

# Greater Baltimore HIV Health Services Planning Council

## Minutes of the Meeting of May 16, 2006

Vol. III, No. 3

Final • June 20, 2006

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### Meeting Attendance

<b>Present<sup>1</sup></b>	L. Green	D. Brewer
	K. Allston	S. Ashley
	H. Carter	M. Cole
	L. Creditt	I. Davis
	N. Drew	B. Flint
	A. Foyles	B. Grant
	M. Graves	T. Gray
	R. Haden	P. Hall
	R. Hamlett	R. Johnson
	J. Keller	J. Keruly
	G. Manigo	W. Merrick
	M. Reese	W. Samuel
	R. Shattuck	K. J. Taylor
	B. Tucker	S. Woods
<b>Absent</b>	D. Baker	W. Belle
	L. Chapman	N. Guest
	D. Henson	B. C. Jones
	S. Jones	C. Massey
	D. McKelvin	W. Miller
	M. Obiefune	A. Santiago
<b>Proxy</b>	P. Henry	S. Smith
	G. Nelson	D. Cooper
<b>ABC</b>	G. Williams-Glasser	B. McKeithen
<b>BCHD</b>	J. Ungard	
<b>Visitors</b>	V. Bell	C. Thomas, Jr.
	H. Roberts, Jr.	B. Thomas-EL
	J. Gresham	M. Flint
	J. Borwes	S. Gauhar
	E. Reaves	
<b>Staff</b>	N. Curtis	K. Hale
	C. Lacanienta	R. Abernathy
	M. Jahromi	D. Gorham

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

**Handouts**     May PC packet  
                  Agency reports  
                  Committee reports  
                  May QIP newsletter  
                  Gay Family Foundation informational flyer  
                  Committee minutes: Nominating, STSC, Support Services, Evaluation, and  
                  Comprehensive Planning committees  
                  HELP Committee's policy proposal for RWCA reauthorization  
                  HELP Committee memos concerning RWCA reauthorization  
                  June PC meeting schedule  
                  Priority-setting reminder flyer  
                  Priority-setting training flyer

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## Introduction

L. Green convened the meeting with introductions at 6:37 p.m.

## Review of Minutes

The council reviewed its April minutes and there was one correction. On page 13, last bullet, where it says, "Ten Mark," the correction should be "TAMARA Community Group." The council did not have any other corrections. A motion was put forward:

<b>Motion</b>	To accept the April minutes with one edit.
<b>Proposed by</b>	H. Carter
<b>Seconded by</b>	M. Reese
<b>Action</b>	Motion passed with no abstentions or objections.

## PLWH/A Committee Business

The PLWHA Committee and LifeLinc read a joint acknowledgement of the various agencies, community members, and local and state officials who supported the committee's and LifeLinc's activities related to the CARE Act reauthorization. Members of LifeLinc were also acknowledged for going above and beyond the call of duty in educating the public and government officials concerning what is at stake with the CARE Act reauthorization. Volunteers are still needed for the task group as it plans for future activities.

## Update: CARE Act Reauthorization

The council received various items obtained from the staff of the Health, Education, Labor and Pensions (HELP) Committee of the U.S. Senate: an outline of a policy proposal for the reauthorization of the CARE Act; a series of email memos; and a draft budgetary worksheet. The HELP committee has been working closely with the Energy and Commerce Committee of the U.S. House of Representatives to draft CARE Act reauthorization legislation.

***The HELP Committee's CARE Act Reauthorization Policy Proposal***

The HELP Committee says that the goals of its proposal are to maintain the current structure of the Ryan White program while responding to the evolving nature of the HIV/AIDS epidemic, without creating drastic reductions in funding.

Under the HELP Committee's proposal, CARE Act funds would be disbursed according to which of three "tiers" an EMA qualifies for, as follows:

- Tier 1: EMAs with 2,000 or more living AIDS cases reported in the last five years would qualify for Tier 1. Distribution of funding would be two-thirds formula and one-third supplemental. The planning council would remain intact as defined in the current CARE Act.
- Tier 2: EMAs with 1,000-1,999 living AIDS cases reported in the last five years would qualify for Tier 2. Distribution of funding would be two-thirds formula and one-third supplemental. EMAs in this tier would not be required to have planning councils and the discretion to develop a planning council would be up to the chief elected official.
- Tier 3: EMAs with 500-999 living AIDS cases reported in the last five years would qualify for Tier 3. Distribution of funding would be entirely formula-based. EMAs in this tier would not be required to have planning councils and the discretion to develop a planning council would be up to the chief elected official.

Beginning in FY 2007, EMAs in all three tiers would be required to switch to a CDC-approved HIV/AIDS reporting system, i.e., either "names-based" reporting or a CDC-approved temporary "proxy" count. Currently, this EMA does not have an HIV surveillance system that has been approved by CDC. If approval is obtained for a "proxy" count for this EMA, ninety percent of the EMA's HIV cases would count for funding-formula purposes.

After this update, the council and community were encouraged to stay abreast of the activities surrounding reauthorization and remain in contact with their state legislators.

**Chair's Report**

L. Green reported:

- Sometimes essential information arrives or is completed too late for the PC mailing. PC staff will make copies of such materials available for the meeting. PC members and guests should pick up these additions to the PC packet when they sign in.
- If you are a co-chair or other person scheduled to speak at a PC meeting and must leave the meeting early, please see Kate Hale or Rebecca Abernathy regarding the process for moving your report to an earlier point in the agenda.
- If you are sending a proxy to the PC meeting, it is your responsibility to make sure that the support office has the signed paperwork. In emergency circumstances, contact

the PC office or have your proxy see either Rebecca Abernathy or Nicole Curtis regarding the completion of proper paperwork.

Concerning the priority-setting conference, L. Green reported:

- In the event that a member cannot attend the priority-setting conference, he or she may designate a proxy, or stand-in. Proxies should vote in the best interests of the populations served by the members they are representing and should not make any directives that the members whose places they are taking have not explicitly instructed them to make. It is the PC members' responsibility to make sure that the proxy has all the information that is needed to appropriately represent the PC member. The member should give the proxy written instructions regarding abstaining when votes come up for any service categories where conflict of interest is involved. If the members have special concerns with any category, they should also give written guidance so that the proxy represents the members' constituency or voting position for the category.
- Directives are to be developed *before* the priority-setting conference. A directive may be presented during the EMA or STSC priority setting only with the specific approval of the PC chair or vice chair.
- In general, all committee co-chairs must ensure that their members act as planners — not providers or consumers — during committee meetings. While providers and consumers have important expertise concerning particular programs or services, as planners we must consider the entire continuum of services and, using a variety of data sources, balance the needs of all consumers when making decisions.

### **Administrative Agency Report**

G. Williams-Glasser reported:

- Service-category meetings were implemented last fiscal year as opportunities for clarification and exchange on critical issues affecting a specific service category. The next service-category meeting, scheduled for June 26, 2006, will focus on primary medical care.
- The AA staff attended all planning council meetings.
- The AA is working on the full execution of the 200 FY 2006 contracts. As of May 5, 2006, 68 percent of the contracts were out for signature and 30 percent were fully executed. At this stage of the process, all budgets have been reviewed and approved. All funds have been allocated as of May 8, 2006.
- The AA and grantee in collaboration with the Needs Assessment Committee is planning an orientation for providers participating in the MAI Outreach pilot program, on June 1, 2006.
- The next provider meeting is scheduled for June 16, 2006.

## **Baltimore City Health Department Report**

J. Ungard reported:

### ***Title I Administration***

- The reauthorization of the CARE Act continues to work its way through passage, and the Grantee strongly encourages council members to get involved with that process.
- The Title I Office is preparing for a HRSA site visit May 22–24, 2006 that will include direct-service providers in the areas of primary medical care services to women.

### ***Quality Improvement Program***

- Kelley Stewart, the QIP community liaison for many years, is resigning effective May 19, 2006 to assume a position at University of Maryland, Institute for Human Virology. We extend our sincere appreciation for her exemplary service in the QIP Office and wish her well in this new endeavor.
- The service-category reports for primary care, case management, and food/nutrition are on target for distribution on or about June 1, 2006. On May 1, 2006, the Quality Improvement Program released the first edition of a quarterly newsletter. Future issues will include material from funded Title I programs.

### ***BCHD, Division of Health Promotion and Disease Prevention News***

- Baltimore City Health Department is participating in a strategic partnership with several HRSA-funded organizations to address health disparities in West Baltimore.

### ***Other Baltimore City Government HIV/AIDS Initiatives***

- No update this period.

### ***Capacity Building and/or Technical Assistance Initiative***

- The Gay Family Foundation conducted a “Master’s Level Positive Self-Management” course. Twenty-six participants completed the week-long program.
- A meeting is scheduled for June 1st with MAI Outreach programs to develop action items for the delivery of capacity-building initiatives.

## **State AIDS Administration**

### ***Title II Report***

N. Drew reported:

- The FY 2006 Title II grant was level-funded at \$36,252,055. However, within that total, more funds were earmarked for ADAP, resulting in a decrease in available funds for services and the Minority AIDS Initiative (MAI).
- Title II hosted a treatment-adherence roundtable forum on May 1, 2006 with treatment adherence, substance abuse and mental-health providers.

- The AIDS Administration held a meeting on May 5, 2006 with Baltimore City Health Department's Title I Program and Washington, D.C.'s Title I Program to discuss assuring adequate access and resources for HIV-drug-resistance testing for Ryan White clients in Maryland.

#### ***Title IV Report***

B. Grant reported:

- The Title IV Youth Community Advisory Board (CAB) meeting was held on April 26, 2006 at University of Maryland, Baltimore (UMB).
- Two youth will be participating in the VOICES 2006 Conference sponsored by AIDS Alliance for Children, Youth and Families. This conference will be held May 19-23, 2006 in Crystal City, VA.

#### **Committee Reports**

##### ***Comprehensive Planning Committee***

J. Keller reported:

- The Comprehensive Planning Committee held a teleconference on April 24, 2006.
- The committee discussed the fourth-quarter reports on community education and capacity building efforts and review progress on objectives.
- There were no action items.

##### ***Evaluation Committee***

H. Carter reported:

- The committee met on May 8, 2006. The assessment-data gathering is underway in the Baltimore EMA.
- The committee received the *Allocation of Grant Funds for FY 2006* report and the *Recommendations for FY 2006 Unallocated Funds* report.
- The reports show that \$32,155 is unallocated as of May 7, 2006. The AA and grantee recommend a decrease in child care of \$18,700 and a decrease in treatment adherence of \$13,455. In both categories, continuity of coverage will not be affected.
- The recommendation was that the \$32,155 be moved to the mental health category. This money will allow a provider to co-locate services and support sixty clients for a year.
- The next committee meeting will be on June 5, 2006.

<b>Motion</b>	For the planning council to remove \$18,700 from the childcare service category.
<b>Proposed by</b>	H. Carter
<b>Seconded by</b>	M. Reese
<b>Action</b>	Motion passed with five abstentions and no objections.

<b>Motion</b>	For the planning council to remove \$13,455 from the treatment-adherence service category.
<b>Proposed by</b>	H. Carter
<b>Seconded by</b>	K. Allston
<b>Action</b>	Motion passed with six abstentions and no objections.
<b>Motion</b>	For the planning council to reallocate \$32,155 to the mental health service category.
<b>Proposed by</b>	H. Carter
<b>Seconded by</b>	T. Gray
<b>Action</b>	Motion passed with five abstentions and no objections.
<b>Motion</b>	For the planning council to send a letter of assurance that all of the EMA award money is allocated.
<b>Proposed by</b>	H. Carter
<b>Seconded by</b>	R. Shattuck
<b>Action</b>	Motion passed with two abstentions and no objections.

***Health Services Committee***

M. Cole reported:

- The committee met on May 3, 2006. The committee was presented with a request from a provider to add additional lab tests to the existing centralized lab list. The concern of the provider was that a second set of tests was needed to confirm the original tests listed on the centralized lab list. These additions would ensure that all bases of testing are covered with respect to the full treatment of the patient.
- A member of the committee also made a recommendation to add additional tests for Hepatitis A and B to the centralized lab list. The committee reviewed and discussed these requests, approved them and will work with the Administrative Agent to have these tests implemented.
- The committee received a copy of those sections of chapters 7 (“Continuum of Care”) and 8 (“Goals and Objectives”) of the council’s *Comprehensive Plan* that pertain to this committee. The committee will incorporate this information into future activities.
- There are no action items.

***Needs Assessment Committee***

I. Davis reported:

- The committee met on May 11, 2006. The committee reviewed the list of data-presentation topics and suggested several additions. The committee also reviewed the list of other funding streams and three new sources were added: Ryan White Part F, Veterans Administration, and other government programs. The committee will finalize its review of this information and any additions at its June meeting.

- The committee was given an update on its carryover projects. The electronic provider database is online. The Medicare Part D final report has been distributed to the public.
- The committee began working on strategies for the consumer survey, which will be a smaller version of the survey done in 2004.
- There are no action items.

***Nominating Committee***

R. Shattuck reported:

- The committee met on May 8, 2006.
- The committee reviewed and discussed its removal process and developed a clearer, more concise process for the pool list mechanism. The committee would like to emphasize that every effort to contact people has been exhausted and in the end no response has been received. The committee feels that this process is necessary to ensure that the council has active and enthusiastic people ready to fill vacancies when necessary.

The following motions were made:

<b>Motion</b>	The nominating committee will review the pool list twice a year and remove those who indicate that they wish to be removed, as well as those who could not be reached after all possible means of contact have been exhausted.
<b>Proposed by</b>	R. Shattuck
<b>Seconded by</b>	H. Carter
<b>Action</b>	Motion passed
<b>Amendment</b>	To reword the motion to say, "The nominating committee will review the pool list twice a year and remove those who indicate that they wish to be removed, as well as make a recommendation to remove those who could not be reached after all possible means of contact have been exhausted."
<b>Proposed by</b>	W. Merrick
<b>Status</b>	Amendment was accepted by R. Shattuck
<b>Action</b>	Motion with amendment was passed with no abstentions and one objection.

<b>Motion</b>	When recommending individuals for removal from the pool list, the nominating committee will present a list of the individuals and their reason for removal to planning council members only. Each person on the pool list will be assigned a letter code so that discussion of and voting on their removal can take place confidentially.
<b>Proposed by</b>	R. Shattuck
<b>Seconded by</b>	H. Carter
<b>Action</b>	Motion passed with no abstentions or objections.

- The committee has also been in the process of reviewing committee/council attendance. As a result of the streamlining of the committee's meeting calendar, a change to the by-laws regarding attendance tracking is needed. The committee presented to the executive committee a proposal to change from using a fixed number as a meeting-attendance benchmark to a percentage measure. The Executive Committee sent the proposal back to the Nominating Committee for further discussion and clarification.
- In June, the committee will be bringing forward names for reappointment.
- There are no other action items.

### ***PLWHA Committee***

A. Foyles reported:

- The committee and LifeLine were invited to be participants at the AIDS Legislative Committee's community forum on April 19, 2006 at the First and Franklin Presbyterian Church. The forum focused on HIV/AIDS in Maryland, making our vote count and gaining input from the community by identifying issues related to HIV/AIDS.
- The PLWHA committee is scheduled to meet at Bons Secours Family Center on May 17th.
- There are no action items.

### ***Services to Surrounding Counties Committee (STSC)***

M. Reese reported:

- The committee met on May 2, 2006. The committee reviewed the 2006 directives. Topics of discussion included medications, copays, genotypic and phenotypic tests and mental health.
- The committee discussed ideas for carryover projects. The main topics of conversation were outreach information and transportation.
- There are no action items.

### ***Support Services Committee***

M. Reese reported:

- The committee met on May 9, 2006 and reviewed progress on FY 2006 directives.
- The Health Services and Support Services committees will convene a joint meeting on May 18, 2006 at BCHD to discuss standardizing some of the wording of the new standards-of-care template.

### **IGS report**

K. Hale reported:

- IGS PC support office attended the Title II Treatment Adherence Round Table. The meeting was very productive and additional meetings are in the near future.

- The final Medicare Part D special project report has been distributed to the public.
- Reminder to co-chairs of committees: the PC support office is available to all chairs with respect to preparing and keeping abreast of their committees and committee business.

**New Business**

- D. Taylor of Gay Family Foundation (GFF) announced that GFF will host a Joint Healthcare Practice Symposium at Shepherd Pratt Hospital on June 23rd, 2006.
- C. Thomas, Jr. reported that based on the extraordinary work of LifeLinc and the PLWHA committee, the governor signed a piece of legislation that redirects rebates from pharmaceutical companies from the MD general fund back to Title II MADAP accounts.

**Meeting adjourned at 8:15 p.m.**

I certify these minutes to be an accurate and inclusive record of the planning council meeting as amended and approved by the Greater Baltimore HIV Health Services Planning Council.

*Lenwood Green*

Lenwood Green

*June 20, 2006*

June 20, 2006