

Planning Council

Minutes of the Meeting of May 15, 2007

Vol. IV, No. 3

Final • June 19, 2007

Meeting Attendance

Present¹	D. Brewer	F. Lowman, Jr.
	A. Allston	G. Manigo
	S. Ashley	C. Massey
	D. Baker	R. Matens
	H. Carter	W. Merrick
	M. Cole	A. Middleton
	D. Cooper	W. Miller
	N. Drew	G. Nelson
	A. Foyles	M. Reese
	R. Gore-Simmons	H. Roberts, Jr.
	B. Grant	W. Samuel
	R. Haden	L. Smith
	P. Hall	B. Thomas-El
	R. Johnson	B. Tucker
	J. Keller	J. Winslow
J. Keruly		
Absent	L. Green	D. Hunter
	L. Creditt	B. Jones
	M. Graves	M. Obiefune
	T. Gray	S. Woods
	D. Henson	
Proxies	C. Thomas, Jr.	C. Gibson
ABC	R. Ellis	S. Pelham
	A. Knox	G. Weston
BCHD	R. Brisueno	L. Koontz
	J. Johnson	J. Ungard
Visitors	M. Becketts	K. Matthews
	K. Bellesky	R. Parrish
	M. Bradyhouse	N. Robinson
	C. Flynn	E. Walker
	N. Guest	
Staff	J. Boesel	N. Lewis
	D. Gorham	J. Miller

¹ Attendance is based on sign-in sheet.

K. Hale
C. Lacanienta

D. Munro
S. Stokes

Handouts

- May 15, 2007 planning council packet
- May 15, 2007 Action Items and Updates
- May 10, 2007 Needs Assessment Committee minutes
- May 7, 2007 Evaluation Committee minutes
- Administrative Assessment Tool FY 2007 for BCHD
- Administrative Assessment Tool FY 2007 for ABC
- Overview of Roberts Rules of Order
- May 15, 2007 memo from grantee
- Fundable service definitions and MAI guidance from HRSA
- ABC Recommendations for FY 2007 MAI Priority Setting
- FY07 Planned Part A & MAI Allocations Table for use with Minority AIDS Initiative Grant Application
- Planning Council FY 2007: Conflict of Interest
- STSC Service Category: Conflict of Interest
- HIV/AIDS in the Baltimore EMA: an Epidemiological Profile, PowerPoint
- HIV/AIDS Prevalence (living cases) on 12/31/2005, chart
- Baltimore Homeless Services, PowerPoint
- The Baltimore EMA Service Continuum, PowerPoint
- CQM review: Primary Medical Care
- CQM review: Case Management Services
- DHMH press release: "Hepatitis C Is Silent Epidemic in Maryland"
- June 2007 POZ magazine
- Christmas in July, flyer

Introduction

D. Brewer convened the meeting with introductions at 6:36 p.m. and recommended that, due to MAI priority setting and data presentations, new business be moved to the beginning of the meeting and that only committees with action items make a report.

Motion	To approve a changed agenda with new business addressed first for the May 15, 2007 planning council meeting.
Proposed by	M. Reese
Seconded by	H. Carter
Action	Passes, 0 abstentions, 0 objections

New Business

Data Presentations

J. Keruly reported on the Baltimore EMA service continuum:

- Planning council's mission and vision.
- HRSA's guidance for planning.

- Ideal continuum of care.
- Goals for allocation process.

Colin Flynn presented an HIV/AIDS Epidemiological Profile for the Baltimore EMA:

- 2005 HIV/AIDS case report rates.
- 2005 Maryland HIV/AIDS prevalence and incidence.
- HIV/AIDS data by population: more cases among African Americans.
- Unmet need estimates and trends: older adults, an aging epidemic, and youth.
- Populations at risk: MSM, IDU and heterosexual contact.

Mary Lee Bradyhouse gave a presentation on Baltimore Homeless Services (BHS) in the Baltimore EMA:

- BHS provides \$26,454,467 in federal, state and local funds to area programs.
- Housing for people with AIDS (HOPWA) allocates \$7,803,833 in the Baltimore EMA, 80.5 percent goes to Baltimore City.
- Services include: prevention, temporary shelters, permanent housing, case management, mental health, etc.

FY 2007 MAI Priority Setting

Overview

D. Munro distributed a spreadsheet to be used for planning and made the following announcements:

- Tonight's planning process will be based on the process for the STSC Committee's emergency priority setting in March 2007.
- Last summer, when the PC planned for MAI, there was an assumption that rule that 75 percent of funds must go to core medical services would not apply to the MAI funds. The council now knows that 75 percent of the total service dollars must go to core medical services.
- Functions of the spreadsheet were explained by column. Some categories, which were once support services, are redefined as core medical services (nutritional therapy and what was formerly MAI non-traditional outreach).
- The figures being used are the figures planned and allocated by the PC the in August 2006 priority-setting event.
- Certain categories can no longer be funded: MAI – enriched life skills; MAI – program support, community education; MAI – client advocacy, non-medical; MAI – program support, capacity building. The support team learned of the disallowance of MAI client advocacy non-medical late this afternoon.
- COIs will be announced by M. Reese.

D. Munro asked members to verify their conflicts and reviewed the new voting process.

Council members posed the following questions:

- Is this new guidance from HRSA applicable? R. Matens replied that it is.
- Is there anything we can do to plan for these disallowed services, as there are people and services attached to these categories? D. Munro answered that local planning cannot change what HRSA has disallowed for funding. R. Matens added that funds put in disallowed categories will most likely be lost.

D. Munro explained:

- The PC has the option of providing less than 75 percent of the total award to MAI core medical services; however, the ramification may de-stabilize the ratio of the entire EMA's allocation for core medical services.
- For the decrease scenario, PC should not go below 17.76 percent to core medical services. For the increase scenario, the PC should not go below 25.92 percent for core medical services. Going below these percentage recommendations would jeopardize the core medical services percentage for the EMA.

Motion	To approve the five-percent-cut figures from last summer's priority setting as a baseline for today's exercises.
Proposed by	H. Carter
Seconded by	S. Ashley
Action	Passed, 0 abstentions, 0 objections
Motion	To change the service category rankings to what is listed on the spreadsheet.
Proposed by	D. Brewer
Seconded by	R. Haden
Action	Passed, 0 abstentions, 0 objections

- There was no motion to plan for a decrease of 20 percent of MAI funds, as this appears to be unnecessary.
- D. Brewer stated that the PC leadership and PC support have not had the opportunity to review the AA's recommendations and that any motion must be supported by data.

Allocation Process, Contingency 1: Five Percent Reduction

Contingency 1, Round 1 (Medical Categories)

MAI – nutritional therapy

AA recommendation: decrease of 54 percent or \$36,299. Based on work done in January 2007, the category will be whole, i.e. at the 2006 level, with the \$36,299 reduction.

Motion	Accept AA's recommendation.
Proposed by	H. Carter

Seconded by	R. Haden
Action	Passed, 0 abstentions, 0 objections

MAI – co-morbidities

AA recommendation: add \$300,001 to this category. Clarification for this recommendation is on page 2 of the ABC handout. G. Weston stated that there is a strong emphasis on the incarcerated population.

Motion	Accept AA’s recommendation.
Proposed by	H. Carter
Seconded by	D. Cooper
Action	Passed, 4 abstentions, 0 objections

- ABC clarified that the PC de-funded this in August 2006 because these services are funded under the Part A core medical services category.
- J. Keruly stated concern that MAI co-morbidity money is a competitive process, but the AA’s explanation implies that there has already been allocation or selection of providers without the competitive RFP process.
- G. Weston responded that the AA is required to provide this information to the council. C. Thomas clarified that these dollars are being allocated as a starting point for the RFP competition.

MAI – non-traditional outreach

AA recommendation: decrease of \$97,801, as there has already been a significant increase for this category in the EMA allocation.

Motion	Accept AA’s recommendation.
Proposed by	H. Carter
Seconded by	K. Allston
Action	Passed, 6 abstentions, 1 objection

Contingency 1, Round 1 (Support Categories)

MAI – emergency financial assistance

AA recommendation: recommend to stay at zero, as there is no documented unmet need for this category.

Motion	Accept AA’s recommendation based on its justification and PC’s past history of funding this category.
Proposed by	S. Ashley
Seconded by	D. Cooper
Action	Passed, 15 abstentions, 1 objection

Discussion highlighted needs of people with HIV/AIDS. R. Matens clarified that these EFA sub-categories need to be tied to stand-alone categories and tied to medical outcomes and the following questions were posed:

- Is it hard to produce outcomes in this category? G. Weston responded that it is already being done and should not be difficult.
- Is this a disallowed category? G. Weston responded that it is not. This category is included in the latest information provided by HRSA this afternoon.

Motion	Extend tonight's meeting by as much as we need to complete the MAI allocations process.
Proposed by	D. Brewer
Seconded by	H. Carter
Action	Passed, 0 abstentions, 0 objections

MAI – child care services

AA recommendation: level funding. AA is investigating a new system to extend the current network of child care providers by which an average cost will be estimated. ABC's recommendation can be found on page 3 of the ABC report.

The following questions were posed to the AA:

- Is there a waiting list? Answer: yes.
- What is the average cost? Where did you get this information? Answer: it is based on data from the city and surrounding counties.
- Will there still be a waiting list? Answer: it cannot yet be determined whether there will continue to be an unmet need with the change in the system.
- Will there be a cost associated to the change in the system? Answer: uncertain.
- AA clarified that a child can be affected if the parent is infected and must be go to medical and other services appointments.

Motion	Accept AA recommendation.
Proposed by	H. Carter
Seconded by	J. Winslow
Action	Passed, 2 abstentions, 0 objections

MAI – medical transportation

AA recommendation: decrease of \$56,051

Motion	Accept AA recommendation.
Proposed by	W. Samuel
Seconded by	H. Roberts
Action	Passed, 6 abstentions, 0 objections

MAI – psychosocial services

AA recommendation: add \$100,748, as this category received a decrease in Part A funds for FY 07.

PC members asked how additional funds would be used. Answer: treatment adherence.

Motion	Accept AA’s recommendation.
Proposed by	D. Cooper
Seconded by	B. Thomas-El
Action	Passed, 5 abstentions, 2 objections

MAI – services to surrounding counties, support

AA recommendation: add \$235,000

PC members posed the following questions to the AA:

- Are more funds being allocated to the counties for services? Answer: yes.
- Are we allocating dollars based on data on population in the counties? Answer: yes
- Is there data showing increased need in minority communities? Answer: this is based on outreach efforts in the counties. R. Brisueno clarified that these are targeted outreach efforts for minority populations in the counties.
- Can the counties absorb this? Answer: yes. All services are bid out and anyone can get those funds if they are serving counties residents.

Motion	Accept AA’s recommendation.
Proposed by	H. Carter
Seconded by	C. Massey
Amendment	To change this to \$100,000
Proposed by	W. Samuel
Status	Rejected amendment
Action	Passed, 4 abstentions, 2 objections

MAI – food bank, etc.

AA recommendation: level funding, maintain at \$155,117. In order to expand the availability of these services, the AA recommends limiting units of service to bags of groceries to the SHARE program and vouchers.

Committee members asked the AA to explain how providers who have inaccurate reporting, according to ABC reports, will be dealt with. The AA responded that the category will be bid out to eligible service providers.

Motion	Approve AA’s recommendation.
Proposed by	D. Cooper
Seconded by	H. Carter
Action	Passed, 7 abstentions, 1 objection

MAI – outreach, non-medical

AA recommendation: no allocation; funded at zero.

Motion	Accept AA recommendation
Proposed by	H. Carter
Seconded by	D. Cooper
Action	Passed, 6 abstentions, 0 objections

MAI – case management, non-medical

AA recommendation: add \$139,530. This would include discharge planning for incarcerated populations.

Motion	Accept AA’s recommendation.
Proposed by	C. Thomas
Seconded by	D. Cooper
Action	Passed, 7 abstentions, 0 objections

MAI – legal services

AA recommendation: leave this at zero

BCHD clarification: some of the legal funds under part A went into EIS and some are still in legal. There is not a need for additional funds under this category.

Motion	Accept AA’s recommendation.
Proposed by	J. Winslow
Seconded by	D. Cooper
Action	Passed, 0 abstentions, 0 objections

Motion	Close the decrease exercise.
Proposed by	W. Samuel
Seconded by	A. Foyles
Action	Passed, 0 abstentions, 0 objections

Motion	To affirm that in the event of any loss, this proportionality will carry.
Proposed by	S. Ashley
Seconded by	N. Drew
Action	Passed, 0 abstentions, 0 objections

Motion	To apply the decrease proportion to the increase exercise.
Proposed by	W. Samuel
Seconded by	D. Cooper
Action	Passed, 4 abstentions, 1 objection

- D. Brewer asked that members take a moment to review the decisions and not to rush, as the council is representing the Baltimore EMA.

- H. Carter noted that the EMA will likely not receive an increase in funding.
- C. Massey stated that there are unknowns because of the timeliness of information from HRSA, but that the council has made sound decisions.

Motion	Accept the increase proportions in the event of any funding increase.
Proposed by	S. Ashley
Seconded by	D. Cooper
Action	Passed, 0 abstentions, 0 objections
<hr/>	
Motion	In the interest of time, to move all remaining business to the June 19, 2007 planning council meeting.
Proposed by	M. Reese
Seconded by	D. Cooper
Action	Passed, 0 abstentions, 0 objections

Meeting adjourned at 9:45 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.

Lennwood Green

June 19, 2007

Lennwood Green

June 19, 2007