

Jackie Adams - Part C & Mental Health

- 1) Is your agency taking on new clients? If not, where are you sending them?
 - Yes, we are taking new clients in all service areas.

- 2) With such a small percentage of clients who are HIV positive, will the ACA really affect Chase Brexton?
 - ACA will have a significant effect on Chase Brexton. First, all of our PAC patients (regardless of HIV status) will automatically be enrolled in Medicaid and therefore have better benefits including access to specialty care, which we often pay for with designated grant funds. Second, we anticipate increases in patient volume across all services, as more people are able to obtain health care coverage.

- 3) With the increase in Infectious Disease Physicians, is Chase Brexton expanding its HIV program?
 - Chase Brexton is expanding its HIV program. Currently, in addition, to adding the ID physicians we are also expanding services on the Eastern Shore and our Randallstown site.

- 4) What percentage of your HIV positive population is undocumented?
 - Less than 1%

- 5) What are the plans that you have instituted to enable you provide some care for these patients?
 - HIV-positive patients that are undocumented have access to every service provided by Chase Brexton. The majority of these patients are Hispanic and access care at our Columbia Center. In response, Chase Brexton has hired bilingual providers, case managers and support staff. Chase Brexton also utilizes a medical translation service as needed.

- 6) With the movement towards the patient centered medical home model (which I can see you are doing quite well), how are you handling your pregnant HIV positive patients?
 - Historically, Chase Brexton has referred pregnant HIV-positive patients to Hopkins or Maryland, but we recently acquired an OB/GYN practice. In September 2013 we will begin providing OB/GYN services at our Mt. Vernon Center. We plan to expand those services to our Columbia and Randallstown centers over the next two years.

Phyllis Hubbard - Substance Abuse

- 1) Is there a wait list for opiate dependent patients?
 - There is always a waiting list. We have to occasionally stop referrals for that reason.

- 2) (I realize you may not have any funding for dealing with smoking in the HIV population. Currently, the second most common cause of preventable deaths

among HIV patients second to illicit drugs is tobacco use.) What do you plan to do about that?

- There is no funding for tobacco use in the HIV population. If there is a need or request, I suggest 1-800-QUITNOW.

Drs. Valli Meeks and Larry Bank

- 1) Is your agency taking on new clients, if not where are you sending people?
 - Independent Living Foundation is accepting new clients every day.
 - The University of Maryland (PLUS Clinic) is accepting new clients, however due to the large number of current/active patients and limited available time & providers, it can be 4-6 weeks for an initial examination appointment.
- 2) What is the cost for basic dental services: cleaning, fillings, X-ray, exam?
 - At Independent Living Foundation the fee schedule is established by the grantee. The range of expenses are:
 - \$80 - \$90 – Comprehensive exam
 - \$130 – X-ray
 - \$200 - \$300 – Scaling and polishing
 - At the University of Maryland Dental School, the range of expenses are:
 - \$65 – Comprehensive exam
 - \$78 - \$92 – X-ray
 - \$68-\$128 - Fillings (silver)
 - \$82-\$159 - Fillings (tooth colored composite)
 - \$64-\$137 - Periodontal therapy
- 3) How can we limit the need for dentures, bridges, etc?
 - Encourage people to take better care of their teeth. Partial dentures can often be done in place of bridges. Patients need to improve their overall home care and realize that their teeth can last a lifetime and should if they take care of them by brushing twice a day.
- 4) Are there contingency plans in case there are drastic cuts in Ryan White?
 - Independent Living Foundation does not have a contingency plan as Medical assistance covers very little, however they do not turn clients away.
 - Referral is made to other Ryan White dental providers if the PLUS Clinic funds were to be cut. The PLUS Clinic would continue to see patients if the Ryan White funds were drastically reduced BUT no new patients would be seen and the emphasis would be placed on completing current treatment plans. If there are no Ryan White funds at all, the patients would be referred to the University of Maryland dental school where there is a reduced fee program available but the patient would be responsible for payment.

Tom Bondarenko – Food Bank

- 1) How many clients are added to the waiting list per week?
 - We add an average of 12 clients per week. The waiting list fluctuates greatly. The number of people that come off service each week (regardless of the illness) determines how many may be added that week.

- 2) Do you have any idea what the client return rate is? Is there any specific cause that stands out?
 - Depends on how far back you consider a “returning” client. A client must complete another application if they were last on service more than one year ago. About an average of 25% return rate for clients after being off service for 1 year or more.

- 3) Are HIV positive individuals taking part in the food service training program – If no, why not? If yes, how successfully?
 - The Food Service Training program is a workforce development program and is open to anyone who qualifies, and who eventually wants full time employment. Consequently, we do not ask someone’s HIV status upon applying, nor do we discriminate against anyone who applies who may have HIV/AIDS. My assumption is that there are individuals who have HIV who participate in the food services training program.

- 4) Is Moveable feast a summer meal program site for the school breakfast/lunch program?
 - We are not because we do not have on site programming at Moveable Feast. The One For All Association, located in the same building as Moveable Feast, is a summer meal site for children in this east Baltimore community.

- 5) Is the actual number of clients served and dollar amount given for six months (including those not through Ryan White)?
 - Refer to BCHD for answer.

- 6) Are there fundraising efforts to assist in providing meals to HIV patients?
 - As common in most nonprofit agencies, Moveable Feast does fundraising for its mission related activities which, of course, includes services to people with HIV/AIDS. Ryan White funding does not cover all expenses related to feeding people with HIV/AIDS. The need for food services for people with HIV/AIDS far exceeds the funding available or provided by Ryan White.

- 7) What was the expenditure of funds last year?
 - Last year, Moveable Feast spent all the Ryan Whites monies allocated to us by the Planning Council priorities setting process.

- 8) What is the process for returning to service?

- A client must complete a new application if they were last on service more than one year ago. If less than one year, we will use the former application that was submitted for that individual.

9) (I am not fully aware of your percentage of clients who are HIV positive; with potential changes in the health care model we are unaware of the level of funding for HIV positive clients through Ryan White) In the setting where you do not have Ryan White, can you continue to serve HIV positive clients?

- About 60% of total clients served by Moveable Feast are individuals with HIV/AIDS. If all Ryan White monies were eliminated, Moveable Feast would continue to serve people with HIV/AIDS as per resources available.

10) What plan do you have for such an eventuality?

- Moveable Feast identifies a base number of meals to be served each year from its undesignated resources. We have also taken, and continue to take steps, to identify other opportunities to secure funding in order to provide nutritious food to people with HIV/AIDS: i.e., being a Medicaid-waiver provider of services for home delivered meals and medical nutritional therapy (MNT); partnering with other FQHCs and the State to include meals and MNT in their funding applications, etc.

Jamal Hailey – Youth and MSM

- 1) Are you preparing young MSM with anal pap smears or offering the HPV drug? Are young MSM introduced to PREP?
 - Yes, STAR TRACK performs anal pap smears for young gay and bisexual men. We offer the Gardasil vaccination to all of our male patients. We currently are not directly involved in any PREP studies. We do refer patients to the PREP study taking place at the Johns Hopkins Bloomberg School of Public Health.
- 2) Is your agency taking on new clients? If not, where are you sending them?
 - Yes, we are open to taking new clients. Please call [410-328-3196](tel:410-328-3196) to speak to our Linkage to Care Coordinator.
- 3) Have you been able to utilize snowball effect to target high-risk patients to help improve early diagnosis and engagement?
 - Yes.
- 4) Is your program currently looking into utilization of PREP as a tool to reduce new infections as well as to identify new positives?
 - No, we are looking at other biomedical interventions to reduce new infections and identify new positives.
- 5) Can STAR Track help children apply for MCHIP?

- Yes. We have a social worker and case managers who assist with insurance.

Erin Donovan – Faith Based Organizations

1) Do you work with the surrounding counties (i.e. Anne Arundel County) or do you primarily work within Baltimore City?

- Primarily within Baltimore City and Baltimore County. We are open to doing trainings at churches in surrounding counties. All of our service provider partners are located within Baltimore City.

2) Does your organization offer pastoral care to sexual minorities?

- We may refer a person specifically to a partner church/pastor but we do not offer direct services like that. We will always refer to a partner church.

3) What faith-based organizations in the city are most actively engaged with Hope Springs?

- HopeSprings is a part of many faith related coalitions e.g. Presbyterian AIDS Network. For a list of the churches we work with please see here - <http://hopesprings.org/ways-to-engage/partner-churches>

4) From what specialties will the teams be comprised? How often will they meet? How many individuals will they work with? What other specifics can you provide about the commitment required of the team members?

- Tables members are generalists but they look within their social networks to find dentists, job opportunities, legal help, tax work, cars, housing/furniture, etc. Tables meet one time per week for a year. Tables work with only one brother or sister at a time. Table members must go through training and may have background checks. For anyone interested in joining a table or receiving additional information, they can contact tables@hopesprings.org or attend an informational session in August listed here: <http://hopesprings.org/ways-to-engage/service-opportunities>
- These sessions are not for individuals interested in having a table. Brothers and sisters receiving tables come through an HIV provider and work with an existing case management referral process.

5) Where are some of the places volunteers work?

- Within AIRS: Geraldine Young, Restoration Gardens, The Carriage House and Don Miller, Moveable Feast, and the JACQUES Initiative.

6) Are you currently in contact with minority-based churches?

- Yes. Two churches from Baltimore County founded HopeSprings but the majority of our new volunteers come from minority-based churches.

7) How does HopeSprings propose to achieve its “out of poverty” goal?

- The table process works with individuals over the course of a year to accomplish items on their life plan (that is created in conjunction with the table.) HopeSprings is integrating HIV into Open Table's pre-existing poverty transformation model. The City of Phoenix ROI Analysis has studied the Open Table model, which is used in other fields. Their Human Service Department analyzed the economic impact of six completed tables in the city. Results indicate that for every dollar Open Table, government programs, and other program partners invested in the families, the families benefited \$7.44. Also, as some brothers and sisters completed educational programs that began while on their tables and earn higher levels of income, this financial impact could increase substantially. Table value is also generated by looking at volunteer hours (1700+ = \$35,000) + donated goods and services (\$9,000) + capital through microloans (\$1-3,000) for a total of \$40-45K in investment/table. HopeSprings chose to adapt and integrate HIV into the Open Table Model because of how effective their model has been. We expect to see a similar ROI in the context of the HIV model.

8) With the current focus on engagement and retention in care, how do you plan to get the faith-based community specifically the Black church to address HIV in the Black community in an ongoing manner?

- We intentionally do outreach within communities more heavily impacted by HIV. For example, in 2012, we increased marketing and outreach efforts within the zip code 21217. We met with over one third of the 60 plus churches in that zip code, did a screening of the film “Gospel of Healing”, assisted in a plethora of testing events, held three trainings, helped with a series of pastor luncheons, and served on the Druid Heights CDC Pastor's Roundtable etc. Because our staff is small, we have intentionally focused on the Baltimore City Epidemiological Profile to determine intentional outreach. We do work with churches all over the city but we market to specific areas.

Steven Dashiell - Housing

1) Funds have been cut through sequestration. How does this affect housing chances for your waitlist and persons in housing currently?

- There is an impact due to sequestration, most assuredly, as funding has not increased. This means that we are limited, as are all other HUD programs, in the number of people we can house in a given year. Couple that with the terribly statistic (and high) number of homeless people in Baltimore, quite a few with HIV, and we create a situation where there is a rather consistent and steady waiting list for AIRS.

2) Is your agency taking on new clients, if not where are you sending people?

- In regards to accepting applications, we are not currently accepting any new individuals for our single adult waiting list. This is a practical decision by AIRS, as our waiting list is very long (over 80 persons are currently on the singles list), and the turnover (meaning the number of individuals who move from the waiting list to housing) is very slow in a given year. This is a result of permanent housing - as stated during the meeting, residents measure their involvement in our program by decades, so openings are created only when individuals successfully move on to other housing sources (including purchase and market rent), individuals pass away, or circumstances denote removal from the program (due to significant and consistent violations).

3) Are there any opportunities to work with the Mayor and city council programs to develop the abandoned houses in the city?

- This is a question better asked of the Office of Homeless Services under the Mayor.

4) How do you reduce waitlists if housing is permanent? Do you find additional apartments/housing?

- Finding additional apartments/housing is only part of the problem. This is not an issue of a lack of locations; it is the funding of those locations. The federal funds allow for AIRS and other Shelter Plus Care organizations to successfully and continually fund rent and utility (in many cases) payments for those who desperately need it. Our organization, indeed, all funded organizations, are limited by the number of permanent clients they can continually house. This means, as explained above, reduction of the waitlist is most difficult.

5) What was the expenditure of funds last year? How many total slots are available? What happens if funding is cut, will those in housing be affected?

- Our housing effectively uses all of the funds provided to us in regards to housing. If cuts do occur, we will endeavor to work hard to limit impact on those already housed. Of course, we hope cuts in funding do not occur.

6) How culturally sensitive are your clients with regard to sexual orientation?

- Our clients are extremely sensitive to the issue of sexual orientation, as is our staff. We do not currently do a census of sexual orientation directly; so we cannot provide a number of how many clients or staff are part of the LGBT community.

7) Do you have any special slots for transgender individuals?

- There are no slots specific to transgender individuals.

Chris Aldridge – Prevention

1) Will MADAP continue under the ACA?

- At this time, MADAP will continue under ACA. As ACA is implemented, its role will change, but for now it will continue to serve as a safety net program.

2) How will Ryan White be affected under the ACA?

- As with MADAP, Ryan White is expected to continue under ACA for the time being. As ACA is implemented, its role will change, but it will remain a safety net for individuals without other healthcare coverage.

3) What is the income level for coverage eligibility under Medicaid?

- Under ACA, individuals at 138% of poverty level and below will be eligible for Medicaid.

4) Do youth qualify for Medicaid?

- Youth will qualify for Medicaid under the Maryland Children's Health Insurance Program or MCHIP.

5) How is the state planning to balance exchanges, Medicaid and Ryan White funds (as these funds probably decline over time)?

- Ryan White will continue to serve as payer of last resort. Individuals that qualify under expanded Medicaid will need to enroll in that program. Individuals will also be encouraged to access insurance through the Exchange, which provides more comprehensive coverage than available through Ryan White.

6) How will MADAP, the rebates in particular, be affected as more patients become eligible for Medicaid and no longer use MADAP or will this not occur?

- MADAP will continue to be a 340b eligible program, which qualifies the program for rebates on drug purchases. MADAP will continue to receive 340b rebates on all drugs purchased.