

Comprehensive Planning Committee

MEETING SUMMARY

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

Guests: Donna Dolan, Karen Ehiri

Support Staff: Tania Guaman, Vicky Saguy

1. Welcome and Moment of Silence

McEniry called the meeting to order at 9:30am and welcomed all in attendance. McEniry called for a moment of silence for all those living with, those who have passed, and those affected by HIV/AIDS.

2. Roll Call

Howell 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 October 9, 2020

The October 9th meeting summary was sent in advance electronically. McEniry asked for a motion to approve the meeting summary as presented. Adams-Jarrells motioned to accept. Howell seconded. No abstentions or oppositions.

5. Standing Committee Updates

- **COC**– Morales provided following report for the November 12th COC meeting:

- The committee reformatted the Health Insurance Premium and Cost Sharing Assistance Service Standards and sent it to the recipient for input.
 - The committee reviewed and finalized the Other Professional Services Service Standard.
 - The committee tabled the Overview of the Service Standards for the next meeting.
- The next COC meeting will be held on December 10th, 2020 at 10am via Zoom.

- **REC** - Guaman provided the following report for the October REC meeting:
 - The REC reviewed the 2020 Epidemiological Profile and noted a slight increase of people Living with HIV in the EMA. The full report is available in the NEMA Planning Council website.
 - The committee discussed the EIRC survey. The REC received feedback from the CPC to include COVID-19 questions on the survey. This discussion will continue at the next meeting.
 - The committee finalized the discussion on the Needs Assessment topic – Telehealth – and started the discussion on the research questions and methods.

The next REC meeting will be held on November 23rd, 2020 at 10am via Zoom.

- **CIA/CC** - Guaman provided the following report for the October CIA meeting:
 - The committee received Ryan White Updates about the 2021 Needs Assessment topic selection, the Assessment of the Administrative Mechanism, and the need of support when consumer surveys are released in the new year.
 - The committee had a conversation about the need to increase consumer engagement and encouraged everyone to participate in the meetings.
 - The committee had a conversation about the Holiday Party that would bring everyone from the Newark EMA together. However, the holiday party was postponed till next year.
 - The committee received a presentation on HIV and Weight Gain.

The next CIA meeting will be held on November 18th, 2020 at 5PM via Zoom.

6. Recipient Report - Ketlen Alsbrook provided the report.

- The FY 2021 RFP was released on Tuesday, November 10th. The Technical Assistance Meeting for applicants and/or potential applicants is scheduled for Tuesday, November 17th at 1pm via Zoom. The letters of intent are due by December 2nd and proposals will be due on Friday, December 11th no later than 4 pm. There are no major changes in the RFP content.
- The request for proposal also gives applicants an opportunity to apply for funding for RW Part A, MAI and EHE funding. The EHE funding focuses on Pillar two- Rapid Treatment and Pillar four- Quick response to potential or actual HIV outbreaks. There is also an emphasis on Housing, Outreach and supporting the workforce of Community Health Workers to do outreach and to engage and link people to care as quickly as possible.
- Every September or October, the EMA requests an Estimated Award Letter, which allows the recipient to start the contracting process sooner instead of waiting until February or March for the Actual Notice Award. The FY 2021 was received. This estimated award letter is based on last year's budget and this year's Center for Disease Control and Prevention Surveillance data for the Newark EMA. The letter states that we can anticipate a total formula award of approximately \$7,098,949 and MAI Award of \$1,226,366
- This year's estimate formula award is about 1.8% less than the previous year estimate. But in contrast the actual FY 20 formula award was around 4% higher than the estimate. The MAI estimate is not even 1% less than the previous year estimate. But in contrast, the actual FY 20 MAI

work for fiscal year was about 17% less than the estimate. This estimate is not an indicative of what the final award will be.

- A Planning Council consumer membership nomination was received. The recipient is eager to move forward with submitting this individual to the administration for approval. However, the Planning Council needs two consumers to address the consumer representation deficiency. The recipient would like a second nominee before the end of the calendar year. The recipient asked all attendees to nominate a consumer who would be a good fit for the council and would be interested in committing to bring them on board and resolve that deficiency.
- As part of the RFP process, the recipient has a peer review panel with individuals with public health, HIV, and social service experience who are not affiliated with any Ryan White Part A funding agencies. These individuals are engaged use their expertise to evaluate Part A applications and to provide recommendations for funding. If anyone knows of someone who might be suitable to serve as a peer reviewer, reach out to the recipient to bring them on board.

McEniry reminded the committee that not having in-person meetings is an opportunity for people who cannot participate on in-person meetings to be involved in the Council. McEniry also asked the committee to think of people who could not attend in-person meetings in Newark due to lack of public transportation specially in the counties of Morris, Sussex, and Warren.

McEniry also asked the recipient about the changes with the timeline for the Priority Setting and Resource Allocation Process. The timeline was changed because of the multi-year FY 2022 application due by the end of August. Thus, the Priority Setting and Resource Allocation process must be completed no later than June for approval at the July meeting.

Guaman asked if the 2020 Epidemiological Profile data will be used since State data is not usually available until August or September. Postel stated that data might be available sooner for a State required unmet need computation. However, it would be best to use the available 2020 data.

7. New Jersey HIV Planning Group (NJHPG) Report - Guaman reported:

- The Issues Committee is working on their Needs Assessment focusing on MSM, Transgender, Hispanics and Blacks, aging population (50+), Housing, youth 13-24.
- There were conversations about access to PrEP and some challenges since Truvada is going generic including some patients being pushed to get the generic version, prior authorization issues with HMO not covering the generic version.
- The CDC released guidance: Toolkit for Providing HIV Prevention Services to Transgender Women of Color (2019), which was forwarded to the council via email.
- The NJHPG will be supported by the South Jersey AETC but they are still trying to figure out the website, the Portal, capacity building, and Technical Assistance.
- Kaleef provided a presentation on CDC 2012 Guidelines or federal mandate for the NJHPG. Kaleef also mentioned the interest in creating a NJHPG 2.0 incorporating EHE into the planning process.
- The Harm-reduction expansion efforts have made some progress. The new legislation (S3009, A4847) would put NJDOH in charge of when and where a harm-reduction site would be placed.
- Nahid reminded that the State-based exchange platform has launched for the enrollment period and can be found at www.nj.gov/getcoveredNJ.

8. Old Business

- Finalize the in-depth review and update/revision of the Integrated Health Plan

Before reviewing the Integrated Health Plan, Postel provided a risk reduction report with CHAMP data which was sent electronically a few days before the meeting.

 - Two types of services in CHAMP provide risk reduction. 1. through Medical Case Management (subtype 461), or 2. through a medical visit as required by service standards.
 - Postel's report looked at FY 2019 data clients who received both services and divided the data by the target population in the Integrated Plan.
 - Almost 50% of the population received risk reduction services provided through Medical Case Management. And 2/3 of those receiving risk reduction services are through medical visits.
 - The lowest RR percent was Women of Color (WOC) at 63.6% and the highest was transgender at 79%. There were not that many differences between populations.

The Recipient has a call scheduled with the HRSA Program Officer on November 16th to discuss whether risk reduction could be captured under medical case management. Roman will update the committee on where risk reduction activities can be included.

After Postel's presentation, the committee had an in-depth review of the Integrated Health Plan and the following was changed:

- **SMART Objective (NEMA #1A)** - Increase risk reduction activities for Ryan White clients to 95% EMA wide
 - The timeline was changed. The 95% goal and the target populations will be updated based on Postel presentation. Also, Alsbrook stated that risk reduction counseling data might not always show in CHAMP since this depends on how the agency captures the information.
 - Postel reported that based on the CHAMP Performance report for the period ending in 8/31/20, 95.05% of clients who had a medical visit received risk reduction.
 - Postel recommended to ask the following questions to COC Providers and Physicians.
 - Is risk reduction counseling only done when there is a concern? or Is it part of routine care?
 - If risk reductions is only received during medical visits, what about clients who do not have medical visits through Ryan White but receive other RW services?
 - Where is risk reduction captured for clients who are in the Ryan White system but not through a medical visit?
 - This objective will be finalized when the feedback from COC and response from Roman receives from the Program Officer is received.
- **SMART Objective (NEMA #1B)**: - Increase STI screenings among PLWHA who meet HAB screening criteria to 70% EMA wide
 - Postel ran a STI screenings EMA-Wide report in CHAMP and found that 55% of clients were screened for syphilis, 40% for gonorrhea, and 40% for chlamydia.
 - Committee members asked to see EMA-Wide data for people who had medical visits. Postel will prepare a STI report similar to the Risk Reduction report.
 - Postel recommended to ask COC providers about the practices on STI screenings. Is the STI screening done only when there is a concern? Or is it routine care?

- **NHAS Goal #2 -**
 - o The PDSA activity and the QI Plan timeframe was changed from March to May throughout the document taking into consideration that the contracting process begins in March and agencies would be unable to conduct PDSAs then. For the QM to begin the QI process, they need to know who was funded, what they have been funded for, do an analysis of the baseline data to determine and what PDSA is going to be implemented in each agency.

- **NHAS Goal #3 –**
 - o Alsbrook recommended to run CHAMP reports for VLS, GAP, and ARV both based on yearly data (2019) and year-to-date, which was impacted by COVID-19.
 - o There was a discussion regarding the EIRC tool that the REC is in charge with. Roman recommended to have a call with the REC Chair because there has been difficulty in finalizing the tool. The recipient cannot move forward without the tool. McEniry asked Support Staff to start an email with REC Chair, the recipient and McEniry to discuss the EIRC Case Study tool. The case study identifies the system barriers and the PDSA is looking to improve the service delivery focused on key target populations. A uniform tool will provide consistency when the EIRC do the case study, to identify barriers and to share findings with the Planning Council to address those barriers.

- **NHAS Goal #4 - Achieving a More Coordinated National Response to the HIV Epidemic -**
 - o This goal was deleted since the State is responsible for monitoring this.

Support staff will send the updated Integrated Health Plan document to CPC chair and the committee for review.

Guaman asked if there is still no guidance from HRSA on the development of a new 5-year plan. Postel stated that the Planning Council must develop a new 5-year plan. McEniry mentioned that since guidance has not been provided, the committee has the flexibility to make changes with a focus on the Newark EMA since there are no extra obligations or requirements to have in the Integrated Health Plan.

9. New Business

None

10. Announcements

None

11. Next Meeting

The next CPC meeting will be held on Friday, December 11, 2020 at 9:30AM via Zoom.

12. Adjournment

The meeting was adjourned at 11:05 AM.