



DHHS Consultation on HIV/AIDS State Plans

Health Department Panel – Maryland Perspective

Heather L. Hauck, MSW, LICSW, Director
Maryland Department of Health & Mental Hygiene
Infectious Disease and Environmental Health Administration
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MISSION

- To improve the health of Marylanders by reducing the transmission of infectious diseases, helping impacted persons live longer, healthier lives, and protecting individuals and communities from environmental health hazards.
- We work in partnership with local health departments, providers, community based organizations, and public and private sector agencies to provide public health leadership in the prevention, control, monitoring, and treatment of infectious diseases and environmental health hazards.



Planning Groups in Maryland



Maryland Community Planning Group (CDC required)

- Statewide
- Purpose: To develop and monitor the effectiveness of a Comprehensive HIV Prevention Plan for the State of Maryland.
- Participants: 12 Voting Members/8 Advisory Members:
 - Mental Hygiene Administration (MHA), Maryland State Department of Education (MSDE), Maryland Department of Public Safety and Correction Services (DPSCS), Maryland Alcohol and Drug Abuse Administration (ADAA), Maryland Association of County Health Officers (MACHO), IDEHA's Center for STI, IDEHA's Center for HIV Prevention.
- Planning Documents: Comprehensive HIV Prevention Plan annual update or full revision when required
- Funding Allocation Decisions: Approves CDC HIV prevention funding budget – approx. \$9m
- Does Not Consider: CDC ETI, Ryan White, SAMSHA, HOPWA, state funds, HRSA BPHC, NIH



Maryland Regional Advisory Committees (RAC)

- Five Regional meetings (Western, Central, Eastern, Southern, Suburban)
- Purpose: Reviews HIV/AIDS epidemiology, prevention and care information and provides feedback to IDEHA about services provided in the State. Prioritize Ryan White HIV care service categories on an annual basis as required by HRSA.
- Participants: Open to the public; Prevention grantees required to attend the HIV Epidemic Update and the Community Dialogue meetings; Ryan White Part B grantees required to attend all.
- Planning Documents: Annual HRSA Part B application; HRSA required SCSN and Comprehensive Plan; CDC HIV Prevention Comprehensive Plan
- Funding Allocation Decisions: Review funding formulas for HIV prevention and HIV care – does not approve allocations.
- Do Not Consider: CDC ETI, SAMSHA, HOPWA, state funds, HRSA BPHC, NIH



Enhanced Comprehensive HIV Prevention Plan (ECHPP)

- Baltimore-Towson EMA (six counties and one city)
- Purpose: To identify the optimal combination of coordinated HIV prevention, care, and treatment services that can maximize the impact of these services on reducing new HIV infection
- Participants: Local Health Departments; CPG; Central Regional Advisory Committee; Baltimore City and Anne Arundel Commissions on HIV/AIDS
- Planning Documents: Situational Analysis; Required/Recommended Interventions Goals, Objectives and Strategies; National HIV/AIDS Strategy workbooks
- Funding Allocation Decisions: provided input on allocation to interventions
- Does Not Consider: SAMSHA, HOPWA, state funds, HRSA BPHC, NIH due to not enough information available at this point



Maryland Ryan White Part A Planning Councils (HRSA required)

- Baltimore-Towson EMA (six counties and one city)
- Washington DC – MD – VA – WV EMA (five MD counties)
- Purpose: To plan for the comprehensive delivery of HIV/AIDS services and allocation of resources for the Eligible Metropolitan Area (EMA).
- Participants: membership representative of geographic area and demographics of HIV epidemic in the EMAs
- Planning documents: Annual Ryan White Part A application; HRSA required Comprehensive Plan (every three years)
- Funding Allocation Decisions: HRSA Ryan White Part A including MAI – Baltimore-Towson EMA approx. \$22m; DC EMA – MD portion approx. \$6.3m
- Do Not Consider: CDC HIV Prevention (flagship or ETI), Ryan White Parts B, C, or D, SAMSHA, HOPWA, state funds, HRSA BPHC, NIH



Maryland Ryan White Part D Network

- Statewide with primary focus on Central and Suburban regions. MD DHMH IDEHA is the HRSA RW Part D grantee and convenes the Network.
- Purpose: Provides a continuum of services to meet the needs of HIV infected and affected women, children, adolescents and their families living in the State of Maryland.
- Participants: Six hospitals/clinical practices and CBOs
- Planning documents: Annual Ryan White Part D application specifically the work plan; HRSA required SCSN and Comprehensive Plan
- Funding Allocation: HRSA Ryan White Part D
- Does Not Consider: CDC HIV Prevention (flagship or ETI), Ryan White Part C, SAMSHA, HOPWA, state funds, HRSA BPHC



Maryland HOPWA

- Statewide through grants to Baltimore City Housing and Homeless Services for Baltimore City and the surrounding counties (5); MD DHMH IDEHA for the eastern shore, western region, and the counties of Frederick and Montgomery; Prince Georges County for Prince Georges, Calvert, and Charles Counties through DC DOH; and Wilmington, DE for Cecil County.
- Purpose: Help clients to maintain housing stability; Help clients to avoid homelessness; Improve access to HIV treatment and other healthcare.
- Planning documents: IDEHA provides annual updates to the Maryland Department of Housing and Community Development "Five Year Consolidated Plan."
- Funding allocation: IDEHA approx. \$1.3m
- Considerations: Ryan White Parts A or B housing support/other supportive services viewed as secondary funding sources.



Maryland HIV Commissions

- **Baltimore City Commission on HIV/AIDS**
 - Purpose: Commissioned by the City Council and the Office of the Mayor, the Baltimore City HIV/AIDS Commission provides policy guidance, recommendations and consultation to the city's leadership and health community for improving services, and implementing effective prevention education and treatment programs to protect and serve the citizens of Baltimore.
 - Participants: Mayoral appointments representing government; community based organizations; consumers; corporations; foundations; health care institutions
 - Planning Documents: Periodic reports (2005, 2009); Baltimore City HIV/AIDS Plan in development

- **Anne Arundel Commission on HIV/AIDS**
 - Purpose: To review available resources for individuals diagnosed with HIV/AIDS, as well as ongoing prevention activities to curb the trend of HIV transmission within the County.
 - Participants: County council appointments representing government; community based organizations; consumers; corporations; foundations; health care institutions
 - Planning Documents: Annual report to County Council



Maryland Recommendations for NHAS State Plans - IDEAL

- Elide the requirements of the planning processes indicated in slides 5-10.
- Federal agencies require grantees from all funding streams e.g. RW Part C, SAMSHA etc. to participate in the development, implementation, and monitoring a NHAS State Plan.
- Federal agencies require grantees from all funding streams to align activities and service delivery to NHAS State Plan as part of their application development.
- DHHS provides leadership and guidance on engaging private insurance and other federal agencies in state level NHAS plan development, implementation, and monitoring.



Maryland Recommendations for NHAS State Plans - IDEAL

- Incorporate the funding information from relevant funding streams into the process. Specifically needed from federal agencies:
 - Funding amount , grant period, one-time or ongoing
 - Contact information for lead staff
 - Brief summary of services required with funding
 - Location of services by delivery site (not “parent office” address only)
 - Number of clients served/key demographics
 - Outcomes
- Incorporate modeling for cost effective and effective mix of HIV prevention and care and treatment interventions.
 - In Maryland, expand modeling to include other funding and service delivery (HOPWA, SAMSHA, HRSA BPHC)
- Incorporate annual data updates from Medicare, Medicaid, private insurance, VA, SAMSHA, HRSA BPHC, and Ryan White Parts A, C, and D.



Maryland Recommendations for NHAS State Plans - IDEAL

- In addition to incorporating the information from the previous two slides, a Maryland NHAS State Plan IDEALLY would:
 - Specify numbers reached and unmet need for various populations by prevention interventions and care and treatment services based on knowledge of publicly funded activities and private insurance coverage for related activities.
 - Provide mapping of services and population demographics regardless of funding source:
 - By ZIP code at a minimum
 - By priority populations identified in state epi data
 - By location of HIV testing, prevention, care/treatment, support, and housing services
 - <http://ideha.dhmfh.maryland.gov>



Maryland Recommendations for NHAS State Plans- REALITY

- Maryland's NHAS State Plan would describe and relate current KNOWN planning processes, documents, modeling, and required indicators to NHAS goals.
- Continue to incorporate modeling for cost effective and effective mix of HIV prevention interventions.
- Continue to work with available Medicaid, Ryan White Parts B and D, surveillance, and HIV prevention programmatic data sources to describe the HIV epidemic, interventions implemented and reach/services delivered with known public funding.
- With more information from federal agencies (slide #13), incorporate the funding information from relevant funding streams into the processes.



Maryland Perspective on “Pitfalls/Mis-steps”

- We are currently unable to support any additional planning processes or modeling.
 - NHAS State Plan development requires additional resources.
 - Modeling should be supported by federal agencies.
- We currently have multiple guidance's for planning processes and documents.
 - No additional prescriptive guidance for NHAS State Plan development should be issued.
- Many of the current NHAS targets are not measureable at the state level.
- Maryland is developing a State Health Improvement Plan – any Maryland NHAS State Plan would need to be responsive to our SHIP needs first.



Maryland Infectious Disease and Environmental Health Administration

Heather Hauck, MSW, LICSW
Director

410-767-5013

hhauck@dhmh.state.md.us

<http://ideha.dhmh.maryland.gov>