

Comprehensive Planning Committee

MEETING SUMMARY

Friday, May 14, 2021 from 9:30 AM to 11:42 AM
 Videoconference via Zoom: <https://zoom.us/j/97674583954>
 Teleconference: (929) 205-6099 / Meeting ID: 976 7458 3954#

Present	Excused Absences	Unexcused Absences
1. Ketlen Alsbrook 2. Allison Delcalzo-Berens 3. Juanita Howell (Secretary) 4. Elizabeth Kocot 5. Julissa Lituma 6. Joann McEniry (Chair) 7. Jennifer McGee-Avila (Non-Voting) 8. Sharon Postel (Non-Voting) 9. Ricardo Salcido 10. Al-Bayyinah Sloane 11. Calvin Toler	12. Janice Adams-Jarrells 13. Vieshia Morales 14. Debbie Morgan 15. Aliya Roman (Non-Voting)	16.

Guests: Karen Ehiri (Recipient), Denise Brown (NJHHC), Claudia Ortiz (PROCCED, Inc.), Debbie Mohammed, Wayne Smith

Support Staff: Tania Guaman, Vicky Saguay

1. Welcome and Moment of Silence

McEniry called the meeting to order at 9:30 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

Support Staff conducted the roll call. Quorum was established during the meeting. Also, all attendees introduced themselves during the meeting.

3. Public Testimony

None provided.

4. Approval of the Meeting Summary April 9, 2021

At the last meeting, the Committee approved the March 17th meeting summary as presented.

The April 9th meeting summary was sent electronically in advance for review. McEniry asked for a motion to approve the meeting summary as presented. Howell motioned to approve. Toler seconded. Salcido abstained. There were no oppositions.

5. Standing Committee Updates

- **COC**– Support Staff provided the May 13th COC report. The following occurred at the meeting:

- Dr. Efobi was voted as a new member of the committee.
 - The committee reviewed its topic list for future presentations. Two new topics were added including telehealth - concerns and benefits from Dr. Bagchi's study and the 2021 NEMA Needs Assessment; and the integration of EHE into planning activities.
 - Ms. Kocot joined the meeting to discuss challenges with long wait lists for Medicaid patients to see a specialist. A discussion about challenges, barriers, and opportunities to manage this issue was held. A list of specialists from the five HMOs covered under Medicaid from the Medicaid Office, particularly the following 4 specialties: Urology, orthopedics, dermatology, and neurology was requested.
 - The Recipient's recommendation to review funding limitations for EFA, Housing and Oral Health was mentioned. A recommendation to add a statement that the recipient will make updates to any limitations as needed to provide that flexibility on these service standards was made. The committee will wait for an update from the Recipient.
 - The committee reviewed and approved the Medical Case Management Service Standard and will be introduced to the Planning Council in May 2021.
 - The Outpatient/Ambulatory Health Service Standard was tabled for review at the next meeting. The next COC meeting will be held on June 10, 2021, at 10AM via Zoom.
- **REC** - Support Staff provided the April REC report. The following occurred at the meeting:
 - The committee had a Needs Assessment update of the Telehealth Agency and Consumer findings including monthly trends. Postel received the agency and provider survey responses and will be analyzing that data.
 - The committee finalized the agency survey for the Assessment of the Administrative Mechanism. The agency and recipient surveys had electronic versions. The surveys were released, and 33 out of 35 agencies responded. Postel will analyze the data. The recipient survey is pending completion.
 - The Epidemiologic Data request had no update. The committee is still waiting on data.
 - The committee quickly reviewed the draft of the Funding Streams Report. The report was comprehensive and included a lot of information. The report will be followed up on via email. The next REC meeting will be held on Monday, May 17, 2021, at 10am via Zoom.
- **CIA/CC** - Support Staff provided the April 28th CIA report. The following occurred at the meeting:
 - 29 attendees including some providers.
 - The New Jersey housing collaborative provided a panel discussion about housing including the emergency response hotline, the statewide network, housing partners and the work that is being done around housing.
 - A housing strategy to partner with developers to identify housing opportunities and the various housing options throughout Newark for HIV positive individuals was recently developed.
 - The conversations were focused on housing, who would qualify for those services, how some individuals are having long wait times to get housing, especially when they want to move out of a particular area. For instance, someone said it was hard to move from Bergen County, or to maintain housing in that area. Therefore, the housing ambassador was going to follow up to help with that issue.
 - There were also conversations about the complexity of the housing system. Therefore, the housing collaborative has been working to bring diverse partners to address this issue since the cost of housing is a big concern.

- Some of the client challenges that were mentioned were:
 - o Ensuring that clients are matched with the right housing during the intake process to avoid triggers for those who might be experiencing substance use.
 - o Guiding individuals through the process since sometimes follow through is not possible.
 - o Having a higher demand than availability of housing.
 - o Obtaining security to move or make changes in housing and how that instability can impact their health.
- The full summary will be available next week and will be shared if anyone is interested in getting more details.

The next CIA meeting will be held on May 26, 2021, at 5pm via Zoom.

There is a technical assistance workshop on May 21, 2021, with the EHE technical assistance partner to have further dive into the implementation of the EHE housing program.

6. Recipient Report

Alsbrook provided the following report:

- As of today, 90% of contracts are in legistar, which is the system used to submit contracts for approval to the municipal council. Five contracts are still in house review. Nine contracts are going to be on the agenda for the May 19th meeting. The remainder of the contracts will go through the review process by the end of May or the June 1st meeting.
- The recipient is also working with the EIRC's on the case study template, which will be sent to the EIRCs next month. The case study is trying to identify the barriers and challenges around linkage to care within 30 days and viral load suppression.
- The Recipient's survey was due on the 11th and will be sent by the end of next week.
- The Recipient submitted a letter rescinding an award of a subrecipient: the Union County Jail Program. This program was not active throughout the pandemic and currently inmates were transferred to the Essex County jail. The Essex County jail has not reached out the recipient to continue to offer the services at this facility.
- The Recipient is preparing for the HRSA site visit, which is scheduled for the week of July 12. A preliminary meeting with the Planning Council Support team was held to talk about some of the documents on the list that will be reviewed during the virtual site visit.
- A housing workshop meeting is scheduled for May 21 to find out how to quickly and effectively to implement a housing program to address the needs of people living with HIV in the EMA. The housing program will be a comprehensive and robust program with a focus on housing with financial literacy, job linkage, vocational training, and other wraparound services that individuals may need to maintain housing and continue to be independent.

Discussion after the report

- McEniry asked if there was any indication or statement on what prompted the closure of the Union County jail program and what services were provided. The EMA was funding incarcerated discharge planning (Medical Case Management) within a small number of inmates. The Union County jail submitted a letter explaining a decision had been made to transfer their population to the Essex County jail. However, the reasoning was not included in the letter. An article stated that the closure was due to the low detention rates in the jail for some months after the pandemic.

- Howell asked if there is a similar program in Essex County. Currently, Essex County does not have a Part A Program.
- Howell also asked if there are any updates on CARES funding. The Recipient has not received information from the Project Officer about an award for this year.

7. New Jersey HIV Planning Group (NJHPG) Report

- The issues committee meeting continues to work on their needs assessment. However, the committee decided to make a slight pause to define the role of the committee. The issues committee defined its role as advocacy, dedication, passion, and commitment to drive change and address system level issues.
- A question was brought into the table was how we take those things to support the ending the epidemic initiative and the ever-evolving needs of the people living with HIV. Someone said: "Let's just drive ourselves out of our job to end the HIV epidemic and to think about a little bit of the broader issues to integrate the services provided for people living with HIV, with the broader scheme of things."
- The transgender days of learning has become an annual conference. They are programming the conference to be held every Wednesday throughout the month of August from 12pm to 2pm.
- The HIV and aging group redefined its name from "Aging with HIV" to "HIV and Aging" to include those who are not a long-term survivors but might have been diagnosed later in life and are aging with HIV. They are preparing a conference every to be held on Wednesdays in October.
- The state will release an RFA for the Federal Ending the HIV Epidemic grant to seek contracting with non-traditional agencies that can use innovative approaches to address, diagnose and prevent pillars of EHE epidemic. The State would like to bring agencies within the Ryan white network, but also want to make sure that they expand it to everyone else. No date has been set for the release.
- The Department of Health released their letter of intent for a state prevention and care funds which will funding one cycle. Another RFA will be released for quarters, two and three later in the year.
- There was a conversation about long term injectables, and the committee wanted to learn more about including additional costs for doctor visits and the impact for clients at this time. A presentation was scheduled for June.
- Lastly, HRSA released a program letter for recipients on long-acting ARV medication. The link is included in the written report sent in advance via email.

The next NJHPG meeting will be next Thursday, May 20, 2021.

8. Old Business

- Committee Membership
 - The CPC has open seats guided by strict membership regulations limiting the number of members that can represent a particular region. Those interested in joining the committee can submit an application to Support Staff for consideration. However, applicants must attend three meetings to show active participation before being considered for membership.
 - Meetings are open to the public and attendees do not have to be a member to participate in the planning process.
 - The Comprehensive Planning Committee is a subcommittee of the Planning Council. The CPC does priority setting and resource allocation, helps to develop the integrated health plan, monitors the plan, and ensures that health goals are achieved.

- Currently the CPC is working on the Priority Setting and Resource Allocation within an accelerated timeline due to the HRSA changes of the grant application process.
- The committee identifies the priorities of the Ryan White Part A service categories that are funded in the 5 counties of the EMA, which includes Morris, Sussex, Warren, Essex, and Union.
- The committee also identifies the percent of the award that should be considered for each service category by doing research and considering a lot of information including consumer feedback to make a well-informed decision. Once the CPC completes the report, it is submitted to the planning Council for approval.

9. New Business

- Overview of PSRA Resources from Planning CHATT

As requested at the last CPC meeting, Support Staff shared an overview of resources for the Priority setting and resource allocation process from Planning CHATT. A written summary will also be provided to members via email for reference.

McEniry reminded the committee that once information is received, the CPC identifies key findings to consider during the planning process. This information is captured in a separate document.

- PRESENTATION: Quality Management Presentation and H4C Update from the Recipient
Ehiri provided a Quality Management and H4C presentation. The PowerPoint will be available on the website after the meeting.
 - The Chart Review for FY 2020 is based on seven primary care programs and eight medical case management sites with a total of 414 charts. This Chart review was compared with CHAMP Outcomes data from March 1, 2020 through February 28, 2021.
 - Large discrepancies were found between chart review vs. CHAMP data. Members also noted that the Chart review includes a smaller sample of charts and agencies; and some measures/indicators may not have been captured in CHAMP.
 - Another challenge is that some agencies are using paper charts, then transferring information into CHAMP; or having multiple people enter data. This might increase the chances for human error which causes challenges.
 - Members noted that documentation in CHAMP has been an issue for some agencies, despite support provided by the Recipient. To address this issue, the Recipient has a proposal under EHE to close this gap between CHAMP and Chart Reviews.

CHAMP Cycle Comparison between FY 2019 and FY 2020

- The Gap in medical visit goal of 14% was not met in FY 2020 at 17.42% but was close on FY 2019 (14.18%). Telehealth visits were included in this measure.
- The Prescribed ARV goal of 99% was met in FY 2020 at 99.22% and in FY 2019 was 98.93%
- The PCP Prophylaxis goal of 93% was not met but has remained at 92.34% since FY 2019.
- The Viral Load Suppression goal of 88% was exceeded in FY 2020 with 88.39% despite the pandemic compared to 86.45% in FY 2019.
- Oral health measure decreased from 20.98% to 12.97% and it is not meeting the goal of 20%
- The Cervical cancer (Pap) measures decreased from 67.11% to 58.84% and it is not meeting the goal of 70%.

- The FY 2019 and FY 2020 percentages of MCM Care Plan, MCM Gap in Medical Visits, Durable Viral Load Suppression (1-Year), Durable Viral Suppression (2-years), Late HIV Diagnosis, Linkage to Care were shared.

H4C Update

- The HIV Care Continuum Cross Part Collaborative (H4C) started in 2014 to measure Viral Load Suppression, ARV, and Gap in medical visits by race/ethnicity, age, gender, race/ethnicity, and insurance status. The following key findings were highlighted for consideration in the PSRA process:

- o By Age:

Age	0-12	13-18	19-24	25-34	35-44	45-54	55-64	65+
VLS (88%)	75%	92.31%	81.81%	83.48%	86.66%	87.64%	89.55%	94.65%
ARV (99%)	100%	100%	99%	99%	99.28%	99.11%	99.35%	99.24%
GAP (14%)	0	22.67%	22.67%	22.40%	22.11%	15.11%	17.06%	15.85%

**The age ranges from 19-24, 25-34, and 35-44 have the highest gap and lowest viral load suppression. People are living longer, and most of the older population are virally suppressed.

- o By race/ethnicity:

Race/Ethnicity	Black	Latino	White	Other
VLS (88%)	85.75%	92.72%	94.59%	93.83%
ARV (99%)	98.93%	99.58%	99.70%	98.77%
GAP (14%)	18.79%	17.23%	18.21%	13.85%

The populations with the lowest VLS are Black.

- o By Gender:

Gender	Male	Female	Transgender
VLS (88%)	88.55%	88.01%	83.33%
ARV (99%)	99.13%	99.14%	100%
GAP (14%)	19.58%	16.14%	20%

The populations with the lowest VLS are Transgender.

- o By Insurance Status:

Insurance Status	Medicaid	Medicare	Private	None	Other
VLS (88%)	85.84%	91.21%	92.80%	87.82%	100%
ARV (99%)	99.18%	99.33%	99.24%	98.81%	100%
GAP (14%)	18.86%	15.20%	21.34%	16.67%	100%

Members suggested the following to increase performance indicators and meet goals.

- o Update CHAMP to allow for proper documentation and easier follow up of clients who are not meeting goals as needed to improve their quality of life.
- o Provide client coaching to empower them to manage and/or improve their overall health.
- o Better staff training – Rutgers School of Nursing provides training to all their MCM and providers that focus on specific medical indicators and clinical quality management.
- o Teaching clients and staff the importance of viral load suppression to inhibit the transmission of HIV and other STDs.

- Close the gap of differences between chart and CHAMP data to reflect the work done in the EMA. Have designated data entry person on site instead of having many people entering data.
- Chart reviews: Compare the most recent performance report from CHAMP and chart review by agency. Then, provide Technical Assistance to address issues, while considering that data entry may have been impacted by COVID-19 since agencies were working from home and did not have access to CHAMP.
- If measurements are not collected as required, then agencies cannot bill for services. McEniry recommended to revisit these requirements.

Some insurance companies are reimbursing for any patient who meets the goal. For example, if you get 90% retention, you get an incentive to continue with that level of care. This is not being done in the EMA but can be considered.

Considerations for Priority Setting and Resource Allocation

- Disparities on Viral Load Suppression for low-income individuals may be related to social barriers such as access to transportation and housing.
 - The durable viral load suppression for 2 years looks at people who were in care and not virally suppressed for 2 years and how the clinics focused on those patients. The Ending the HIV Epidemic Initiative has a cohort of 597 patients to track viral load improvement over time.
 - The Newark EMA has the 43rd lowest viral load suppression out of 52 TGAs and EMAs.
 - The recipient worked with Rutgers five years ago successfully in obtaining viral loads, CD4 level, and number of visits until Rutgers could not support it. In the EHE Initiative, the Recipient proposed an auto feed of clinical client information from agency EMRs to CHAMP.
 - Agencies receive a mid-year and end of year report card with all the indicators specially those who are not met. Also, agencies have access to an exception report where they can look for any measurement and find the client ID of whoever is not meeting the goal for follow up.
- **PRESENTATION: One-Year Presentation of CIA consumer feedback by PC Support Staff**
Staff presented an overview of CIA input during meetings held from March 2020 to February 2021. Support Staff will send the presentation to the committee via email for reference.
 - The most mentioned services were Transportation, Housing, Food Bank and Home Delivered Meals, and Emergency Financial Assistance (utility bills).
 - The CIA feedback supported the Needs Assessment telehealth findings on telehealth usage.

A recommendation was made that when collecting client feedback, Staff capture the percentage of people who mentioned each service at each meeting and/or the number of times a service category was mentioned on all meetings with a breakdown of services mentioned by county.

- **Needs Assessment Update**
Postel provided a Needs Assessment Update. The interim report was sent to committee members via email. The following was highlighted:
128 consumer surveys found:
 - Clients used more telehealth services in April and May due to the pandemic lockdown.
 - Telehealth was equally distributed among clients regardless of their age, race/ethnicity, gender, insurance status and other factors.

- In 2020, 73% of clients received one or more telehealth services that included:
 - o Outpatient/Ambulatory Health Services, Mental Health, Nutritional Services, Substance Use Medical Case Management, and Case Management.
- 2/3 of medical visits as of the end of 2020 was in-person.
- 48% liked the in-person visit only, 47% liked the in-person and/or telehealth visits.
- Reasons for liking telehealth were convenience, and flexibility.
- Clients reported not having access to internet, or smartphone or trouble with apps, and clients did not like it when providers were not on time with visits.

32 agency surveys found:

- From the agency perspective, client's issues included: technology, ability to use it properly, no internet connectivity, outdated client information.
- Some telehealth benefits mentioned were accessibility, convenience, reaching people who missed appointments, better patient communication, no transportation or childcare barriers.
- Agencies had issues of getting equipment, being familiar with the apps, not knowing if staff was working from home, and internal agency workflow.
- Agency benefits included being able to work from home and not get exposed to COVID-19, able to meet Ryan White service targets, providing good quality of care, improving patient flow, and updating electronic charts. Agencies improved gaps in viral load, retention in care, regular appointments for some hard-to-reach populations including youth.

Considerations for Priority Setting and Resource Allocation

- The medical visits are decreasing even though the viral load suppression is improving. This might be a consideration to reduce allocation in Outpatient/Ambulatory Health Services since there is a +-25% and telehealth is billed at the same rate as in-person visits.
- Outpatient/Ambulatory Health Services have other funding resources such as Medicaid (the most used), Medicare, and private insurance.

10. Announcements

- PROCEED will host a Health Fair on June 3 from 11am to 3pm at Warinanco Park.
- Home Energy Assistance for gas and electric bills is open until June 30th. Union County residents can apply at PROCEED and Essex County residents can apply at La Casa de Don Pedro.
- The National AIDS Housing Coalition had a zoom meeting on April 28th in which was asked for 6+Million of funds for housing. If the government does not approve the increase on housing funds, Newark and Jersey City will be affected. The new formula which it is only live cases and not cumulative cases is being used for the distribution of housing funds through HOPWA.
- The CIA is hosting a community forum on May 26th at 5pm via Zoom.
- McEniry announced that Elizabeth Kocot is ending her membership soon.

11. Next Meeting

The next CPC meeting will be held on Friday, June 11, 2021, at 9:30 AM via Zoom.

12. Adjournment

McEniry asked for a motion to adjourn the meeting. Howell motioned to adjourn. Toler seconded. All agreed. The meeting was adjourned at 11:42 AM.