

# Greater Baltimore HIV Health Services Planning Council

## Minutes of the Meeting of January 15, 2008

Vol. IV, No. 10

Final • January 15, 2008

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### Meeting Attendance

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<b>Present<sup>1</sup></b>	S. Ashley M. Becketts K. Bellesky R. Bradley D. Brewer G. Clark M. Cole D. Cooper A. Foyles B. Grant M. Graves L. Green* R. Haden* P. Hall	C. Harvey, Sr. D. Hunter R. Johnson J. Keller F. Lowman, Jr. C. Massey A. Middleton W. Miller G. Nelson W. Samuel L. Smith B. Tucker* J. Winslow
<b>Absent</b>	D. Baker R. Gore-Simmons R. Green D. Henson W. Jones J. Keruly	G. Manigo R. Matens M. Obiefune N. Robinson B. Thomas-El
<b>Proxies</b>	J. Ungard	
<b>ABC</b>	S. Pelham	
<b>BCHD</b>	A. Ferrari	
<b>Visitors</b>	C. Brown J.M. Brevelle V. Burrell S. Cherry M. Flint C. Gibson N. Guest	D. Hickman K. Kocherhans N. Pierson R. Saunders F. Sifakis K. Woolford

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

\* Present, but did not sign in.

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<b>Staff</b>	T. Cooke K. Hale	M. Komosinski N. Lewis
<b>Handouts</b>	January 2008 planning council packet Chair's report Monthly grantee report for January 2008 Monthly administrative agent report for January 2008 MAI and Part A FY 2007 funding allocation report Part B and Part D January 2008 administrative report POZ December 2007 and January 2008 magazines Amended meeting schedule for February 2008 Final action items for January 15, 2008 HIV among MSM in Baltimore: the BESURE study presentation slides Transgender populations and HIV presentation slides GFF's Women and HIV conference flier Advertisement flier and registration for LEAP 12	

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## Introductions

L. Green opened the meeting at 6:35 p.m. D. Brewer proceeded with introductions.

L Green announced that the agenda for the evening would be amended to follow the review of minutes and chair's report with the presentations. The agenda would pick up following the presentations.

## Review of Minutes

The council reviewed the minutes and found no errors.

<b>Motion</b>	To approve the November 20, 2007 minutes as written.
<b>Proposed by</b>	S. Ashley
<b>Secoded by</b>	A. Foyles
<b>Action</b>	Passes, 2 abstentions, 0 objections

## Chair's Report

L. Green discussed:

- The planning council's annual year-end meeting, highlighting the motivating speeches received.
- The council and committee vacancies resulting from the loss of H. Carter.
  - Regina Johnson would be appointed interim Evaluation Committee co-chair.
  - Alice Middleton would be appointed to the Nominating Committee until elections are held for this position.
- The stakeholder meeting marked the beginning stages for development of the comprehensive plan for 2009-2011. Comprehensive Planning Committee will

- oversee the plan. This is the council's biggest deliverable; therefore, council members will be asked to provide input throughout the year.
- The committees will be completing many other important deliverables, such as review of standards and service category trend analyses, this year. He explained the importance and need to regularly update standards of care for service delivery.
  - The need for committee co-chairs, as well as members, to thoroughly review the work plans. The work plan is developed according to HRSA deadlines and drives the meeting agendas. Additionally, it is the compilation of all committee work plans that make up the planning council's work plan.

## **Presentations**

### ***HIV Among Men who have Sex with Men (MSM) in Baltimore: The BESURE Study***

F. Sifakis:

- Reviewed the prevalence of HIV among MSM in Maryland and the racial disparity.
  - MSM account for approximately 20 percent of HIV cases.
  - More than 60 percent of MSM/HIV cases are African American.
- Described the study design of the Behavioral Surveillance Research Study (BESURE).
  - Centers for Disease Control (CDC)-funded cross-sectional study.
  - The study takes snapshots of HIV infection and HIV-risk behaviors, through the use of a behavioral questionnaire and HIV counseling and testing.
- Provided an overview of the results.
  - The first phase of the study found that 58.4 percent of HIV-infected were unaware of their infection.
  - Age, racial/ethnicity, injection drug users (IDU), and increased number of partners were predictors of an HIV infection and risk behaviors.
  - People do not get tested often enough.
  - 74 percent of HIV infected without health insurance were unaware of their status.

Question and answers session with F. Sifakis:

- M. Cole asked if he could expound on the Hispanic population.
  - F. Sifakis responded that the study did not identify enough Hispanics to have a large enough sample size to conduct significant analyses. However, for the next phase of the study, they have increased capacity and have more Spanish-speaking staff that can assist in identifying more of this population.

- A. Ferrari asked if he was aware of prevention outreach programs.
  - F. Sifakis said that he is aware that there are some community-based organizations (CBOs) that conduct prevention outreach, but that their study team did not cross paths with many of these CBOs, mostly because they were working late at night in diverse locations.
- J. Ungard asked if drug and alcohol use predicted a HIV infection.
  - F. Sifakis noted that past IDU and number of sex partners predicted infection. At the time of the study, methamphetamine use was uncommon. The next phase of the study may show an emergence of other drugs as predictors of HIV infection.
- A. Foyles asked if the study showed a significant reduction or increase in the last five years.
  - F. Sifakis responded that he could not answer the question from this study, but the combination of data from these results and that of the next phase of the study will enable trend analysis.
- A. Foyles also asked if the impact of losing Ryan White funding would have a catastrophic result on the incidence of HIV infection.
  - F. Sifakis replied to say that there are a large number of people who do not know that they are HIV positive; thus, are not even tapping into the Ryan White Program. However, if we are able to get these individuals into care, they will need services that Ryan White provides.

### ***Transgender Populations and HIV: A Review***

J.M. Brevette:

- Clarified definitions for transgender people.
- Explained why no one has reliable data for this population.
- Described results from surveys conducted at the Living Out Loud: How to Serve Transgender Clients capacity building training.
  - Underscored the need to educate providers, evidencing that providers lacked knowledge and tolerance regarding this population.
- Presented other data from needs assessments surveys, transgender health forums and the BESURE study that have been conducted in Baltimore and Washington DC.
  - Results of the Washington DC Transgender Needs assessment Study (WTNAS) demonstrate that many transgender have experienced unemployment, discrimination and violence, some of which they attribute to being transgender.
  - The WTNAS found that there is high risk for HIV among the small population of transgender.

- The HERO Keepin' It Real Project looked at a mixture of self-identified transgender and collected needs assessment data, but did not link with HIV testing.
- Findings from the HERO study indicated that over half of the study population was missing meals and delaying seeking medical care.
- The transgender health forums collected data from both consumers and providers, which demonstrated an alignment between both of their experiences.
- Participants in the transgender health forums were asked to indicate what they feel should be put into action to improve the relationship between transgender consumers and providers.
  - Both parties were in agreement that training and collaboration were essential for success.

K. Hale announced that all questions for J.M. Brevelle would have to be forwarded to IGS because the council had to utilize the remaining time to complete their business.

D. Brewer requested that the council skip the administrative reports and committee updates and only receive the action items from committees.

## Committee reports

### *Comprehensive Planning Committee*

R. Haden made the following motions pertaining to the priority setting work group recommendations:

<b>Motion</b>	To approve that only one information binder, that includes the grantee funding recommendation report and the regular planning council binder information, is distributed for priority setting.
<b>Proposed by</b>	R. Haden
<b>Seconded by</b>	D. Cooper
<b>Action</b>	Passes, 0 abstentions, 0 objections
<b>Motion</b>	To approve the Comprehensive Planning Committee to create a template for data presentation that would be given to presenters.
<b>Proposed by</b>	R. Haden
<b>Seconded by</b>	A. Foyles
<b>Action</b>	Passes, 0 abstentions, 0 objections

<b>Motion</b>	To hold all priority-setting data presentations in one meeting that will be mandatory for anyone planning to vote in the EMA or STSC priority settings.
<b>Proposed by</b>	R. Haden
<b>Seconded by</b>	D. Cooper
<b>Action</b>	Passes, 1 abstentions, 1 objections
<b>Motion</b>	To maintain the option to either attend a priority-setting training session or complete a home training to be eligible to vote in the EMA or STSC priority setting.
<b>Proposed by</b>	R. Haden
<b>Seconded by</b>	J. Winslow
<b>Action</b>	Passes, 0 abstentions, 1 objections

Discussion:

- M. Cole asked why long-term planning council members have to complete the same training every year.
  - D. Brewer clarified that HRSA mandates that voting members receive priority-setting training.
  - S. Ashley questioned whether there is anything in place to ensure that members complete and understand the training.
  - D. Brewer added that if members choose to complete training at home, it is their responsibility to be sure that they understand all the content.

<b>Motion</b>	To require the grantee to continue presenting their recommendations in writing, with supportive information and citations.
<b>Proposed by</b>	R. Haden
<b>Seconded by</b>	J. Winslow
<b>Action</b>	Passes, 1 abstentions, 0 objections

<b>Motion</b>	To continue to enforce time for reflection/discussion before a motion is made.
<b>Proposed by</b>	R. Haden
<b>Seconded by</b>	D. Brewer
<b>Action</b>	Passes, 0 abstentions, 0 objections

<b>Motion</b>	<p>To approve the following recommendations to the grantee and IGS, with the understanding that not all may be feasible (due to time and financial constraints):</p> <ul style="list-style-type: none"> <li>• To have the grantee and IGS meet ahead of time to standardize the data for all priority-setting reports.</li> </ul> <p>IGS-specific:</p> <ul style="list-style-type: none"> <li>• To have more space at each seat.</li> <li>• To have more microphones and a larger visual display.</li> <li>• To place the conflicts of interest on the back of every voting member's place card.</li> <li>• To have a separate section in the binder for each service category with reports combined per service category.</li> <li>• To separate data used at priority setting (scorecards, ESD reports, recommendations, etc.) from additional information (epidemiology, data presentations, etc.) in the binder.</li> <li>• To color-code priority-setting-specific reports that are distributed throughout the year.</li> <li>• To color-print scorecards and distribute them as early as possible.</li> <li>• To prepare a description of each service category and what is funded within that defined category.</li> </ul>
<b>Proposed by</b>	R. Haden
<b>Seconded by</b>	D. Cooper
<b>Action</b>	Passes, 1 abstentions, 0 objections

Discussion:

- M. Cole asked if a proxy at priority setting assumes the conflicts of interest of the person that they are proxy for, or do they vote based on their own conflicts.
  - K. Hale clarified that proxies are asked to announce their conflicts during discussions; however, they vote according to the conflicts of the person that they are voting on the behalf of.

***Continuum of Care Committee***

A. Foyles reported:

- The committee has completed revisions to the Outpatient Ambulatory Health Services (OAHS) standards to reflect those changes suggested by the Executive Committee in September.
- The committee completed final revisions to the Emergency Financial Assistance (EFA) and Health Insurance Premiums and Cost Sharing standards of care.

<b>Motion</b>	To accept the Outpatient Ambulatory Health Services (OAHS) standards of care.
<b>Proposed by</b>	A. Foyles
<b>Amendment</b>	To include revisions of typographical errors.
<b>Proposed by</b>	F. Lowman, Jr.
<b>Seconded by</b>	J. Keller
<b>Action</b>	Passes, 0 abstentions, 0 objections

D. Brewer announced that it was approaching 8:30 p.m. and the meeting would have to be extended to complete the motions that needed to be addressed.

<b>Motion</b>	To extend the meeting by five minutes.
<b>Proposed by</b>	D. Brewer
<b>Seconded by</b>	S. Ashley
<b>Action</b>	Passes, 0 abstentions, 0 objections

***Nominating Committee***

- W. Miller announced that the committee screened two applications and reviewed the two vacancies on the planning council. These two screened applicants were recommended for direct appointment to the council.
  - C. Brown was asked to leave the room as the council members reviewed the biographical sketches and considered her and A. Leverette for planning council appointment.

<b>Motion</b>	To forward A. Leverette’s application to the mayor’s office for planning council appointment.
<b>Proposed by</b>	W. Miller
<b>Seconded by</b>	J. Keller
<b>Action</b>	Passes, 0 abstentions, 0 objections

<b>Motion</b>	To forward C. Brown’s application to the mayor’s office for planning council appointment.
<b>Proposed by</b>	W. Miller
<b>Seconded by</b>	D. Cooper
<b>Action</b>	Passes, 0 abstentions, 0 objections

<b>Motion</b>	To open nominations for Nominating Committee membership slot.
<b>Proposed by</b>	A. Foyles
<b>Seconded by</b>	D. Cooper
<b>Action</b>	Passes, 0 abstentions, 0 objections

- D. Cooper nominated A. Middleton for nominating committee membership.

<b>Motion</b>	To close nominations and elect A. Middleton to fill the vacancy on the Nominating Committee.
<b>Proposed by</b>	A. Foyles
<b>Seconded by</b>	J. Keller
<b>Action</b>	Passes, 0 abstentions, 0 objections

### New Business

D. Brewer announced the Executive Committee's decision on how to handle Minority AIDS Initiative (MAI) allocations for FY 2009.

<b>Motion</b>	To approve that the MAI grant award continue for two years, with the understanding that the council will be receiving reports, but will not make major changes until 2008.
<b>Proposed by</b>	D. Brewer
<b>Seconded by</b>	J. Winslow
<b>Action</b>	Passes, 4 abstentions, 0 objections

J. Winslow announced:

- The Gay Family Foundation's Women and HIV Conference will be held January 24, 2008.
- LEAP 12 classes will begin May 18, 2008. Contact Valerie Febres for more information.

N. Lewis announced:

- The planning council support office hired a new Committee Policy Analyst, Tavon Cooke, to round off the team. He will be assisting with planning council and committee activities.

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

### Meeting adjourned at 8:42 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  
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 Lenwood Green

February 19, 2008  
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