making access to health care easier for recipients, and exploring options for serving special populations that have difficulty accessing care.
- Educating other stakeholders, local health departments and providers about the services offered under this program.
- Monitoring discussions at the federal level regarding an HIV diagnosis being considered a disability.
- Supporting a system of accountability to ensure that the care system is working efficiently and that medical-assistance dollars are spent wisely (Middleton 2008).

DHMH's commitments promote strategies: 1.1, 9.2 and 9.3.

8.3.7. Baltimore Homeless Services (BHS).

Baltimore Homeless Services is committed to making homelessness a "rare and brief experience" for the residents of Baltimore City (BCHD 2008). BHS facilitates services and provides transitional and permanent housing and supportive services to more than 13,000 individuals and families (BCHD 2008).

Baltimore Homeless Services is committed to:

- Collaborating, as a partner, in strategic planning for PLWH/As who have unstable housing.
- Offering short-term housing.
- Providing long-term housing as a safety-net.
- Supporting the transition of clients into Section 8 housing or self-supported living.
- Highlighting best practices for engagement, stabilization and maintenance (Bridell 2008).

Baltimore Homeless Services' commitments promote strategies: 3.3, 6.2 and 9.1.

8.3.8. University of Maryland, Institute of Human Virology (IHV).

IHV is committed to combining the disciplines of basic research, epidemiology and clinical research in a concerted effort to speed the discovery of diagnostic and therapeutic techniques for a wide variety of chronic and deadly viral and immune disorders — most notably the HIV virus that causes AIDS (IHV 2008).

IHV is committed to:

- Bridging communities to program best practices.
- Sharing lessons learned from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) with the Baltimore community.
- Working with other stakeholders to increase training of experienced clinicians to meet the needs of new clients coming into care (Blattner 2008).

8.3.9. Morgan State University.

Morgan State University's School of Community Health and Policy (MSU-SCHP) is committed to addressing health disparities in collaboration with other community partners. Through research, service and practice, MSU-SCHP is dedicated to achieving the best care for underserved populations.

MSU's School of Community Health and Policy is committed to:

- Developing strategic alliances within the community.
- Fostering culturally appropriate, evidence-based public health interventions.
- Working with community based organizations (CBOs) to develop collaborative efforts and partnerships (Akers and Edwards 2008).

Morgan State's commitments promote strategies: 1.1, 1.5, 2.3, 3.1, 3.3 and 4.4.

8.3.10. Maryland Health Care For All! Coalition.

Maryland's Health Care for All! Coalition has been committed to providing access to quality, affordable health care for all Marylanders since 1999 (DeMarco 2008). Established by the Maryland Citizens' Health Initiative, the coalition is dedicated to solving the health-care problem through strong coalition-building and strategic alliances.

The Maryland Health Care for All! Coalition is committed to:

- Making quality health care affordable for all in a way that is business friendly, economically sound, politically realistic and fiscally responsible.
- Ensuring that Marylanders with insurance obtain affordable, beneficial care and that the 775,000 uninsured residents get access to the care they need.
- Identifying and implementing strategies that move Maryland toward affordable coverage for all Marylanders in a way that emphasizes high-value medical care and prevention for health promotion (DeMarco 2008).

Maryland Health Care for All! Coalition's commitment promotes strategies: 1.2, 3.1 and 9.2.

8.3.11. Johns Hopkins University: AIDS Care Program.

Johns Hopkins University is dedicated to combining patient care, research and education in its mission to improve the health of the community and the world by setting the standards of excellence in patient care. To a large extent this is accomplished by conducting research that provides the knowledge to develop standards of excellence in training and patient care. Initiated in 1984, the AIDS care program has become a local, national and international leader in efforts to provide innovative care to patients with HIV/AIDS through:

- Research efforts including a comprehensive patient data base established in 1989 collecting information regarding resource utilization and cost of care, laboratory, hospitalizations, and medical events.
- Sharing of knowledge to community health care providers and consumers through numerous venues and as a partner of the AETC.
- On-site training of health care professionals locally, nationally and internationally in the care of patients with HIV/AIDS.
- Working closely with community partners to provide comprehensive uninterrupted care to patients with HIV/AIDS and limit its spread in the community (Keller 2008).

8.4. Conclusion.

Chapter 8 has outlined the role of the planning council and its partners, both Part A and otherwise, in securing the ideal continuum of care for PLWH/As in the Baltimore EMA. The next and final chapter describes the steps that the planning council and its Part A partners will take to ensure that this comprehensive plan is being followed.

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