



Planning Council

MEETING SUMMARY

Wednesday, October 21, 2020 at 1:30PM

Video-Conference via Zoom: <https://zoom.us/j/92573189900>

Teleconference: (929) 205 6099 / Meeting ID: 925 7318 9900#

Present	Excused Absences	Unexcused Absences
1. Ketlen Alsbrook (Recipient)	16. Elizabeth Kocot	18. Janice Adams-Jarrells
2. Ann Bagchi, PhD	17. Viেশia Morales	19. James Carrington
3. Wali Bradley		20. Kendall Clark
4. Cezar Dumago (Secretary)		21. Jeremiah Cohen
5. Wanda Figueroa, MD		22. Walter Okoroanyanwu, MD
6. Juanita Howell		23. Rev. Don Ransom
7. Dr. Robert L. Johnson (Chair)		24. Aliya Roman (Non-Voting)
8. Joann McEniry (Co-Chair)		25. Ricardo Salcido
9. Patricia Moore (Treasurer)		26. Calvin Toler
10. Debbie Morgan		
11. Natalie Muhammad		
12. Dominga Padilla, MD		
13. Warren Poole		
14. Sharon Postel (Non-Voting)		
15. Providencia Rodriguez		

Guests: Louis Delgadillo, Marie Glover (Medly Pharmacy), Karina Calabuig, Mr. Dexter, Jason Kondrk
PC Support Staff: Tania Guaman

1. Welcome & Moment of Silence

Dr. Johnson welcomed all attendees and called the meeting to order at 1:35 PM. A moment of silence was observed for those affected, for those who have passed, and for those living with HIV/AIDS.

2. Roll Call

Dumago conducted the roll call for this meeting. Quorum was established.

3. Public Testimony

None at this time.

4. Approval of the Meeting Summary from September 16, 2020

At the previous meeting, the August meeting summary was approved as presented. The edits were made, and the final summary was posted on the NEMA website.

The September 16th meeting summary was sent in advance electronically. McEniry asked for a motion to approve the meeting summary as presented. Poole motioned to accept. Cezar and Alsbrook seconded. No oppositions or abstentions.

5. Report from the Recipient

Alsbrook provided the Recipient report:

- The FY 2021 Funding application was submitted to HRSA on October 7. The total request was for \$13,185,356 with about \$1.2 million in Part A Administrative Cost, \$596,107 for clinical quality management activities, and \$10.1 million for HIV services. The Minority AIDS initiative component request was \$126,320 for Administrative costs, \$63,160 for clinical quality management activities and a little over \$1 million for HIV services. As part of the application, the recipient updated the HIV Care Continuum Workplan and established new targets for FY 2021. The new target are as follows:
 - o For FY'21, reduce the number of individuals who are diagnosed with stage three HIV or AIDS by 10%. The FY'19 performance rate was just under 22%, the new FY'21 goal is 20%.
 - o For FY'21, increase the percentage of clients linked to care within 30 days of HIV diagnosis to 75%. For FY'19, the percentage was at 69%.
 - o For FY'21, increase the percentage to 90% of clients retained in care as measured by two or more CD for viral load test or medical visits at least 90 days apart. The FY'19 performance rate was at 86%.
 - o For FY'21, maintain the prescription of ARV at 99%, similar to this year's performance.
 - o For FY'21, increase to 88% percentage of clients with a viral load of less than 200 copies per milliliter. The FY'19 performance rate was about 86.5%.
- Yesterday, HRSA held a webinar to discuss multi-year funding. The next NOFO will be for multi-year funding to cover funds for Fiscal Year 2022, 2023 and 2024. There will be a non-competing application to cover the three-year period that will be released earlier than in previous years. In anticipation to this application, the Planning Council timeline and the process for the Priority Setting and Resource Allocation, the Needs Assessment, the Assessment of the Administrative Mechanism needs to be modified. These critical activities must be completed no later than June or July 2021. The timeline suggestions are as follows:
 - o The Priority Setting and Resource Allocation will need to be completed for approval at the Planning Council Meeting in July 2021.
 - o The Needs Assessment needs to be completed for the presentation to the Comprehensive Planning Council meeting in June 2021.
 - o The Full Assessment of the Administrative Mechanism, which includes surveying providers, needs to be completed by the July 2021 meeting.
- At the next meeting, the recipient will discuss the possibility of having a multiyear contract with all subrecipients. The recipient wants to align the timeline with HRSA's timeline to move into the multiyear contract. The recipient will review the internal procurement process for now.

6. Standing Committee Updates

- **COC: Vieshia Morales** - Guaman provided the report for the October 8th meeting:
 - o The committee reviewed and approved the Psychosocial Services and Medical Nutrition Therapy Service Standard. All the changes to these standards were noted in the documents sent to all Planning Council for review. These Standards are being introduced to the Planning Council for a 30-day review period.
 - o Committee members recommended that a presentation be held to discuss the challenges and experiences of agencies who provide medical nutrition therapy services.
 - o At the next meeting, the COC will review the HIPCS and other Professional services standards.

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

McEniry restated that the Psychosocial Service Standard and the Medical Nutrition Therapy have been submitted to the Planning Council for a 30-day review period and asked members to review the two standards before voting at the next meeting.

- **CPC: Joann McEniry** – McEniry provided the report for the October 9th:
 - The CPC received the Quality Management Performance Report and considered this for the update of the Integrated Health Plan.
 - The CPC also reviewed and updated the Integrated Health Plan which assigns PC committees with activities through the end of FY 2021. Changes in operations occurred due to COVID-19. Therefore, the committee needs to revise the timeline and amend items as needed to achieve each goal. The committee will continue updating the integrated health plan at the next meeting. Once the review is finalized, the committee will inform the Planning Council about the changes in the Plan.

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

- **REC: Ann Bagchi, Ph.D.** – Dr. Bagchi provided the REC report for the October 19th meeting:
 - The committee assisted the EIRC by reviewing a tool for a case study. Dr. Bagchi reviewed the tool and it is not meeting the need of the case study. The case study looks at the individuals who do not meet the target on viral load suppression, retention in care, ARV and linkage to care in 90 days. CHAMP data will be used to identify the people who do not meet these targets. Dr. Bagchi recommends creating four modules related to the four target areas. Therefore, a person with viral load suppression but not attending medical will have questions regarding retention in care. Also, question on how COVID-19 is affecting people will be included in this tool. The recipient will also review the tool and Dr. Bagchi's recommendations.
 - The 2021 Full Needs Assessment topic is Telehealth. The REC identified the tools for the Needs Assessment. This Needs Assessment will evaluate the impact of telehealth during the COVID-19 period including the policies that are in place now.
 - The epidemiological profile showed an increase of 4 People living with HIV in the Newark EMA.

The next REC meeting will be held on November 16, 2020 via Zoom.

- **CIA/CC: Warren Poole** – Poole provided the report for the September 21st meeting.
 - The September Presentation was cancelled due to malfunctions with the presenter's technology device.
 - The presentation this Wednesday will be about Weight Gain and HIV.

The next CIA meeting will be held on October 24, 2020 via Zoom.

7. **State & National Updates** - *No meetings have been held due to COVID-19.*

- **Report from the NJ HIV Planning Group (n/a)** – Support Staff sent a written report for the NJHPG via email.
 - The South Jersey AETC will provide administrative support to the NJHPG moving forward. Several outstanding NJHPG website items are still TBD such as the Portal, capacity building, and TA among others
 - New CDC guidelines for NJHPG are expected based on NHAS with EHE. The goal is to create a NJHPG 2.0 incorporating EHE into the planning process.
 - Federal Ending the Epidemic Update: Essex and Hudson continue to put emphasis on community engagement. The in-person stakeholder engagement events planned in Essex

and Hudson counties were not held due to Covid-19. Instead, 4 agencies received funding to launch surveys for people served as an alternative for in-person conversations. RFPs will be developed to move funds into Essex and Hudson to start implementing EHE work. The Department of Health will hire people to lead the four EHE pillars.

- The Harm-reduction expansion efforts have made some progress. There are 6 funded agencies to implement initiatives. The new legislation (S3009, A4847) would put NJDOH in charge of when and where a harm-reduction site would be placed without the municipal ordinance requirement.
- Nahid Suleiman mentioned that the state-based exchange platform is now on. Case Managers can help consumers prepare for the enrollment period by assessing changes in income, taxes, outstanding debt, and other important changes.

Poole asked for the list of 4 agencies doing the surveys. Support Staff will ask for that information.

- **Report from the Governor's Advisory Council** – Dr. Johnson reported that the Governor's Advisory Council had not met since the covid-19 pandemic started, but a meeting is scheduled for tomorrow. The Council will discuss the Ending the Epidemic Initiative and the reorganization of the division. There is also an issue regarding the Council's membership due to retirement or passing of their members. This last Council was appointed by Governor McGreevy. Addition of new members to this council is needed.
- **Report from the NJ Department of Health** – Delgadillo mentioned that Kaleef Morse is the new Director of the Department of Health HIV Service Care and Treatment. The Department of Health sent letter of intents to some grantees for funding for the rest of the year so that agencies can continue to provide services.

8. Planning Council Administrative Issues

- **Report from Executive Committee** – McEniry provided the Executive Committee Report. The Bylaws Committee recommended some edits to the Executive Committee. These amended Bylaws were also sent to the Planning Council for review five days prior the meeting. After some discussion, the Executive Committee approved all changes with one exception. Section 7.5 - the reason for remote participation and the statement about the privacy of the meetings was removed since it is not consistent with having meetings open to the public.

The Executive Committee recommends that the Council approve the Bylaws as amended. McEniry asked for a motion from the Planning Council to approve the bylaws with amendments. Dr. Johnson motioned to accept. Dr. Bagchi and Poole seconded. No abstentions or oppositions. Moore will send the revised copy of the Bylaws to the Planning Council.

Dr. Johnson stated that Vieshia Morales was appointed as the new COC chair, pending Planning Council approval. Morales is serving as Acting COC chair since the appointment of a chair needs the endorsement of the Planning Council. All PC members agreed that Vieshia Morales be appointed as the new COC Chair.

- **Report from Treasurer** – Moore provided the Treasurer's report. Expenses through September (58% of the fiscal year) were \$128,765.53, which is 55% of the budget. We will be within budget for this fiscal year with very little extra, if any, assuming virtual

meetings for the remainder of the year. We anticipate increased expenses, starting in October as United Way resumes in-office activities. The only lines that were over budget are the project manager's phone and the purchase of the laptop, items which were discussed at the last Executive Committee meeting.

- **Report from PC Support Staff** – Support Staff and the Executive Committee had a conversation about the consumer engagement strategy. The Planning council is not meeting the target of 33% unaligned consumer representation in its membership as required by HRSA. Support staff will draft flyers to go to agencies and another for consumers. Unaligned consumers are individuals who receive Ryan White Part A services but are not employed or receive any financial benefit from a funded agency.
Support Staff also asks agencies to invite to participate in any community events. These events can be also posted on the Newark EMA planning Council website. Support Staff will also create an Instagram Page since youth is one of the age categories that we want to engage with. There will also be an informational Session via Zoom and live Facebook.

9. Old/New Business

- Presentation: Weight Gain and HIV by Janssen – This presentation will not happen at the Planning Council. If any members are interested, this presentation can be available after the Planning Council meeting next month.

10. Announcements

Jason Kondrk, Gilead Sciences mentioned that some changes have occurred in advancing access since Truvada and Atripla are going generic. Some health insurance companies are changing their guidelines on prior authorization, denials, medication options for patients, and which patients can get the generic medication. Those interested in getting more information can reach out to Jason Kondrk Gilead at 732-533-4900 with any questions.

Truvada and the generic version is still being covered for underinsured and uninsured. Horizon does not cover the generic version of Truvada.

11. Next Meeting

The next Planning Council meeting will be held on Wednesday, November 18, 2020 at 1:30PM via Zoom.

12. Adjournment

McEniry asked for a motion to adjourn the meeting. Pool motioned to accept. Dumago seconded. The meeting was adjourned at 2:17 PM.