

Greater Baltimore HIV Health Services Planning Council
Minutes of the Meeting of July 20, 2010

Vol. VII, No. 6

Final • August 17, 2010

Meeting Attendance

Present	S. Alston M. Becketts K. Bellesky R. Bradley D. Brewer (proxy for W. Miller) V. Burrell-Gibson W. Commander (proxy for D. Clark) R. Disharoon C. Edmonds J. Fleming C. Gibson R. Gore-Simmons M. Graves R. Green N. Guest (proxy for L. Servance) R. Haden P. Hall C. Harvey Sr.	T. Hawkins D. Henson M. Hitch R. Johnson D. Kelson J. Keruly E. Martin (proxy for R. Rubino) C. Massey R. Matens A. Middleton M. Moaney M. Reese W. Samuel D. Shamer L. Sowah C. Thomas (proxy for T. James) M. Ward (proxy for D. Smith) J. Winslow
Absent	C. Brown V. Clark T. James W. Miller	R. Rubino L. Servance D. Smith B. Thomas-El
BCHD	Y. Abaineh I. Allen	L. Koontz C. Skipper
Staff	E. Bradley D. Gorham J. Reed	J. Ungard N. Slaughter E. Saber
Visitors	F. Allen M. Brazil (Counties) M. Buranen (Counties) A. Burke (Counties) C. Dickens W. Farmer Jr. V. Geffrard T. Gersh J. Jenkins	S. Johnson H. Lambert D. Pollard L. Rebert (Counties) D. Rivera L. Smith H. Smith A. Soares H. Williams

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Handouts Meeting agenda (July 20, 2010).
Planning council packet (July 2010).
Final action items (July 20, 2010).
Grantee report (July 2010).
HIV/AIDS in the Baltimore/Towson Metropolitan Area: An Epidemiological Profile (PowerPoint).
Maryland - Baltimore-Towson Metropolitan Area HIV/AIDS Epidemiological Profile (handout).
Baltimore EMA Focus Group Findings/Conclusions (PowerPoint).
Maryland Medicaid Program (PowerPoint).
Clinical Quality Management Program (PowerPoint).
Baltimore Substance Abuse Systems Ryan White Part A Planning Council Data Presentation (PowerPoint).
Part B and D Overview (PowerPoint).
Client-Level Data Report 2009 (PowerPoint).
Biographical Sketches of data presenters.
Clinical Quality Management Fat Sheets (Medical Case Management, Primary Medical Care, Food Bank/Home-delivered Meals, Legal Services).
Taylor-Wilks Group Summer Trainings (flyer).
Positive Self-Management Program (flyer).

Executive summary

The planning council meeting convened without quorum at 5:42 p.m.¹

The planning council interim chair, J. Keruly announced the temporary absence of W. Samuel as chair of the planning council. J. Keruly read the chair's report and discussed the upcoming priority setting and resource allocation event, the application to the Health Resources and Services Administration (HRSA), to respect the confidentiality and the planning council process.

The council suspended its agenda until the August planning council meeting and held data presentations in preparation for the FY 2011 Priority Setting and Resource Allocation.

The meeting adjourned at 8:30 p.m.

¹ Quorum is defined as attendance of at least 51 percent of membership.

Proceedings

Introductions/Review of Minutes

J. Keruly called the meeting to order with quorum at 5:42 with roll call and introductions. The council made three changes to the minutes:

- On page 14, third line, change “committee” to “council.”
- On page 17, 2nd bullet, note that D. Munro gave three examples and that not all other EMA’s set their conflict of interest policy accordingly.
- P. Hall noted that she was absent.

Motion	To approve the June 15, 2010 minutes with changes.
Proposed by	C. Massey
Seconded by	D. Brewer
Action	Passed, 2 abstention, 0 objections

Chair Report

J. Keruly, interim chair, asked Fran Allen, representative from Congressmen Elijah Cummings office to address the council as she was there as a visitor. Ms. Cummings acknowledged the hard work that the planning council does and encouraged them in the priority setting process.

The interim chair than gave her report and made the following announcements:

- A monthly conference call with the federal Ryan White program officer and discussed legislative requirements of the Ryan White program including the programs goal of identifying HIV-positive individuals who do not know their status.
- Announced the necessity and importance of the priority setting process and that in case of a reduction, the planning council and community must be prepared.
- Discussed the demographics of Baltimore’s HIV population and how these have changed over time.
- Welcomed everyone to the data presentations that prepare all planning council members and proxies for setting future priorities and allocating resources.
- Acknowledged the temporary absence of W. Samuel as planning council chair and noted that interim leadership has taken over until matters are resolved.

The interim chair then announced that the Executive Committee has made a recommendation to amend the agenda to receive the scheduled data presentations in preparation for priority setting.

Motion	To suspend the regular agenda to allow for data presentations.
Proposed by	M. Reese
Seconded by	D. Kelson
Action	Passed, 1 abstention, 0 objections

Data Presentations

HIV Epidemiological Profile — Colin Flynn, ScM., Chief, Center for HIV Surveillance and Epidemiology, Infectious Disease and Environmental Health Administration, Maryland Department of Health and Mental Hygiene.

Colin Flynn provided an overview of the HIV epidemiological report and made the following comments. Please refer to the meeting handouts for more information on the presentation.

- All epidemiological profile is available in the March presentation given to the planning council.
- Maryland has the highest rate of all states in the nation.
- Many trends in the past few years can be attributed to the transition to names-based reporting.
- One major trend in HIV is that there is less disease progression and less death associated with HIV. Many people living with HIV are living longer and need services that accompany an aging population.

Planning council members were given five minutes to ask questions after the presentation and posed the following questions.

- R. Matens asked that geographic terminology be confirmed. MSA (metropolitan statistical area) and Eligible Metropolitan Area (EMA) are the same geographic regions in Baltimore, however this is not true for other metropolitan areas across the country.
 - o C. Thomas asked if these definitions change over time. C Flynn confirmed that regions may change over time depending on legislation or other reporting requirements.
- R. Disharoon asked and received confirmation that all data presented are concrete numbers and not estimates.
- R. Matens noted that diagnosis often occurs one to three years after infection and questioned whether the increase in people living with HIV in their twenties were actually a result of teenage infections. C. Flynn noted that this increase is in people in their late twenties and were not likely to have been infected for that long without being diagnosed.
- D. Brewer asked how providers were coping with the increase needs of an aging population living longer with the disease. C. Flynn referred her to other sources who can appropriately answer questions on service delivery.
- C. Massey asked how to statistically capture those people living with HIV who are older and do not know their status. C. Flynn noted that increased testing across private and public hospitals must happen for all age groups, not just targeted populations.
- A. Burke asked if testing is in fact increasing, as it has been recommended by state and federal programs. C. Flynn noted that testing is not occurring at the rate in which recommendations have been made. While reporting from public institutions has increased, testing and reporting from private institutions is

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unknown. C. Flynn noted that many Center for Disease Control (CDC) recommendations are being largely ignored.

Substance Abuse — Leroy W. Smith, MSW, LCSW-C, Coordinator, Special Populations Services, Baltimore Substance Abuse Systems, Inc.

Leroy Smith gave an overview of the substance abuse services provided in the Baltimore EMA and made the following comments. Please refer to the meeting handouts for more information on the presentation.

- Currently 40 programs exist under Baltimore Substance Abuse Systems (BSAS).
- BSAS has engaged in an increase in testing and counseling for HIV in the past few years. Currently 21 programs offer these HIV services.
- A major funding grant, Alcohol and Drug Abuse Administration (ADAA) has been decreasing consistently over time.
- Service provided under BSAS and their contracts offer counseling and referral, homeless shelter testing, and needle exchange.
- The expansion of the Primary Adult Care (PAC) program has decreased the need for Ryan White funding.
- A large portion of Ryan White funding is used on residential treatment.

Planning council members were given five minutes to ask questions after the presentation and posed the following questions.

- C. Thomas questioned the use of methadone as a treatment for substance abuse.
- D. Shamer clarified that tests included in every assessment include urinalysis.
- L. Sowah noted that projections do not match actual client levels. In actuality, the number of projections are merely slots, not actual persons which will naturally be higher due to turnover and drop-out rates.

MADAP, Part B and D — Monique Hitch, MSHA, Deputy Chief, Center for HIV Care Services, Infectious Disease and Environmental Health Administration (IDEHA), Maryland Department of Health and Mental Hygiene.

Monique Hitch gave an overview of the Maryland AIDS Drug Assistance Program (MADAP), Part B and D programs in the Baltimore EMA and made the following comments. Please refer to the meeting handouts for more information on the presentation.

- Primary Adult Care (PAC) is the first funding source before clients use the MADAP program.
- Approximately 15 million dollars was spent in the EMA on the MADAP program.
- Part B Minority AIDS Initiative (MAI) funding is used for outreach to get people living with HIV into the MADAP program.
- Under Part B, there are five vendors that offer outpatient ambulatory health services for people living with HIV.
- All medical case management dollars go to local health departments.
- The MAI award was competitively bid this year and will have new vendors for the upcoming fiscal year.

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- Under Part D, six providers offer services to women, infants, children and youth (WICY). There are approximately 381 clients for six providers.

Planning council members were given five minutes to ask questions after the presentation and posed the following questions.

- A. Burke asked about premiums and the application process for MADAP. M. Hitch noted that COBRA premiums are covered up to 36 months and there has been a 30 percent increase in MADAP applications.
- R. Disharoon asked about the percent of clients receiving medications under MADAP and M. Hitch noted that there are no mandatory reporting requirements to give an appropriate estimate.
- R. Green asked about the programs ability to accommodate increases. M. Hitch noted that IDEHA will begin their Statewide Coordinated Statement of Need (SCSN) soon and the targeted populations may change depending on results.

Clinical Quality Management — Jesse Ungard, Deputy for Quality Management, Clinical Quality Management, Baltimore City Health Department.

Jesse Ungard gave an overview of the Clinical Quality Management (CQM) program in the Baltimore EMA and made the following comments. Please refer to the meeting handouts for more information on the presentation.

- The clinical quality management team reviews services and providers on a four year cycle.

Planning council members were given five minutes to ask questions after the presentation and posed the following questions.

- D. Brewer asked if providers are overworked due to the high number of clients. J. Ungard noted that no complaints were given to the CQM team during provider visits.
- C. Massey noted that she would like to play a role in the CQM process.

Client-Level Data Systems — Yohannes Abaineh, Research Analyst, Division of Chronic Diseases, Baltimore City Health Department.

Yohannes Abaineh gave an overview of the Client-Level Data System and made the following comments. Please refer to the meeting handouts for more information on the presentation.

- The CLDS system is in place and allows all providers to enter data into system and now require any additional reports to be submitted.

Planning council members were given five minutes to ask questions after the presentation and posed the following questions.

- C. Edmonds noted that 13 percent of the clients listed did not provide a valid EMA zip code.
- P. Hall noted that while Reisterstown may be a hot-spot for HIV, it is not located in Carroll County, but rather Baltimore County.
- D. Shamer noted that 21217 has had the highest rate of HIV for the past two years.

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Medicaid — Alice Middleton, Esq., Special Assistant to the Director of Planning, Department of Health and Mental Hygiene.

Alice Middleton gave an overview of the Maryland Medicaid program and made the following comments. Please refer to the meeting handouts for more information on the presentation.

- The Primary Adult Care (PAC) program has expanded to include certain forms of substance abuse.
- Currently, an estimated 754 people living with HIV are on PAC, but this may be a low estimate.
- As of 2014, Medicaid will expand from 116 percent of the federal poverty level to 133 percent of the federal poverty level.

Planning council members were given five minutes to ask questions after the presentation and posed the following questions.

- D. Shamer asked about Medicaid cuts in the short term and their effects on service delivery. A. Middleton noted that certain services may be cut and noted hospital day limits as a potential cut.
- W. Commander asked about the Rare and Expensive Case Management Program (REM) and youth transitioning to adult care. A. Middleton noted that after a person turns 21 years of age, they will be transitioned into the Health Choice program.
- A. Burke requested more information on the fee-for-service aspect of Medicaid. It was noted that certain HIV services are carved out and paid for on a fee-for-service basis and are not part of a regular policy.

Focus Groups and Needs Assessment Survey — InterGroup Services, Inc., Joseph Reed, M.A. Committee Policy Analyst and Rachel Kleinberg, M.A. Policy Analyst.

Joseph Reed and Rachel Kleinberg gave an overview of the planning council hosted focus groups and needs assessment survey. Please refer to the meeting handouts for more information on the presentation.

New Business

The planning council support office released the official Priority Setting and Resource Allocation binders to be used at the FY 2011 EMA-wide and Counties event.

Motion	To adjourn.
Proposed by	D. Shamer
Seconded by	C. Massey
Action	Passed, 0 abstentions, 0 objections