

Greater Baltimore HIV Health Services Planning Council

Minutes of the Meeting of June 17, 2008

Vol. V, No. 4

Final • July 15, 2008

Meeting Attendance

Present ¹	S. Ashley	D. Hunter
	D. Baker	R. Johnson
	M. Becketts	J. Keller
	K. Bellesky	J. Keruly
	R. Bradley	A. Leverette
	D. Brewer	C. Massey
	C. Brown	R. Matens
	G. Clark	A. Middleton
	D. Cooper	W. Miller
	A. Foyles	G. Nelson
	R. Gore-Simmons	N. Robinson
	L. Green	W. Samuel
	R. Haden	L. Smith
	P. Hall	J. Winslow
	C. Harvey, Sr.	
	Absent	M. Cole
M. Graves		G. Manigo
R. Green		M. Obiefune
D. Henson		B. Thomas-El
W. Jones		B. Tucker
Proxy	V. Burrell	C. Thomas, Jr.
BCHD	R. David	S. Kazi
	A. Ferarri	J. Ungard
	C. Fowell	
Visitors	J. Bartlett	J. Hunter
	W. Commander	J. Kunkel
	R. Disharoon	B. McDougal
	C. Gibson	R. Parrish
	C. Gray	R. Rubino
	N. Guest	D. Shamer
	J. Hunter	M. Ward
Staff	T. Cooke	C. Lee
	K. Hale	N. Lewis
	M. Komosinski	
Handouts	Planning council packet (June 2008).	
	Part B and Part D administrative reports (June 2008).	

¹ Attendance is based on sign-in sheet.

Grantee administrative report (June 2008).
Nominating Committee minutes (June 2008).
Bylaws/Grievance Committee minutes (June 2008).
Planning council bylaws (draft).
Final action items (June 2008).
Chair's report (June 2008).
Letter from planning council chair (June 2008).
Conflict of interest disclosure form (draft).
FY 2008 implementation plan (May 2008).
Poz magazines (May 2008 and June 2008).
African American men's health conference (flier).

Executive Summary

The planning council meeting convened with quorum at 6:46 p.m.² The meeting began with introductions and a review of the May meeting minutes.

The planning council chair announced:

- The planning council will plan for allocations to core-medical and support services to meet the mandated proportions at the FY 2009 Part A priority setting and resource allocation (PSRA) and at the FY 2009 Minority AIDS Initiative (MAI) PSRA.³
- Preparations for PSRA are underway:
 - Committees have begun reviewing service category performance.
 - The planning council will receive informational presentations tonight.
 - Data presentations will be held at July planning council meetings. Attendance at the July meeting is a requirement for participation in PSRA.
- The recommendations to the planning council bylaws, compiled by the Bylaws/Grievance Committee, will be reviewed at tonight's meeting.
- To meet legislative mandates, the Nominating Committee made a recommendation to temporarily fill the Part D membership slot on the planning council with a current member who is a Part D provider.

The three (of six) informational presentations were made on the following topics:

- HIV prevention and treatment trends.
- Maryland's prevention update.
- Total Health Care's Part C program.

The planning council received the Bylaws/Grievance Committee's recommendations for revisions to the planning council bylaws and conflict-of-interest disclosure form. Two additions were discussed and approved:

² Quorum is defined as attendance of at least 51 percent of membership.

³ 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.

- To allow the planning council chair to seek the expertise of the former planning council chair.
- To include a disciplinary action that would result from failure to adhere to the conflict of interest policy.

The changes to the planning council bylaws and conflict of interest disclosure form were approved and both documents were ratified.

The grantee representative announced the following:

- The Health Resources and Services Administration (HRSA) has not announced whether or not the Baltimore eligible metropolitan area (EMA) would be awarded the grant to implement a web-based client eligibility system.
- FY 2007 contracts are being closed out and FY 2008 contracts are being executed.
- FY 2009 PSRA reports are being prepared.
- The Clinical Quality Management (CQM) team is conducting programmatic site visits, awaiting Institutional Review Board (IRB) approval for several proposed projects, will be conducting vendor-specific technical assistance sessions and will be reviewing five service categories in FY 2008.⁴

The Part B and D representative from the Maryland AIDS Administration reported:

- The Part B comprehensive plan will be due to HRSA on February 1, 2009.
- Technical guidance was received on the submission of HIV non-AIDS data.
- HRSA has not announced the Part B MAI award.
- The Maryland AIDS Drug Assistance Program (MADAP) open house was held.⁵
- A new HIV-awareness public service announcement is airing on Baltimore's CW television station.
- There was nothing to report for Part D.

Committee co-chairs reported on their respective committee's activities:

- The Continuum of Care Committee approved its final draft of the medical nutrition therapy standards of care and continued its service delivery analysis of the category.⁶
 - The planning council approved the standards of care.
- The Evaluation Committee received updates on the assessment of the administrative mechanism and began its analysis of service category performance and expenditure.

⁴ CQM is the quality assurance program that seeks to maintain high quality care at Part A-funded agencies by assessing the extent to which providers are meeting the minimum local standards of care as established by the planning council, and providing recommendations on crafting quantifiable and measurable standards of care based on public health guidelines.

⁵ MADAP is a Ryan White program, administered under Part B, that provides medications to low-income PLWH/As that are uninsured or underinsured and lack coverage for medications.

⁶ Medical nutrition therapy is a core-medical service category that funds the provision of appropriate nutritional therapy from a licensed, registered dietitian.

- The Nominating Committee revised the planning council application, moved a member of the pool list to the planning council to fill a vacancy and moved a Part D provider on the planning council temporarily into the Part D slot.
- The People Living with HIV/AIDS (PLWH/A) Committee continued developing its current position paper and held a conference call to discuss the proposed conflict of interest policy.
- The Comprehensive Planning Committee would be reviewing several chapters of the comprehensive plan in June.

The planning council support office reported its activities over the last month.

The remaining three informational presentations were made on the following topics:

- The continuum of care.
- Chase Brexton Health Services' Part C program.
- Clinical Quality Management.

The planning council adjourned at 9:05 p.m.

Proceedings

Introductions/Review of Minutes

The planning council chair convened the meeting at 6:46 p.m. with introductions and the approval of the May meeting minutes.

Motion	To accept the May 20, 2008 minutes as written.
Proposed by	A. Foyles
Seconded by	K. Bellesky
Action	Passes, 0 abstentions, 0 objections

Chair's Report

The planning council vice chair announced:

- HRSA has granted the Baltimore EMA allowance to maintain the allocations for FY 2008, but the EMA must readjust its allocations for FY 2009. The planning council will plan to meet the mandated 75 percent core-medical service allocation for FY 2009, beginning with planning for Part A this summer and then planning for FY 2009 MAI in January 2009.
- The planning council would be receiving recommendations for revisions to the bylaws that were established by the Bylaws/Grievance Committee and would need to ratify the bylaws to ensure that the revised conflict of interest clause be in effect for FY 2009 priority setting.
- Committees have been or will be reviewing service categories to generate recommendations and questions to ask the grantee during priority setting.
- Data presentations would be held during this meeting and at the July 15, 2008 planning council meetings to prepare for priority setting. Attendance at the July 15,

2008 meeting is mandatory for all planning council and Services to Surrounding Counties Committee members planning to vote at priority setting.

- In an effort to ensure that the planning council stays in compliance with the Ryan White legislative requirements for membership, the Nominating Committee has recommended temporarily moving a planning council member who is a Part D provider into the Part D slot on the planning council. Both HRSA and the planning council prefer to appoint a representative from the Part D grantee to fill the slot; however, the planning council must make this adjustment until the Maryland AIDS Administration recommends a Part D representative to permanently fill the Part D slot on the planning council. The Maryland AIDS Administration's Part B representative will continue to give the monthly report for both Part B and Part D.

Informational Presentations (Part 1)

HIV Prevention and Treatment Trends

John Bartlett, Johns Hopkins University School of Medicine, reported:

- Treatment is prevention: transmission rates are significantly decreased among those who know their status, compared to those who do not know their status. The current outlook is to treat more HIV-infected and to treat earlier.
- Three new classes of HIV medications have been approved: maraviric, raltegravir and etravirine. These medications compliment the existing classes of drugs, providing more treatment options for clients living longer on treatment and are included on the MADAP formulary.
- The CDC recommends testing everyone in health care and Maryland has recently enacted opt-out testing legislation that eliminates the requirement for signed consent, allows patients the opportunity to refuse the test, and requires a referral to an HIV provider if the individual tests positive.
- Compared to the general population, AIDS patients are more likely to be uninsured, have an income less than \$10,000 per year, and be on Medicaid or Medicare.
- Priorities for HIV in Baltimore should be: (1) test for HIV, (2) enroll HIV positives in care, (3) establish a prevention plan and (4) tackle the problem of injection drug use.

Maryland Prevention Update

Claudia Gray, Center for Prevention, Maryland AIDS Administration, reported:

- The amount of funding and number of clients served by the following HIV prevention programs: HIV counseling testing and referral, health education and risk reduction,⁷ prevention with persons living with HIV,⁸ and partner services.⁹

⁷ Health education and risk reduction programs are evidence-based and utilize behavior-change models to disseminate skill-building information to individuals or groups.

⁸ Prevention for persons living with HIV programs include both individual and group interventions that teach HIV-positive individuals skills to develop healthy relationships, make safer choices and maintain treatment.

⁹ Partner services encourage HIV-infected persons to notify their sex and/or needle-sharing partners of their exposure to or possible infection with HIV. The program helps to link high-risk individuals with HIV testing and HIV treatment services.

- The prioritized populations for HIV prevention programs in Maryland: (1) persons living with HIV/AIDS, (2) heterosexuals, (3) men who have sex with men, (4) injection drug users and (5) special populations (Latinos, deaf and transgender).
- Barriers to receiving HIV primary care: being unaware of HIV-positive status, psychosocial barriers (e.g. fear) and access-related barriers (e.g. inability to get appointment).
- Strategies for getting people into care, including: routine and targeted rapid HIV testing, making effective referrals and counseling the newly diagnosed.

Part C Update from Total Health Care

Jennifer Kunkell, Total Health Care, presented the following information on one of the Part C grantees in the Baltimore EMA:

- Total Health Care is a federally qualified health center, which utilizes Ryan White Parts A, B and C to provide HIV services.
- Part C clients are often referred to different medical and support services within the agency, many of which are funded by Part A.
- As a result of budget reductions in recent years, Part C grantees must rely on Part A to supply the direct clinical services and compliment the Part C services.

Executive Committee Report

The Executive Committee convened the Bylaws/Grievance Committee following its June 11, 2008 meeting. The planning council chair outlined the major changes to the bylaws:

- Conflict of interest policy.
- Qualifications for planning council members seeking the offices of planning council chair or vice chair.
- Committee attendance requirements and policy for planning council removal.

The Nominating Committee chair proposed adding a clause in the bylaws to allow the former planning council chair to be available as a technical resource to the current planning council chair, as necessary.

Motion	To include a clause in the bylaws that will allow the former planning council chair to be available as a technical resource to the current planning council chair.
Proposed by	W. Miller
Seconded by	D. Cooper
Action	Passes, 3 abstentions, 0 objections

The planning council vice chair recommended adding to the bylaws a disciplinary action that would result from failure to adhere to the conflict of interest policy.

Motion	To include a disciplinary action in the bylaws for failure to adhere to the conflict of interest policy.
Proposed by	D. Brewer
Seconded by	J. Winslow
Action	Passes, 2 abstentions, 0 objections

The planning council approved the revised bylaws.

Motion	To approve the revised planning council bylaws.
Proposed by	D. Brewer
Seconded by	J. Winslow
Action	Passes, 4 abstentions, 0 objections

The planning council chair presented the revised conflict of interest disclosure form, which was revised to include the new conflict of interest policy.

Motion	To approve the revised conflict of interest disclosure form.
Proposed by	D. Brewer
Seconded by	D. Cooper
Action	Passes, 2 abstentions, 0 objections

Grantee’s Report

The grantee representative reported:

- No information has been received regarding the Special Programs of National Significance (SPNS) grant to implement a web-based client eligibility system.¹⁰
- Staff has been engaged in administrative activities, including:
 - Executing FY 2008 contracts.
 - Closing out FY 2007 contracts and completing submissions of applicable conditions of award to HRSA.
 - Preparing reports for FY 2009 priority setting.
 - Conducting programmatic site visits and provider assessments.
 - Reviewing the implementation of policy and procedures associated with the transition of administrative functions from the former administrative agent to the grantee.
- The CQM team:
 - Will be reviewing five categories in FY 2008: outpatient ambulatory health services (OAHS),¹¹ medical transportation (including MAI),¹² childcare

¹⁰ SPNS is a Ryan White program that provides grants to fund innovative models of care and support the development of effective delivery systems for HIV care.

¹¹ The core-medical service category that funds the provision of professional diagnostic and therapeutic services rendered by a physician, physician’s assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting.

¹² The support service category that funds conveyance services provided, directly or through voucher, to a client so that he or she may access health care services.

- services (including MAI),¹³ housing assistance¹⁴ and health insurance premiums and cost sharing.¹⁵
- Is awaiting IRB approval to begin conducting its comprehensive survey to capture data on the attitudes and beliefs about cervical cancer screening and for its substance-abuse treatment outcomes assessment.
- Will be conducting vendor-specific technical assistance sessions to address findings from FY 2007 service-category reviews.
- Baltimore City Health Department (BCHD) will be releasing a Request for Proposal (RFP) to fund a community health worker program.
- The Office of Minority Health:
 - Will be holding a workshop entitled “Disaster planning: preventing the collapse.”
 - Has identified eight interns and two specialty consultants to participate in its capacity-building program.

Part B Report

The Maryland AIDS Administration’s representative announced:

- All Part B grantees received notification that they are required to submit an updated comprehensive plan to HRSA on February 1, 2009. The Maryland AIDS Administration will be collaborating with Part A, Ryan White-funded agencies, local health departments and consumers in developing this plan.
- Technical guidance was received for the submission of HIV non-AIDS data that will be used for the allocation of funds.
- The Maryland AIDS Administration is still awaiting the announcement of its FY 2008 Part B MAI award.
- The MADAP open house, attended by over 140 people, was held on June 3, 2008 and included updates on the MADAP, Primary Adult Care (PAC) and Medicaid programs.¹⁶
- There are new public service announcements airing on Baltimore’s CW television station regarding HIV awareness, testing and treatment. These advertisements can be viewed on the website: www.cwbaltimore.com.

Part D Report

The Maryland AIDS Administration’s representative announced that there was no report for Part D.

¹³ The support service category that funds the provision of care for the children of clients who are HIV-positive while the clients attend medical or other appointments or Ryan White Program-related meetings, groups or trainings.

¹⁴ The support service category that funds the provision of short-term assistance to support emergency, temporary or transitional housing to enable an individual or family to gain or maintain medical care.

¹⁵ The core-medical service category that funds the provision of financial assistance for eligible individuals living with HIV to maintain a continuity of health insurance or to receive medical benefits under a health insurance program. This funds ongoing medication and co-payments.

¹⁶ PAC is a Maryland Medical Assistance Program that offers health services for low-income adults.

Committee Reports

Comprehensive Planning Committee:

The committee co-chair announced:

- The committee did not meet in May, but will begin reviewing drafted chapters of the comprehensive plan at the June meeting.

Continuum of Care Committee:

The committee chair reported:

- Committee co-chairs, Albert Foyles and Rebecca Bradley, were elected.
- The committee continued its analysis of medical nutrition therapy service delivery and will be completing its report before priority setting.
- The final draft of the medical nutrition therapy standards of care was approved.

The planning council reviewed the medical nutrition therapy standards of care and approved the document.

Motion	To approve the medical nutrition therapy standards of care.
Proposed by	R. Bradley
Seconded by	D. Cooper
Action	Passes, 1 abstentions, 0 objections

Evaluation Committee:

The committee co-chair reported:

- The status of the assessment of the administrative mechanism was reviewed.
- The committee began preparing for PSRA by reviewing service category expenditure and performance data.

Nominating Committee:

The committee chair announced:

- The committee continued to revise the planning council application.
- Committee members have volunteered to attend several upcoming events to conduct planning council recruitment.
- The pool list was reviewed and Christopher Gibson was chosen to be moved to the planning council to fill a vacancy resulting from a recent resignation of a planning council member.
- Planning council member and Part D service provider, Jean Keller, was moved to temporarily fill the Part D slot on the planning council to ensure that planning council membership meets legislative mandates until the Maryland AIDS Administration recommends a Part D representative.
- The committee will begin sending reappointment letters to planning council members whose first terms are ending in August 2008.

People Living with HIV/AIDS Committee:

The committee co-chair reported:

- The committee continued drafting its latest position paper, which will complete a three-part series of position papers.
- A conference call was held on May 28, 2008 to discuss the committee's position on the proposed conflict-of-interest clause in the drafted bylaws.

Services to Surrounding Counties Committee:

The committee co-chair reported:

- The committee did not meet in June, but will be meeting July 1, 2008.

Planning Council Support Office Report

InterGroup Services, Inc. (IGS) reported:

- Notices, agendas, materials and meeting minutes were prepared for the planning council, five committee meetings and the PLWH/A committee conference call.
- Chapters of the comprehensive plan are being drafted and edited.
- Preparations are underway for FY 2009 PSRA events, including data presentations and the revisions to the training manual.
- Recommendations from planning council members were compiled for revisions to the planning council bylaws.
- Technical assistance was provided to all committees and committee co-chairs.
- Staff attended several collaborative activities throughout the month.

Data Presentations (Part 2)

Continuum of Care

Jeanne Keruly, Johns Hopkins University School of Medicine:

- Reviewed the planning council's mission and vision, as well as HRSA's guidance for planning.
- Presented some of the major challenges to establishing an effective continuum of care in the Baltimore EMA:
 - Legislative mandates on how funds can be allocated.
 - Meeting allocation mandates for both Part A and MAI, while they are on different award cycles.
 - Ensuring that funded activities meet the requirements outlined in HRSA's service category definitions.
- Reviewed the core-medical and support service categories.
- Highlighted that the ideal continuum of care must meet the medical, social and supportive needs of clients, while also meeting HRSA requirements.
- Noted some strategies to engage HIV-infected individuals in care, including:
 - Maintaining adequate Part A funding.
 - Planning for shift in service categories.
 - Maintaining transparency in efforts.

- Promoting interagency collaboration.

Part C Update – Chase Brexton Health Services, Inc.

Karen Bellesky, Chase Brexton Health Services, presented the following information on one of the other Part C grantees in the Baltimore EMA:

- Chase Brexton Health Services, Inc is a lead grantee and Johns Hopkins is a sub-contractor on the Baltimore Consortium Part C grant.
- The Part C services and number of clients served by the grant was provided.
- Subpopulations receiving HIV services at the agency were described.
- Peer support and counseling, testing and referral services were highlighted as services the program provides to connect and retain HIV-infected individuals in care.

Clinical Quality Management Update

Jesse Ungard, Clinical Quality Management (CQM), reported:

- The quality management program has shifted its efforts from just monitoring to improvement projects.
- The CQM service category review cycle and the process for conducting service category reviews.
- Quality indicators and qualitative findings from CQM’s service category reviews of: primary medical care, substance abuse treatment, oral health, psychosocial support service and hospice.

New Business

There was no new business to discuss.

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

Meeting adjourned at 9:05 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

July 15, 2008

Lennwood Green

July 15, 2008