



Comprehensive Planning Committee MEETING SUMMARY

Friday, April 12, 2019 at 9:30AM
Willing Heart Community Center
555 Martin Luther King Blvd. Newark, NJ 07103

Present	Excused Absences	Unexcused Absences
1. Janice Adams 2. Ketlen Alsbrook 3. Allison DelCalzo 4. Juanita Howell 5. Elizabeth Kocot 6. Victor Llerena 7. Joann McEniry 8. Jennifer McGeeAvila 9. Vieshia Morales 10. Aliya Onque 11. Sharon Postel 12. Ricardo Salcido 13. Calvin Toler	14. Brian McGovern 15. Debbie Morgan	16. Pat Moore 17. Aliyah Onque

1. Welcome and Moment of Silence

Joann McEniry, CPC Chair, welcomed all in attendance and called for a moment of silence for all those living with, and those who have passed away from, HIV/AIDS.

2. Roll Call

Tania Guaman, Support Staff, conducted the roll call. Quorum was not established.

3. Public Testimony

There was no public testimony.

4. Approval of the Meeting Summary from February 8th and March 8th, 2019

Joann, CPC Chair, asked the committee to review the February and March meeting summaries. Cezar Dumago made a motion to approve the February 8th meeting summary. Allison DelCalzo abstained. The February meeting summary was approved.

The March 8th meeting summary was posed for approval. Elizabeth Kocot motioned to approve. Calvin Toler seconded. The sign-in sheet will be attached for attendance. The minutes were approved.

5. Standing Committee Updates

- **COC—Continuum of Care Committee**

Viesha Morales, member of the COC, provided an update. The COC was held on Thursday, April 11th. Through a majority of votes from COC members, Ms. Richlyn Brunham was appointed as the new Vice-Chair. COC members reviewed the committee's calendar for FY2019. Several presenters have been scheduled. Members were asked to voice their suggested topics or presenters for future presentations. Telemedicine was mentioned as a tentative topic for the COC.

COC members prioritized the order in which service standards will be updated in the upcoming meetings. The following was the order in which the standards of care will be reviewed during FY2019: 1) Housing, 2) Emergency Financial Assistance, 3) Medical Transportation, 4) Psychosocial Support, 5) Substance Abuse (Residential), 6) Substance Abuse Outpatient Services 7) Other Professional, 8) Legal Services, 9) Medical Nutrition Therapy. During the prioritization process, it was suggested that legal services and other professional services were placed into one category in the past. Mario Portilla, COC Chair, was asked to confirm.

A discussion of barriers to care for PLWHA to receive oral health care was held. Various barriers were listed including patient fear of a dentist and long wait times for up-to-30 days for dental appointments (acute appointments can be seen faster, but much longer times are expected for non-acute). Language barriers were also listed as a barrier to care, but language lines were mentioned as an aid to serve diverse individuals in the community. There was a suggestion that a staff member attend the oral health care appointment with the patient to ensure that service is provided faster.

The Oral Health Standards were reviewed partially, and the rest was postponed for the next meeting. Both Mario and Support Staff will confirm if the HRSA definition of 'oral health' has changed recently. A discussion was held about the accountability of patients in missing appointments vs. the agency responsibility to use every appointment available. More conversations are needed on Item 8: Client Right and Responsibilities, Letter I: No client can be permanently barred from services, and the rest of the Oral Health Standards. The next standard to be reviewed housing. The COC also reported that The Mary Eliza Mahoney Health Center is a FQHC located at 394 University Ave, Newark, NJ 07102. The center recently received the FQHC designation and it provides ambulatory and specialty care service, including Oral health care. Also at the COC meeting, Ann Bagchi provided an update on the ETE taskforce, a report is due on May 2019.

The next COC meeting will be held on Thursday May 9, 2019 at the Willing Heart Community Care Center located at 555 Martin Luther King Jr. Blvd. Newark, NJ 07102

- **REC—Research and Evaluation Committee**

The REC finalized its FY 2019 Needs Assessment Questions and Methodology. The questions will focus on the gaps and barriers to achieving a better integration between prevention and care services for people living with HIV/AIDS. (with a focus on mental health and substance abuse) Another question will compare agencies who participate in the State Behavioral Health integration Project (B-HIP) versus agencies who are not participating in BHIP.

The REC Chair made a recommendation that for the needs assessment, the team use a behavioral health Ryan White Cascade approach among clients served by Ryan White agencies. The RW cascade would measure the # of people screened, # of people who needed a referral, # of people who get a referral and have documentation as evidence and a follow up visit after a referral. No surveys or questionnaires will be used for this year's needs assessment.

At the REC meeting, there was a presentation: Test and Treat by NJCRI – Ilene Skerintzy. The 'Test and Treat' initiative at NJCRI presents a public health benefit through indirect effects of a decreased risk of HIV infection among newly diagnosed patients with high viral loads by offering same-day treatment. Just a week ago, NJCRI found 5 new HIV diagnosis in one-week. The five newly diagnosed individuals were men between the ages of 18 and 34 years of age. Having learned about their status, these men completed their lab work, counseling session and applied for insurance and ADAP on the same day. One of the newly diagnosed man was taking Truvada that a friend had shared with him. Given that he was co-infected with hepatitis C, which the patient was not aware of, providers noted that the medication had exacerbated his hepatitis C.

Also, at the presentation during the REC meeting, NJCRI noted that one of the newly diagnosed man, an 18-year-old patient who only came in for STD testing, did not think he was infected with HIV. Since NJRCI also included HIV testing, the patient became aware of his HIV positive status and received treatment the same day.

The next REC meeting will be held on Monday, April 15, 2019 at the Willing Heart Community Care Center located at 555 Martin Luther King Blvd. Newark, NJ 07102.

- **CIA/CC—Consumer Involvement Activities/Community Conversations**

The CIA last met on March 27, 2019. Attendees were asked to think and share some of the challenges that may prevent them from managing their HIV condition adequately. Some of the issues mentioned during the discussion included: utility assistance that runs out quickly, stigma from medical providers, legal counseling rights for PLWHA, nutrition services, transportation to and from medical appointments, and the rising costs of housing in the Newark area.

At the CIA meeting, Mr. Warren Poole distributed a survey to participants which asked attendees to rank support and core services from extremely important to least important. Of the core medical services, the majority of respondents rated AIDS Pharmaceutical Assistance, AIDS Drug Assistance Program Treatments, and Outpatient/ Ambulatory Health services as extremely important. Of the support services, the majority of respondents rated housing, legal services, emergency financial assistance, Food bank/home delivered meals, and referral for health care and support services as extremely important.

It was reported that in the write-in question, consumers ranked the following additional categories as important in the top three priorities: housing, Drug Assistance Programs, Mental Health, transportation, oral healthcare, substance abuse, and health insurance & premium cost assistance. The full survey report was shared with members for review.

The recipient stated that they will explore co-pay and out of pocket costs for health care because HIPCSEA, one of the core services of the Ryan White Program, has been underutilized. The use of this service will be emphasized to agencies specially because both insured and uninsured patients are expected to incur out-of-pocket costs either with co-pays or sliding scale fees.

The next CIA meeting will be held on Wednesday, April 24, 2019 at the Willing Heart Community Care Center located at 555 Martin Luther King Blvd. Newark, NJ 07102.

6. Recipient Report

Ketlen Alsbrook from the City of Newark provided the Recipient Report.

Ketlen reports that the City is closing out the the last fiscal year and rolling out the new FY2019 fiscal year. For FY2018, the City has 26 out of 37 contracts closed out. The rest of contracts are expected to close by the end of April, so all expenditures are completed by the end of May. This high closeout rate meets one of the recommendations from HRSA to the city to have a timely close out. The federal financial report is report is due on July and the final expenditure report is due on June 30th.

The city is finalizing notices of award for FY 2019 today. This year, the timeline for the RFP process was changed to ensure that all contracts are executed within the first quarter of the grant year. The City is also thinking about having multi-year (2-3) contracts in 2020 and moving forward.

The Standards of Care managed by the COC must be updated annually. These do not necessarily have to be changed, but they must be reviewed and up to date on an annual basis. The City of Newark sends the COC standards to all contracting agencies prior to a contract. These standards dictate how the City of Newark monitors and evaluates Ryan White sub-recipients.

The Department of Health will create a sub webpage for the Newark EMA, which will serve as a repository for all NEMA documents.

Ketlen mentioned the conference call that was held with the Executive Committee on the State's End the Epidemic Initiative, which has a focus on diagnosis, treatment, prevention & response. There conversations about the distribution of resources targeted to the areas of greatest need. For instance, it was discovered that 50% of new infections are coming from 48 counties and states throughout the country. Joanne, CPC Chair, added that the Executive Committee held a phone conference to talk about ways the EMA can lend a voice for the ETE. Sharon was asked to write some proposed suggestions.

7. New Jersey HIV Planning Group (NJHPG) Report

Tania Guaman, PC Support Staff, reported the following in regard to the NJHPG:

- NJ ETE – The EMA can lend a voice by completing the survey that was sent out via email.
- The NJ HIV Housing Collaborative has a new contact – Rene Sirelo. The initiative is looking to engage non-medical case managers as housing ambassadors. The Collaboratives Is hosting webinars to outline this year's roadmap. One of the trainings was held on March 20 which focused on trauma-informed care resources with the goal to support stable housing. Upon completion of the webinars, participants receive certificates for their participation.

- The NJHPG's Governance committee is looking for members in the following categories: youth, transgender, and IDUs. The Issues Committee is also supporting the ETE, which will provide a list of resources for technical assistance for the ETE planning.
- There was a presentation held on a proposal from the NJDOH to implement a high-risk cluster approach. This approach would place an emphasis on agencies to reach out to high-risk patients and their partners who tested negative in the past to get retested. Through this approach, first the agency who served the patient would reach out but at a last resort, the NJDOH may reach out. This initiative was first introduced to the Issues Committee who provided feedback and recommendations. They recommended that the laws of HIV decriminalization and U=U be considered. Next, the initiative will be presented at the Gay's Man Committee meeting.
- Two issues were brought up by members. Committee members stated that only positives information is collected as required by the State. Members also mention that consent forms provided by the state inform the patient that testing is confidential, unless they are HIV+.

8. New Business

McEniry provided an Overview of the FY 2019-2020 Priority Setting and Resource Allocation Process. The committee is entering a busy season in preparation to update the PSRA which is updated on an annual basis. The committee will start by looking at some of the following documents:

- the past core service model,
- the core service waiver (allows us to allocate funds outside of the 75/25 split),
- the Minority AIDS Initiative (MIA) needs, which was included in the ranking last year,
- the 2018 epidemiological data report, and
- the service category definitions (guided by HRSA).

After reviewing all of these and other essential documents, the committee will develop priority setting and resource allocation recommendations. These decisions will largely be guided by service utilization and consumer data.

McEniry led the committee in a review of the PSRA process from last year and discussed inclusion of the following recommendations:

The committee was asked for recommendations to follow or improve on this year's planning process for the FY 2020 PSRA. (i.e. consumer data started to be captured more effectively in recent years). Two recommendations were mentioned. 1) Improve the needs assessment. A recommendation was made that the REC speed up the timeline for the needs assessment. Since speeding up the report is a time-consuming process, the committee will instead look at the report from last year's needs assessment plus any interim data that is available to date in preparation for the PRSA. 2) Improve Consumer Input. Given that the committee wants to consider an allocation outside of the required 75/25 split, another recommendation was made for the CIA to consider all services available not just those currently funded by the Ryan White Program. A suggestion was made that consumers be asked about needs/barriers and gaps of service.

McEniry led the committee in a Review of the FY 2018 Service Category definitions and supplemental materials to draft 2019 definitions. The following occurred:

Committee members received a copy of the HRSA service category definitions. There have been no changes to these categories so that information can be updated into the PSRA for FY2020.

-An update is expected in the PCN 15-02 and the FAQs. The committee will review those briefly to review whether those changes will impact the service category definitions. After consumer data is compiled, the committee will assess, if any service categories do not exist, but may need to be created given the consumer input.

Summer Meeting discussions

The discussion on summer meetings was postponed for the next meeting because the committee is still early in the resource allocation process to make a decision on whether summer meetings will be needed or not.

9. Old Business

- Core Service Waiver discussion – a decision was made to apply for a core service waiver. The decision was made because of the ACA, Medicaid Expansion, and the increase in funding for supportive services (such as housing, medical case management) from funders other than Ryan White. If the core service waiver is approved, the EMA will be allowed to allocate funds outside of the 75/25 split for FY2019. This technique will allow the recipient to spend money in area of most need. There are only three times at which a core service waiver application can be submitted – before, after or at the time of the grant application. The Newark EMA will apply after the grant application. The following are some of the requirements for the core service waiver application: consumer input, a letter from the state, a public process from agencies serving PLWHA, a narrative that answers the question of why we need to split. The core service waiver is due by June 30th.
- The CPC will contribute to the Core Service Waiver by drafting an allocation that is non-75/25 split for FY 2019. The recipient will provide funding utilization data for the May 2019 meeting to help guide the development of a non 75/25 funding recommendation. It will include information on the following:
 1. Where was the money swept from?
 2. Where was the money put?
 3. What request could not be granted?
 4. Did agencies have waiting lists of consumers who could not be served or those who had to be referred out?
 5. What do agencies request on their applications vs. to actual expenditures vs. CHAMP services that were provided.
- Tania will develop the standardized questions to be used to understand the gaps and needs/barriers from consumers. Aliya and Tania will coordinate to obtain consumer input.
- The CPC will develop a non 75/25 PSRA for FY2019 at the May meeting to be submitted by June 30th. The committee will then develop a non 75/25 and a 75/25 PSRA for FY2020.

10. Announcements

Elizabeth Kocot announced that the Division of Medical Assistance and Health Services (DMAHS), in collaboration with the Division of Mental Health and Addiction Services has developed a new program to cover and support Medication Assistance Treatment (MAT). Effective 04/01/2019, “no prior authorization shall be allowed for medications and/or bundled services that include administering medication for the treatment of opioid or alcohol use disorders”. The programs also include peer support, navigation services, and a bundle in medications.

The NJ AIDS Walk will be held on Sunday, May 5th in several areas. Those in the EMA area are located in Essex and Morris County. For more information or to register, members can visit <https://www.njaidswalk.org/>.

Victor Llerena announced he will be leaving his position at Trinitas Hospital in June 2019 and stepping down from the CPC committee.

11. Next Meeting

The next Comprehensive Planning Committee meeting will be held on Friday, May 10, 2019 at 9:30AM at the Willing Heart Community Center, 555 Martin Luther King Blvd. Newark, NJ 07103.

12. Adjournment

Janice Adams-Jarrell motioned to adjourn. Juanita Howell seconded. The meeting was adjourned at 11:39 am.