

Comprehensive Planning Committee

MEETING SUMMARY

Friday, October 9, 2020, 9:30AM

Video-Conference via Zoom: <https://zoom.us/j/94494819642>

Teleconference: (929) 205-6099 / Meeting ID: 944 9481 9642#

Present	Excused Absences	Unexcused Absences
<ul style="list-style-type: none"> 1. Allison Delcalzo-Berens 2. Juanita Howell (Secretary) 3. Elizabeth Kocot 4. Julissa Lituma 5. Joann McEniry (Chair) 6. Jennifer McGee-Avila (Non-Voting) 7. Vieshia Morales 8. Sharon Postel (Non-Voting) 9. Aliya Roman (Non-Voting) 10. Ricardo Salcido 11. Calvin Toler 	<ul style="list-style-type: none"> 12. Patricia Moore 	<ul style="list-style-type: none"> 13. Janice Adams-Jarrells 14. Ketlen Alsbrook 15. Debbie Morgan 16. Al-Bayyinah Sloane

Guests: Karen Ehiri, Donna Dolan (NJAS Intern)

Support Staff: Tania Guaman, Vicky Saguy

1. Welcome and Moment of Silence

McEniry called the meeting to order at 9:35 AM and welcomed all in attendance. A moment of silence was observed for all those living with, those who have passed, and those affected by HIV/AIDS.

2. Roll Call

Guaman conducted the roll call. Quorum was established later during the meeting.

3. Public Testimony

There was no public testimony at this meeting.

4. Approval of the Meeting Summary from August 7, 2020

The August 7th Meeting Summary was sent in advance electronically. McEniry asked for a motion to approve the meeting summary as presented. Morales motioned to approve. Howell seconded. The August meeting summary was approved as presented. Salcido abstained. None opposed.

5. Standing Committee Updates

- **COC**– Morales provided the COC report. The last Continuum of Care Committee meeting was held on Thursday, October 8, 2020. The following occurred at the meeting:
 - At this meeting, the committee approved the August and September Meeting Summaries.

- The committee approved the Psychosocial Service Standard.
- After an extensive discussion, the committee also approved the Medical Nutrition Therapy Service Standard.
- The committee tabled the review of the Health Insurance Premium and Other Professional Services Service Standard until the November meeting.
- The committee also held discussions about assigning members to review the service standards that are still pending review.

The next COC meeting will be held on November 12, 2020 at 10 AM via Zoom.

- **REC** - Support Staff provided the REC report. The last Research and Evaluation Committee meeting was held on Monday, September 16, 2020. The following occurred during the meeting:
 - There was no quorum.
 - Postel presented an overview of the 2020 Epidemiological Profile. Early diagnosis data was added to the report. The committee will this data in depth when the report is finalized.
 - The committee held discussions about the 2021 Full Needs Assessment topic: Telehealth. Dr. Bagchi provided the tools she used for her Telehealth Needs Assessment to be reviewed by the Committee. These tools were sent via email and there will be discussions on how to modify these tools for the Full Needs Assessment.

The next REC meeting will be held on October 19, 2020 at 10AM via Zoom

- **CIA/CC** - Support Staff provided the CIA report. The last Consumer Involvement Activities Committee (CIA) meeting was held on Thursday September 24, 2020. The following occurred during the meeting:
 - The meeting date was changed from Wednesday, September 23rd to Thursday, September 24th due to a time conflict the CIA Chair had with work.
 - The CIA was going to discuss ideas for the 2021 Full Needs Assessment Topic from the consumer's perspective. However, there were only 4 participants in the meeting.
 - A Presentation on Weight Gain and HIV was scheduled but it had to be postponed.
 - There have been conversations with HRSA to increase consumer engagement. HRSA also requested a written report update. There will be a discussion about consumer engagement and retention at the Executive Committee.

The next CIA meeting will be held on October 28, 2020 at 5PM via Zoom

6. Recipient Report – Roman provided the following Recipient Report:

- The FY 2021 Ryan White Part A grant application was submitted to HRSA on October 7th. The recipient requested MAI level funding of \$1,263,202 and for Part A \$11,922,154.
- The FY 2021 target groups were changed in the application to reflect where new diagnosis was most prevalent. The youth population was revised from 13 to 24 years old to 19 to 24 years old. The People Living With HIV/AIDS category was changed from 35 to 54 years old to 25 to 54 years old. Men of color who have Sex with Men now includes Youth MSM.
- The FY 2021 Ryan White Part A request for proposal will be released by next week.
- The recipient invites those with experience in HIV care and treatment to the FY 2021 peer review panel for a 2-day session, held remotely this year, with tentative dates in mid-December. Those interested should contact the Recipient's Office.
- The FY 2020 sweeps was affected by COVID-19. Most subrecipients experienced significant service shortfalls on multiple service categories of their budgets. Program monitors will submit

reduction letters to address shortfalls in the second half of this grant year. The recipient will also level service unit cost since unit costs can be increased up to a certain amount.

- The recipient also invites subrecipients to submit a request for additional funding to their program monitors for services above their grant award. The requests for additional funds need to include the actual amount spent for consideration. All requests will be evaluated by fiscal and Roman.
- The COVID-19 Emergency Declaration now allows subrecipients to submit invoices for expenses from January 2020 to present.
- Initially scheduled to being in March, the EIRC case studies assigned on the Integrated Health Plan were significantly pushed back due to covid-19. The REC approved the tool for the studies in June. However, some of the EIRCs were either suspended or just working on a remote schedule. The recipient and the EIRCs need additional guidance on the new target dates for survey results and the presentation for the CPC. The recipient also asked that the REC consider revisions on tool to include access to care questions during COVID-19 to assess the barriers clients experienced during the health crisis.

McEniry stated that the CPC will revise the Integrated Health Plan's timeline based on accomplishments and any outstanding work. McEniry also reported that Dr. Bagchi agreed to review the tool to add the access to care questions. The Integrated Plan will carry the work of the Planning Council until 2021. HRSA has not released further guidance on any updates to be completed beyond 2021. The CPC will have to wait for further guidance from HRSA for planning after 2021. Guidance on the Integrated Health Plan might be provided at the HRSA site visit in February or before that date.

Support staff asked if UWGUC needs to prepare for the site visit in February. The Recipient mentioned that HRSA will submit the site visit guidance as the date approaches. The Recipient will let support staff know when the guidance is received.

7. New Jersey HIV Planning Group (NJHPG) Report

Support Staff provided the following report:

- Rutgers is no longer going to be the support team for the NJHPG. The department of health will be the direct support for the NJHPG led by Jones and Kaleef, the new HIV Care and Treatment Director for the Department of Health.
- The NJHPG will start their Needs Assessment with a focus on Transgender, Gay men, and the Aging Population since the conference this year had a focus on these 3 specific populations.
- The State had a 10% funding cut across various care and treatment programs. Also, state rebate funds impacted housing, community health, BHIP and the trauma informed care programs.
- The Federal Ending the Epidemic is on the community engagement/input stage with 5 agencies across 2 counties. Virtual sessions, focus groups, submitted answer to surveys.
- The NJHPG site that contains information, training, and resources will be maintained. If anything changes, the NJHPG will inform the community about it.

Salcido asked if certifications can be obtained from the training website. During the pandemic, many medical assistants were lost, and the new medical assistants need HIV training. McEniry asked PCSS to connect Kaleef and Salcido via email to share this community concern.

8. Old Business

No old business.

9. New Business

- Review Progress Report/Performance (based on CY 20 data) – Ehiri presented a Quality Management Progress/Performance Report based on based on FY 20 data. The following highlights were noted:

- The data for Goal #1 is not available yet
- Objective: Identify subpopulations that fall 10% or more below NHAS goals (ART, VLS, Gap)
- Target Populations: MSM, 13-24, 45+, Women of Color
- **NHAS Goal #2: Link 90% of Newly Diagnosed to Care Within 30 Days**

	MSM	13-24	45+	Women of Color	EMA-wide
2019	71%	70%	77%	67%	69%
2020	82%	71%	47%	62%	68%

- **NHAS Goal #3-1: Decrease Gap in Medical Visits to 10%**

	MSM	13-24	45+	65+	Women of Color	EMA-wide
2019	17%	22%	12%	7%	12%	14%
2020	20%	22%	18%	17%	17%	19%

- **NHAS Goal #3-2: Increase VLS to 87%**

	Black Non-Hispanic	Female	25-34	Medicaid	MSM	EMA-wide
2019	84%	86%	82%	84%	87%	86%
2020	85%	88%	81%	85%	88%	88%

- **NHAS Goal #3-3: Increase ARV to 98%**

	25-34	Uninsured	Unknown	EMA-wide
2019	98%	98%	0%	99%
2020	98%	98%	100%	99%

- The Goal for ARVs is fully met.
 - The 87% of Viral Load Suppression is met on female and MSM populations, but it is lower in other populations.
 - The GAP in Medical Visits of 10% or lower is almost double in some populations. However, members attributed a rapid gap increase in 2020 to the COVID-19 pandemic.
 - The 90% linkage to Care in 30 days was not met by any category. The Quality Management Goal was changed to 70% linkage to care in 30 days and the NHAS are below 90%.
 - Postel added that there were 180 to 200 newly diagnosed IES clients during in CY19. There were 76 newly diagnosed clients for 2020 until the end of September. Despite this decline in the Newark EMA, the linkage percentage is still the same 68%. The gap percentage is based on 6 months intervals. The Newark EMA is on the first 3 months of the last 6 months measure. The gap might change at the end of the year once this information gets updated.
- Newark EMA Early Intervention and Retention Collaborative (EIRCs) Update Report - McEniry announced that due the inability of the EIRCs to meet regularly, the EIRC update rate is not finalized. McEniry asked for a motion to table this item until further notice. Toler motioned to approve. Morales seconded. No oppositions or abstentions. This item will be discussed until the EIRCs are able to resume their operations.

- Begin in depth review and update/revision of the Integrated Health plan – Support Staff provided a presentation on what has been completed from the Integrated Health Plan. The committee began the in-depth review and revision of the Integrated Health plan. The plan guides activities through 2021. Due to COVID-19 and changes in operations, the plan timeline was revised to ensure key goal completion.
- The following changes were made:
 - GOAL#1: Reduce New HIV Infections through Health Literacy Activities:
 - The recipient mentioned that the activities in GOAL#1 have not been completed.
 - Objective 1A:
 - CHAMP's Risk Reduction indicator under MCM captures activities such as tobacco use and or sexual activities are reported. According to CHAMP, 99% of people who have a medical visit get risk reduction education, but consumers in attendance have not received this type of information.
 - The target population for this Objective should identify who is not receiving risk reduction education in CHAMP. Support Staff will follow up with Aliya and Postel to identify the population(s) who are not receiving risk reduction education.
 - Health Education cannot be documented in CHAMP but could it under non-medical case management? Since risk reduction has its own billable service category, it is not clear whether this activity can be added. The recipient will meet with the HRSA PO to ask.

McEniry asked Support Staff to clean up the Integrated Plan document and send to the committee. This preliminary version will be reviewed and finalized by the committee at the next meeting.

10. Announcements

- NJCRI will host the National Latinx Awareness Day on October 16th 11AM from to 3PM. NJCRI will also host their annual Trunk or Treat for kids on October 30th from 3PM until 5 PM.
- Postel asked if there are any continuing problems with LogistiCare in getting people to medical appointments and whether there still problems with provider approvals from the Medicare HMOs [i.e. (Horizon) for antiretrovirals single tablet a day regime]. Kocot reported that LogistiCare's process is the same where anything over 21 miles needs prior authorization. Kocot added that most people are doing virtual medical appointments so there have not been a lot of transportation requests or complaints in the last couple of months.
- Kocot also stated that the Board of Social Services moved to 321 University Ave., Newark NJ. The new phone number is (862)298-2900. Currently, the department is not seeing clients, but it is receiving phone calls.
- United HMO is not allowed to accept new members into their plan. However, people who are already in United HMO can stay in it.

11. Next Meeting

The next CPC meeting will be held on Friday, November 13, 2020 at 9:30AM via Zoom.

12. Adjournment

McEniry asked for a motion to adjourn the meeting. Morales motioned to accept. Lituma seconded. All members agreed. None abstained. None opposed The meeting was adjourned at 11:37AM.