

The Greater Baltimore HIV Health Services Planning Council
Minutes of the February 15, 2011 Meeting

Attendance

Presentⁱ	M. Becketts K. Bellesky D. Brewer V. Burrell-Gibson M. Carroll J. Flemming A. Fowlkes V. Graves R. Green R. Haden C. Harvey T. Hawkins	D. Henson M. Hitch S. Jenkins R. Johnson D. Kelson J. Keruly C. Massey A. Middleton M. Reese W. Samuel D. Shamer L. Sowah J. Winslow
Absent	S. Alston M. Becketts R. Bradley D. Broadway C. Brown M. Richmond-Ward	D. Clark W. Commander C. Edmonds R. Gore-Simmons V. Graves H. Lambert L. Servance
Guests	A. Senuta A. Duvall N. Khosla M. Brazil T. Stack S. Cherry G. Olthoff H. Smith D. Rivera T. Dais K. Thompson	P. Church C. Gray T. White C. Gibson N. Kelly K. Bishop A. Carroll H. Hauck J. McNamara B. Ntiri-Reid J. Hailey

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Executive Summary

The meeting convened with quorum at 6:40 PM.¹

The council discussed the steps it would need to take to effectively deal with the issuing of a partial award for FY2011. The council received a special report from H. Houck from IDEHA about the implementation of the Enhanced Comprehensive Plan for the Baltimore-Towson MSA (ECHPP) program.

The council heard updates from Part A and Part B representatives and the committee co-chairs.

The council voted to move T. White from the pool list to the mayor’s office with the recommendation for appointment to the Planning Council.

Committee Proceedings

Review of Minutes

The council reviewed the minutes from the January 20, 2011 meeting.

Motion	To accept the minutes from the January 20, 2011 meeting.
Proposed by	S. Jenkins
Seconded by	D. Kelson
Action	Motion passes, 2 abstentions, 0 objections

Chair Report

Chairman L. Green presented his report to the council. The chair reminded the council that the planning council would be receiving a partial award for FY2011 and reminded council members that, when the full award is issued, it would be necessary to keep in mind the continuing efforts of ADAP, which is always included in priority setting and resource allocation though it is not funded by Ryan White.

L. Green stated that the importance of prioritization with a partial award would be to ensure that the committee has the ability to divert funds as needs emerge.

The chair also stated that the planning council is in the process of collecting recommendations for allocation of unobligated funds. This is a duty that falls to the comprehensive planning committee.

The chair reminded the council that new member training was mandatory for anyone who had not yet attended, and that each council member was required to choose a primary committee.

Special Report

H. Hauck from IDEHA presented on the Early Comprehensive HIV Prevention Planning (ECHPP) program.

The main goals and objectives of ECHPP are as follows:

- Develop an enhanced plan that aligns the jurisdiction's prevention activities with the NHAS
- Identify/implement the optimal combination of prevention, care, and treatment activities to maximally reduce new infections
- Review the jurisdiction's current distribution of HIV prevention, care and treatment resources, and evaluate the extent to which these current resources are distributed to maximally reduce HIV incidence.
- Address gaps in coverage and/or realign resources to maximally reduce HIV incidence in the jurisdiction. This will include a plan to coordinate services at different points along the continuum of HIV prevention, care and treatment.

PC members asked the following questions following H. Hauck's presentation:

- What is the preventive procedure for those individuals who were HIV negative but still categorized as at-risk (partners of positives, at-risk populations, etc.)? H. Hauck stated that to ensure that there were preventive measures being taken from the very beginning, a level of sustainability would need to be determined with the individuals already categorized as HIV-positive.

- Has a strategy had been adapted for a grant that would award funds to the area of linking to care and prevention? H. Hauck stated that this was an important area to identify, however there were a number of different parameters that factored into its inclusion. She stated that it would most likely be included in future ECHPP models.
- Where are the ECHPP funds coming from? H. Hauck stated that the funds are what is allotted to the Baltimore/Townson EMA by the federal government.
- Are there were plans to expand testing in emergency departments? H. Hauck stated that much of that depends on whether or not there is a place for that in the hospital or department. She stated that third-party billing would also be an issue that would have to be considered.
- Are there better ways to utilize the funds? H. Hauck requested that the council think about that issue as the dialogue surrounding it continued.

L. Green emphasized the importance of cross-pollination to the committees, so that the council and the committees can start sharing data and information.

On PC member noted that the three main categories of funding for ECHPP operate on an assumption that people are going to change their behaviors to prevent transmission, however it is not so much a change in behavior that is required, but greater accessibility to resources. H. Hauck stated that those people who are unaware of their status (24 percent) are the ones that are contribution to the 54 percent transmission rates, and because of that, it is important to facilitate group level interventions and skill level interventions.

N. Slaughter stated that further questions regarding ECHPP could be sent to IGS and would be forwarded to H. Hauck.

Part A Update

R. Brisueno presented the Part A update.

He informed the council of the late submission of unobligated balance report to HRSA. The grantee had also submitted their own proposed carryover request, and that the council would have an opportunity to create carryover recommendations and submit them to HRSA. R. Brisueno stated that the EMA could expect to receive 35% of the award for FY2012, or 50% of the FY2010 dollars.

He stated that the EMA was looking at a decrease scenario of roughly 35% to the service categories. He stated that he did not foresee losing any providers. He also stated that at this time, the grantee could not estimate when the remainder of the award would be

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issued. The partial award will support the current continuum of care for four months. Based on the cuts implemented, he stated that the grantee estimates a roughly \$500,000 cut to primary medical care, as well as a cut to medical case management.

D. Brewer asked what was expected of the council and the committees when a service category receives a significant cut in Ryan White funds. R. Brisueno stated that every category must provide a transitional plan so that the current continuum of care can be managed and maintained.

Part B Report

M. Hitch presented the Part B report. She informed the council that IDEHA hosted a Maryland All Grantee Meeting on January 25th to explore opportunities for extended collaboration across Parts of Ryan White.

Part D Report

M. Hitch presented the Part D report. She informed the council that the Part D Network would meet February 4, 2011 to review and update their FY2011 workplan.

She also stated that IDEHA is waiting for the release of the Part D Grants for Coordinated HIV Services and Access to Research for Women, Infants, Children, and Youth Non-Competitive Continuation Program Guidance from HRSA.

Committee Updates

Comprehensive Planning Committee

L. Sowah presented the CPC update. CPC met on January 20, 2011. L. Sowah informed the council that the committee was in the process of planning its 2011 Stakeholders Meeting and considering the impact of outside factors into the CPC so as to ensure a smooth transition in the fact of any changes.

Continuum of Care Committee

M. Becketts presented the COCC update. COCC met on February 2, 2011 and received feedback from stakeholders. The committee continued its draft of the Oral Health Standards of Care.

Counties Committee

D. Kelson presented the Counties Committee update. The committee met on February 8, 2011 and finalized their 2011 Workplan. They also finalized the

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presentation for their jurisdiction presentations, which will be held in March and May.

Evaluation Committee

E. Walsh (proxy for R. Disharoon) presented the Evaluation Committee update. The committee met on February 7, 2011 and held elections; E. Walsh and R. Disharoon were elected as co-chairs. The committee also discussed the assessment of the administrative mechanisms and the federal guidelines for the assessment.

L. Green clarified what it is that needs assessment of administrative mechanism attempts to assess and accomplish, so that questions can be asked about the objective review of how well the council is progressing.

Nominating Committee

C. Massey presented the Nominating Committee update. She informed the council that the committee held new member orientation and training in January, and that the committee was also soliciting input on committee and planning council applications. Pool list bios for T. White were passed out to the council members, and C. Massey stated identified T. White as the member who had been voted from the pool list to the mayor's office with the recommendation of appointment to the planning council.

R. Green inquired as to whether or not T. White was his replacement on the planning council and stated that he had seen a letter stating that this was so. L. Green stated that matters discussed by the council during closed session could not be discussed during open session.

PLWH/A Committee

J. Flemming presented the PLWH/A Committee update. The committee met on January 19, 2011 and reviewed and began to provide input into the sections of the *Passport to Care* document regarding the first steps to HIV care for newly positive patients.

IGS/Support Office

K. McGinley presented the support office update. The support office will be contacting council members about their availability for Priority Setting and Resource Allocation.

The meeting adjourned at 8:45 PM.

ⁱ Quorum is defined as 51% or more of the council members.