



**Planning Council  
MEETING SUMMARY**

**Wednesday, October 16, 2024, from 1:00 PM to 1:52 PM**

Video-Conference via Zoom: <https://us06web.zoom.us/j/87025952739>

Teleconference: (929) 205 6099 / Meeting ID: 870 2595 2739

Present	Excused Absences	Unexcused Absences
1) Dr. Ann Bagchi 2) Gloria Jones 3) Sharon Postel (Non-Voting) 4) Aliya Roman (Recipient)* 5) Ricardo Salcido 6) Debbie Morgan (Secretary) 7) Cezar Dumago 8) Chevonne Cato 9) Dr. Walter Okoroanyanwu 10) Lynnette Abdulwaliyy 11) Ashanti Simpson-Little 12) Natalie Muhammad 13) Warren Poole 14) Janice Adams-Jarrells 15) Thomas Johnson 16) Kourtney Pulliam	17) Joann McEniry (Interim Chair) 18) Vieshia Morales	19) James Carrington 20) Cynthia Cocagee 21) Lemual Boyd-Wallace 22) Dr. Wanda Figueroa 23) Vereen Gouldburne

**Guests:** Gabrielle Ferrigno

**PC Support Staff:** Roberto Benoit, Richell Garcia

**1. Welcome & Moment of Silence**

Dr Walter welcomed all attendees and called the meeting to order at 1:00 PM. A moment of silence was observed for those affected, those who have passed, and those living with HIV/AIDS.

**2. Roll Call**

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

**3. Public Testimony**

There were no public testimonies.

#### 4. Approval of the Meeting Summary from

The September 18<sup>th</sup> meeting summary was sent out electronically. Dr Walter called for a motion to approve the September 18<sup>th</sup> meeting Summary. Salcido made a motion to approve, and Dumago seconded. All were in favor, there were no objections or oppositions. The meeting summary of September 18<sup>th</sup>, 2024 was approved.

#### 5. Report from the Recipient—Aliya Roman

- The recipient office reported that the notice of funding opportunity was submitted to HRSA on October 1<sup>st</sup>. The RW unit will be submitting the EHE funding of opportunity on October 22<sup>nd</sup>.
- Roman informed the committee that the RFP for the grant program was released on October 7<sup>th</sup> and the technical assistance is mandatory.
- EHE RFP is scheduled to be released at the end of October. The technical assistance meeting is in November and the RFP is due date in mid-December.
- The CQM met on September 25<sup>th</sup>.

The recipient's office recently received the HRSA report on October 3<sup>rd</sup>. The site visit for EHE was in January and the site visit for Part A program was in July/August. Part A and EHE HRSA site visits finding:

- The finding noted the need to increase youth membership and the emphasis on recruiting the youth ages 18 to 34.
- The administrative findings were to revise the internal processes to improve time and effort on assessment of the team quarterly.
- The administrative finding includes assessing the tools of subrecipient program income. Roman requested feedback from the subrecipients regarding the program income for next coming year.
- **Part A improvement options:**
  - Establish clear and define works for the vendors contractual agreements.
  - Monitor subrecipients risk assessment process. Utilize risk assessment methods other than audit.
  - Update monitoring tools to accurately test for imposition of client charges and program income.
  - Continue to monitor the execution of contract timeline and reimbursement within 30 days of invoice.
  - Revise the CQM plan to include quality goals and a work plan. Describe all aspects of the CQM program and goals. Continual evaluate of the recipient office activities and performance measure data
  - Build CQM infrastructure. Assess staff capacity and further development and clearly define roles for the contracting arrangements.
  - Create annual processes to review performance measures portfolio. Select measures to better assess the effectiveness of the recipient services, the recipients funding and to inform quality improvement activities.
  - Lastly, the recipient should expand the stratification of data to focus on assessing the quality of care and health disparities to client being served.

- **Part A program strengths:**
- The recipient office informed the committee of the strength of the Part A program:
  - Efficient system for care and people with HIV for the community served
  - Monthly tracking and reporting of sub-recipients to identify and reduce the unobligated balance.
  - Maintenance effort in the completion of the federal financial report as best practice.
  - Dedicated staff member on the Ryan White program and collaborated relationships with the subrecipient.
- **The HRSA EHE program site visit finding:**
  - Track time and effort employee assigned to more than one funding stream.
  - HRSA recommended removing the 24-month cap assistance period for the HOP housing guidelines for the EHE program. The assistance should be determined by the needs of the client with no cap.
  - There was a lack of procedures and financial management in documenting federal transactions and compliance with federal statute.
  - Continue monitoring payment in advance and payment in 30 days.
  - Expand sub recipient program monitoring to include compliance testing, program audit and additional federal regulations.
  - CHAMPS user manual and operation guide services for programs need to be updated
  - Document the evaluation of EHE activities and initiative services. Add a framework for the CQM plan including the documentation of all tools used in EIRCs.
- **EHE program improvement options:**
  - Decreased the client burden for our eligibility requirements.
  - Provide data to non-clinical programs for tracking performance outcomes.
  - The guideline for undocumented individual with HIV is to apply the date the undocumented clients first present for care and test.
- **EHE program strengths:**
  - The recipient applied data usage to improve the system of care.
  - The staff is well equipped to analyze, share and employ data findings.
- Warren requested a copy of the CHAMP manual for sub-recipients. Roman informed the committee that the CHAMP manual is awaiting the completion of the new platform.
- Adams-Jarrells informed the committee that the main topic in the RW conference was EHE and ending the Epidemic by 2030. Roman noted that the EHE program is to support gaps in Part A program initiatives.
- Muhammad inquired about the release of the RFP for the EHE program. Roman informed the committee that the EHE will be released by the end of October and that the RW unit will send a notification.

### **Standing Committee Updates**

#### **Continuum of Care Committee (COC) – Viesha Morales provided the report.**

- The committee last met on Thursday, October 10th, 2024, at 10AM via Zoom.
- During this meeting, Doctor Stephen Toth from Rutgers Oral Health provided feedback on the Oral Health Standard.
- In addition, the committee reviewed and updated the Oral Health, Food Bank and home delivered meals and Health insurance premium and cost sharing service standard. The service standards were submitted for a 30-day review.

- In addition to that, we have two service standards that are slated to be approved in today's
- The Substance abuse outpatient service standard and medical nutrition service standard were submitted for approval
- Lastly, the committee is the stage of drafting the home and community-based health service standard. The service standard will be presented in the CIA meeting for feedback.
- The next COC meeting will be held on Thursday, November 20<sup>th</sup> at 10 via Zoom.
- Dr Walter called for a motion to approve the following service standards:
  - Substance outpatient service standards
    - Adams-Jarrells made the motion to approve the Substance outpatient service standard. Poole seconded the motion. There was no additional discussion. The motion was moved and properly seconded. All were in favor, no opposition, or abstentions. The service standard was approved.
  - Medical Nutrition Therapy service standards.
    - Adams-Jarrells made the motion to approve the medical nutrition therapy service standard. Poole seconded the motion. There was no additional discussion. The motion was moved and properly seconded. All were in favor, there were no oppositions, or abstentions. The service standard was approved.

**Comprehensive Planning Committee (CPC)— Ricardo Salcido provided the report:**

- The committee last met on Friday, October 11, 2024, at 9:30 AM
- During the meeting the committee reviewed the 2022 through 2026 integrated prevention and care plan. The committee discussed and evaluated each performance measure under the four pillars and updated the project achievements
- The next CPC meeting will be held on Friday November 14<sup>th</sup> at 9:30 AM via Zoom

**Research and Evaluation Committee (REC)— Support Staff provided the report.**

- The REC committee last met on Monday, October 21, 2024, at 10am via zoom
- There were no updates
- The next REC meeting will be held on Monday, November 18, 2024, at 10am via Zoom.

**Community Involvement Activities Committee (CIA) – Support Staff provided the update.**

- The CIA committee last met on Wednesday September 25, 2024, at 5 pm via Zoom.
- During this meeting, Bramble updated the committee on the Cohort \$ for Non VLS
- In addition, Postel presented the 2024 Need Assessment report.
- The CIA committee had a lunch presentation with Positive Health. The presentation was regarding new PrEP drugs.
- The next CIA meeting will be held on October 23, 2024, at 5PM via Zoom

**Nominations Committee (NC) – Dr. Walter Okoroanyanwu provided the update.**

- There were no updates reported.

## 7. State & National Updates

- **Report from the NJ Department of Health (NJDOH) – Gabrielle Ferrigno**
  - Ferrigno informed the committee that the CDC/EHE combination award was released. The NJDOH applied for the ceiling for the CDC and the grant was not received. There are limited fundings and there are no additional fundings.
    - Dumago inquired about the hiring of Nurses in the PrEP program that administered injectable medication. Ferrigno mentioned that there has been an effort from the

NJDOH to hire nurse position, being that the positions have a salary cap the hiring has not been successful. The salaries cap was not competitive.

- Bagchi added that there is state funding for primary care providers to increase the rate of HIV testing and include PrEP prescribing as one of the outcomes. Bagchi is working on a pilot program to decrease the turnaround cycle to train medical practices.

- **Report from the Governor’s Advisory Council (GAC)—Dr. Ann Bagchi**

- There were no updates reported

- **Report from the NJ HIV Planning Group (NJHPG)—Support Staff provided the report**

- There were no updates reported.

## **8. Planning Council Administrative Issues**

- **Report from Executive Committee—Joann McEniry**

- There were no updates reported

- **Report from Treasurer—Vieshia Morales**

- There were no updates to report

- **Report from Planning Council (PC) Support Staff**

- There were no updates to reports

## **9. Old/New Business**

- The Ryan Conference presentation was tabled.

## **10. Announcements**

- Dr. Walter will forward the announcement to Support Staff

The next Planning Council meeting will be held on Wednesday, November 20, 2024, at 1:30 PM via Zoom.

## **11. Adjournment**

Dr Walter called for a motion to adjourn the meeting. Adams-Jarrells made a motion to adjourn Johnson seconded. There were no objections or oppositions. All were in favor. The meeting was adjourned at 1:52 PM.