

# Greater Baltimore HIV Health Services Planning Council

## Minutes of the Meeting of July 15, 2008

Vol. V, No. 5

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### Meeting Attendance

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<b>Present</b> <sup>1</sup>	S. Ashley	C. Harvey, Sr.
	D. Baker	D. Hunter
	M. Becketts	R. Johnson
	K. Bellesky	J. Keller
	D. Brewer*	A. Leverette
	C. Brown	C. Massey
	G. Clark	R. Matens
	D. Cooper	A. Middleton
	A. Foyles	W. Miller
	R. Gore-Simmons	G. Nelson
	M. Graves	N. Robinson
	L. Green*	W. Samuel
	R. Green	L. Smith
	R. Haden	B. Tucker
	P. Hall	J. Winslow*
	<b>Absent</b>	R. Bradley
M. Cole		G. Manigo
C. Gibson		M. Obiefune
D. Henson		B. Thomas-El
W. Jones		
<b>Proxy</b>	C. Thomas, Jr.	
<b>BCHD</b>	R. David	C. Skipper
	A. Ferarri	J. Ungard
	C. Fowell	M. Ward
	B. Ntiri	
<b>Visitors</b>	S. Alston	J. Hunter
	B. Atkins	N. Krosh
	P. Balducci	J. Levy
	L. Bayliss	M. Mazzuca
	A. Burke	D. Middleton
	V. Clark	M. Moaney
	T. Cooke*	H. Nichols
	R. Disharoon	R. Parrish
	B. Fitzsimmons	M. Reese*
	C. Flynn*	R. Rubino
	J. Gerwig	W. Russell

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<sup>1</sup> Attendance is based on sign-in sheet.

\* Present, but did not sign in.

	D. Goforth	D. Samuel
	P.J. Gouldmann	D. Shamer
	N. Guest	M. Slicher
	J. Hidalgo	L. Wilson
<b>Staff</b>	D. Gorham	M. Komosinski
	K. Hale	N. Lewis
<b>Handouts</b>	Planning council packet (July 2008). Grantee administrative report (July 2008). Revised FY 2008 Part A and MAI allocations report (July 9, 2008). Chair's report (July 2008). Addendum to chair's report (July 2008). Planning council bylaws (ratified June 2008). African American men's health conference (flier). Poz magazines (June 2008 and July/August 2008). "HIV/AIDS Epidemiological Profile: Baltimore-Towson, Maryland Metropolitan Area" (presentation slides). "HOPWA: Baltimore Eligible Metropolitan Area (EMA)" (presentation slides). "Early Intervention Services Assessment in the Six Counties Surrounding Baltimore City" (presentation slides). Baltimore Substance Abuse Systems, Inc. (bSAS) "Ryan White Part A Planning Council Data Presentation" (presentation slides). Ryan White "Parts B and D Overview: Baltimore EMA" (presentation slides). "Maryland Medicaid Program: An Overview" (presentation slides).	

## **Executive Summary**

The meeting convened, with quorum, at 6:43p.m.<sup>2</sup>

The planning council chair announced the following:

- In preparation for priority setting and resource allocation (PSRA), data presentations would be held and voting for service category priorities would be conducted during the meeting.<sup>3</sup>
- PSRA participants must submit all mandatory paperwork to the planning council support office (PCSO).
- The revisions to the planning council bylaws, proposed by the Executive Committee, would be considered at a later date.
- The Counties Committee would be making recommendations to set services to surrounding counties (STSC) Minority AIDS Initiative (MAI) allocations for FY 2008.
- The grantee would be making a request for reallocation of FY 2008 MAI funds.

<sup>2</sup> Quorum is defined as attendance of at least 51 percent of membership.

<sup>3</sup> PRSA is the process used by a planning council for identifying services priorities for the use of Ryan White funds that are consistent with locally identified needs and for the allocation of funds to service categories.

- All other administrative and committee reports for July would be postponed until the August planning council meeting.

The Counties Committee co-chair presented the recommended allocations for FY 2008 STSC MAI categories and the planning council approved the allocations.

The grantee proposed a reallocation of FY 2008 MAI funds. The planning council discussed the recommendation and approved the reallocation.

Data presentations were made on the following topics:

- HIV/AIDS epidemiology for the Baltimore eligible metropolitan area (EMA).
- The Housing Opportunities for Persons Living with AIDS (HOPWA) program in the Baltimore EMA.
- Positive Outcomes, Inc.'s research on outreach services in the surrounding counties in the Baltimore EMA.
- Baltimore Substance Abuse Systems (bSAS) and an overview of substance-abuse treatment modalities.
- The Ryan White Part B and D program in the Baltimore EMA.
- Maryland's Medicaid program and its coverage for HIV-infected individuals.

The meeting adjourned at 9:33 p.m. to hold voting for EMA-wide and STSC service category priorities.

## **Proceedings**

### *Introductions/Review of Minutes*

The planning council chair convened the meeting at 6:43 p.m. with introductions and the approval of the June meeting minutes.

<b>Motion</b>	To accept the June 17, 2008 minutes as written.
<b>Proposed by</b>	A. Foyles
<b>Seconded by</b>	D. Cooper
<b>Action</b>	Passes, 0 abstentions, 0 objections

### *Chair's Report*

The planning council chair announced:

- The meeting would include six data presentations, all of which would provide essential information for consideration at PSRA.
- Following the meeting, all planning council and Counties Committee members would be expected to vote for prioritizing service categories for PSRA.
- All individuals planning to vote must complete conflict-of-interest disclosure and PSRA training forms, and return these completed forms to the PCSO.

- The revisions to the planning council bylaws, proposed by the Executive Committee, would not be considered at the present time. The recommendations would be sent back to the Executive Committee, for further consideration, and presented to the council when there would be ample time for discussion and a 30-day review.
- The Counties Committee would be making recommendations to set STSC MAI allocations for FY 2008.
- The grantee would be making a recommendation for reallocation of FY 2008 MAI funds.
- All other administrative and committee reports for July would be presented at the August planning council meeting.

*Because all other reports were being delayed until the August meeting, the chair yielded time under the chair's report to the Counties Committee chair and the grantee representative to conduct time-sensitive business.*

The Counties Committee co-chair announced that the committee recommended setting the FY 2008 STSC MAI allocations the same as the FY 2007 allocations, just as the planning council had set the FY 2008 EMA-wide MAI allocations.

The committee approved the allocations set for the four STSC MAI service categories.

<b>Motion</b>	To set the FY 2008 allocation for STSC MAI outpatient ambulatory health services (OAHS)—co-morbidity at 48.42 percent.
<b>Proposed by</b>	D. Cooper
<b>Seconded by</b>	R. Haden
<b>Action</b>	Passes, 4 abstentions, 0 objections

<b>Motion</b>	To set the FY 2008 allocation for STSC MAI medical transportation at 10.79 percent.
<b>Proposed by</b>	D. Cooper
<b>Seconded by</b>	J. Winslow
<b>Action</b>	Passes, 2 abstentions, 0 objections

<b>Motion</b>	To set the FY 2008 allocation for STSC MAI outreach services at 37.29 percent.
<b>Proposed by</b>	D. Cooper
<b>Seconded by</b>	N. Robinson
<b>Action</b>	Passes, 3 abstentions, 0 objections

<b>Motion</b>	To set the FY 2008 allocation for STSC MAI legal services at 3.5 percent.
<b>Proposed by</b>	D. Cooper
<b>Seconded by</b>	J. Winslow
<b>Action</b>	Passes, 0 abstentions, 0 objections

The grantee representative presented the recommendation for FY 2008 MAI reallocation:

- As part of the FY 2008 MAI continuation application process, the grantee held a technical assistance workshop with MAI providers, conducted an external review process for each application and processed a programmatic and fiscal assessment of the FY 2007 provider performance.
- The grantee concluded that one program receiving outreach services should not receive continued funding.<sup>4</sup> The other programs with outreach services contracts would not be able to absorb additional funds, therefore, the grantee requests reallocating \$71,713 out of the outreach services category.
- The application review also found that one of the programs with an OAHS—co-morbidity contract had the capacity to expand to reach the formerly incarcerated population.<sup>5</sup> The grantee examined the program’s ability to absorb the funds available and recommends reprogramming \$71,713 from outreach services into OAHS—co-morbidity.
- Reprogramming funds from outreach services to OAHS—co-morbidity would increase the overall percentage allocated to core-medical services by 0.41 percent.

The council made the following observations during its discussion of the reallocation recommendation:

- Submitting the request directly to the Executive Committee was outside of the normal process for such requests. The recommendation should have first gone to a sub-committee for investigation prior to a planning council vote on reallocation.
- It is not clear, given the information provided and the lack of an investigation, that the grantee fully assessed the ability of other MAI outreach service programs to absorb the funds before recommending reallocation to another service category.
- Moving forward with the recommendation at this time may set an undesirable precedent for reallocation in future fiscal years.
- Shifting money from a support service to a core-medical service would bring the council’s total Part A and MAI allocations closer to compliance with the requirement for 75 percent of funding allocated to core-medical services.

The planning council approved the recommendation to reallocate funds from MAI outreach service to MAI OAHS—co-morbidity with the understanding that leadership would be investigating the process by which recommendations for reallocation are brought forward to the council.

<b>Motion</b>	To reallocate \$71,713 out of MAI outreach services.
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<sup>4</sup> Outreach services are programs that have as their principal purpose identification of people with unknown HIV disease or those who know their status so that they may become aware of, and may be enrolled in care and treatment services (i.e. case finding), not HIV counseling and testing, nor HIV prevention education.

<sup>5</sup> OAHS—co-morbidity services include the provision of integrated care for clients identified and diagnosed with HIV and one or more of the co-morbid conditions of: substance abuse, a mental health diagnosis or homelessness.

<b>Proposed by</b>	N. Robinson
<b>Seconded by</b>	D. Cooper
<b>Action</b>	Passes, 9 abstentions, 2 objections
<b>Motion</b>	To reallocate \$71,713 into MAI OAHs – co-morbidity.
<b>Proposed by</b>	D. Brewer
<b>Seconded by</b>	D. Cooper
<b>Action</b>	Passes, 9 abstentions, 2 objections

*Data presentations*

**“HIV/AIDS Epidemiological Profile: Baltimore-Towson, Maryland Metropolitan Area.”**

Colin Flynn, Maryland AIDS Administration, presented the latest statistics on HIV/AIDS epidemiology in the Baltimore-Towson metropolitan area, reporting:

- The comparison of the metropolitan area’s AIDS-case-report rate to other metropolitan areas in the United States. The Baltimore-Towson metropolitan area ranks second in the nation.
- Trends in HIV incidence rates and prevalence rates for both HIV and AIDS. There is an average two percent decline in new HIV infections per year, but HIV and AIDS prevalence rates continue to increase steadily.
- HIV/AIDS prevalence, by race/ethnicity, gender and exposure category.
- Maryland is still transitioning to names-based reporting; therefore, the data needed to estimate the current unmet need is currently being collected and analyzed.

**“HOPWA: Baltimore Eligible Metropolitan Area (EMA).”**

D’Andra Pollard, Baltimore Homeless Services, presented information on the HOPWA program in the Baltimore EMA, reporting:

- The FY 2009 HOPWA formula allocations and services by jurisdiction in the Baltimore EMA.
- The Baltimore EMA’s a three-year competitive-funding award for special projects.
- The activities funded under the program: HOPWA funds housing assistance in the form of tenant-based rental assistance (TBRA) and supportive services, which include case-management and housing-placement services.
- The status of the wait list for housing in Baltimore City. There are currently approximately 600 people on the waiting list and the average time for an individual to wait is 1 to 2 years.
- Client demographics. In Baltimore City, a majority (52 percent) of the clients served in the program are single, African-American males.

**“Early Intervention Services Assessment in the Six Counties Surrounding Baltimore City.”**

Julia Hidalgo, Positive Outcomes, Inc. and George Washington University, presented her assessment of outreach models in the Baltimore EMA’s counties:

- The main goal of the assessment was to develop effective models of outreach to identify individuals at risk for HIV or that know their HIV serostatus, but are not currently in care, and engage them in counseling, testing and treatment.
- Effective outreach strategies currently in action were highlighted in the assessment, including: co-location of services, case managers arranging appointments and transportation, assistance navigating the health care system, medication education, referrals for substance-abuse treatment.
- The study uncovered the following barriers to identifying and engaging PLWH/A in care: limited funding for transportation, stigma, difficulty collaborating with organizations in the community, and limited funding to support focused outreach efforts for identifying target populations.

**Baltimore Substance Abuse Systems, Inc. “Ryan White Part A Planning Council Data Presentation.”**

William Atkins and Leroy Smith, bSAS, presented:

- An overview of the bSAS program, the designated substance abuse authority for Baltimore City.
- The sources and amount of funding allocated to each bSAS program in FY 2008.
- An overview of funding and clients served for each substance-abuse treatment modality and non-treatment initiatives for bSAS.
- Demographics of program participants.

**Ryan White “Parts B and D Overview: Baltimore EMA.”**

Glenn Clark, Maryland AIDS Initiative reported:

- The Ryan White Part B FY 2009 allocations for the Baltimore EMA and the funded service categories.
- An overview of the Part B-funded Maryland AIDS Drug Assistance Program (MADAP) and statistics on enrollment, by jurisdiction.
- A summary of Part D and Part D-youth programs in the Baltimore EMA.

**“Maryland Medicaid Program: An Overview.”**

Alice Middleton, Department of Health and Mental Hygiene, reported:

- The types of services funded under Medicaid and Maryland Children’s Health Program.
- The average time it takes for an application to be completed for a client to be enrolled in Medicaid programs.

- A cross-sectional report of HIV/AIDS-infected Medicaid enrollees, by jurisdiction.
- HIV/AIDS pharmacy costs for Medicaid-enrolled clients, by program.

***New Business***

The planning council adjourned to conduct EMA-wide and STSC voting for service category priorities, in preparation for FY 2009 PSRA.

<b>Motion</b>	To adjourn.
<b>Proposed by</b>	D. Cooper
<b>Seconded by</b>	A. Foyles
<b>Action</b>	Passes, 0 abstentions, 0 objections

Meeting adjourned at 9:33 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*

*August 19, 2008*

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Lennwood Green

August 19, 2008