

Comprehensive Planning Committee

MEETING SUMMARY

Friday, October 8, 2021 from 9:30 AM to 10:32 AM
 Videoconference via Zoom: <https://zoom.us/j/97674583954>
 Teleconference: (929) 205-6099 / Meeting ID: 976 7458 3954#

Present	Excused Absences	Unexcused Absences
1. Denise Brown	11. Ketlen Alsbrook (Non-Voting)	16.
2. Allison Delcalzo-Berens	12. Janice Adams-Jarrells	
3. Delia King	13. Vieshia Morales	
4. Julissa Lituma	14. Debbie Morgan	
5. Joann McEniry (Chair)	15. Al-Bayyinah Sloane	
6. Claudia Ortiz		
7. Sharon Postel (Non-Voting)		
8. Aliya Roman (Non-Voting)		
9. Ricardo Salcido		
10. Calvin Toler		

Guests: Wayne Smith
Support Staff: Tania Guaman, Tafari Maignan

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. Committee members introduced themselves and welcomed the new member of the Support Team.

2. Roll Call

Support Staff conducted the roll call. Quorum was established during the meeting.

3. Public Testimony

None provided.

4. Approval of the Meeting Summary September 10, 2021

At the last meeting, the committee approved the June 25th meeting summary as distributed.

The September 10th meeting summary was sent via email in advance for review.

Motion: McEniry asked for a motion to approve this summary as distributed. The “next meeting date” for the agenda and the summary were corrected from October 14 to October 8. In addition, Juanita Howell was removed from the roster after her email resignation, and a typo was corrected. Brown motioned to approve with edits. DelCalzo-Berens seconded. The vote passed unanimously.

5. Standing Committee Updates

- **Continuum of Care Committee (COC)** – Guaman provided the September 9th COC report:

- A presentation was given by Dr. Michelle Dalla Piazza about best practices for providing culturally relevant and competent care for the LGBTQ+ community.
- The Non-Medical Case Management and the Psychosocial Service Standard were approved, and both will be presented to the Planning Council in October.
- The next COC meeting will occur on October 14, 2021 at 10 AM via Zoom.
- **Research and Evaluation Committee (REC)** - Guaman provided the September 20th REC report:
 - The State's 2020 epidemiologic data was received. This data showed a slight decline in the number of people living with HIV in the EMA compared to last year. Similarly, the State had a slight increase of less than 100 people living with HIV statewide. These changes were noted as possibly a good thing or a reflection of the lack of HIV testing and new diagnosis during the COVID-19 pandemic. Additional data will be presented at the October 18th meeting.
 - The Committee also discussed topics for the full 2022 needs assessment. The following needs and issues for research topics.
 - STI testing
 - Tele health use for the near future,
 - Access to mental health services and individual counseling in particular the low lack availability of mental health for English as a second language learners, and the consideration of disparities that impact these populations.
 - A review of services that might have been neglected during the COVID-19 pandemic.
 - There were also conversations on the progress that this committee has been doing consistently on time.
 - The new Unmet Needs Framework was used in the Ryan White part A fiscal year 2022 application. This updated information will be shared at the November REC meeting as well as a Quality Improvement Update.
 - The Support Team provided a high-level overview of the 2022 2026 integrated plan and will continue discussions.
 - The next meeting is scheduled for October 18th.

Recommendation: A CPC member recommends the following topic for the needs assessment: To review the capacity of aging service providers to support people with HIV (i.e. nursing homes and hospice centers) and their and their understanding of HIV and the unique needs of this aging population.

- **Community Involvement Activities Committee (CIA)** - Support Staff provided the CIA report. The Community Involvement Activities Committee last met on September 22
- A presentation on HIV and Aging Presentation was provided by Allison Modica. Some of the consumers in attendance reported feeling overwhelmed having to take medications for so long. For some, building a routine or some consistency helped them take their medication continuously. For instance, one person who was diagnosed over 50 years ago would take their medication at 1:30 am to help them avoid disturbances from their social life. This worked for them.
- Modica shared some wellness practices to keep a healthy body. One attended recommended "listening to your body". Modica also recommends saying a positive statement out loud when taking pills. "I am taking charge of my body". Or "I am stopping this virus".
- At the next meeting on Wednesday, October 27, 2021 at 5PM via Zoom, the committee will discuss the 2022 to 2026 Integrated Health Plan guidance.

6. Recipient Report

- HRSA Site Visit Report – this report was due 45 days after the visit was completed in July 2021. To date, the Recipient has not received it, but will provide an update when received.
- The FY 2022 Ryan White Part A application was submitted to HRSA on October 6th. This application begins a three-year funding cycle with non-competing continuation due in 2022 and 2024 in lieu of an actual grant application.
- The FY 2022 grant application for sub recipients to the Ryan white unit is in final review and will be released by the end of next week, along with a technical assistance meeting to be held before the end of the month.
- The Recipient's office will mimic HRSA's funding cycle for July 2023 and 2024 where subrecipients will submit a competitive application for FY 2022; then progress reports and budget documents submitted for FY 2023 and 2024. The Recipient anticipates that this change will move contracts to ledger earlier and will allow to have contracts executed by the start of the fiscal year for each fiscal year through FY 2024.
- The last activity of the 2017-2021 Integrated Health Plan is on the works. The case studies for VLS, linkage to care, 30 day retention, and prescription of ARV are in progress with the EIRC committees, and will then be discussed in November and December. The results and recommendations will be summarized and presented to the CPC in January 2022.
- The Ryan White Unit has an opening for a Fiscal Monitor. Those interested should reach out and/or email their resume to Aliya.

McEniry added that once the case studies are completed, the committee will receive an update on findings and progress on outcome data from the goals of the last Integrated Plan. This information will be reviewed as the committee moves into the goal setting process for the next portion of the integrated plan. At that point, the committee can plan for the next Integrated Plan that will guide the work until 2026.

There was a question about the core service waiver process with the grant going into a multi-year funding period. Roman explained that no official guidance has been received. If the Planning Council recommends that a core service waiver be pursued, the Recipient anticipates that a core service waiver request will be submitted after each grant. For FY 23 and 24, the Recipient will be required to submit a non-competing continuation report, followed by a core service waiver request immediately after if needed.

7. New Jersey HIV Planning Group (NJHPG) Report

Guaman reported that the presentation for the Issues Committee that was going to have an overview of the Integrated Health Plan guidance on October 18 was postponed until November 8.

8. Old Business

Planning for the 2022-2026 Integrated Prevention and Care Plan

- a. Overview of assigned section 5: 2022-2026 Goals and Objectives
- b. Review Appendix 2 Examples of Goal Structure

After reviewing the Integrated Health Plan guidance, McEniry recommended that each committee review their assigned deliverable and add their work to their annual work plans.

The CPC will focus on section five – the 2022 to 2026 goals and objectives, to help coordinate with other committees, and oversee those deliverables to ensure that the work is moving forward. A plan will then be drafted and then presented to the planning Council.

The Support Team shared live during the meeting section five of the 2022-2026 Integrated Health Plan guidance. According to the guidance, some existing plans may be used to meet the Plan's guidance requirements. Support Staff recommends attending the HRSA Integrated Health Plan guidance webinar on October 27 for further clarification. In terms of goal development, the requirement is to develop SMART objectives which are specific, measurable, achievable, and timely as to include who specifically is going to do what, by when right, and how is it going to be achieved.

The Support Team also shared Appendix 2 containing recommended formats for the goals which should include both HIV prevention and care delivery system within the geographic area. McEniry invited committee members to submit suggestions on how to integrate these areas creatively.

As a next step, the Committee will begin to put together at least three SMART goals under each of the pillars. In the previous Integrated Plan, there were priority populations under each goal, what are the populations of focus for this new plan?

Ortiz asked whether the focus populations would be those listed in the State Comprehensive HIV RFP's which include gay, bisexual, same gender loving, other men who have sex with men; black African American and Hispanic/LatinX next descent; women of black African American Hispanic and LatinX descent; persons who inject drugs; youth ages 13 to 24; transgender women and men of black African American Hispanic/LatinX descent, and then gender non-conforming and non-binary persons of black African American Hispanic / LatinX descent.

The situational analysis section of the Integrated Plan will include the focus populations disproportionately affected by HIV and resulting in health disparities and describe how the goals and objectives, address the needs of these priority populations, for the jurisdiction. Since the COC was assigned this section, they will need to look at data sets such as the state Epidemiologic report to consider what the target populations are going to be. McEniry recommends reviewing the State's priority populations while ensuring that the focus on lies on jurisdiction-based priority populations.

Roman recommends that the jurisdiction specific populations for the Newark EMA which are outlined in the RFP based on EMA-specific data. The RFP focuses on three populations for unmet need versus the subpopulations of focus and then EIIHA populations. The CPC recommends that the COC reviews this information to get moving forward.

The populations of focus for the Newark EMA are: (1) Unmet need: people living with HIV ages 19 to 24; 25 to 34; and 35 to 44; (2) subpopulations of focus are MSM of color; Black non-Hispanic ages 25 to 34 and people living with HIV 45+, (3) in EIIHA the focus populations are injection drug users; people living with HIV/AIDS 45+; and women of all ages. There is overlap with the state's populations. The Recipient will be tracking outcomes for the subpopulations of focus over the next three fiscal years.

9. New Business

- **New Member Election – Delia King – *Community Member, Morris County Representative***

King is a new member interested in joining the CPC.

Motion: McEniry asked a someone who is not part of the Morris, Sussex, Warren counties to nominate Delia King for the Community Member, Morris County representative. Toler nominated King as a community member of the CPC. Ortiz seconded. Union and Essex County members agreed. Morris, Sussex, and Warren County representatives abstained from the vote.

- **Secretary and Vice-Chair Positions Vacant**

The CPC Secretary Juanita Howell changed positions at her place of employment. After serving for a long time, with the change in her role, she cannot be in this position any longer.

The Secretary position is now vacant, as well as the Vice Chair position, which has been open for some time. The Secretary role receives emails to help set the agenda appropriately and in alignment with the work plan. The Secretary also does roll call during meetings to confirm quorum.

The vice chair position is also part of that email correspondence. The vice chair would step into the leadership role to run the meeting in the Chair's absence. Anyone who is interested in serving on this role should reach to McEniry via email at jmceniry@edgenj.org to discuss these opportunities.

- **Review Progress Report/Performance (based on CY 20 data)**

This item was table to the next meeting in November.

Motion: McEniry asked for a motion to table this agenda item to November. DelCalzo-Berens moved to table this item. Toler second. The vote passed unanimously.

10. Announcements

- Lituma announced that Trinitas Regional Hospital is distributing COVID-19 booster shots for patients. She added that CVS and Walgreens are also able to schedule same day appointments even on weekends for patients interested in getting their booster shots.
- Zufall Health Center is also offering the third booster shot to clients in Dover. Another booster vaccination event will be held on November 3.
- The Community Involvement Activities (CIA) meeting on October 27. The title of that meeting is Health planning for the next generation of Ryan white consumers. The committee will review the Community engagement portion of the Integrated Plan.
- EDGE NJ is hiring for four new positions: Prevention manager, Coordinators, Care Coordinators, and an event assistant.

11. Next Meeting

The next CPC meeting will be held on Friday, November 12, 2021, at 9:30 AM via Zoom.

12. Adjournment

Motion: McEniry asked for a motion to adjourn the meeting. Toler motioned to adjourn. King seconded. The meeting was adjourned at 10:32 AM. The vote passed unanimously.