

**Comprehensive Planning Committee
MEETING SUMMARY**

Friday, June 21, 2024, from 9:30 AM to 11:00 AM

Videoconference via Zoom: <https://us06web.zoom.us/j/85035019580>

Teleconference: (929) 205-6099 / Meeting ID: 850 3501 9580

| Present | Excused Absences | Unexcused Absences |
|---|---|--------------------|
| 1. Ricardo Salcido (Chair) 2. Janice Adams-Jarrells 3. Al-Bayyinah Sloane 4. Sharon Postel (Non-Voting) 5. Aliya Roman (Non-Voting) | 6. Viesha Morales (Secretary) 7. Claudia Ortiz 8. Ann Rose Jacquet 9. Michelle Thompson (Non-Voting) 10. Joann McEniry (Non-Voting) | 11. Delia King |

Guests: Lemual Boyd-Wallace, Liselle Lewis, Ashanti Simpson-Little, Ashley Bramble

Support Staff: Roberto Benoit, Richell Garcia

1. Welcome and Moment of Silence

Salcido called the meeting to order at 9:33 AM and welcomed all in attendance. A moment of silence was observed for all those living with, those who have passed from, and those affected by HIV/AIDS.

2. Roll Call

The support staff conducted the roll call. Quorum was not established.

3. Public Testimony

There were no public testimonies.

4. Approval of the Meeting Summary from May 10, 2024.

The meeting summary from May 10 was sent out electronically. Quorum was not established, therefore voting for the meeting summary will be tabled for next month's meeting in July.

5. Standing Committee Updates

- Continuum of Care Committee (COC) – Support Staff provided the report.
 - The committee last met on Thursday, May 9, 2024, at 10 AM via Zoom.
 - The committee meeting for June 13, 2024, was tabled due to the Clinical Update Conference
 - The next COC meeting will be held on Thursday, July 11, 2024, at 10AM via Zoom.
- **Research and Evaluation Committee (REC) – Support Staff provided the update.**
 - The committee last met on Monday, May 15, 2024, at 10 AM via Zoom.

- The committee reviewed the 2022-2026 Integrated HIV Prevention and Care Plan.
- During the meeting, the committee members received an update on the 2024 Needs Assessment report.
- The committee members reviewed the Funding Stream Report.
- The committee discussed data needs for the Epidemiologic Profile and prepare data request for NJDOH
- The committee monitored the 2024 Administrative Mechanism survey finding.
- The next REC meeting will be held on Monday, June 20th, 2024, at 10AM via Zoom.
- **Consumer Involvement Activities Committee (CIA) – Support Staff provided the update.**
 - The committee last met on Wednesday, May 22, at 5PM via Zoom.
 - During the meeting, support staff informed the committee members of the Priority Setting and Resource allocation process. The community members participated in the service categories ranking process
 - The rankings established during this meeting will be used to inform the priority setting process for today's CPC meeting.
 - The next CIA meeting will be held on Wednesday, June 26, 2024, at 5 PM via Zoom.
- **Nominations committee (NC) – Support Staff provided the update.**
 - The committee last met on Friday May 17, 2004, at 12pm via zoom.
 - During the meeting the committee selected a consumer that will be attending the Ryan White conference.
 - The committee announced that interested candidates for the Treasurer position can send an email to support staff.
 - The next nominations committee meeting is tabled until candidates for treasurer position is received.

6. Recipient Report – Aliya Roman provided the update.

- The recipient's office provided brief updates before going into the Service Utilization presentation.
- The recipient's office is in the process of releasing their FY 24 final award letters for RW part A and also in the process of releasing the balance of the award letters for EHE program, which came out tremendously late due to the receipt of the full award from HRSA.
- **PRESENTATION:** Ryan White Service utilization, spending data, update on Minority AIDS Initiative (MAI) eligibility and services, *AND Ryan White Part A Partial Allocations for FY' 2023 by the Recipient*
 - For FY 23, the Ryan White unit funded 31 service providers, 21 in Essex County, 6 in Union County, and 4 in the Tri-County region of Morris, Sussex, and Warren
 - Sub recipient's of the EMA provided 8 Core Medical Services with Outpatient Ambulatory Health Services (OAHS) as the main and central focus of care and treatment.
 - 15 providers were funded to provide OAHS,
 - 8 Early intervention services,
 - 17 Medical Case Management ,
 - 17 for Mental Health services,
 - 11 for Substance Abuse services (Out-patient),
 - 6 for Medical Nutritional Therapy,
 - 9 for Health Insurance Premium Cost Sharing, and

- 9 for Oral Health services.
- The remaining 8 services, support linkage and retention in health care.
 - 15 providers were funded to provide Non-Medical Case Management
 - 7 Food bank/Home delivered meals
 - 3 Other Professional Services
 - 14 Psychosocial Services
 - 6 Housing Services
 - 18 Emergency Financial Assistance
 - 12 Medical Transportation Services.
- In regards to performance Outcomes of the HIV Care Continuum, the recipient's office noted that the EMA excited their performance goals for HIV ARV , Durable VLS 1-year, and Durable VLS 2-years
- FY 23 service expenditures totaled, \$10,821,120 which is 85.58% of the total award.
 - 74.78% were allocated to Core Services
 - Health Insurance and Premium Cost Sharing – .36%
 - Medical Nutrition Therapy – .97%
 - Substance Abuse (Outpatient) – 6.04%
 - Mental Health Services – 6.94%
 - Early Intervention services – .20%
 - Oral Health Services – 7.16%
 - Medical Case Management – 37.33%
 - OAHS – 15.79%
 - 25.22% of the funds were allocated to Support Services.
 - EFA 1.53%
 - Food Bank/Home Delivered Meals 1.46%
 - Other Professional Services 3.26%
 - Medical Transportation Services 2.14%
 - Psychosocial Support Services – .42%
 - Housing Services – 8.97%
 - Non-Medical Case Management – 7.94%
 - FY2023 Funding awarded- \$12,644,029 (1.0% increase from FY2022 / 12,526,012)
 - FY2023 Spending- \$12, 515,675.00 / Direct Service Expenditures- \$10,821,120.00 (85.58%)
 - Part A Essex County- \$6,777,422.87 (53.6%)
 - Part A Union County- \$1,710,063.00 (13.5%)
 - Part A Tri-County- \$1,353,147.00 (10.7%)
 - MAI Essex County- \$980,488.00
 - Medical Care (9.45%) / Medical Case Management (82.8%) / Housing (7.75%)
 - FY 23 Administration, Program Support, and Quality Management expenditures - \$1,694,555.00
 - Grantee and Vendor Administrative Costs- \$1,287,321.66 / 10%

- Grantee and Vendor Quality Management – \$407,233.31 / 3%
 - FY2023 Unobligated Balance (UOB)- \$128,354 (1.0%)
- Final Spending Summary “vs” Priority Setting and Resource Allocation Results:
 - The Recipient’s office met all PSRA recommendations for 2023, except for 2 service categories: Emergency Financial Assistance and Health Insurance Premium Cost Sharing
- For FY 23 the recipient’s office, there was a total of 6,701 PLWHA who used NEMA services.
 - 4,287 were Essex County Residents
 - 1,230 were Union County Residents
 - 358 were Tri County Residents (Morris/Sussex/Warren)
 - 826 lived outside of the EMA.
- NEMA FY 23 Service Utilization % of 5827 billable clients
 - Support Services
 - EFA 7%
 - Food Bank/Home Delivered Meals 4%
 - Other Professional Services 3%
 - Medical Transportation Services 8%
 - Psychosocial Support Services – 2%
 - Housing Services – 2%
 - Non-Medical Case Management – 19%
 -
 - Core Services
 - Health Insurance and Premium Cost Sharing – .5%
 - Medical Nutrition Therapy – 8%
 - Substance Abuse (Outpatient) – 14%
 - Mental Health Services – 16%
 - Oral Health Services – 13%
 - Medical Case Management – 86%
 - OAHS – 29%
- Service Utilization Trends for EMA 2022- 2023 are as follows:
 - Service utilization remained level in the following areas
 - Outpatient Medical
 - Health Insurance and Premium Cost Sharing
 - Medical Nutrition Therapy
 - Housing Services
 - Other Professional Services
 - The following services saw an increase in utilization:
 - Substance Abuse (1%)
 - Oral Health Care (1%)
 - The following Services saw decrease in utilization
 - Medical Case Management (-1%)
 - Mental Health Services (-1%)

- Medical Case Management (-2%)
 - Medical Transportation (-2%)
 - Food Bank Home Delivered Meals (-2%)
 - Emergency Financial Assistance (-1%)
 - Psychosocial Support Services (-1%)
- FY 2024 Ryan White Part A Formula Award
 - Formula award for 2023 was 7,243,226
 - For FY 2024 the total was 7,214,922 (57.26% of the Award)
 - The difference between FY 2023 and 2024 was -28,304, accounting for 1% decrease in funds.
 - Supplemental funding in FY 2023 was 4,117,312
 - Supplemental Funding in Fy 2024 was 3,789,950
 - Supplemental (UOB) Funding for FY 2023 was 129,977
 - Supplemental (UOB) for 2024 was 450,011
 - Total FY 2023 of Supplemental and Formula Funding was 4,247,289
 - For 2024 this amount decreased to 4,239,961 (33.65% of the award), resulting in -7,328, -0.9% change in funding.
 - MAI funds for 2023 were 1,123,581 and 1,140,100 for FY 2024
 - MAI (UOB) funds for 2023 were 29,933 and 3,788 for FY 2024
 - In total MAI funds for FY 2023 were 1,153,514; FY 2024 was 1,143,888 (9.09% of the Award)
 - This was a difference of -\$9,626 or -1% difference
 - The Total of FY 2023 award was \$12,644,029 and \$12,598,771 for FY 2024, resulting in a -\$45,258 decrease or -0.99%.
 - According to preliminary totals, All Funding allocations were met according to the PSRA recommendations. Final awards are underway.

7. Old Business

- **PRESENTATION:** NEMA Epidemiological Profile Summary 2024 (Update by Sharon Postel).
 - Postel provided report of the 2024 Epidemiological profile. Postel noted that this years report was calculated with the most recent epidemiological data within the EMA, 2023. Some highlights from the report are as follows:
 - The number of individuals with HIV in the Newark EMA continue to decline slightly in 2023—a decline in about 0.6%, from 13,527 PLWHA in 2022 to 13,433 PLWHA in 2023.
 - The epidemic continued to increase among male in the PLWHA in NEMA to a full 65%. The females PLWHA declined to 34%
 - With respect to age, 72% of PLWHA are 45 and older but the individuals 45-54 are ageing into the group age 55 and older.
 - The group 55 and older are 52% of the age groups., more than half of the HIV epidemic within the EMA.

- Postel mentioned that these findings regarding older individuals is closely related to the community's need related to services for the aging.
- Individuals under age 13 are 0.1% of the epidemic. 13 to 24 is about 2% of the epidemic, with a slight decline of 3%.
- Those aged 25 to 34, make about 11% of PLWHA, so a slight decline of .8%.
- Those aged 35 to 44, account for about 16%, one in six. This was an increase from 2022, from 2,061 individuals to 2,117 about 3% increase.
- Those aged 45-54 decreased to about 7%. From 2,797 in 2022 to 2,608
- Individuals with age 45 and older are 72% of the epidemic.
- Postel mentioned that this data will be used to assist the priority setting process. She noted, that as we're prioritizing services and doing resource allocations, we must take these demographic changes into consideration
- The percent of PLWHA of Hispanic ethnicity continue to increase in 2023 up to 27% from 25% in 2022. Black African Americans declined as a proportion to 61%
- White, non-Hispanic, and other unknown racial ethnic categories remained relatively the same. The total racial ethnic minority of our population is 88% largely due to the increase in Hispanic, Latino individual.
- With respect to transmission category, the evidence among males continues to increase among men who have sex with men, 4.5% increase from 3,741 in 2022 to 3,911 in 2023.
- The number of PLWHA decreased slightly among IDU (-6%), injection drug users
- MSM who also inject drugs decreased by 6% as well from 2022-2023.
- Heterosexual transmission increased slightly by .3% from 2,379 in 2022 to 2,385 in 2023.
- Postel noted that this data does not solely have implications for HIV but also has implications for sexually transmitted diseases. There has been an increase in sexually transmitted infections as well.
- With respect to females, results were somewhat similar.
- Injection drug use declined from 15.6 to 15.2% of the EMA population.
- Heterosexual contact increased to 71% of the EMA distribution.
- In total, people living with HIV within the EMA, 29.1% now account for MSM
- 13% IDU, a decline from 2022 which saw 14% of the population as IDU
- Injection drug users who are men who have sex with men account for 2% of the NEMA distribution.
- Heterosexual transmission decreased slightly from 42.5% of the EMA distribution to 42.4%.
- With respect to geographic distribution, we see that there continues to be a slight movement outside of the Urban Counties and into suburban. Essex County as a percent decline to 67.8% Union County increased

slightly to 22.6% and Morris Sussex and Warren region increased slightly to 9.5% up from 9.4%.

- With respect to the five cities in Newark, the five largest cities. They account for more than two thirds of the individuals living with HIV in the EMA, Newark by itself, is about 40% of people living with HIV; followed by East Orange at 9% Irvington, Elizabeth at 9% Irvington, 7% Plainfield at 3.4%.
 - The epidemic compared to New Jersey and the total Newark EMA, shows that the five cities account for 68% of individuals living with HIV in the Newark EMA.
 - One quarter of people living with HIV in New Jersey live in these five cities.
 - The Newark EMA over New Jersey is 36% of the epidemic.
 - Newark over the EMA is 40%
 - Newark over New Jersey is 14% so one in seven people living with HIV in New Jersey live in Newark.
- Discuss and draft ranking for NEMA-wide Service Categories and Minority AIDS Initiative (MAI) priorities for FY'2025.
 - On May 22, the CIA members participated in the process of ranking the service categories by priority. Benoit presented the results of the average and ranking of the participants during that meeting.
 - In total, there were seven participants in the ranking process. Participants ranked services from 1-10. The service categories ranked 1 are the highest priority and number 10 are the lowest priority ranking.
 - Legal services ranked number one in the priority setting process and Outpatient Ambulatory Services was ranked second in the priority setting.
 - These findings were surprising to the committee. Bramble mentioned that she was expecting Mental Health Services and Outreach services to be in the top five. Roman explained that the information is reflective of the population and not the entire EMA.
 - Adam-Jarrells mentioned that she was not expecting Legal Services to be number one. Salcido explained that it's possible that the legal services ranking is due to housing issues with landlords and rent hikes. Salcido added that his agency has received many inquiries on this issue.
 - Postel inquired if the meeting was done on site. Benoit explained that the ranking was completed onsite during the meeting, but the zoom meeting stopped recording in the middle of the meeting. The consumers were contacted after the meeting to garner data, and the consumers submitted the ranking to support staff via email and over the phone.
 - Salcedo requested guidance from the committee members to begin the priority process as a group. Roman explained that the purpose of the priority setting is to comprehend the needs of the community and allocate funds based on those needs. The process acknowledges the current service categories, but also takes into account services that may be missing, and other recommended services.
 - Roman additionally explained that Ryan White is payer-of-last resort and there may be other organizations that provide a particular service. Lastly Roman explained that

the FY23 Client Utilization Summary presents an opportunity to review the expenditure based on the recommendations and final funding allocation. The CPC must take all of this into account when ranking priorities.

- Postel recommended requesting additional input from the CIA members to understand additional needs of the members.
- The committee members agreed to request feedback from the community at the next CIA meeting on June 26, 2024. The feedback will allow the community to clarify their ranking selection and provide more information for the priority setting process.
- Additionally, being that quorum was not established the ranking of the services by the CPC committee will be tabled next month.

8. New Business.

- **PRESENTATION**: Funding Stream Analysis by PC Support Staff
 - Support staff noted that funding information is still needed from the department of health and HOPWA agencies. The presentation for the full Funding Stream Analysis was tabled until the information received is finalized.

9. Announcements

- There were no Announcements

10. Next Meeting

The next CPC meeting will be held on Friday, June 12, 2024, at 9:30 AM via Zoom.

11. Adjournment

Salcido adjourned the meeting at 11:00 AM.