



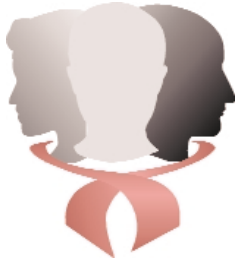
Greater Baltimore
HIV Health
Services Planning
Council

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Annual Report
December 17, 2002

Prepared by
InterGroup Services, Inc.

Greater Baltimore HIV Health Services Planning Council



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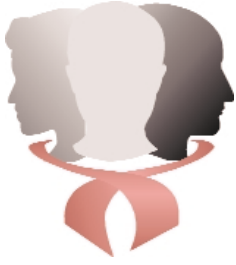
Greater Baltimore HIV Health Services Planning Council

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Greater Baltimore HIV Health Services Planning Council



Mission

The mission of the Greater Baltimore HIV Health Services Planning Council is to provide comprehensive, high-quality services to people living with the HIV disease in the greater Baltimore eligible metropolitan area (EMA), regardless of their ability to pay.

The Planning Council will plan for and ensure access to culturally sensitive, high quality, cost-effective services in collaboration with local authorities, providers and consumers of HIV-prevention and care services. This system includes a plan to expand capacity, as well as monitor and evaluate services.

The Planning Council and its advisors will act in a timely and unbiased manner when setting priorities to allocate resources.

Greater Baltimore HIV Health Services Planning Council

Executive Summary

The year 2002 was a challenging yet exciting one for the Greater Baltimore HIV Health Services Planning Council (PC) and the Baltimore eligible metropolitan area (EMA). Highlights of the year include:

- Funding increase from \$16.6 million, including carry-over funds for fiscal year (FY) 2001, to \$17.8 million for FY 2002 in grant funds alone, and planning for almost \$1.4 million in FY 2002 carryover funds;
- Establishing the new Planning Council support office;
- Organizing the EMA and the counties priority-setting events for FY 03, incorporating plans for both increased and level funding;
- Completing the Planning Council section of the EMA application for FY 03;
- Successfully completing, distributing and electronically posting the triennial *Comprehensive Plan* for the EMA;
- Developing memoranda of agreement for the Planning Council and Associated Black Charities and the Planning Council and Baltimore City Health Department (BCHD);
- Establishing a working relationship with Baltimore City Health Department as Ryan White Title I EMA grantee and Associated Black Charities as the new Title I administrative agency (AA);
- Completing an assessment of the Title I administrative mechanism, a process that included EMA provider survey data;
- Conducting two well attended community forums, one for the city and one for the counties;

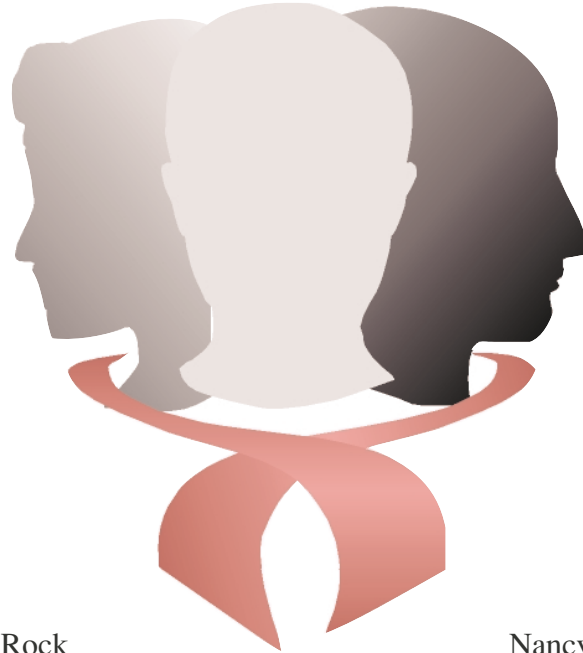
- Increasing African-American and non-conflicted PLWH/A membership within the Planning Council; and

- Successfully carrying out elections for the new chair and vice chair on the Planning Council.



Greater Baltimore HIV Health Services Planning Council

**Members of the Greater Baltimore HIV Health Services Planning Council
as of December 17, 2002**



Debbie Rock

Chair

Lena Franklin

Vice Chair

Jean Anderson

Sheila Ashley

Wanda Belle

Dale Brewer

Alex Brown

Laurence Chapman

Tracey Chunn

Lynn Creditt

Grace Daniels

Steven Dashiell

Iris Davis

Angela Edwards

Lena Franklin

P.J. Gouldmann

Lenwood Green

Bertha Greene

Nancy Guest

Sophia Jones

Willislee B. Jones

Wendy Merrick

Jeanne Morris

Michael Obiefune

Karen Parham

Ann Price

Quinette Rich-Bey

Mary Riley

Jennifer Robinson

Brenda Ross

Raymond Shattuck

Synthia Smith

Carnell Thomas, Jr.

Patricia Timmons

Bernice Tucker

Gregory Upton

Pierre Vigilance

David Waller

William Whitehead

Greater Baltimore HIV Health Services Planning Council

Message from the Planning Council Chair

The past 12 months have witnessed dramatic changes for the Planning Council. Management of the council's administrative affairs was transferred to a consulting company, InterGroup Services, Inc., from Associated Black Charities, the latter of which became the EMA's administrative agency. The council also adopted a "results-based" approach to its activities. IGS expanded this approach to dealing with HIV/AIDS in the greater Baltimore metropolitan area. This approach identifies objectives and goals and establishes work products to document the achievements of the Planning Council.

The approach is based upon the understanding that HIV-positive individuals are persons with feelings, desires and abilities, who wish to participate in their own health care in a variety of ways, including serving in the planning process, representing the infected and affected community. One of the primary goals of the council is to continue its strong efforts to bring care to individuals with a minimum of disruption in their daily lives.

It is my desire as the newly elected chair of the Planning Council to further our efforts to develop a holistic approach to care so that the dignity and spirit of the individual are enhanced as we build a stronger care continuum to meet the health and support-service needs of the consumer. Toward this end, I want to especially recognize the many providers who revive the dreams of those infected and affected by HIV/AIDS.

The Baltimore EMA is fortunate to have so many experts with years of research and

practice experience behind them. These men and women provide us with data and services. We continue to count on them to be planners in our process. For example, we have had experts who contributed to the *Comprehensive Plan* for the EMA and provided background information on the HIV/AIDS epidemic. The editors of *2001 and 2002 Medical Management of HIV Infection* and *A Guide to the Clinical Care of Women with HIV* serve as resources in the development of standards of services in this EMA.



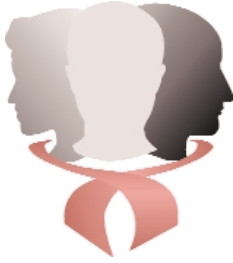
The Planning Council appreciates the continued support and hard work rendered by the staff of Associated Black Charities and the Baltimore City Health Department.

Special thanks go to P.J. Gouldmann, the immediate past chair of the Planning Council, for his tireless activism and advocacy work in the EMA. He has been and will continue to be my mentor. I am very grateful for his teaching and support.

I wish to thank Cyd Lacanienta and Douglas Munro of IGS for the long hours and remarkable dedication that they have put into assisting the council. It is my hope to call upon IGS to continue its support during my tenure as Planning Council chair. Special thanks go to Daurice Gorham, for overall office management, and to Ruben Bumel-O, for providing impeccable maintenance of the office.

I would like to take this opportunity to thank and recognize the efforts of IGS's Planning

Greater Baltimore HIV Health Services Planning Council



Council staff throughout the year: Kate Hale, for providing direction for overall Planning Council activities; Namisa Kramer, for coordinating Planning

Council committee activities; Narelle Gibbs, for coordinating Planning Council meetings and maintaining documentation of all Planning Council activities; and Nicole Curtis, for faxing and mailing and coordinating committee meeting logistics every month.

— *Debbie Rock*

Background Information

The Greater Baltimore HIV Health Services Planning Council was first established in 1991 when Baltimore became a Ryan White-eligible urban area, in need of funding for HIV/AIDS services. The Planning Council is a 40-member body appointed by the mayor of Baltimore City. The ethnic makeup of the Baltimore Planning Council is 90 percent African-American and 10 percent white. Nearly 50 percent of Planning Council members are persons living with HIV/AIDS (PLWH/A), 15 of whom have publicly disclosed their HIV status. The Planning Council sets service priorities for the allocation of funds within the EMA, develops a triennial comprehensive plan, and assesses the efficiency of the administrative mechanism for rapidly allocating funds for HIV/AIDS services.

The Baltimore EMA is home to 2.5 million people, representing 48 percent of Maryland's population. The EMA consists of Baltimore City and its six surrounding

counties: Anne Arundel, Baltimore, Carroll, Harford, Howard and Queen Anne's. Geographically, the region encompasses an area of 2,609 square miles.

Its population density ranges from 109 persons per square mile in Queen Anne's County to 8,039 persons per square mile in Baltimore City. The EMA is very diverse in terms of socioeconomic status, living conditions and access to care. As a whole, 67 percent of the population is Caucasian, 27 percent African-American and five percent other ethnicities. African-Americans make up 64 percent of the residents of Baltimore City. Recent census data reveal that poverty rates, as federally defined, vary considerably, from 4.4 percent in Howard County to 24 percent in the Baltimore City.

The Maryland AIDS Administration estimates that there are 14,519 individuals living with HIV/AIDS in the Baltimore metropolitan area.

According to reports from the U.S. Centers for Disease Control and Prevention, Maryland has the third-highest AIDS case rate in the nation, and Baltimore has the fifth-highest AIDS case incidence rate among the major metropolitan areas of the United States. Approximately 64 percent of Maryland's AIDS cases are reported from the Baltimore EMA.

Eighty-six percent of HIV/AIDS cases reported in the EMA in 1999-2001 were among African-Americans. Women represented 25 percent of total AIDS cases in the United States in 2000; but during that same period, they accounted for 32 percent of AIDS cases and 40 percent of individuals

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living with HIV in the EMA. Injection drug use (IDU) has been reported as the predominant mode of HIV transmission in the EMA. The AIDS Administration's findings from July 1999-June 2000 concluded that 51 percent of the HIV/AIDS cases reported were attributed to IDU. According to the Baltimore *Sun* in 2000, Baltimore has been identified as the most heroin-plagued city in the United States; it also has one of the most severe crack cocaine epidemics in the nation.

Ryan White Title I funds paid for services for 10,572 individuals living with HIV/AIDS in 2001 in the Baltimore EMA. The Planning Council works in partnership with the Baltimore City Health Department, the grantee, and Associated Black Charities, the administrative agency, to assess service needs within the EMA and to develop a continuum of care for people living with HIV disease and for their families. The Planning Council assesses the effectiveness of services in the meeting identified needs.

To ensure that comprehensive planning is carried out and that the needs of all HIV-infected/affected individuals living in Maryland are identified and planned for, the Planning Council participates with the AIDS Administration in a Statewide Coordinated Statement of Need (SCSN). This three-year plan, required by the Ryan White CARE Act, is only one of the collaborative activities of the council with HIV planning and service entities. The council also works with planners from the AIDS Administration HIV-prevention bureau, HealthChoice managed-care organizations, and providers receiving funding from the U.S. Substance Abuse and Mental Health Services Administration to see that services for HIV consumers are planned and coordinated.

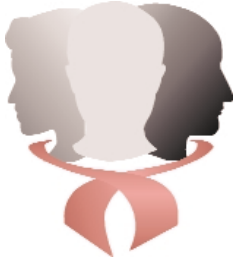
The Baltimore EMA is known to provide excellent primary medical care and research expertise. There are a total of 15 primary medical care sites that provide care, including two pediatric primary care clinics and one adolescent clinic.



Planning Council Accomplishments

- The Planning Council completed the assessment of the administrative mechanism, a required task under the CARE Act, to ensure that funds are getting to the communities and populations that are most impacted by the epidemic.
- The *Comprehensive Plan* was completed for the Baltimore EMA. This plan will serve as a guide for the council for the next three years by stating goals to address unmet needs, listing strategies for expanding services, identifying ways for improving the quality of services and setting out suggestions for meeting the objectives in the plan.
- Transition of the Planning Council support office from Associated Black Charities to InterGroup Services was begun in March 2002 when ABC assumed the responsibilities of the administrative agency. The Planning Council support office moved from temporary offices to its permanent office location on 116 East 25th Street in June 2002.
- The IGS Planning Council support office successfully organized the EMA and counties priority-setting event. The two-day EMA activity included presentations on the latest medical treatments, the most recent epidemiological data for the EMA, service

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and expenditure information from the past year, and demographics for those receiving services and other data on the needs of the HIV consumers. The EMA

and counties priority-setting activities resulted in the establishment of service category rankings and funding allocations for each ranked service. This forms the basis of the projected service continuum for the year 2003.

- The Planning Council instituted on-going training through a series of presentations on topics that impact the planning process, such as medical updates, training for new members, BCHD's quality improvement project, substance-abuse treatment services, food and nutrition, housing and case-management services. Each of the presentations was intended to provide council members with in-depth information to aid them in planning.
- The Planning Council successfully conducted the city community forum and the counties community forum. These needs-assessment activities provide additional information about needed services, gaps in services and barriers to accessing services.
- With input and hard work from the Planning Council, Associated Black Charities and the Baltimore City Health Department, the greater Baltimore EMA funding application for FY 03 was completed and submitted on the due date to the U.S. Health Resources and Services Administration (HRSA). This annual competitive application is the means by which the federal Title I grant is awarded and it is the culmination of the efforts of all the Ryan White partners throughout the year.
- The Planning Council leadership, IGS staff, Associated Black Charities staff, Baltimore City Health Department staff and AIDS Administration staff attended the HRSA All Titles Conference held in August in Washington, D.C. This conference offered a number of skill-enhancing workshops and best-practices presentations directed at increasing the quality of services available to HIV-positive consumers.
- The Planning Council met all its CARE Act-required reflectiveness targets. For the second year, the council has been able to recruit and retain 33 percent of its membership from the non-affiliated PLWH/A community. This means that one third of the council's membership is made up of Title I consumers who have no other relationship with Title I providers other than receiving services. The CARE Act also requires the council to have an overall membership that reflects the populations most affected by the epidemic. For the third year since this condition of grant award was instituted by HRSA, the Baltimore Planning Council has exceeded its requirement that at least 80 percent of its membership be reflective of the local epidemic. Reflectiveness means that the overall racial/ethnic demographics and gender demographics of the council follow the demographics of the epidemic.

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Collaboration Activities

- The completion of the MOAs between the Planning Council, BCHD and ABC was one of the high points of this year. These documents set out the parameters of the relationships between the council and its planning partners so that goals and achievements can be planned and documented.
- Due to joint efforts with the Baltimore City Health Department and Associated Black Charities, the carryover request application was submitted on time to HRSA, so that an additional \$1.4 million is available for special projects or to expand services for emerging HIV-infected populations. Carryover dollars were planned for projects in primary medical care to new initiatives to help the hearing impaired gain access to services more readily. Funds were requested for the entire EMA and specific initiatives were planned for services to surrounding counties (STSC).
- With input from BCHD and the AA, the Planning Council's Comprehensive Planning Committee, the AIDS Administration and an expert panel of HIV researchers and educators, the *Comprehensive Plan* for the Baltimore EMA was completed. This CARE Act requirement also helps the council to focus on the extraordinary long-range needs, access or barrier issues that need council attention.
- With collaborative efforts from the council and the AA, all Ryan White Title I funds were allocated for service priorities established by the Planning Council.
- The Planning Council support office held the most successful ever priority-setting events for the EMA and the counties. This is

according to council members who had experience with previous priority-setting events. For this IGS thanks BCHD and the AA.



- A partial list of the council's other collaborative partners: the Baltimore City Council's Commission on HIV/AIDS; the University of Maryland; the AIDS Administration's AIDS Center for Epidemiology & Health Services Research; Johns Hopkins University; the Office of the Lieutenant Governor and the Office of Congressman Cummings on the Maryland Partners United to Stop HIV (PUSH) initiative; and the Maryland Pharmacy Association. For research expertise, we have relied on the Virginia Commonwealth University, Columbia University, Emory University, Howard University, George Washington University, Morgan State University, University of North Carolina at Chapel Hill, and the National Institutes of Health (NIH).

Interesting Facts and News from 2002

- Debbie Rock, Planning Council vice chair, was elected chair of the Planning Council.
- P.J. Gouldmann, outgoing chair of the Planning Council, received an achievement award for his outstanding leadership on the Planning Council.
- Planning Council members voted for P.J. Gouldmann to represent the council at the Institute for Healthcare Improvement (IHI). IHI is a national initiative sponsored by HRSA to identify activities that, when implemented, improve the quality of ser-

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vices delivered in the EMA. Such activities as improved systems for establishing client eligibility for Title I services are being implemented through the institute.

- The Planning Council leadership attended the Baltimore City Council's Health Committee hearing in October regarding City Council Resolution Number 821 concerning Baltimore City HIV/AIDS Prevention: A Public Health Emergency. This hearing was a follow-up activity for the City Council's commission on the state of HIV/AIDS in Baltimore City. Members of the council and IGS staff served on the commission.

- Elections for the new Planning Council chair, vice chair, nominating chair and committee members were held in November.

- Former Planning Council members Laura Cheever, M.D. and Debra Hickman, and current PC member Jean Anderson, M.D., were featured plenary speakers at the All Titles Conference, as was Robert Redfield, M.D. from the Institute of Human Virology at the University of Maryland. Members and former members of the council and many of its committee members who are not council members are nationally recognized experts in the field of HIV treatment and services.

- The Planning Council rec-

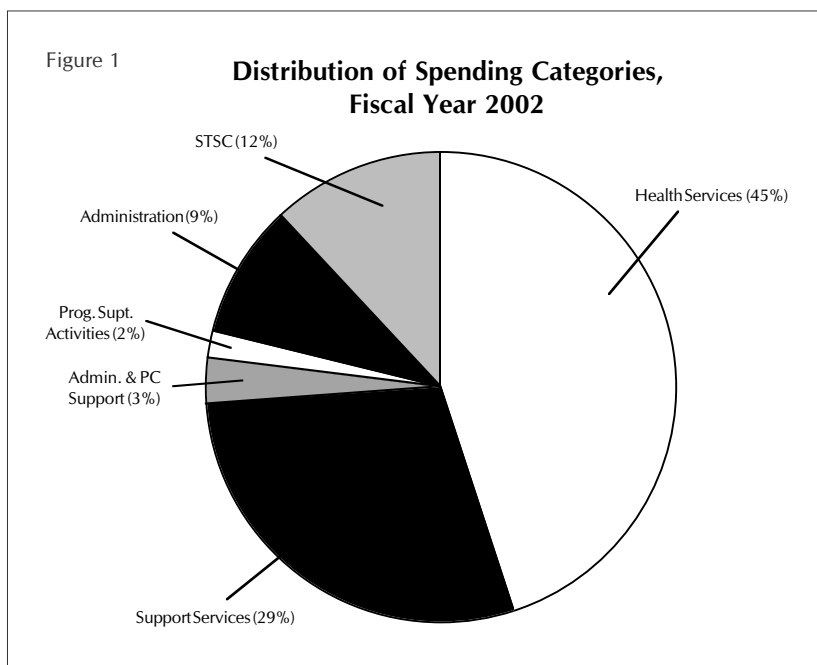
ognized outgoing members Mary Jeanne Farley and Kathy King for their dedication and services to the Planning Council. Both former members completed two full terms, for six years of service.

- The Baltimore EMA *Comprehensive Plan* was posted on the Planning Council web site in November.

- P.J. Gouldmann participated in an Associated Black Charities' community education forum for National Recovery Month as a panelist discussing trends in substance-abuse treatment and access.

Funded Services for FY 2002

The following is the percentage allocation for FY 2002, as submitted by the Baltimore EMA for FY 2003 in the HRSA application. The total sum from which these categories are reported as shares is \$16.14 million, a figure which does not include carryover dollars from FY 2001.



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On the Horizon for 2003

- The Planning Council will continue building a strong relationship with Baltimore City Health Department and Associated Black Charities by adhering to the 2002 MOAs.
- All committees will incorporate outcomes for all service categories into the annual *Standards of Care* publication over the next three years.
- With its partner, BCHD, the council will work to integrate data from the BCHD quality-improvement process into planning. In the 2000 reauthorization of the Ryan White CARE Act, Congress established a quality-improvement program (QIP) that was to be instituted in each EMA. This QIP was to provide evaluation of the service delivery system and to identify gaps, weaknesses or non-compliance with federal or local health and supportive services guidelines. Through the process of problem identification and corrective action, the overall service system for HIV-positive individuals would be enhanced and improved.
- Recruitment and retention of members for the Planning Council, guided by the reauthorization of the Ryan White CARE Act, are priority goals. It is essential to maintain the expertise needed to carry out the activities needed for effective planning.
- Efforts by the council, BCHD and the AA continue to establish and document the severe need for HIV services in the EMA based upon accurate, complete and timely data.
- Planning Council committee work plans with work products or deliverables ensure that CARE Act requirements and supportive activities are carried out and that the work of the Council moves forward.
- The methodology for allocating Planning Council funds during priority setting will con-

tinue to be reviewed and revised as additional data become available.

- It continues to be a goal of the council to secure reliable data for making planning decisions. Until a reliable client-level data system is in place that tracks the individual and all his/her services across the system, there are limits to the reliability of the planning data.
- For the next three years, the council will review the goals and objectives of the *Comprehensive Plan* for HIV service delivery. Each year changes may be made to the plan, as new or more accurate information about the epidemic requires different planning strategies.
- Revision of the Planning Council tool for evaluating the administrative mechanism will be completed before May 2003.



Greater Baltimore HIV Health Services Planning Council



Acknowledgements

The Planning Council would like to thank its partners in Ryan White Title I planning, notably the staff at Associated

Black Charities, headed by Barbara Blount Armstrong. Special thanks are due to Gail Williams-Glasser. A consistent voice for the new administrative agency, her knowledge and experience have helped ABC build a functioning oversight infrastructure that is strengthening the care system within the EMA. The other members of the ABC team working with Title I are: Ron Barbee, Carl Hackerman, Marvis Patterson, Siok-Bi Wee and Vernell Roberts. Joseph Boyd, Nicole Johnson and Bert Mckeithen are the fiscal team. At ABC in the Institute for Community Capacity Building are several other staff who are crucial to the Title I service continuum: Delavago Scruggs, Cleo Edmonds, Alice Poole-Davis, Patricia Ross and Ingrid McDowell. Last, but certainly not least, is Kisha Phillips, without whose talents many programs would be less successful.

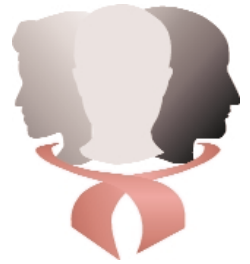
We would also like to mention the outstanding contributions made by Dr. Pierre Vigilance in leading the grantee and administrative functions since joining the Baltimore City Health Department. He has shown himself to be a problem solver and a strong voice in the fight against HIV and the many co-morbid conditions that accompany it. Dr. Vigilance leads a strong team at BCHD, including the Title I office, under Ralph Brisueno, a tireless worker for the EMA's HIV community. Ralph is invaluable assisted by Kristen Stafford, Ashlea Clark, Kelly Stewart, Chris Williams and Raven

Jeffress. Thanks are also due to Rose Aytes-Jones and David Klein for fiscal oversight.

There are literally hundreds of volunteers who work with the council throughout the year. We tried to list their names in our *Comprehensive Plan*, but there are some whose names may not have been mentioned. For all our volunteers, we could not do this work without your help. Thank you.

Greater Baltimore HIV Health Services Planning Council

For Your Notes



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