Greater Baltimore HIV Health Services Planning Council

Minutes of the **Meeting** of **October 21, 2008**

Vol. V, No. 8 Final • November 10, 2008

Meeting Attendance

Present[1]	K. Bellesky	C. Harvey
	R. Bradley	D. Hunter
	D. Brewer	R. Johnson
	C. Brown	J. Keller
	V. Burrell-Gibson	J. Keruly
	G. Clark	D. Kelson
	V. Clark*	C. Massey
	C. Edmonds	R. Matens
	A. Foyles	A. Middleton
	C. Gibson	W. Miller
	R. Gore-Simmons	G. Nelson
	L. Green	N. Robinson
	R. Haden	W. Samuel
	P. Hall	
Absent	M. Becketts	W. Jones
	M. Cole	A. Leverette
	M. Graves	G. Manigo
	R. Green	L. Smith
	D. Henson	B. Thomas-El
	R. Bruce Johnson	J. Winslow
Proxies	D. Shamer (for A. Leverette)	
BCHD	R. Brisueno	J. Ungard
Visitors	S. Bosley	R. Parrish
	M. Curry	W. Pulliam
	R. Disharoon	M. Reese
	B. Fitzsimmons	R. Rubino
	M. Flint	D. Smith
	N. Guest	H. Smith
	J. Hunter	K. Stavid
	D. Johnson	R. Wash
	I. Lark-Rivers	C. Wilhite
	W. Merrick	L. Wise
	S. Nathan-Pulliam	K. Woolford
Staff	K. Hale	N. Slaughter
	M. Komosinski	R. Vaishnav Rhyne
	E. Saber	

[1] Attendance is based on sign-in sheet.
* Present but did not sign in.

Handouts	Planning council packet (October 2008). Chair's report. Part B and D report (Maryland AIDS Administration). Grantee report (Baltimore City Health Department [BCHD]). Psychosocial support services standards of care (final draft). Continuum of Care: Providing Feedback on the Comprehensive Plan for FY 2009-2011 (PowerPoint slides).

Executive Summary

The meeting convened with quorum at 6:35 p.m.[2]

The chair made an announcement that the Part A application for fiscal year 2009 had been submitted and thanked all participating parties for their contributions. The chair also noted that the Comprehensive Planning Committee is finishing draft one of the comprehensive plan and it will be distributed to the planning council.

The planning council hosted an open community forum to solicit strategies on achieving the proposed goals of the planning council's three year comprehensive plan of HIV service delivery (2009-2011).

The grantee reported that the Baltimore City Health Department (BCHD) has moved to 1001 E. Fayette St, Baltimore, Md. The grantee also distributed the 2008 Health Status Report for Baltimore City and neighborhood health profiles.

The Part B representative reported that the AIDS Administration is currently working on the Statewide Coordinated Statement of Need.

The Part D representative reported that the AIDS Administration will be bidding out the Part D services as part of the FY 2010 request for proposal (RFP) process.

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

- The Comprehensive Planning Committee is working on completing draft one of the comprehensive plan. Draft one will then be distributed to the planning council for review and feedback.
- The Continuum of Care Committee approved the psychosocial support services standards of care.
- The Evaluation Committee did not meet this month. The committee will host its joint reprogramming meeting on November 13, 2008 from 3 p.m. to 7 p.m. at the Howard County Health Department.
- The Nominating Committee reviewed one application and distributed one application for screening.
- The People Living With HIV/AIDS Committee (PLWH/A) attended the Maryland AIDS Administration's Regional Advisory Committee (RAC) meeting to participate

[2] Quorum is defined as attendance of at least 51 percent of members.

in the town hall meeting for the development of the Statewide Coordinated Standard of Need (SCSN).[3]

- The Counties Committee did not meet this month. The committee will join the Evaluation Committee on November 13, 2008 for joint reprogramming.

The planning council support office (PCSO) worked on the comprehensive plan for Part A and Minority AIDS Initiative (MAI) service delivery in the Baltimore EMA and contributed to the FY 2009 Part A application.[4] The PCSO also hosted six committee meetings.

The meeting adjourned at 8:30 p.m.

Proceedings

Introductions/Review of Minutes

The chair convened the meeting at 6:35 p.m. with introductions and the approval of minutes with one correction from the September meeting. The correction adds D. Smith's name to the attendance list as proxy for W. Samuel.

Motion	To accept the August 19, 2008 minutes with one change.
Proposed by	A. Foyles
Seconded by	D. Kelson
Action	Passes, 1 abstention, 0 objections

Chair's Report

The chair noted that the Part A application for FY 09 had been submitted and thanked all participating parties for their contributions. The chair also noted that the Comprehensive Planning Committee is finishing draft one of the comprehensive plan and it will be distributed to the planning council.

Open Community Forum

The planning council hosted an open community forum to discuss strategies to engage, stabilize and maintain people living with HIV/AIDS in care. These strategies will be incorporated into the three year comprehensive plan of HIV service delivery.

Community and planning council members offered the following ideas under each goal:

Goal 1. Engage clients in care: What do we need to do to engage?

1. Get people tested.

[3] According to the federal Health Resources and Services Administration (HRSA), the SCSN is a mechanism for addressing key HIV/AIDS care issues and enhancing coordination across programs and titles.

[4] MAI is a funding stream authorized under the Ryan White Treatment Modernization Act to provide additional funding, beyond Part A, to minority areas affected by HIV/AIDS. These funds have different reporting requirements than Part A funds, but are subject to the same planning process

2. Address literacy challenges.
3. Provide transportation to appointments.
4. Client advocacy: program to partner newly diagnosed person with someone who can help him or her get engaged in care.
5. Follow-up after HIV+ tests: people may need help getting into care. Do not just hand them an address and hope they get into care.
6. Mandated process to get PLWH/As into primary medical care (PMC).
7. Research and use evidence-based outreach models to develop standards for outreach.
8. Street outreach workers need to get out of van to conduct outreach.
9. Coordinated plan for outreach: make sure workers are in hot spots.
10. Need real people (consumers) to reach a broad audience *via* various forms of media.
11. Innovative approaches to special populations (e.g., Men that have sex with men).
12. Meet basic needs (e.g., stable housing, and food) so people can focus on care.
13. Routine testing at various "non-HIV" healthcare sites (e.g., emergency care, PMC, treatment centers).
14. Address stigma around testing and care. At the testing site, ask if he or she is comfortable going to care to get insight into how tester can help.
15. Need hands-on approach to counseling treatment and referral (CTR) services coupled with access to care.
16. Need to develop more coordinated strategies to connect PMC services to other funding streams' support services.
17. Improve reporting.
18. Support confidential testing (*versus* anonymous).
19. Increase collaboration between providers to reduce obstacles for clients who access services from multiple providers.
20. Third-party coaching services for communities unsuccessful in engaging clients into care.
21. Mobile health services (e.g., lab services, pharmacy).
22. Social-marketing campaign to reduce stigma for testing and care.
23. Simplify testing process and make it readily available.
24. Train outreach workers to motivate clients.
25. Increase access to medical care.
26. Open-access clinics.

Goal 2. Stabilize clients in care: What do we need to do to stabilize?

1. Increase interpersonal connection to help PLWH/As stay in care *via* various avenues (e.g., churches, and client advocates).
2. Shorten wait time during appointments (specifically for people who need to get back to shelters).
3. Provide shorter wait time to get appointments.
4. Reentry programs for those recently release from prison.
5. Go beyond cultural competency training, each person is different.
6. Provide childcare.

7. Provide buddy system.
8. Provide transportation.
9. Provide a good doctor.
10. Link clients to care immediately after HIV+ test: do not let a person leave without this.
11. Educate physicians about resources available in the community for PLWH/As.
12. Develop an evidence-based plan to merge core medical services with support services. Since the majority of funding goes to medical-health services, medical-health care providers need to incorporate some support services into their programs so their funding can cover more than just medical services; specifically for treatment adherence.
13. Increase collaboration between providers to reduce obstacles for clients who access services from multiple providers.
14. Third-party coaching services for communities unsuccessful in stabilizing clients in care.
15. Evidence-based client advocates and peer advocates programs.
16. Address co-morbidity, environmental and psychosocial issues.
17. Providers need to develop a good rapport with clients by asking the right questions (this training is provided in the EMA at no-charge per M. Curry).
18. Have clients partner with someone currently in treatment and a member of their treatment team.
19. Case managers should act as a coach.
20. PMC should be available at mental-health agencies and substance-abuse treatment centers, etc.
21. Use motivational incentives.

Goal 3. Maintain clients in care: What do we need to do to maintain?

1. Provide ccultural competence.
2. Educate PLWH/As about HIV/AIDS and treatment: the more they understand, the better they can manage it.
3. Know client's education and literacy level: have to ensure he or she understands what is happening.
4. Patience and respect: it can take time before client is ready to access certain services.
5. Look at the whole person, not just HIV care. What it will take to help them move to the next step?
6. On-going assessment of people in care, not just at initial appointment.
7. Increase PLWH/As peer support, this can inspire/motivate people; mentoring program with people who have overcome similar challenges.
8. Identify disconnect between provider and client and find a solution to this. Providers may need to acknowledge that interaction is not working and inform client that there is the option to use another provider. Patients have rights.
9. Need a study to determine how to keep people in care: there is no data on this now.

10. Intensive medical/non-medical case management for the multiple challenges people face; one hour is not enough.
11. The whole system needs to change (medical care, mental health care, locations of clinics, etc). Ryan White does not cover all needs.
12. Have client advocates or even providers knowledgeable about community resources so they can inform clients.
13. Increase collaboration between providers to reduce obstacles for clients who access services from multiple providers.
14. Evidence-based plan to merge medical services with support services. Since majority of funding goes to medical services, medical care providers need to incorporate support services into their programs so their funding can cover more than just medical services; specifically treatment adherence.
15. Third-party coaching services for communities unsuccessful in maintaining clients in care.
16. Non-traditional clinic hours.
17. Self-management training for clients.
18. Mandated support groups (similar to mandated medical care).
19. Affected community education (family members, partners, etc.) to help support PLWH/As.
20. Linkage to psychosocial support services.
21. Train clients and providers on resources beyond Ryan White.
22. Collaboration among providers.
23. Some providers refuse care/provide limited services to "challenging" patients (e.g., clients skips misses appointments, complain about services, etc). This needs to change because these are the clients that need to be reached.
24. Create a for-profit organization, made up of PLWH/As, to track clients progress. Pay employees to mentor X number of people through one-year consistent care. Pay transportation, out-of-pocket costs, and other basic expenses.
25. Increase number of client and peer advocates.
26. Patient-centered focus — too many agencies focus on what they provide not on what clients need.
27. Assess cognitive behavioral barriers to care and provide intervention.
28. Transportation.

Grantee Report

The grantee reported the following:

- The grantee has begun planning and developing the Special Programs of National Significant (SPNS) grant to implement a web-based, client–level data system.[5]
- Clinical quality management (CQM) has begun or is awaiting approval for the following surveys: cervical cancer screening survey, substance-abuse survey, and consumer surveys.
- The Baltimore City Health Department has relocated to 1001 East Fayette Street.
- The Baltimore City Health Department has released the 2008 Health Status Report for Baltimore City and neighborhood health profiles.

Part B Report

The Part B representative reported the following:

- The Maryland AIDS Administration is still awaiting guidance from HRSA regarding the FY09 Part B application.
- The Maryland AIDS Administration is working to develop the Statewide Coordinated Statement of Need, due January 5, 2009.
- The Maryland AIDS Administration is working with the planning council on the comprehensive plan, due February 1, 2009.

Part D Report

The Part D representative reported the following:

- The AIDS Administration will be bidding out Part D services as part of the SFY 2010 request for proposal (RFP) process. The RFP is scheduled to be released in November.
- The next youth consumer advisory board meeting is October 22, 2008.

Committee Reports

Comprehensive Planning Committee (CPC):

The committee co-chair reported the following:

- The committee completed review of all chapters and is finishing draft one of the comprehensive plan. After committee approval of draft one, the comprehensive plan will be distributed to all planning council members for review and solicitation of feedback.
- The committee held its priority setting and resource allocation review group on September 25, 2008. The CPC committee will review the review group's recommendations before sending them to the planning council for approval.

[5] SPNS grants fund innovative models of care and support the development of effective delivery systems for HIV care..

Continuum of Care Committee:

The committee co-chair reported the following:

- The committee reviewed and approved the final draft of the psychosocial support services standards of care.

Motion	To adopt the psychosocial support services standards of care.
Proposed by	A Foyles
Seconded by	D. Kelson
Action	Passes, 2 abstention, 0 objections

Evaluation Committee:

The vice chair reported the following:

- The committee did not meet in September.
- The next scheduled meeting will be the joint reprogramming meeting on November 13, 2008 from 3 p.m. to 7 p.m. at the Howard County Health Department.

Nominating Committee:

The chair reported the following:

- The committee reviewed one applicant and distributed one application to be screened.

Motion	To close nominations for chair, vice-chair, Nominating Committee chair and Nominating Committee members.
Proposed by	A Foyles
Seconded by	D. Kelson
Action	Passes, 2 abstention, 0 objections

People Living with HIV/AIDS Committee:

A member-at-large representative reported the following:

- The committee attended the Regional Advisory Council (RAC) meeting on September 22, 2008 in place of the September committee meeting. During this meeting, the committee was able to provide vital information regarding obstacles to obtaining care for people living with HIV/AIDS. The committee provided information that will be used to develop the SCSN.

Counties Committee:

The committee co-chair reported the following:

- There was no meeting held during the previous month.

Planning Council Support Office Report

The PCSO reported the following:

- The PCSO provided technical assistance and administrative support to the planning council and hosted six committee meetings.
- The PCSO worked with the CPC to develop the comprehensive plan.
- The PCSO contributed to the FY 2009 Part A application.
- The PCSO attended several community activities.

New Business

A thank you was given to both the planning council chair and PCSO staff member who are leaving the planning council.

Meeting adjourned at 8:25 p.m.

Motion	To adjourn.
Proposed by	R. Haden
Seconded by	D. Kelson
Action	Passes, 0 abstention, 0 objections